

What to Do When You Make a Clinical Error

You checked, you double-checked, and you even checked a third time. But despite your best efforts, you've made a clinical error. What are the necessary steps to properly document and rectify the situation?

Words of advice

Don't panic. Tap into your critical thinking skills. Immediately identify the actual and potential

adverse effects on the patient and get help from other healthcare professionals if necessary. Prompt treatment may prevent an adverse effect from occurring or worsening, so quick action is crucial.

Once the patient is taken care of, report the error per your organization's policy. Do not conceal or hide any error you've made. Not only can this harm a patient and delay necessary care, but it also thwarts the institution's efforts to find systematic ways to prevent future errors.

Complete all reports accurately and completely, and be objective. Keep your opinions or judgments about the incident to yourself. Follow your facility's protocols on what to include in internal reports for risk management as opposed to documentation in the patient's medical record. Remember to file an incident report with HPSO as well (see "Why Incident Reports Are Important" article in our Spring 2008 issue, www.hpso.com/newsletters).

Be honest. Honesty with your insurance carrier and your organization's attorney and risk manager is crucial. And above all, never falsify documentation. Creating inaccurate records or changing notes can lead to inappropriate patient care and can also cause problems down the road if a patient decides to sue. You could face a malpractice lawsuit, disciplinary actions, and even criminal charges.

Know which documents are protected and



which aren't. Conversations with attorneys and most risk management documents are protected information and can't be subpoenaed as part of a malpractice claim. Don't discuss these conversations or documents with others; you may divulge information to someone who could be subpoenaed, which could hurt your defense. Always check with your attorney first.

Don't discuss a lawsuit with friends, colleagues, or family. Anything you say to others is considered "discoverable", meaning that individual could be required to testify regarding any communications you've had about the incident.

Should you tell the patient?

Literature about disclosing errors is increasing, and research as far back as 1984 suggests that talking with the patient and family about an error reduces the incidence of lawsuits. However, be sure to follow your facility's policy regarding disclosure of clinical errors. For more information, refer to the Sorry Works! Coalition (www.sorryworks.net) and the article, "Apologizing to Patients" (www.hpso.com/pdfs/newsletters/2007/2007-Q2-Firm-Rehab.pdf).

Ease your pain

Most healthcare providers feel terrible after making an error. Take comfort in the fact that the error was discovered and you can take steps to correct it. Too often, clinical errors go undetected until it's too late for the patient or to prevent the same error in other patients. Even the most skilled professional can make a mistake. The key is to respond quickly following your facility's policies to keep your patient safe from harm—and to protect yourself from legal action.

Legal resources on the HPSO website

Finding yourself involved in a lawsuit or disciplinary hearing can be overwhelming. But, on HPSO's website, www.hpso.com, you have access to a variety of resources to help answer your questions and ease your fears.

- *Claims Guide* provides step-by-step information on what you need to know should you ever be named in a malpractice lawsuit.
- *Incident Report* is a quick, easy, and secure form that you can use for any potential lawsuit or disciplinary action that you become involved in.
- *Case of the Month* illustrates errors that others in your field have made, or the preventive techniques they used to help them avoid being found negligent in the lawsuit, which can prove to be an excellent risk management resource.

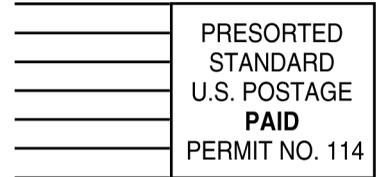
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Too Tired to Work?

You yawn and try to rub the blearyness from your eyes as you prepare to start that next double shift. You're too tired to work, but don't want to let your patients, clients, or your coworkers down. Maybe you're worried that you'll be suspended or terminated for being insubordinate, charged with patient "abandonment", or branded as a "complainer" if you refuse to work the extra hours. What can you do?

Work with your employers

First, remember that fatigue shows up in insidious ways. Medication errors, missteps in judgment, "microsleep" (sleep that lasts just a few seconds), memory loss, and charting mistakes are just a few examples. Don't wait for these problems to happen; be proactive. Negotiating your work schedule to avoid becoming fatigued is a reasonable option.

Also, find out if your organization has a policy for refusing assignments or work

when one is not "fit for duty". Be familiar with position statements from your professional association on this issue, as well. You can use these to support a request not to continue working due to fatigue.

Keep communication lines open

Never leave work without permission or leave an assignment incomplete. Instead, share your concerns with your manager before there's a problem so that a solution can be reached as soon as possible. Requesting time off for "restorative rest" may prove fruitful.

If necessary, filing an incident report may



help avoid the negative ramifications of being unable to carry out an assignment due to fatigue. Risk management is all about avoiding risks, including legal ones. The risk manager may play a key role in designing a process for workers and managers to follow when fatigue compromises clinical practice.

Working when you're too tired can cause injury or death to a patient. The legal consequences of such an outcome are all too

obvious. Be proactive in managing and alleviating fatigue to protect patients and yourself.

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