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Risk management: what is it?

Case histories are based on actual medical negligence claims or medicolegal referrals, however certain facts have been omitted or changed by the author to ensure the anonymity of the parties involved.

From time to time, errors will occur in medical care. The identification of clinical risks is a critical first step to improving patient safety. This article discusses the role of risk management in a general practice setting. What does risk management actually mean? What risk management strategies and tools are available for general practitioners?

Case history

The 23 year old university student attended the student health centre complaining of increasing fatigue over the past few months. There were no other specific symptoms and the patient was not on any regular medications. Physical examination was unremarkable. The general practitioner ordered some screening blood tests and asked the patient to re-attend for review 1 week later. The blood tests were all normal, apart from slightly low iron stores. The GP suggested that the patient may benefit from oral iron supplements. The patient informed the GP that she had taken iron tablets in the past and they 'did not agree with her'. The GP decided to prescribe a course of five iron injections. He provided the patient with a prescription and asked her to see the practice nurse on a fortnightly basis for the injections. Three months later, the patient saw the GP and complained that the iron injections had left big bruises on her buttocks and arms. The patient wanted to know if there was anything that she could do to get rid of the bruises as soon as possible. The patient told the GP that she was competing in a ballroom dancing competition and was concerned about the unsightly nature of the bruises. The patient was distressed and angry when the GP informed her that the 'bruising' was actually permanent skin staining from the iron injections.

While errors in general practice are relatively uncommon, serious adverse incidents can and do occur. These errors may have devastating consequences for patients and their families, and can also be extremely distressing for GPs. Indeed, medical practitioners have been described as the 'second victim' of these errors.¹ A recent Australian study found that about one error was reported for every 1000 Medicare items related to patient encounters billed, and about two errors were reported for every 1000 individual patients seen by a GP.² It has been estimated that up to three quarters of the adverse incidents in general practice could have been prevented.³ It is interesting to note that the majority of errors and adverse incidents have a familiar ring to them and most could be avoided if only previous lessons had been learned.

Risk management strategies

The Royal Australian College of General Practitioners Quality Framework for Australian General Practice states that 'quality encompasses concepts of quality assurance, quality improvement, and risk assessment and management'.⁴ Risk management can be defined as the 'culture, processes and structures that are directed toward the effective management of potential opportunities and adverse effects'.⁵

A risk assessment involves a careful examination of what could cause harm, its significance, and what precautions are needed to eliminate the risk or reduce it to an acceptable level. The principles of risk management are:

- identify the risk
- analyse the risk
- evaluate and rank the risk
- treat or control the risk
- evaluate the risk treatment strategies.

What is clinical risk management?

Clinical risk management provides a strategic approach to improving patient safety by identifying the frequency and nature of medical errors and then developing ways to reduce the likelihood of these errors occurring in the future.⁶ Risk sources that can be examined include near misses and adverse events, incident reports, coronial reports, patient complaints and medical negligence claims.

Clinical risk management strategies may be designed to:

- reduce the frequency of preventable adverse events through maintaining or improving the quality of care for patients (risk control), and/or
- reduce the probability of a complaint or claim being made after an adverse event has occurred (loss control).

How can I implement risk management strategies in my practice?

Most GPs already have a number of risk management strategies in place in their practices, even though they may not be formally labelled as such. For example, a practice policy of reviewing the medical records of patients who do not attend scheduled appointments is a useful strategy to minimise the possibility of adverse incidents arising out a 'failure to diagnose'.

The RACGP, in conjunction with Australian Council for Safety and Quality in Health Care, has recently developed a number of risk management tools which are designed to improve patient safety in Australian general practice, including:

- two educational modules:
 - thinking safety, being safer – an education module with a focus on identifying, preventing and managing medical error, with the principal focus on 'near misses', and
 - being human, being safer – an education module with a focus on working safely, with a focus on teamwork at the practice level, leadership, and 'human factors' such as creativity and imagination, fatigue and stress
- '10 tips for safer health care' – a patient information booklet which includes advice for patients about following up the results of tests and procedures
- The 'Safety every time – our general practice checklist' – a checklist to assist to reduce adverse events when general practices undertake procedures (including relatively simple tasks such as immunisations). This is an adaptation of the 'correct patient, correct site, correct procedure' protocols used by surgical staff.⁷

Conflict of interest: none.

References

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