Defective Hand-Off Communication forces Defendant Physician & Hospital to Settle Lawsuit

The Case:

The patient complained to her primary care physician (PCP) of itching and hives. She denied exposure to new foods, medications, or other products. Her PCP diagnosed idiopathic urticaria; administered Decadron; and ordered oral prednisone, Benadryl, and Pepcid.

Six days later, the patient’s husband called 911. Her condition had worsened; she felt her throat closing. The Emergency Department (ED) physician ordered Solu-Medrol IV 125 mg, Pepcid IV, and hydroxyzine HCL. Only minutes later the patient became unresponsive and had a cardiac arrest. Resuscitation was successful. She was admitted to the ICU, placed on a ventilator via tracheostomy, and had multiple clinical consults, including one with an allergist.

The allergist was unable to find a specific allergy trigger for the patient’s condition. The patient was transferred to another hospital where she markedly improved over eleven days. At that facility, the patient was seen by a neurologist for the evaluation of her generalized weakness. The neurologist ordered Solu-Medrol IV to be given over the weekend. When the patient’s evening shift nurse attempted to administer the Solu-Medrol, the patient’s husband instructed her that his wife was allergic to steroids, and not to administer it. The nurse noted the reported allergy in the EHR. However, the next morning, the day shift nurse started the 100 mg bag of IV Solu-Medrol. The patient’s husband, who had gone downstairs for breakfast, returned to the room, finding his wife unresponsive with agonal breathing. The
patient was transferred to the ICU, and placed on a ventilator. She was eventually transferred to a nursing home where she remained in a persistent vegetative state.

Allegations:

It was alleged the allergist failed to consider the possibility that the anaphylactic reaction the patient sustained in the first hospital’s ED could have been caused by the IV administration of Solu-Medrol succinate.

It was also alleged that the allergist failed to notify subsequent treating physicians in the form of a medical record documentation of the possible allergy to Solu-Medrol.

Disposition:

The case was mediated and settled for a large amount of money on behalf of the allergist, although defense experts were supportive of the allergist’s medical treatment. The hospital settled their claim separately, on behalf of its nurses.

Risk Management Commentary:

Our case files are replete with serious medical errors caused by miscommunications during hand-offs between medical providers. A review of MagMutual closed claims (2010-2014) revealed that 4% or more of claims were specifically due to provider communication problems.

From a risk management perspective, this patient’s injury may have been prevented by clearer handoff communications by all providers involved in the care of this patient.

Subsequent providers should have had the ability to read the allergist workup, the observations of the patient’s experiences, and concern with regards to the Solu-Medrol. Although no allergy test exists for Solu-Medrol or its component, succinate, the allergist did testify he suspected the patient was having a problem with Solu-Medrol, but didn’t document this suspicion for the benefit of the patient and other providers.

Likewise, the admitting nurse at the second hospital only partially completed the first part of communicating the patient’s husband’s allergy concerns. She did document the allergy in the section provided within the medical record, but was found negligent in not completely communicating this allergy report to the nurse who took over the patient’s care at shift change. Consequently, neither she nor her nurse colleague followed-up the allergy concern with the prescribing physician, or the hospital pharmacy, concerning the existing Solu-Medrol order.

The Joint Commission requires [1] all health care providers to “implement a standardized approach to handoff communications, including an opportunity to ask and respond to questions” (2006 National Patient Safety Goal 2E.)

The Joint Commission National Patient Safety Goal also contains specific guidelines for the handoff process, many drawn from other high-risk industries [2]:

- interactive communications
- up-to-date and accurate information
- limited interruptions
- a process for verification
- an opportunity to review any relevant historical data

The Accreditation Council for Graduate Medical Education also requires [3] that residency programs maintain formal educational programs in handoffs and care transitions.

In 2009, The Joint Commission Center for Transforming Healthcare developed the Targeted Solutions Tool® (TST®) for Hand-off Communications. The TST reports that by fully implementing solutions targeted to the specific cause of an inadequate hand-off, participating and pilot organizations achieved an average of over 50 percent reduction in defective hand-offs. Using the tool and the solutions from the Center’s Hand-off Communications project, health care
organizations reported an increase in patient and family satisfaction; staff satisfaction; and successful transfers of patients (reduced bounce backs). [iii]

We encourage both our hospital and physician policyholders to take a close look at the tools provided by the TST®, and/or other tools, designed to help providers deliver effective handoffs [iii] [iv] [v], and to adapt these tools to their individual situations, as necessary.

Test Your Patient Safety IQ

From the facts illustrated in this case, briefly describe two key communication failures, among others, that occurred at the time the patient was discharged from the first hospital.

Answer:

(1) The discharging allergist did not document his suspicion that the patient was having a problem with Solu-Medrol, list the drug in the allergy section of the patient’s medical record, and warn future providers against prescribing this drug.

(2) The admitting nurse at hospital number two did not formerly convey the patient’s husband’s statement about her allergy to Solu-Medrol to the next shift of nurses, did not put the Solu-Medrol “on HOLD” in the nursing medication distribution system, and did not contact the attending neurologist and hospital pharmacist.

This case is a good illustration of how poor hand-off communication at each internal and external patient transfer of care, works with Reason’s Swiss Cheese model of accident causation. The flaws in each layer of defense lying between the hazard of an allergic reaction, and the allergic reaction accident that occurred, could have been prevented with effective handoff communication, at any one of these transfer points.

MAG Mutual Risk Management and Patient Safety Consultants invite our policyholders’ questions. If you wish to discuss the risk management advice presented, or have other questions please call us at 1-800-282-4882, and ask for Risk Management.

[i] AHRQ PSNet, Patient safety network, National Patient Safety Goals, Oakbrook Terrace, IL: The Joint Commission; 2015


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