

CASE STUDY WITH RISK MANAGEMENT STRATEGIES

Presented by HPSO and CNA

Medical malpractice claims may be filed against any healthcare provider, including pharmacists. Although there may be a perception that physicians are held responsible for the majority of lawsuits, the reality is that pharmacists are more frequently finding themselves defending the care they provide to patients. This case study involves a pharmacist working in an acute care hospital pharmacy.

Allegation: Poisoning from incorrect anti-fungal medication

Settlement Payment: \$610,500 **Legal Expenses:** \$17,400

Note: There were multiple co-defendants in this claim who are not discussed in this scenario. While there may have been errors/negligent acts on the part of other defendants, the case, comments, and recommendations are limited to the actions of the defendant; the pharmacist.

The patient, a 9-year-old girl, had undergone surgery and inpatient care at the same hospital for a ruptured appendix and peritonitis. After her discharge, she complained of persistent fever and severe abdominal pain despite normal postoperative physical findings. Eleven days after her discharge, the physician suspected a fungal infection, readmitted the patient and ordered Amphotericin Lipid Complex.

The defendant pharmacist received the order for the patient to receive intravenous Amphotericin Lipid Complex, but incorrectly supplied Amphotericin B. The co-defendant pharmacy technician produced the correct labels, but placed them on the incorrectly selected medication. The co-defendant second pharmacist checked the labeled medication and approved it for release to the nursing unit for administration to the patient.

The patient rapidly deteriorated following initiation of the improperly provided intravenous Amphotericin B. The

medication was stopped and the error identified. The plaintiff was taken via helicopter to a tertiary care hospital where she remained in critical condition for one month.

As a direct result of receiving the incorrect medication the patient suffered multiple system and organ failures with renal failure requiring hemodialysis; disseminated intravascular coagulation (DIC) with prolonged hemorrhage including bleeding from her eyes, ears and pores; cardiac arrest with successful resuscitation; multiple pressure ulcers of the buttocks requiring plastic surgery; scarring and numbness in one foot from intravenous infiltration; possible anoxic event with neuropsychiatric weakness and post traumatic stress disorder. The patient's mother, father and younger sister also claimed psychological damage and stress disorders.

The patient required physical therapy, psychiatric therapy and additional surgeries and remained disabled for five months. She has returned to her pre-injury life and is without obvious cardiac or renal problems. There is persistent psychological distress and possible neurological injury (symptoms similar to those seen in attention deficit hyperactivity disorder patients). The patient's parents alleged that she would be at increased risk for cardiac, renal and cancer illness later in life.

Resolution

The claim against the defendant in this case closed with a judgment of \$610,500 with an additional \$17,400 in legal expenses. The total settlement amongst all of the defendants in the case was in varying amounts a total of \$3.85 million.

Risk Management Comments

- ◆ This case involves the liability on the part of multiple health care professionals who were associated with the care and treatment of this young patient in relation to the Amphotericin B. The defendant pharmacist selected the wrong drug; the co-defendant technician placed the correct label on the wrong drug; the co-defendant second pharmacist approved dispensing and administration of the wrong drug; the nurse accepting the medication did not identify the error; and the nurse who hung the drug did not identify the error. At least five professionals failed to meet the standard of care when they did not verify that the drug order, the manufacturer's label and the pharmacy label were the same.



Risk Management Recommendations

- **Review, enhance (as needed) and follow pharmaceutical practice guidelines** for drugs classified as significantly toxic, or otherwise deemed “high risk” such as “look-alike/sound-alike” drugs. Consider including the following recommendations within the practice guidelines:
 - **Develop a list of toxic, high-risk, “look-alike/sound-alike” drugs** that present significant risk to patients and establish special storage, visual warning cues and fail-safe procedures for these drugs.
 - **Understand that even careful pharmacists can “see” what they are expecting to see** when they are pulling or checking a drug and reading a manufacturer’s label. Store “look-alike/sound-alike” drugs in different areas of the pharmacy to add an additional decision-making step to the drug selection process.
 - **Require additional documentation when high risk drugs are dispensed** including specified validation of the original order to verify the same exact wording in the order, on the manufacturer’s label and the pharmacy label prior to dispensing the drug.
 - **Consider requiring that certain high-risk drugs be kept under lock and key** in order to draw enhanced attention to the selection process and heighten the pharmacist’s awareness of the need to dispense such drugs with heightened care.
 - **Require that two pharmacists together check the order, the drug label and the pharmacy label** for specified high risk drugs prior to releasing the drug for administration to the patient.
 - **Require that two nurses together check the order, the drug label and the pharmacy label** for specified high risk drugs upon receipt of the drug from the pharmacy and again prior to administration.

Guide to Sample Risk Management Plan

Risk Management is an integral part of a healthcare professional’s standard business practice. Risk management activities include identifying and evaluating risks, followed by implementing the most advantageous methods of reducing or eliminating these risks - A good Risk Management Plan will help you perform these steps quickly and easily!

Visit www.hpso.com/risktemplate to access the Risk Management plan created by HPSO and CNA. We encourage you to use this as a guide to develop your own risk management plan to meet the specific needs of your healthcare practice.



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