## Dr Chris Moughan

Medical Advisor

Treatment Injury Centre, ACC

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Clinical Advisor

Treatment Injury Centre, ACC

### Patterns of Treatment Injury in General Practice - Concurrent Workshop Repeated

| | | | |
|---|---|---|---|
| Sunday, 18 August 2013 | Start 8:30am | Duration: 55mins | Lounge 2 |
| | Start 9:35am | Duration: 55mins | Lounge 2 |

# Treatment Injuries in Primary Care


**Presenters:**

Chris Moughan
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DipObst,
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BPhty, MSc

# Agenda

- NZ non-tort based legislation
- When and how to lodge a claim
- What's being lodged and covered
- Notifications of risk of harm to the public
  - Who, what and why
- General Practice case studies

# Woodhouse principles

| USA Tort based | New Zealand – non-tort |
|---|---|
| Tort – medical negligence by act or omission - courts<br>15,000 and 19,000 malpractice suits per annum<br>Awards in medical liability cases increased 43 percent in 1999, from $700,000 to $1,000,000<br>Low morale and widespread concern that ***defensive medicine*** will keep driving up the costs of healthcare in the future | 1974 ACC scheme introduced<br>1992 Medical Misadventure.<br>2005 TI introduced = aligns with no fault intent of scheme<br>9,000 claims per annum (approx)<br>**Focus : Client & injury**<br>**Open Disclosure**<br>**Needs Based entitlement** |

# Defining Treatment Injury

- Section 32 Accident Compensation Act 2001:
  - **Personal injury** suffered by a person:
  - **seeking or receiving treatment from or at the direction** of 1 or more **registered health** professionals
  - **caused** by treatment
- Physical Injury
  - bodily damage
  - not just symptoms / signs

# Inclusions or Exclusions

| **Treatment includes:** |
| --- |
| Giving of treatment |
| Failure / delay to diagnose or treat |
| Obtaining informed consent |
| Application of support systems |
| Equipment, device or tool failure |

| ***TI Excludes:*** |
| --- |
| *Necessary part of treatment* |
| *Ordinary consequence of treatment* |
| *Withholding / delaying consent* |
| *Resource allocation* |
| *Desired results not achieved* |

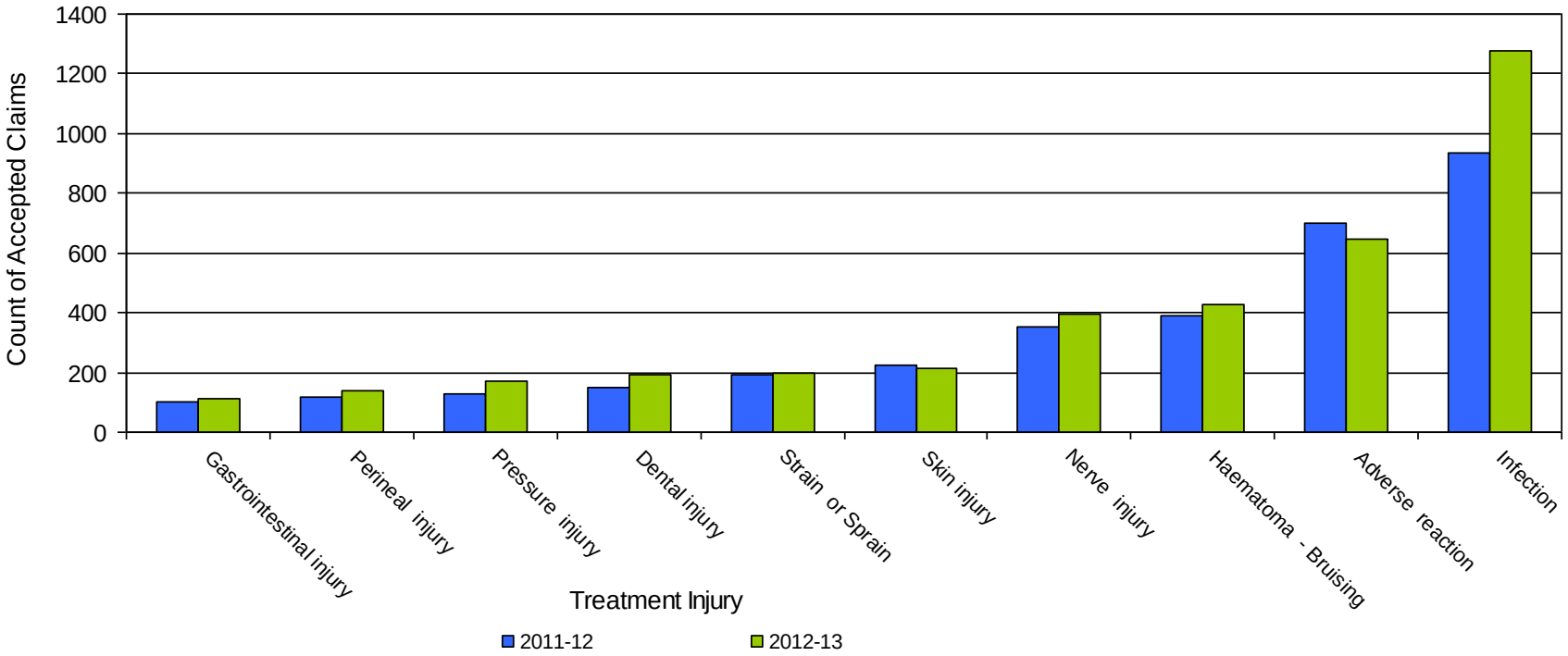
# Why lodge claims ??

- The Obvious – weekly comp, treatment costs etc
- Not so obvious:
  - Education support
  - Permanent impairment:
    - Home modifications
    - Lump sum payment
    - Independence allowance
  - Fatal
    - Funeral grant
    - Survivor's grant
    - Weekly compensation

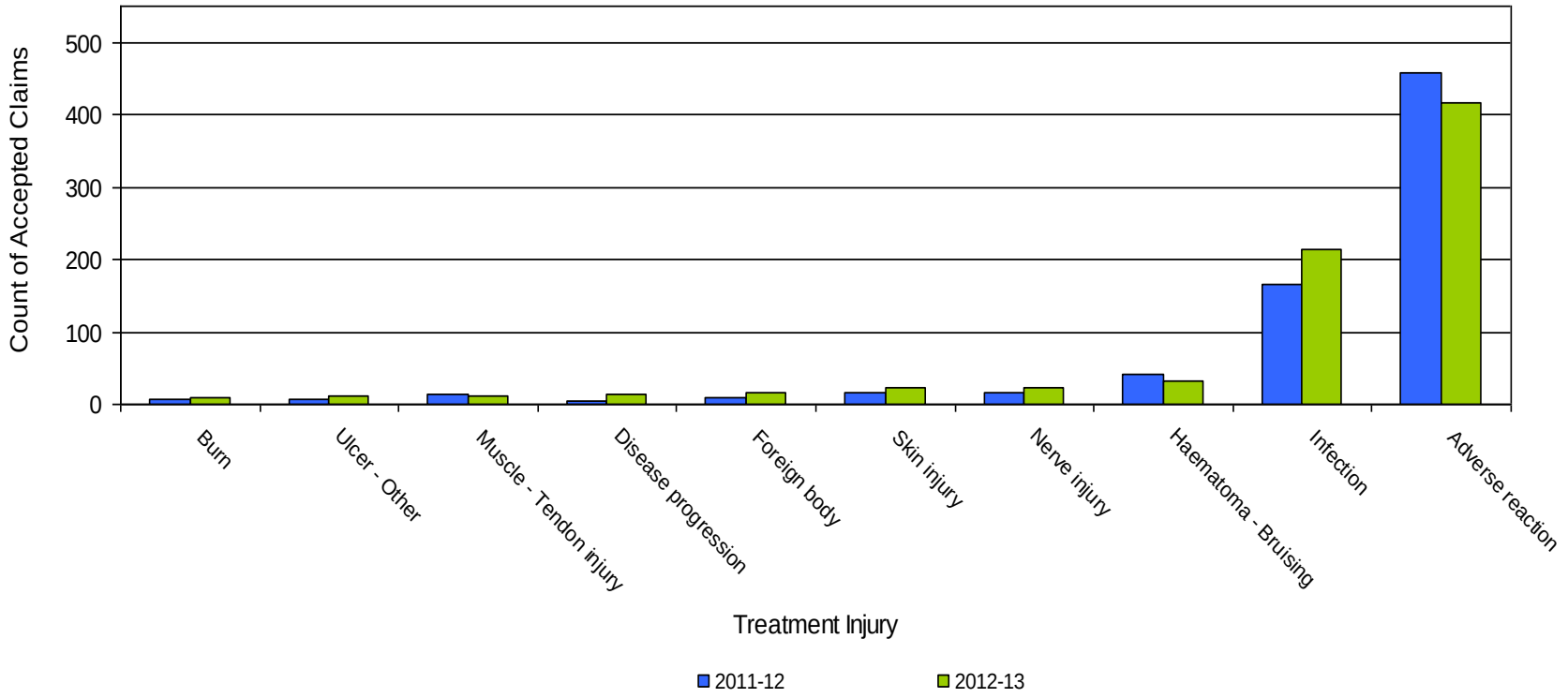
# How to lodge TI claim?

- Should claim be lodged if no need for assistance from ACC?
- Consent!!
- ACC45, ACC2152, medical records – more better than less!!

# National Top 10 Accepted Treatment Injuries

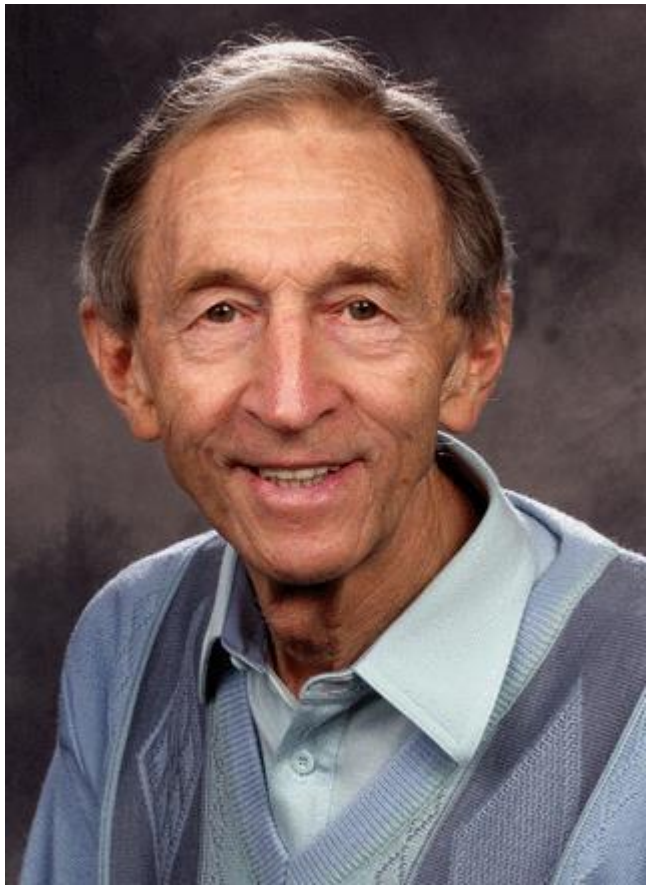


# National Top 10 Accepted Treatment Injuries related to General Practice



# The Father of Family Medicine

## Ian Renwick McWhinney 1926 - 2012



*"Over-investigation is perhaps the most common error in medicine today"*

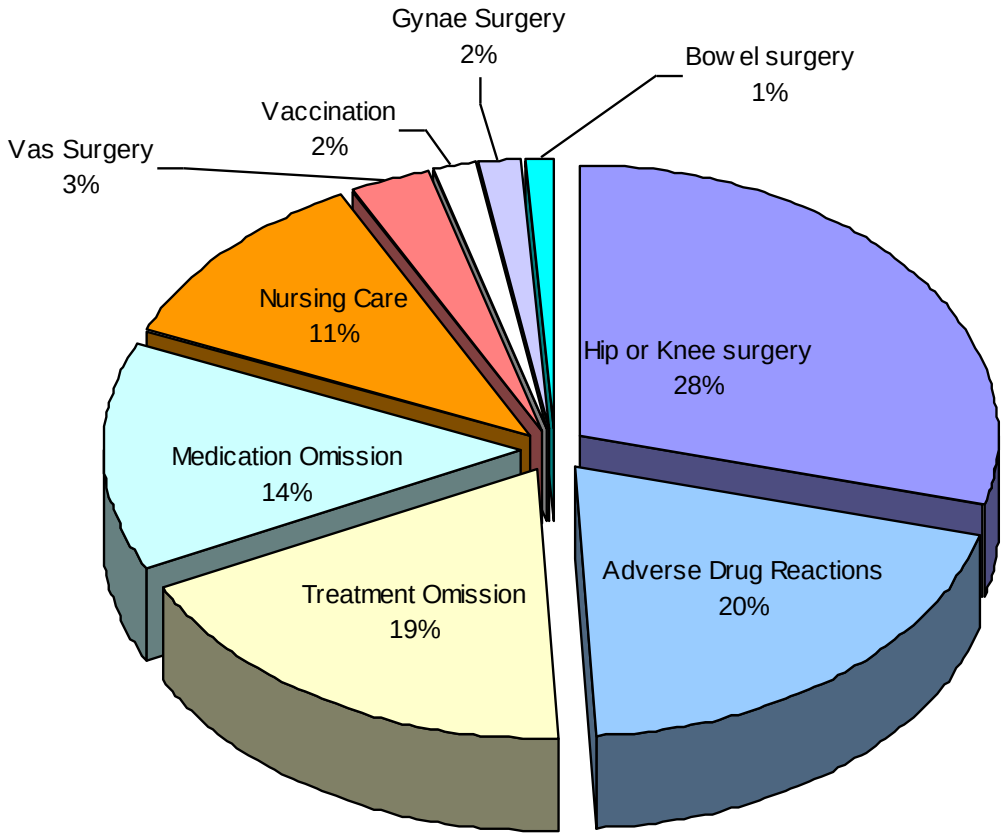
*" The prevalence of malpractice suits has a powerful influence on the search strategies of physicians, the effect being to encourage defensive medicine."*

# Reporting Belief of Risk of Harm
## ACC Statutory Responsibility

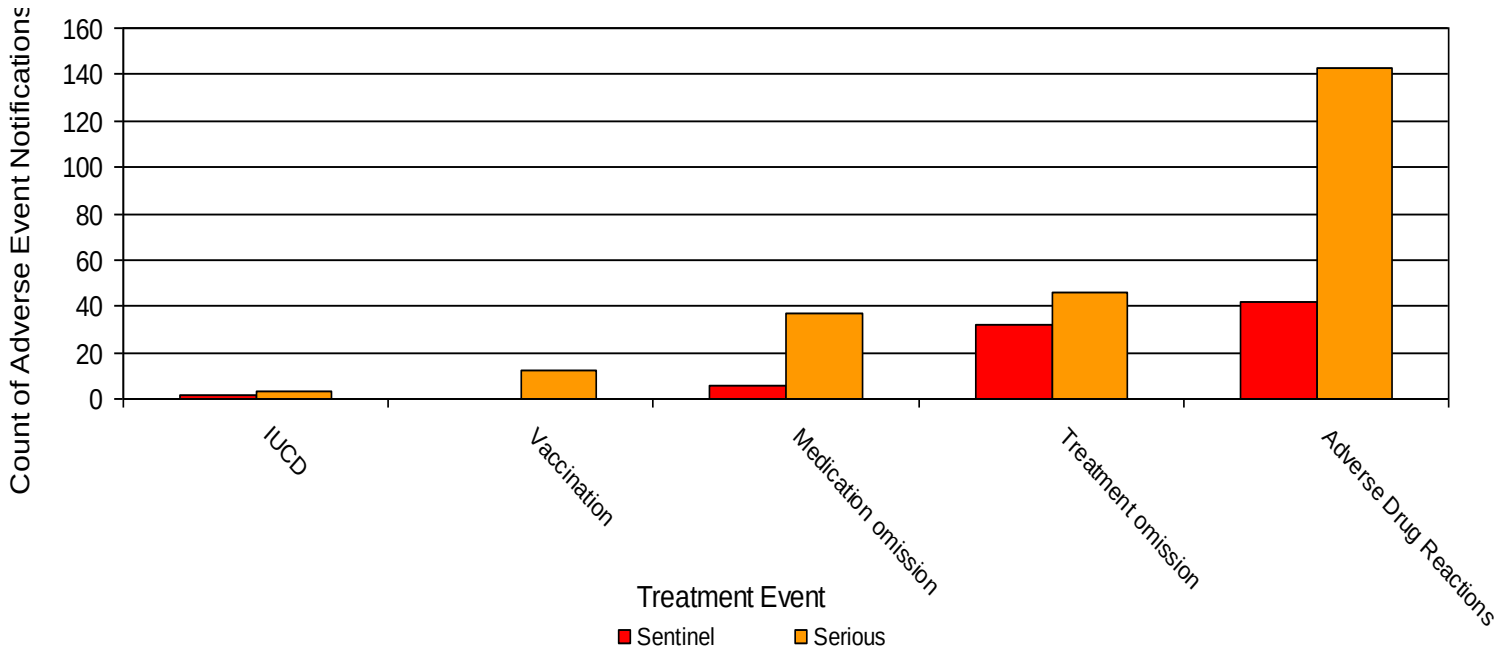
- Section 284: Reasonable belief of risk of harm
  - Use only cover information
  - Review accepted and declined claims
  - Notify Director General of Health (monthly)
    - Facility identifiers only
  - Registration authorities (extraordinary)
    - Must have peer advice
    - Peer advice must be critical of standards
- Sentinel and serious events may be notified

Shouldn't be unknown to facility

# National Top 10 Adverse Event Notifications 2012-13



# National Primary Care Top 5 AEN's 2005-06 to 2012-13

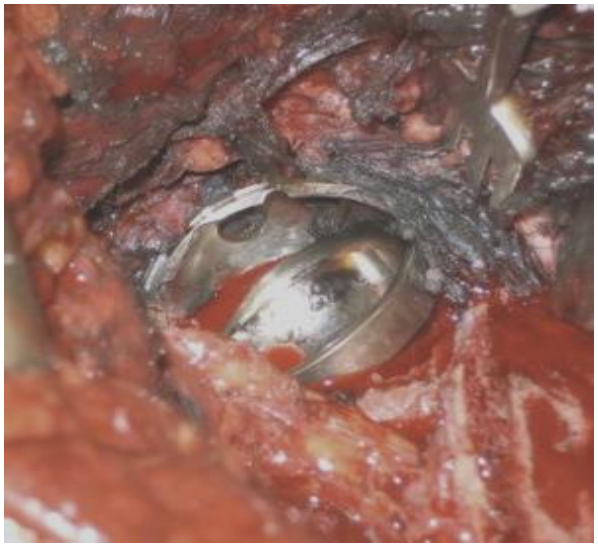


PREVENTION. CARE. RECOVERY.
Te Kaporeihana Āwhina Hunga Whara

# *Case Studies*

# Metallosis

- 57 y/o female with acetabular dyplasia and OA
- Elective 'metal on metal' hip replacement
- 2 years later pain and unable to walk
- Serum cobalt 314 nmol/L, chromium 380 nmol/L
- USS abnormal soft tissue thickening
- *See case study 45 Failure of Hip Replacement published June 2012*

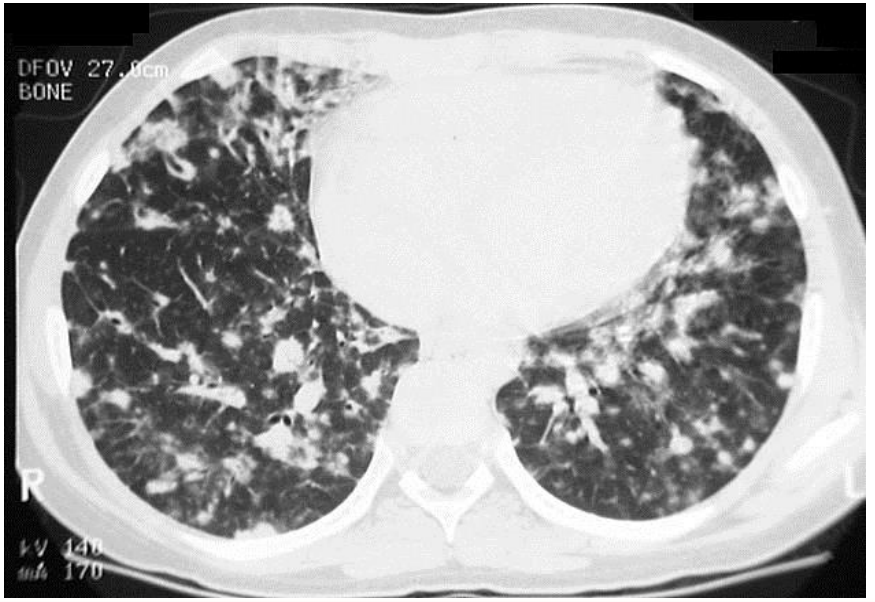


# Nitrofurantoin lung disease

- 62 yr old female – diabetic/hypertensive/hyperthyroid
- 2 year Hx of UTIs – treated with Nitrofurantoin
- C/o SOB, cough and recurrent infections
- X-ray showed extensive disease and CT interstitial fibrosis

- *See case study 48*

*Prolonged Nitrofurantoin Usage published September 2012*



# Temporal arteritis

- Ms. P, 74 y/o, history of RA and PMR
- C/o bitemporal headache -> sinusitis
- 2/52 later facial pain on chewing, ?transient visual disturbance. Dx still sinusitis
- Admitted to hospital 1/52 later with sudden visual loss -> temporal arteritis
- GP ECA: "not an easy diagnosis", but classical presentation and "should not have been missed"
- *See case study 53 Delay in Diagnosis published March 2012*

# Warfarin Haemorrhage

- 82 y/o woman developed AF
- PMHx HT, mild RF, aortic valve homograft
- CHAD score/Cardiologist recommend Warfarin
- Patient not keen in blood tests
- 9 months later collapsed and died
- CT intracerebral haemorrhage

- *See case study 22 Warfarin and Aspirin published May 2010*

# Defensive Medicine ?

*There is no need for defensive medicine in New Zealand today from a litigation perspective*.

William Osler 1849 – 1919

*" I would urge upon you … to care more for the individual patient than for the special features of the disease…"*

(Osler cited by Ian McWhinney, Textbook of Family Medicine, OUP 2009)

# And finally….

Providers
- Targeted & appropriate lodgement
- Consent

- ACC
  - Sharing information
  - TI.info@acc.co.nz
  - Case Studies
  - www.acc.co.nz > for providers > clinical best practice > treatment injury case studies

Feedback Welcome

# Bio's

- Dr Chris Moughan is Medical Advisor to the Treatment Injury Centre, ACC Wellington. Chris graduated from Otago University in 1976. FRNZCGP 1988. GP and GP Obstetrician, in Hastings from 1980. Chris has also worked in Occupational Medicine from 2000, and has been Medical Advisor to the Treatment Injury Centre from 2007.
- Brendan Cullen graduated with a Bachelor of Physiotherapy degree from the University of Otago in 2000. After working at Wellington Hospital and in private practice for a few years, Brendan returned to Dunedin and undertook a Masters degree through the Department of Anatomy and Structural Biology, graduating in 2006. Brendan returned to Wellington and continued to work as a physiotherapist and was also involved in research and teaching roles. Brendan joined the ACC Treatment Injury Centre in 2011 as a Clinical Advisor.