

How Communication Breakdown Can Lead to Medical Care Letdown

A Case Study

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A decorative graphic at the top of the slide consisting of several overlapping, wavy, horizontal bands in various shades of teal and light blue, creating a sense of movement and depth.

COMMUNICATION

- *Effective* medical communication is imperative to appropriate care.
- *Effective* medical communication takes on different forms in different settings.
- Even *adequate* communication can literally mean the difference between life and death; and whether legal action is instituted.



COMMUNICATION

Communication Breakdown

= Medical Care Breakdown

= Legal Exposure



COMMUNICATION

Two critical types of interactions involving Communication can become *the* issue in the Legal Setting.

- Medical Provider to Patient.
- Medical Provider to Medical Provider.
→ Today's Case Study



COMMUNICATION

Medical Provider to Patient

A Necessary element of providing effective and comprehensive treatment.

- You must have a very clear understanding of why the patient is seeking or requires medical care and treatment.
- A complete and thorough history is critical.
- Treat the *patient*, not the numbers.
- Don't forget the all important *element of trust*.



COMMUNICATION

Medical Provider to Patient

- Communication must be *accurate, clear and open* in order to obtain proper consent to “lay hands.”
 - Obviously, the best communication is with the patient.
 - Alternatives must be explored when the patient is indisposed, is an unreliable historian, or cannot communicate in your language.
 - Family members
 - Prior treatment records



COMMUNICATION

Medical Provider to Medical Provider

Achieving continuity of care

Chart documentation – The Age Old Controversy

What is too much? What is too little?

- Someone needs to be able to pick up the chart and know what your thought process was before they enter the fray.
- Try to avoid practicing defensive medicine.



COMMUNICATION

Medical Provider to Medical Provider

Achieving continuity of care

- Direct contact. . . .
 - Pick up the phone and speak to consultants.
 - But do not forget about Mid-Level Providers.
 - (Answer the phone!)
 - Document that you spoke with others.
 - Electronic contact can work too – but be careful not to *rely* on it.



COMMUNICATION

*When communication breaks down,
the analysis of what constitutes
effective communication
shifts to the Jury.*



COMMUNICATION BREAKDOWN

POOR COMMUNICATION CREATES LAWSUITS

- Failing to listen/respond to patients
- Failing to write meaningful notes
- Failing to read notes
- Failing to follow-up
- Failing to question unusual orders
- Writing CYA notes (major gaffe – avoid at all costs)



CASE STUDY

Jones v Global Health System

Fact Scenario

Specialists & Providers Involved

- * Emergency Medicine
- * Critical Care
- * Nephrology
- * Nursing
- * Internal Medicine
- * Pharmacy



CASE STUDY

THE DEFENSE

“WE DID EVERYTHING THAT WE
COULD – THE PATIENT SIMPLY HAD
TOO MANY CO-MORBIDITIES.”



CASE STUDY

THE REAL STORY

- * No one was in charge.
- * No one spoke with the Consultants.
- * No one obtained earlier medical records.
- * No one **wrote** the appropriate order.
- * No one questioned the order.
- * No one called the attending before giving the patient a handful of medications.



CONCLUSION

LOOK AT BIG PICTURE

BE MINDFUL OF UNFAMILIAR PATIENTS
OR CIRCUMSTANCES

BE CLEAR AND OPEN ABOUT CARE

BE SMART ABOUT HANDING OFF CARE

OH, DID I MENTION; COMMUNICATE!