

The Singular Clinical Risk: Recognition, Investigation and Potential Solution.

Dr. Peter McKenna, Clinical Director, National
Women & Infants Health Programme

The Expectation



States Claims Agency data

- Maternity services related claims paid was €58m in 2014 of which 98% was clinical
- Maternity services related claims made up 54% of all clinical care related claims in 2014

Irish healthcare expenditure
2017: €15.2 billion

- HSE maternity services
expenditure €520 million

Trends in data

- Total clinical related claims paid increased 44% from €74m in 2010 to €106m in 2014
- Total maternity services claims paid increased 80% from €32m in 2010 to €58m in 2014.

Maternity services

○ SCA

Maternity Services				
Year of Transaction	Damages (€)	Legal Costs (€)	Expert Costs (€)	Overall Transactional Expenditure (€)
2010	24	7.86	0.61	32.5
2011	29.57	13.67	0.69	43.9
2012	22.32	13.03	1.07	36.4
2013	44.62	16.07	1.21	61.9
2014	40.47	16.53	1.44	58.4

Have things improved?

CP Award

'Boy with cerebral palsy awarded €15m over injuries at birth

Eoin McCallig: a €15m settlement was approved by High Court on Tuesday, a few days ahead of his fifth birthday'

'Boy (4) settles birth injury case for a record €17.2 million

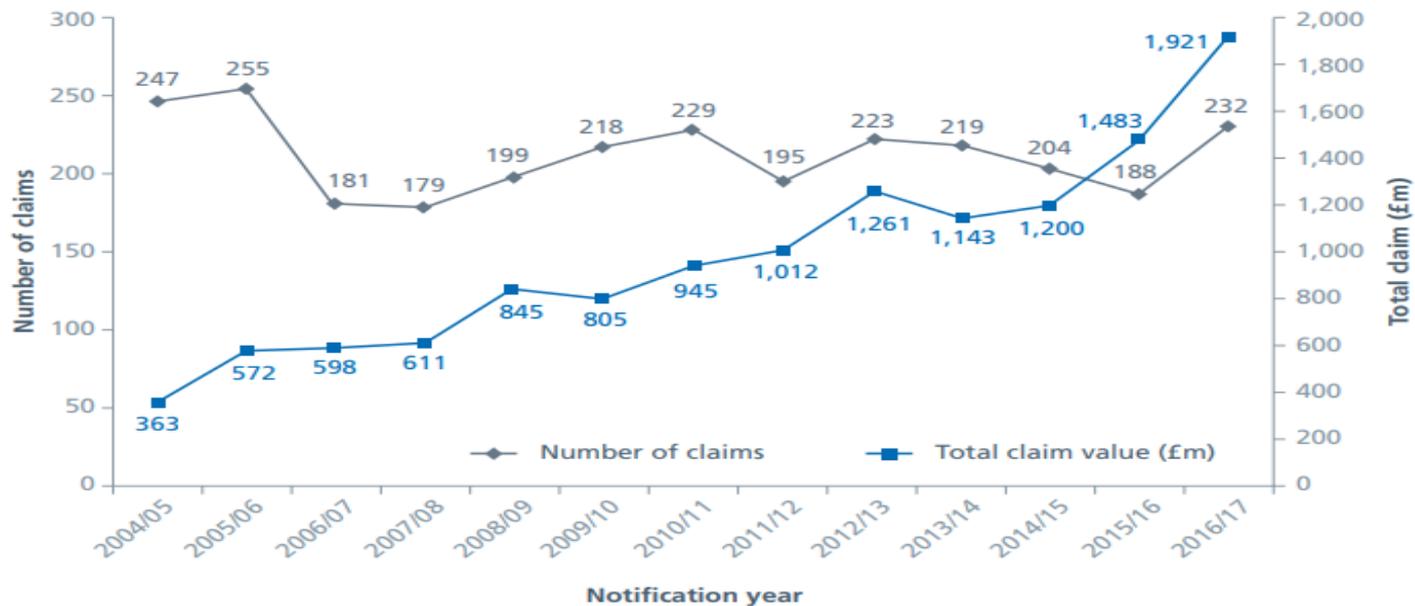
Sum thought to be highest settlement following legal action over birth injury

Mother tells court family has started to build house specially adapted for son'

CP Award

'Soaring NHS negligence bill could have paid for 6500 more doctors'

Figure 6: A comparison of the number and total value of claims for cerebral palsy and neonatal brain damage claims over time



Cerebral Palsy

- Chronic static neuromuscular disability characterised by aberrant control of movement or posture, appearing early in life and not the result of recognised progressive disease

What Causes Cerebral Palsy?

Pregnancy



Childhood



Developmental malformations,
Metabolic defects
Autoimmune disorders
Infections
Hypoxia

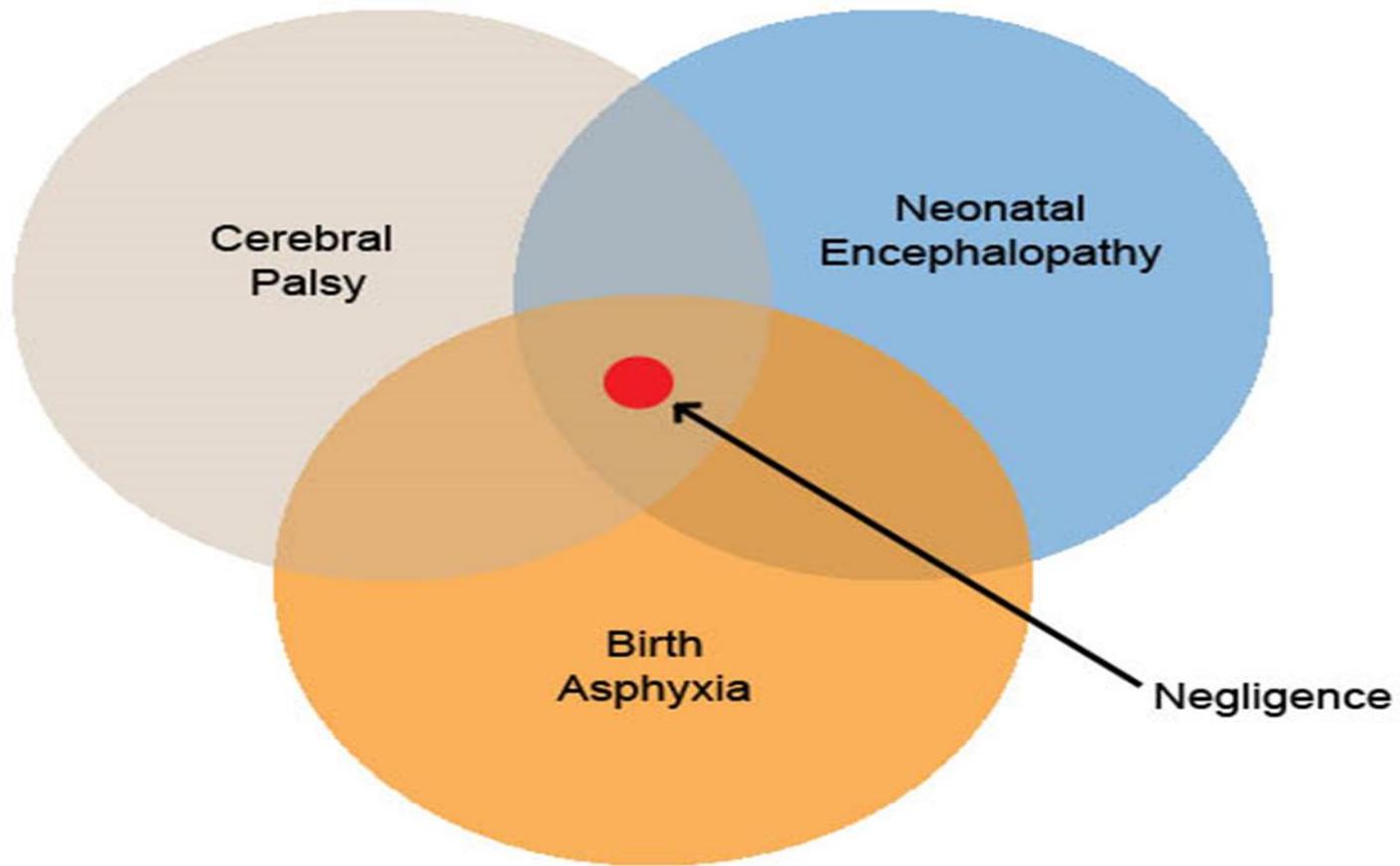
Infection
Trauma

Hypoxia

Delivery



Hypoxia
Infection
Trauma



“The most egregious insult the health service can cause a service user...!”

- “This language is best suited to the Daily Mail!”

Investigation

Investigations are characterised by being:

- Late
- Defensive
- One Sided
- Inquisitorial

As a result:

- Staff have changed
- Memories have faded
- “Things are much better now”
- Lessons learned, if any, are kept locally
- Service User loses confidence
- Clinicians lose control and interest in solving problem

How to improve investigations:

- Use neonatal encephalopathy as a proxy for CP.
- Investigate babies that are cooled.

Potential solutions:

- RCOG
- Every Baby Counts
- MERT

each baby
COUNTS. ●

News

Most deaths of babies and brain injuries in childbirth are avoidable, says college

BMJ 2017; 357 doi: <https://doi.org/10.1136/bmj.j2989> (Published 21 June 2017) Cite this as: BMJ 2017;357:j2989

Maternity Event Review Tool - 01

The Maternity Event review tool (MERT), a standardised national intra partum event review tool, is a HSE web based electronic tool which facilitates the comprehensive and timely review of adverse intra partum and peri natal events. MERT aids the service to review the circumstances preceding and surrounding such adverse events in a standardised way and produces a factual clinical report to be assessed by the Safety Incident Management Forum (SIMF). The MERT aims to promote improvements in how reviews of maternity adverse events are conducted and responded to.

The MERT is to be used in conjunction with the HSE Incident Management Framework (IMF) for all cases of intra partum stillbirth, early neonatal death and hypoxic ischemic encephalopathy. As per the IMF classification system the MERT is a concise review with a desktop multi-facilitated Multi-Disciplinary Team Approach. Its degree of independence is very high with membership of SIMF including persons external to the Hospital Group. The timeframe for completion is 125 days from notification to the SAO.

As outlined in both the National Standards for Safer and Better Maternity Services and the National Standards for the Conduct of Reviews of Patient Safety Incidents the MERT aims to support and promote the safety of women and their babies as part of a wider National Women & Infants Health Programme (NWIHP) safety and quality framework. The information provided by the MERT tool will allow NWIHP and its partners to monitor and learn from adverse maternity events and implement recommendations both at a local and national level.

As per IMF guidelines each case will be assigned a case officer who will prepare the MERT report for presentation to the SIMF. This case officer will also be responsible for engaging with the family and actively keeping them updated on the progress of the review and advised of support and advocacy services available to them. The MERT generates a concise family friendly final report which can be released once the review has been signed off by the SIMF.

If it is decided by the SIMF that a full systems analysis report is required the process outlined in the IMF should be followed.

All reviews being assessed using the MERT will need to be reported on the NIMS system first. The NIMS reference number is the unique identifier on all MERT reports. When an adverse outcome occurs there is a statutory requirement to report to the States Claims Agency.

All staff involved in the adverse event should be given the opportunity to view the MERT report before submitting to the SIMF. If a staff member wishes to add to the MERT report this is to be facilitated and their input submitted, in written format, as part of the report to the SIMF.

The MERT should be completed in all cases of:

Intrapartum stillbirth, i.e. a stillborn baby who was alive at the onset of care in labour

Early neonatal death associated with an intrapartum event

Hypoxic ischaemic encephalopathy, i.e. a live born baby that experienced neonatal encephalopathy (NE) and includes all babies that required therapeutic hypothermia. NE is a clinical condition in the term infant defined by abnormal neurological behaviour with the onset occurring at or shortly after birth. NE is manifested by an abnormal level of consciousness with or without the presence of seizures and is often accompanied by difficulty initiating and maintaining respirations, depressed tone and depressed reflexes, poor suck and swallow.

The MERT may also be used for any normally formed Perinatal death.

Spontaneous rupture of membranes:

If spontaneous onset of labour occurred complete **Section 5 – Spontaneous labour and delivery.**

If an intervention was required to initiate labour, e.g. prostaglandin, oxytocin, complete **Section 6 – Induction of labour and delivery**

If planned caesarean section was undertaken complete **Section 7 – Caesarean section delivery**

CP

- The single most expensive problem in medical insurance, by far.
- Some cases are related to intrapartum events, and many of these preventable.
- Use Neonatal Cooled cases as a proxy to investigate.
- Acknowledge the Problem – Call It Out – Shout It Out!
- Investigate
- Apply the Learning

The End

- ◉ Give us 5% of the insurance costs and we will reduce the pay out by 50% in 5 years.