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The University of Michigan's Approach to Patient Injuries and Claims Experience

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Chief Risk Officer, UMHS

To Err is Human—But at What Cost?
State Bar of Michigan Health Law Section's
Annual Meeting
Tuesday, September 23, 2008
Detroit, MI



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Simple assignment: in 20 minutes, explain

1. What is Michigan doing?
2. How and why?
3. Results from patient, institution, financial, physician perspectives?
4. What effect will Never Events have?

First appreciate the context



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It is human nature to avoid danger



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It is human nature to always
(mostly?) act in our self-interest



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It is human nature to fear
making mistakes



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“Academic institutions are filled with “A” students.
“A” students are not accustomed to taking risks.
“A” students are not accustomed to failure. If you
see something that needs to be done, just do it.
Don’t ask permission - no one will give it to you.
Tell people you’re doing it – the same thing that
prevents them from extending permission will also
prevent them from telling you “no”. Just do it.”

Thomas D. Biggs

July, 2001



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It is human nature to protect
our soft underside



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It is human nature to deny guilt



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For over a century, American physicians have regarded malpractice suits as unjustified affronts to medical professionalism, and have directed their ire at plaintiffs' lawyers . . . and the legal system in which they operate.

Sage, William

Medical Malpractice Insurance and the Emperor's Clothes

54 DePaul Law Review 463, 464

March 24, 2005



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“Physicians revile malpractice claims as random events that visit unwarranted expense and emotional pain on competent, hardworking practitioners . . .”

Studdert, DM, Mello, MM and Brennan, TA,
Health Policy Report: Medical Malpractice
N Engl J Med 2004; 350; 283



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The truth will set you free.
But first, it will piss you off.

Gloria Steinem



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Medicine is an inherently
dangerous business in an
inherently dangerous environment



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And the environment is affected by external factors like money, human limitations, competing social, legal, personal, professional concerns and a host of other things over which people who work in that environment have little-to-no-control



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The very best risk
management is to make no
mistakes and cause no injuries



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The most we can expect of
ourselves is that we act
reasonably under the
circumstances



UM Claims Management Principles

We will compensate quickly and fairly when inappropriate medical care causes injury

We will defend medically appropriate care vigorously

We will reduce patient injuries (and therefore claims) by learning from mistakes



Focus on the first two principles:

We will compensate quickly and fairly when
inappropriate medical care causes injury

We will defend **medically appropriate care**
vigorously

Components

- Culture that values pro activity
- Means to identify injuries early
- Experts who can triage, investigate
- Credible system for getting it right
- Will/ability to act consistently



UMHHC Policy 03-07-001
Disclosure of Unanticipated Outcomes

I. POLICY STATEMENT

It is the policy of the University of Michigan Hospitals and Health Centers that patients be treated with openness and honesty at all times, and that their right to know their medical status is respected. Full disclosure of results, including results that differ significantly from what was anticipated (Unanticipated Outcomes) enables patients to make informed decisions regarding future medical care.



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Policies are useless without
leadership support



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Medical Leadership and UMHS Commitment

PREVENTING MEDICAL ERRORS

U-M hospital's goal: Safest in the nation

*Improving labeling,
records is part of effort*

By PATRICIA ANSTETT
FREE PRESS MEDICAL WRITER

ANN ARBOR — Kati Bauer was concerned. The incision on her husband's neck "looked yucky."

But when she told several young physicians caring for him in June 2002 at the University of Michigan Medical Center, they dismissed her concerns, she says. The medicine they had prescribed would protect him, she says they told her.

Jim Bauer, a builder hospitalized with serious injuries from a fall at work, then developed an infection that added weeks to his hospital stay and threatened his life.

After her husband was dis-

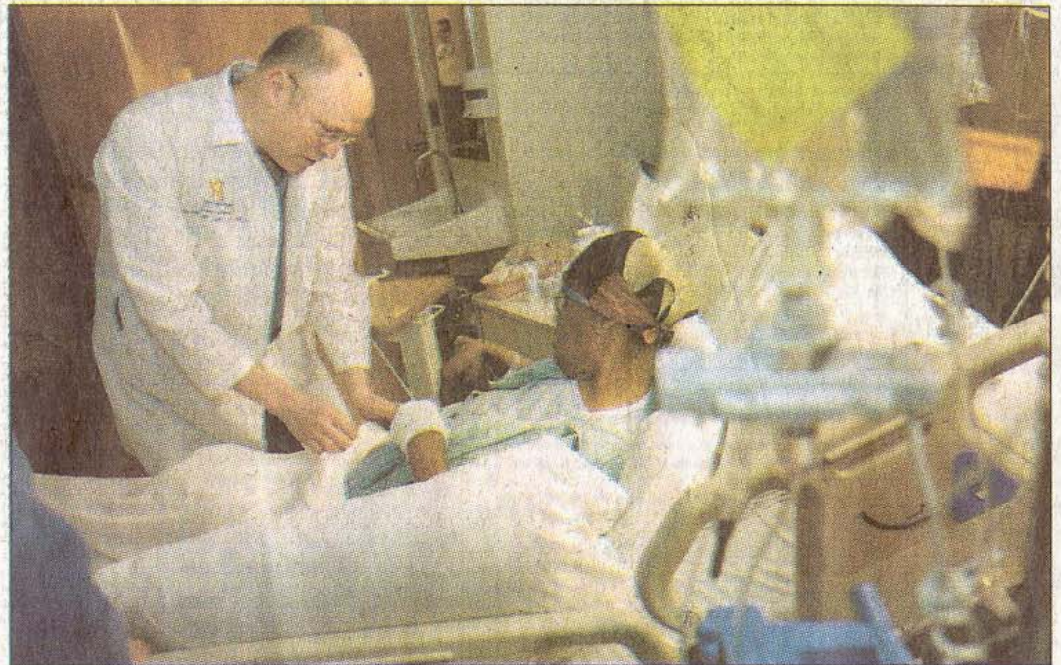
TAKING CONTROL

- VA health system a leader in patient safety. 3A
- **In Body & Mind:** Patients must fight hard to be heard. 6H
- See www.freep.com/specials for the full series.

charged in August 2002, Bauer saw a story in a U-M employee newsletter about efforts at the university to improve patient safety. It invited employees to contact Dr. Darrell Campbell Jr., chief of staff for clinical affairs at U-M. Bauer is an assistant to U-M's associate provost and a 27-year U-M employee from a family with a long U-M employment record.

She e-mailed him. Campbell

Please see U-M, Page 3A



ROB WIDDIS/Special to the Free Press

Dr. Darrell Campbell Jr., chief medical officer at the University of Michigan Hospital in Ann Arbor, examines the incision from Elizabeth Wilson's recent liver transplant.



Physician Leadership

Skip Campbell, MD received the 2007 John M. Eisenberg Patient Safety and Quality Award for Individual Achievement, sponsored by the National Quality Forum (NQF) and The Joint Commission

Annual Meeting and Policy Conference on Quality
National Quality Forum
September 27, 2007
Washington, DC



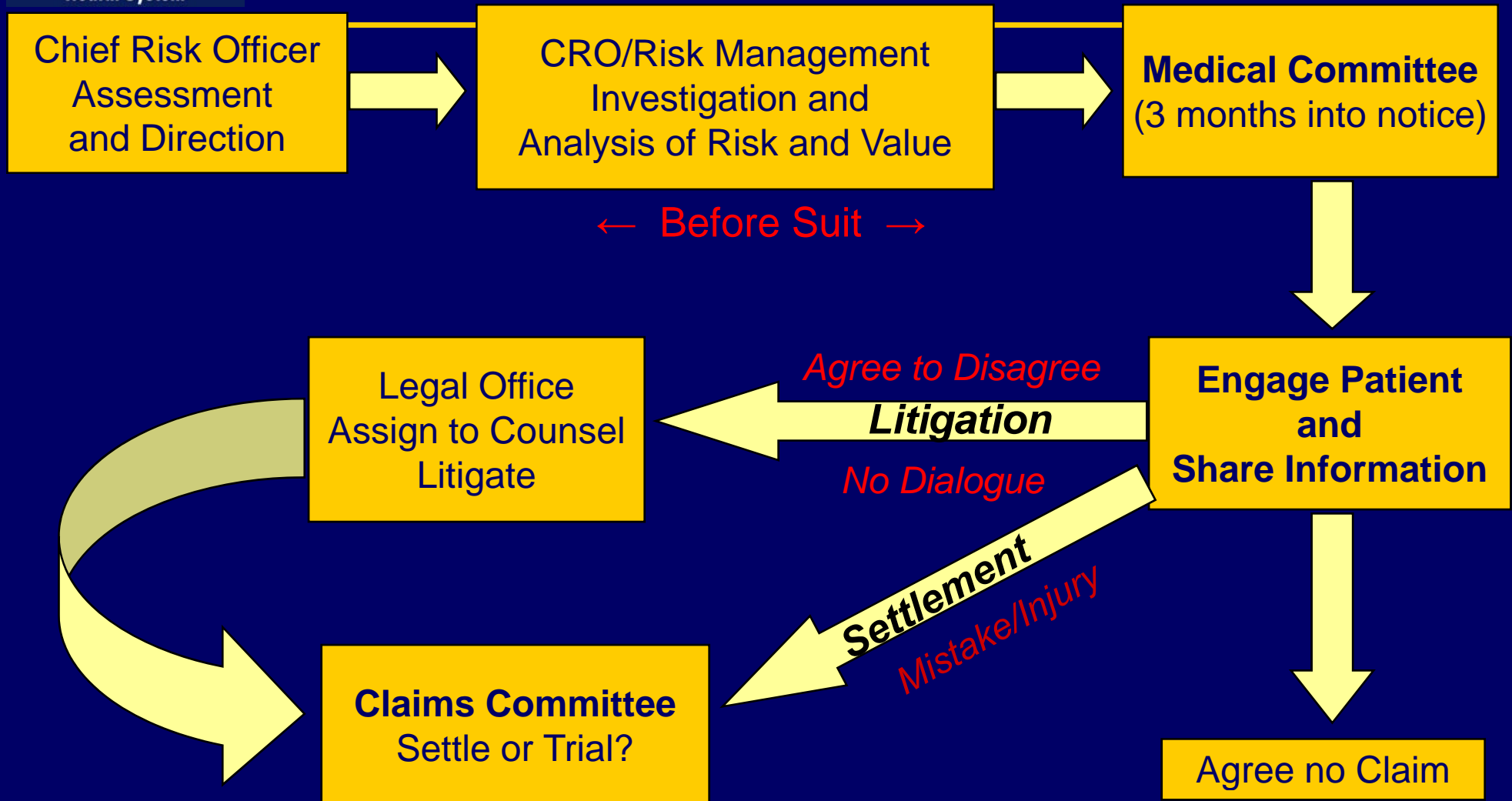
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Commitment to principles
liberates us from fear



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Present UM Claims Management Model





Focus on the third principle

We will reduce patient injuries (and therefore claims) by **learning from mistakes**