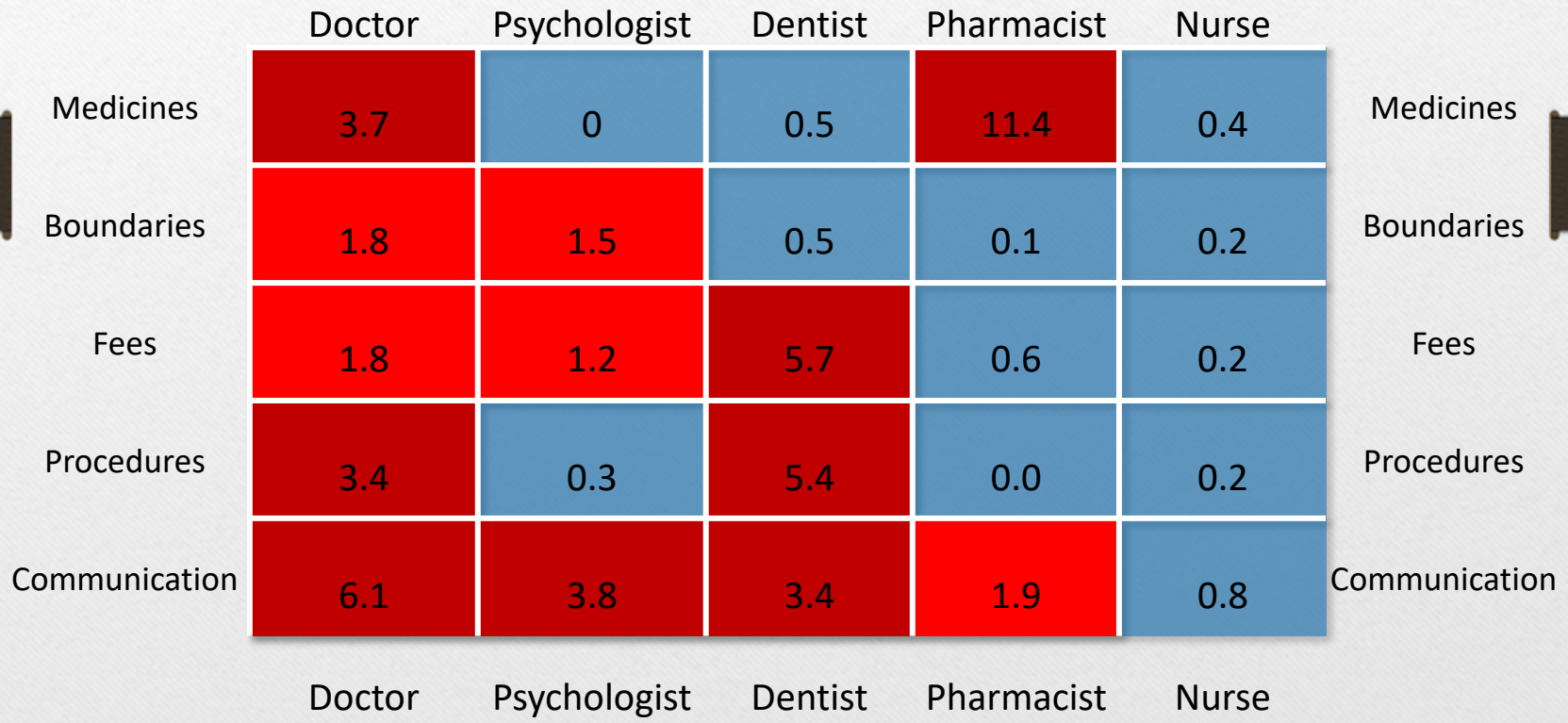
Are there indicators that can pre-empt public risk?

International Nurse Regulator Symposium

A/Professor Marie Bismark

23 October 2018, Chicago

Different professions have different risk profiles
(rates of complaint per 1,000 practitioners)



"… it doesn't rain on everybody equally …
some [practitioners] have a malpractice dark cloud."

-Gerald B Hickson MD

VIC NEWS

Nurse banned over a series of blunders in single shift

Fiona Hudson, HeraldSun
August 22, 2013 5:21pm

EXCLUSIVE: A NERVOUS nurse caught making four alarming blunders on a single shift - including feeding a patient whose chart was clearly marked 'nil by mouth' - has been struck off.

A tribunal heard while tending vulnerable patients in the neurology ward at Royal Melbourne Hospital, the agency nurse also:

USED a cotton tip dipped in the solvent acetone - a key ingredient in nail polish remover - to clean a patient's mouth after picking up the wrong bottle;

DISCONNECTED an intravenous tube full of blood and asked the palliative care patient's daughter, who was sitting beside the bed, to hold it;

...cation for high blood pressure to a patient with a very low heart ...the person's vital signs, or asking a doctor.

Nurse Anthony Elliott struck off after sending sexually explicit texts to patient

...hanie Gardiner
...5 February 2017 —
...st published at

One of nearly 500 text messages a nurse sent to his patient said: "Slept in your bed yesterday. Still had ur scent in the room."

Enrolled nurse Anthony Elliott was working at the South Coast Private Hospital, in Wollongong in 2014, when he initiated a relationship with a woman being treated for severe mental health issues.

queensland

Drug-addicted Queensland nurse banned from work

A NURSE who treated patients while high on heroin and falsified her own urine test has been banned from working for three years.

Tony Keim

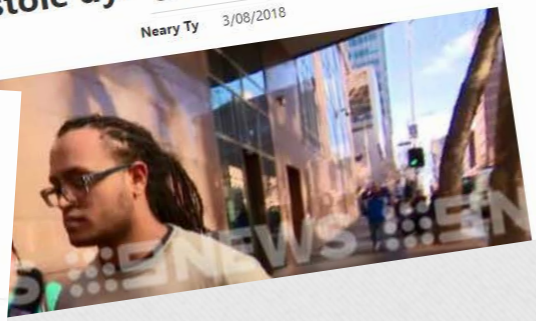
AUGUST 6, 2012 5:09PM

A DRUG-addicted nurse who treated patients while under the influence of heroin, falsified her own urine test and continued to work after being suspended has been banned from working for three years.

FLORYDAY

Nurse stole dying patients' credit cards

Neary Ty 3/08/2018



Our research team: multidisciplinary skills and real world experience

Research team:

Law/medicine: Marie Bismark

Law/public health: Jen Moore, Tara Sklar

Biostatistics: Matthew Spittal, Yamna Taouk

Consumer: Jen Morris

Regulation: Ron Paterson, Martin Fletcher

International expert: David Studdert

Australia has some of the best regulatory datasets in the world

Datasets:

All health practitioners in Australia 2010 to 2016 (>640,000 practitioners)

All lawyers registered in Victoria 2005 to 2015 (>20,000 practitioners)

Funders:

Australian Health Practitioner Regulation Agency

Legal Services Board and Commissioner, Victoria

National Health and Medical Research Council

Analytical approach

Analyses:

Quantitative: descriptive, multivariate, and survival analyses

Qualitative: thematic analysis of Tribunal decisions

Ethics:

Studies approved by University of Melbourne ethics committee

Strict data protection plans and deeds of confidentiality

All data de-identified before analysis

Downloaded from http://qualitysafety.bmj.com/ on October 13, 2017 - Published by group.bmj.com

BMJ Quality & Safety Online First, published on 10 April 2013 as 10.1136/bmjqs-2012-001691

OPEN ACCESS

Identification of doctors at risk of recurrent complaints: a national study of healthcare complaints in Australia

Marie M Bismark,[1] Matthew J Spittal,[1] Lyle C Gurrin,[1] Michael Ward,[2] David M Studdert[1,3]

► Additional material is published online only. To view please visit the journal online (http://dx.doi.org/10.1136/bmjqs-2012-001691).

[1]Melbourne School of Population and Global Health, University of Melbourne, Parkville, Victoria, Australia
[2]School of Medicine, University of Queensland, Brisbane

ABSTRACT

Objectives (1) To determine the distribution of formal patient complaints across Australia's medical workforce and (2) to identify characteristics of doctors at high risk of incurring recurrent complaints.

Methods We assembled a national sample of all 18 907 formal patient complaints filed against doctors with health service ombudsmen

compared doctors who experienced multiple malpractice claims,[1–5] complaints,[6 7] and disciplinary actions[8–10] with doctors who experienced few or none, and identified differences in the sex, age and specialty profile of the two groups. Such research helps to explain medico-legal risk retrospectively, but does not provide practical guidance for identifying risks pro-

3%

of doctors account for

49%

of complaints about doctors

4%

of lawyers account for

58%

of complaints about lawyers

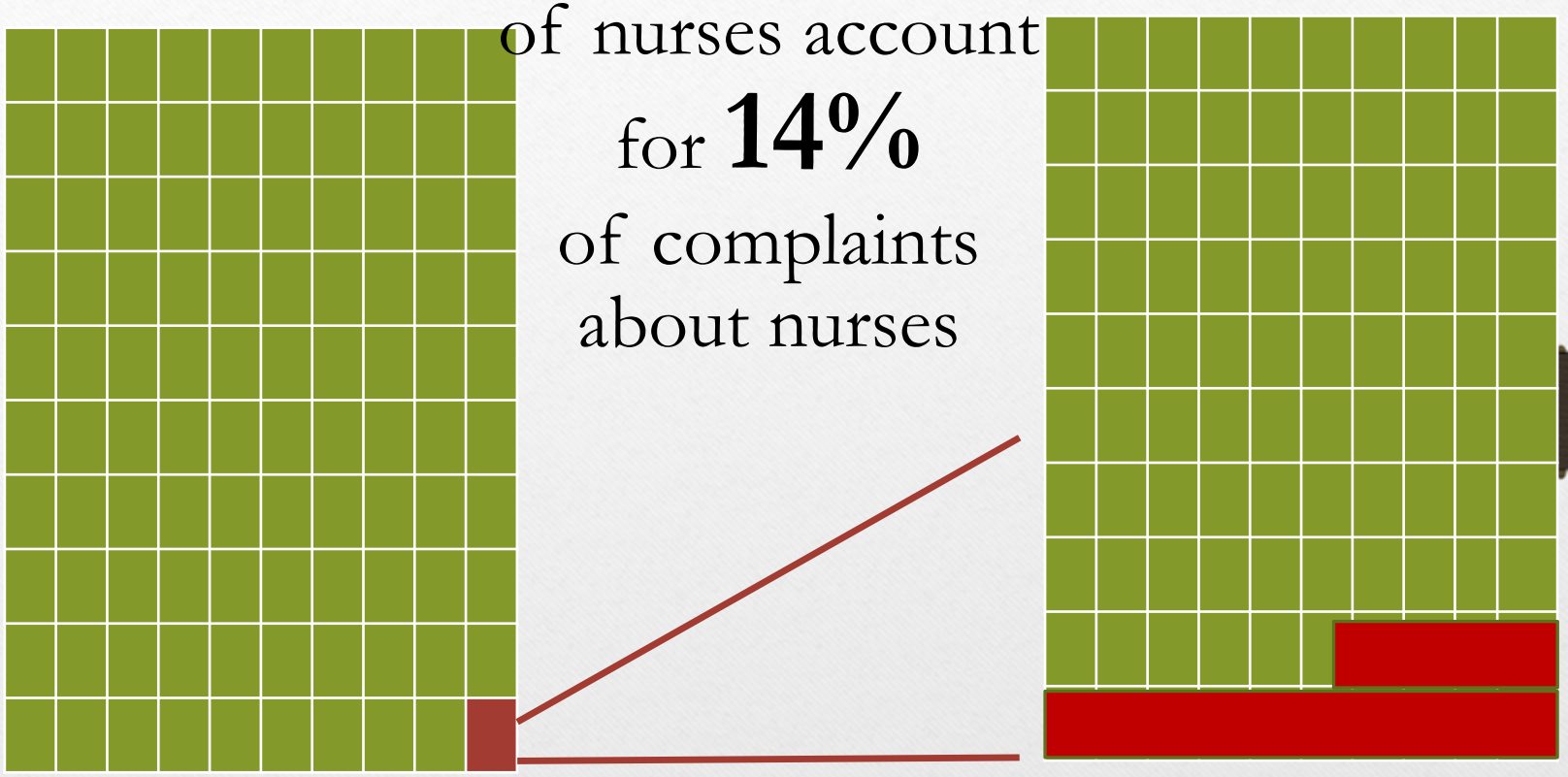
0.25%

of nurses account

for **14%**

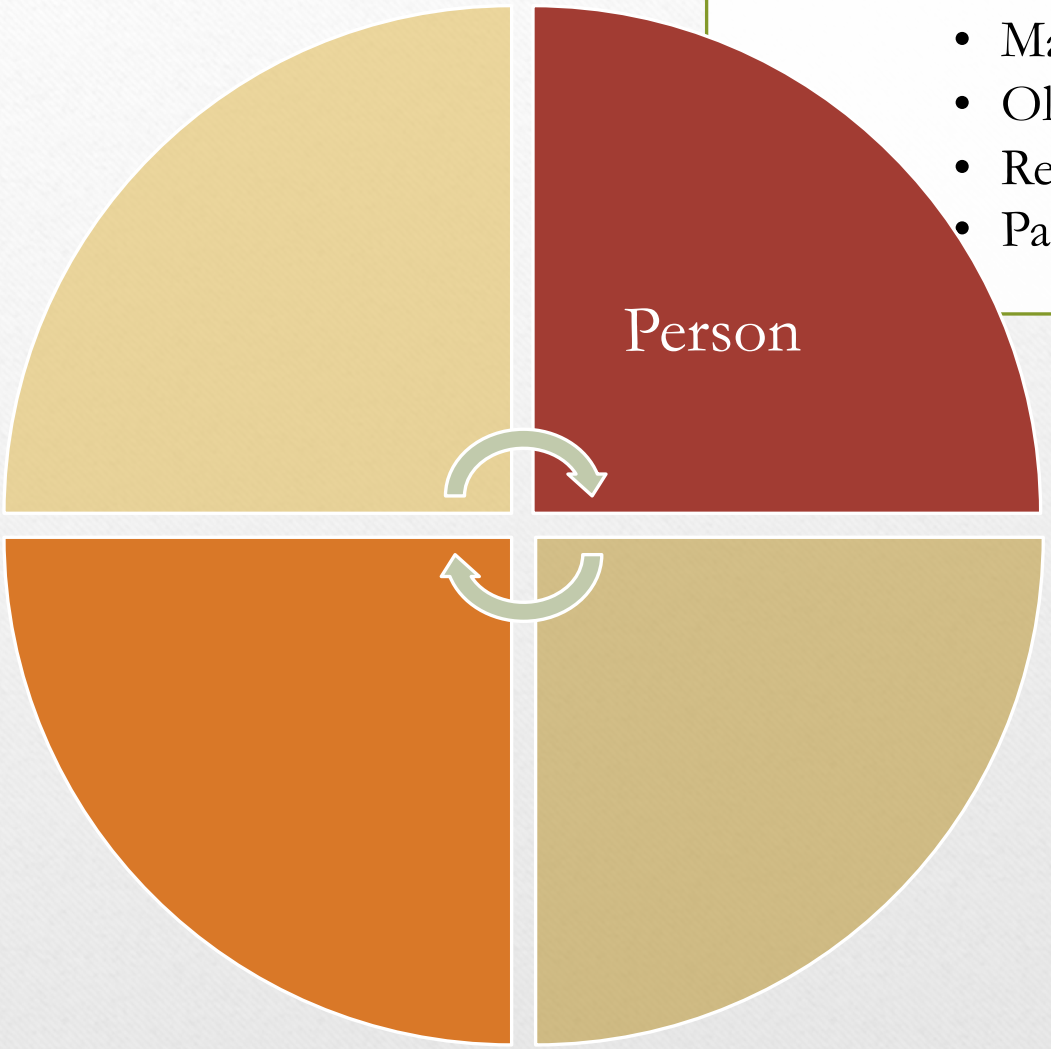
of complaints

about nurses



Q: Where are you going?

A: I'm walking upstream to find out why they're falling in.

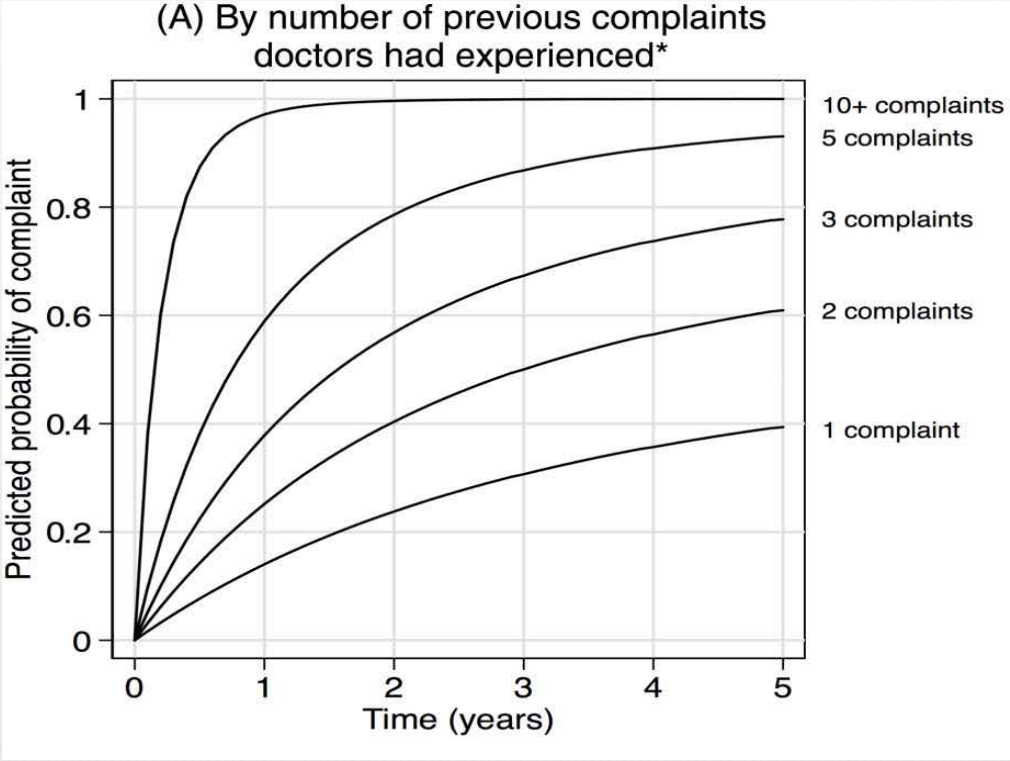


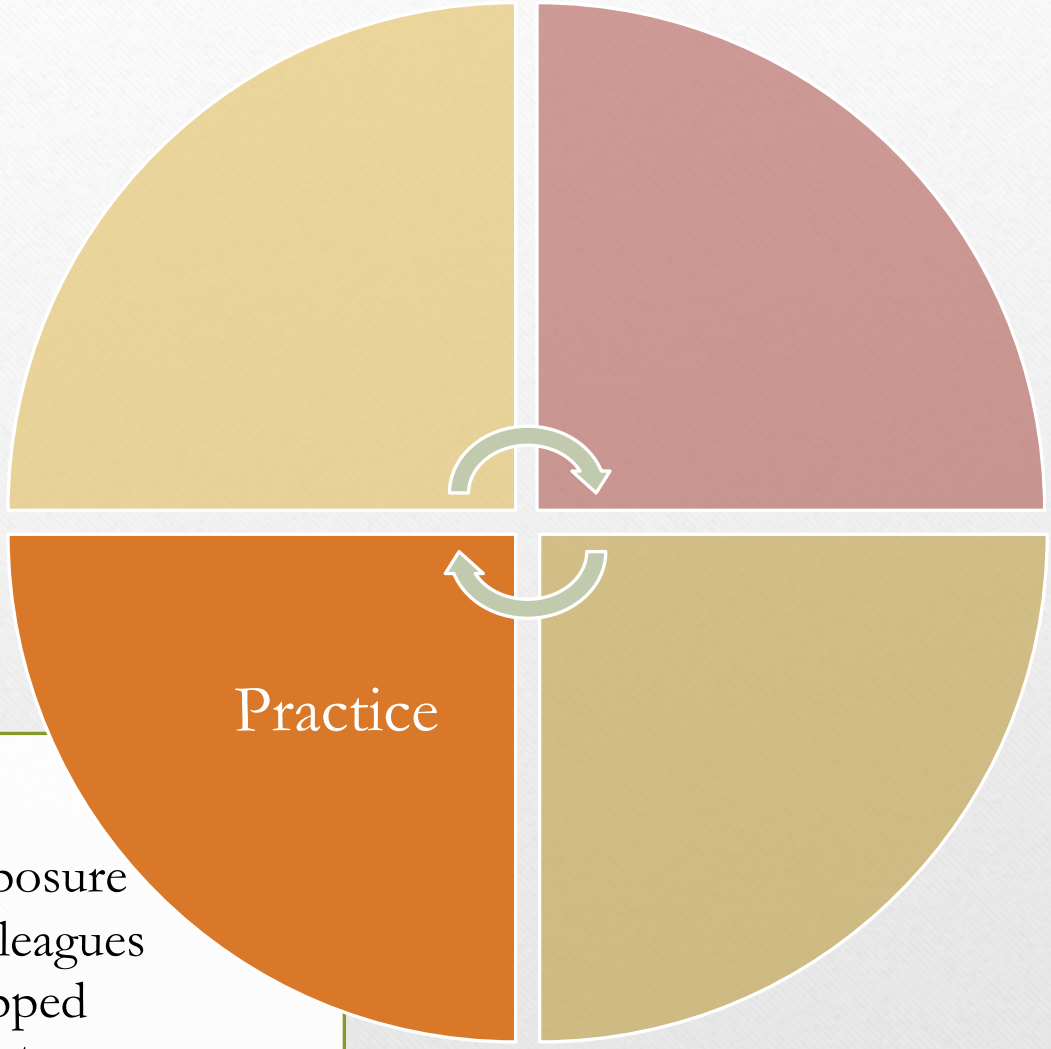
- Male
- Older age
- Regional
- Past history

Predictors of complaints about doctors

Characteristic	Increase in risk
Male (cf female)	30%
Regional (cf urban)	20%
Age over 65 years (cf under 65 years)	40%

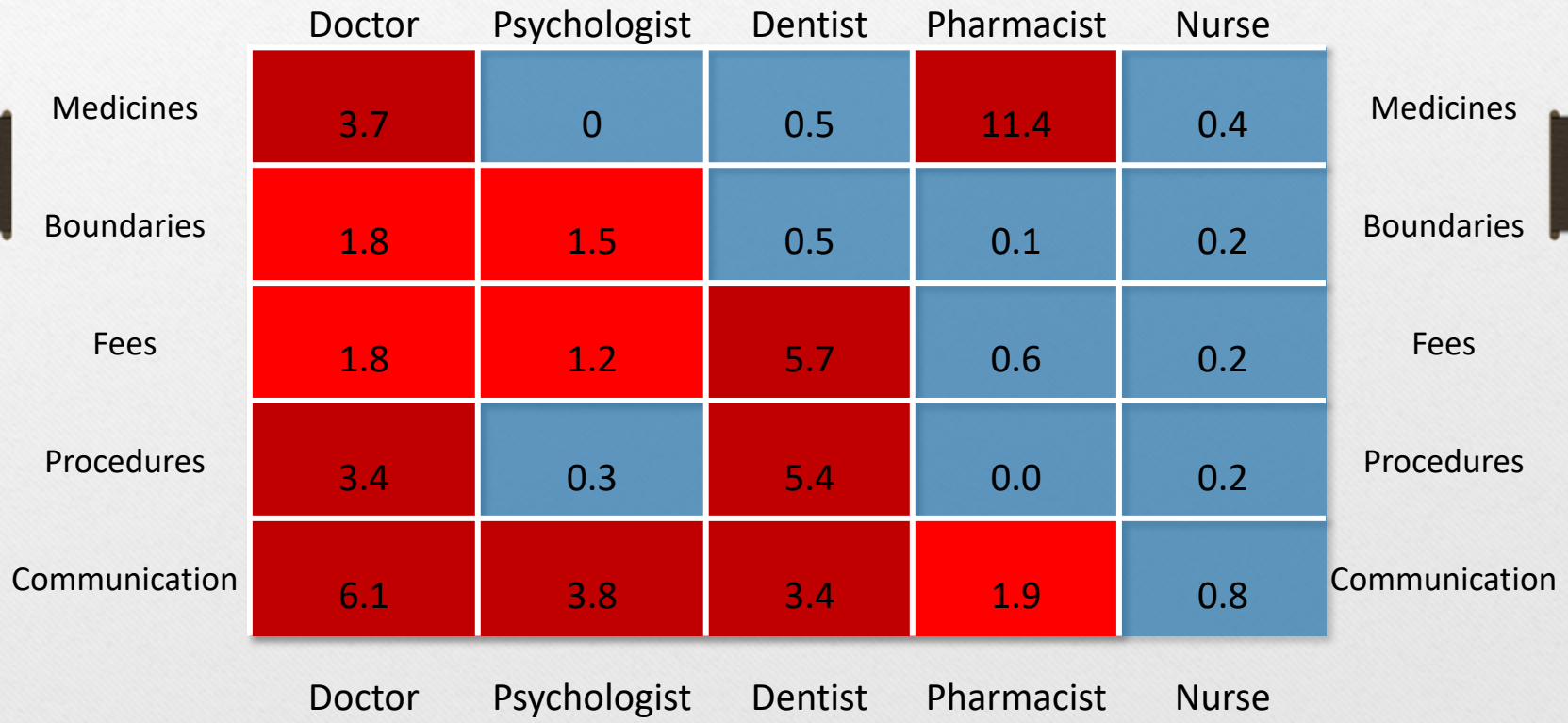
Past behaviour is the strongest predictor of future behaviour



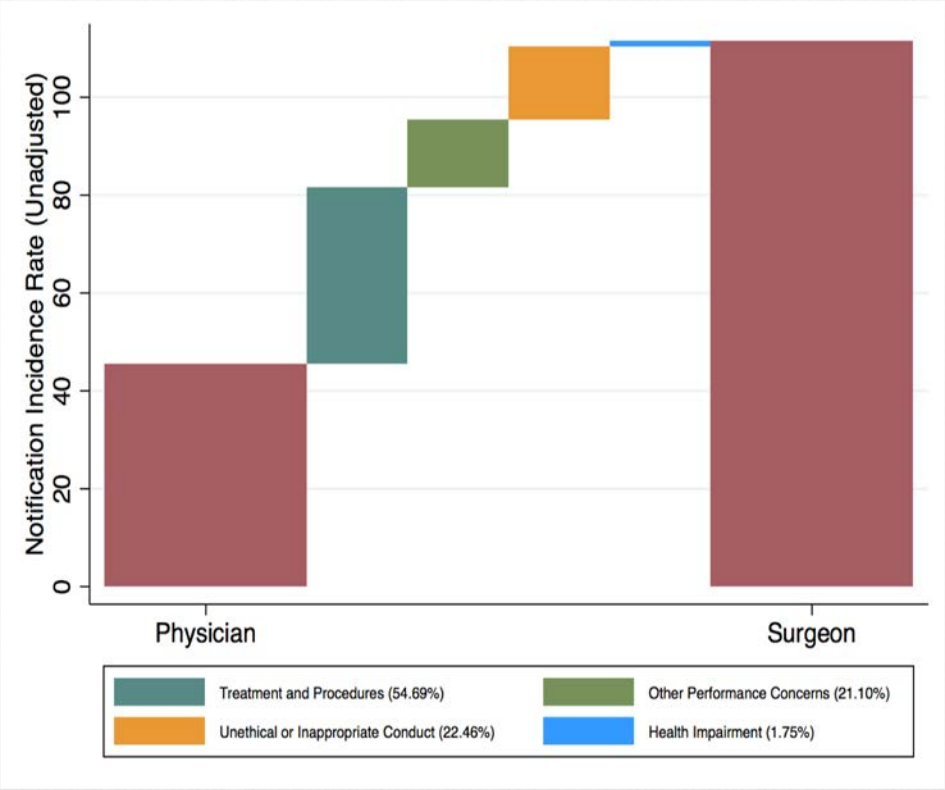


- Risk exposure
- Few colleagues
- Ill-equipped generalist

Different professions have different risk profiles
(rates of complaint per 1,000 practitioners)



Why do some professions have higher complaint risk than others: Task vs culture?



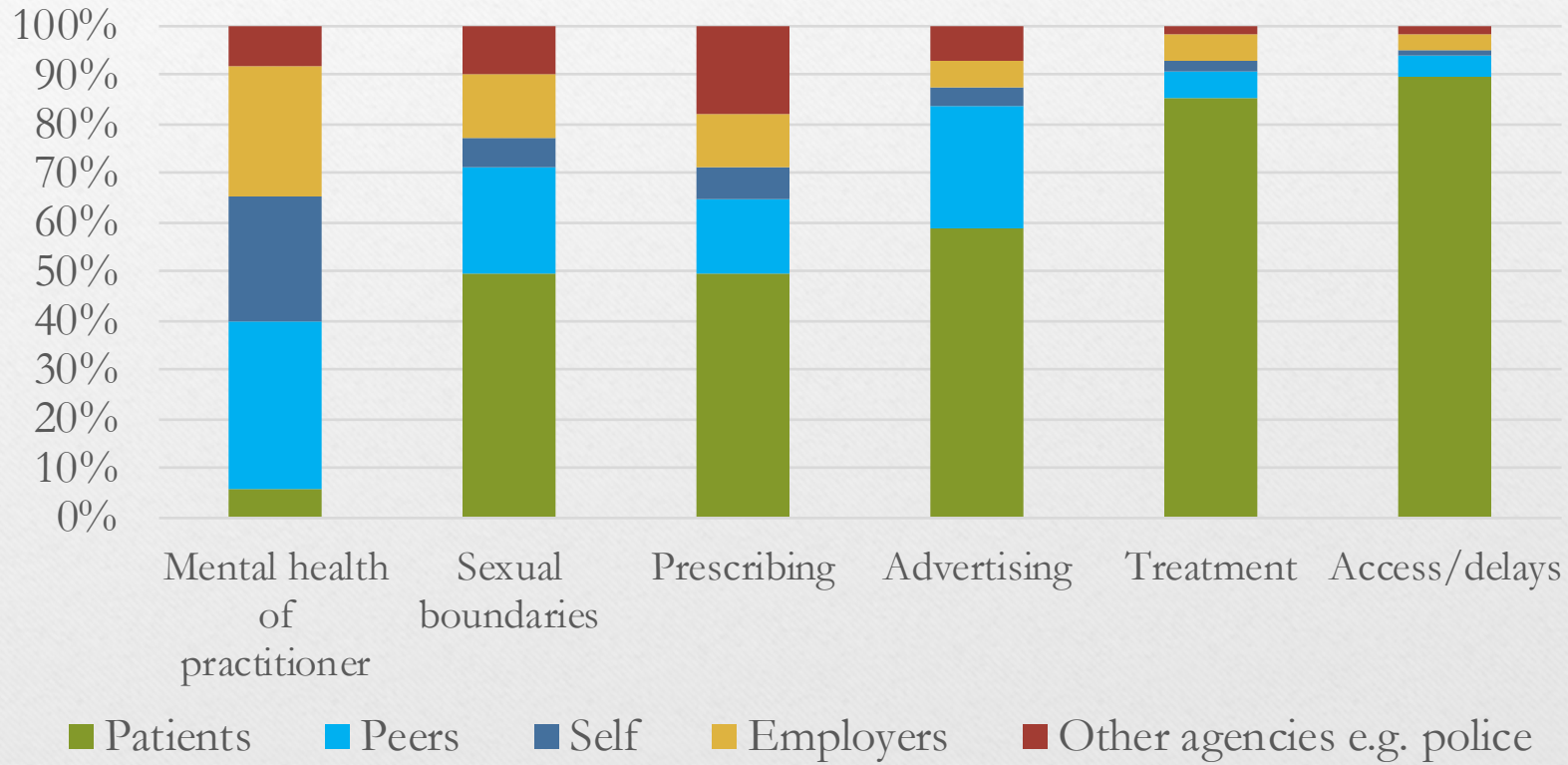
Surgeons are at higher risk of complaints than physicians in relation to:

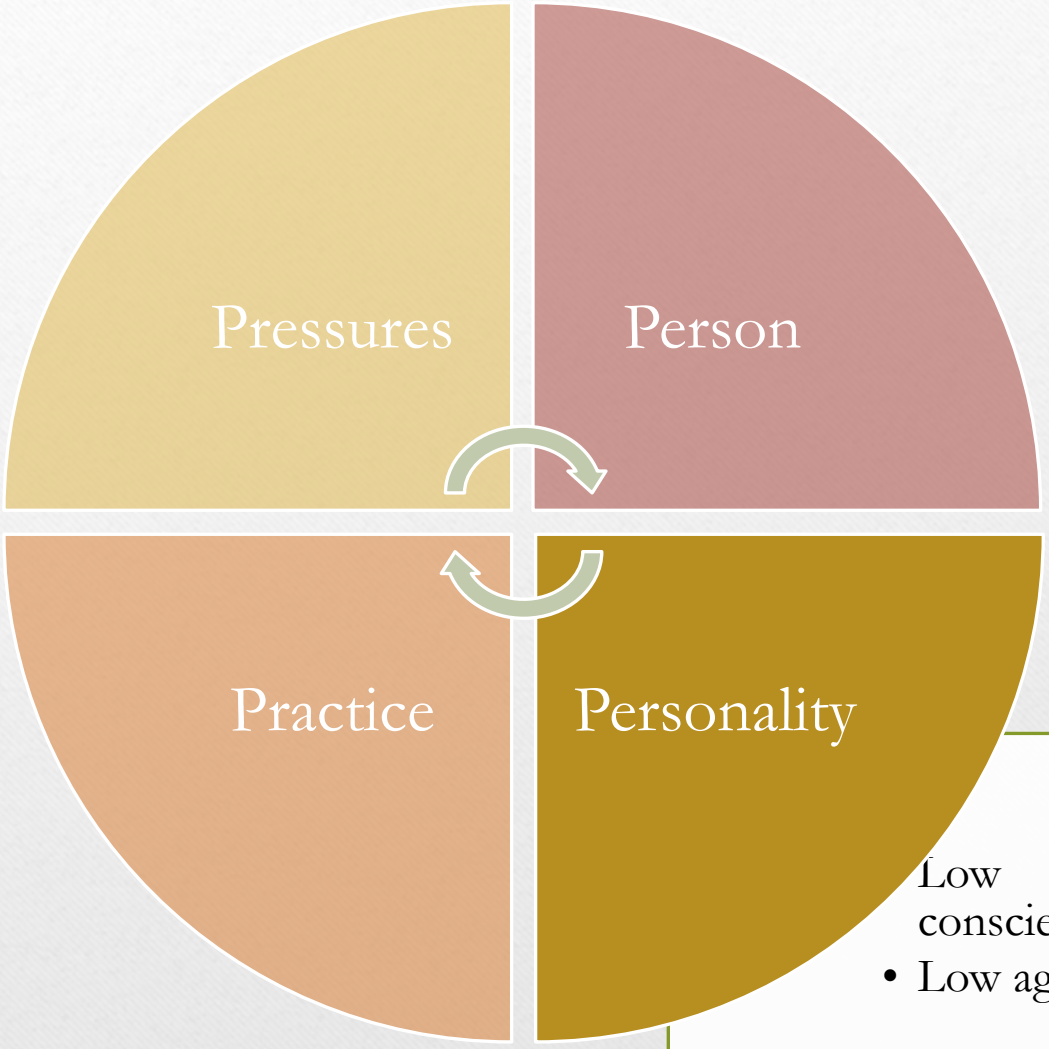
- Procedures
- Communication
- Teamwork
- Bullying
- Over-charging
- Alcohol and drug misuse

Size of practice matters:

>80 percent of highly complaint-prone lawyers work in a practice with 3 or fewer lawyers

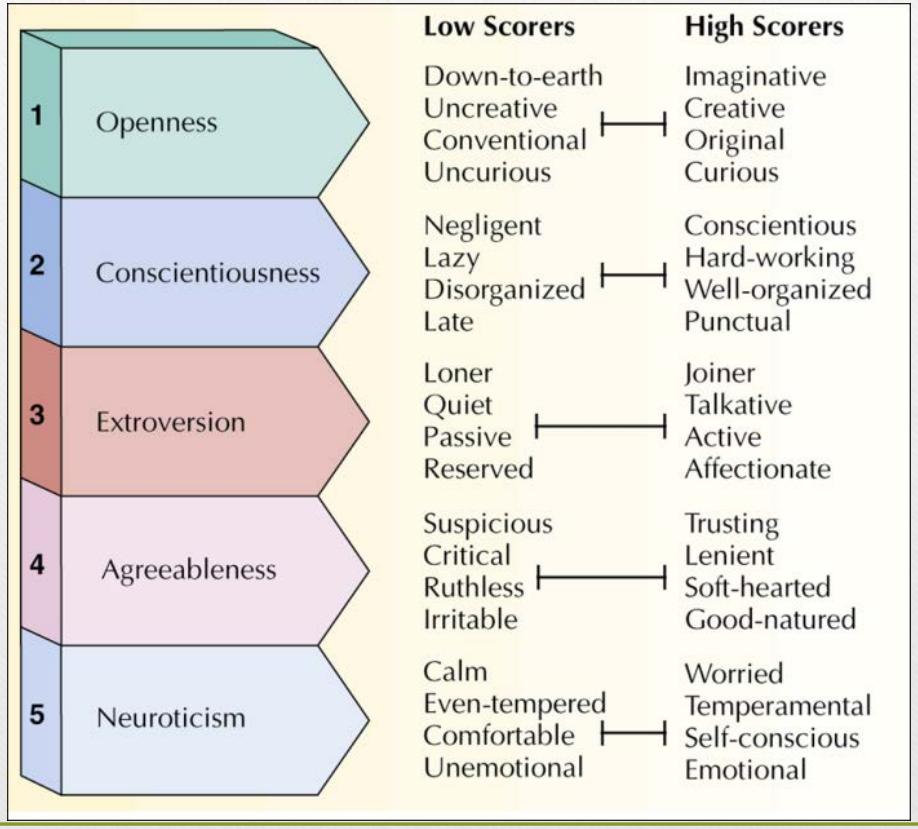
Sources of complaints about health practitioners





Low conscientiousness
- Low agreeableness

Big five personality traits



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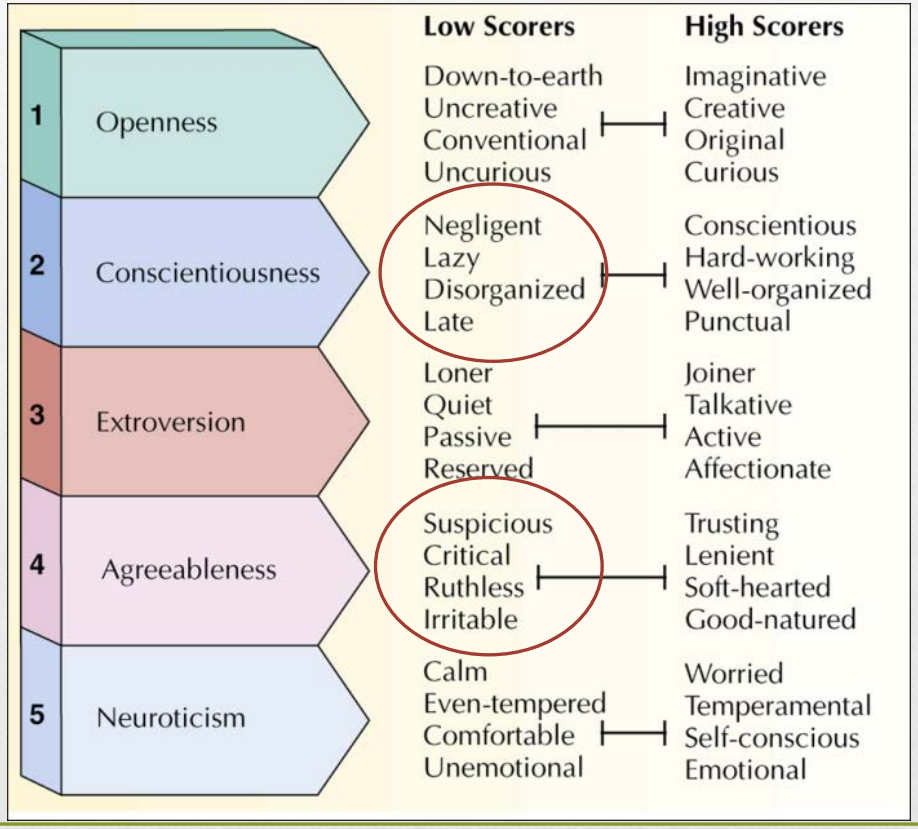


Personality traits of highly complaint-prone practitioners

Low conscientiousness

- Failure to comply with norms
- Delays in responding to requests
- Poor record keeping
- Disorganized and unorthodox practice arrangements

Low agreeableness

- Difficulty appreciating ideas, feelings, or behaviours of others
- Lack of remorse
- Manipulativeness
- Deceitfulness
- Hostility
- Grandiosity

Low conscientiousness

"… practice is conducted in a ***chaotic manner***."

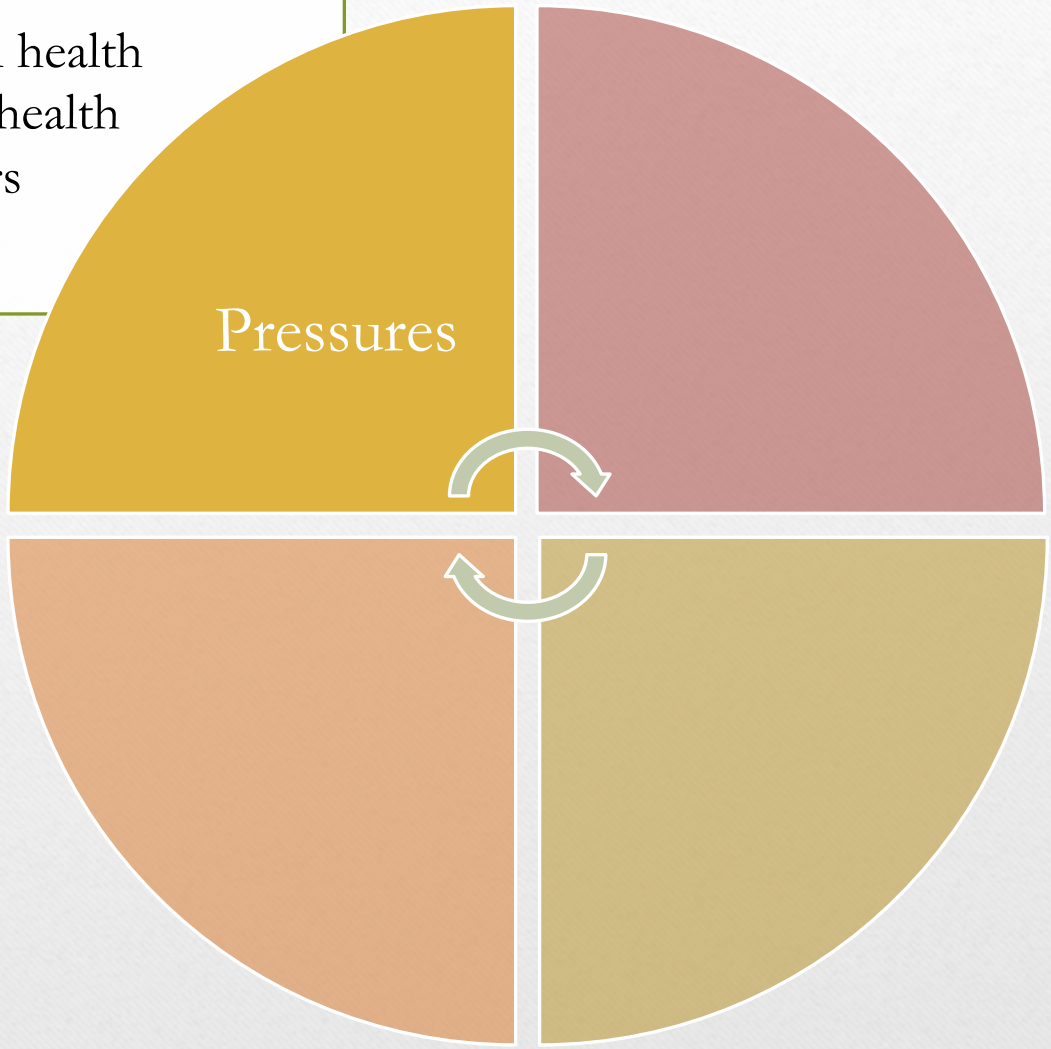
"Serious disorganisation … [He has] thrown up his hands and ***left the mess he has created to be cleaned up by others***"

Low agreeableness

"… ***attacking style*** akin to a terrier"

" … demonstrated ***contempt*** for the regulator."

- Physical health
- Mental health
- Stressors



A concatenation of personal disruption

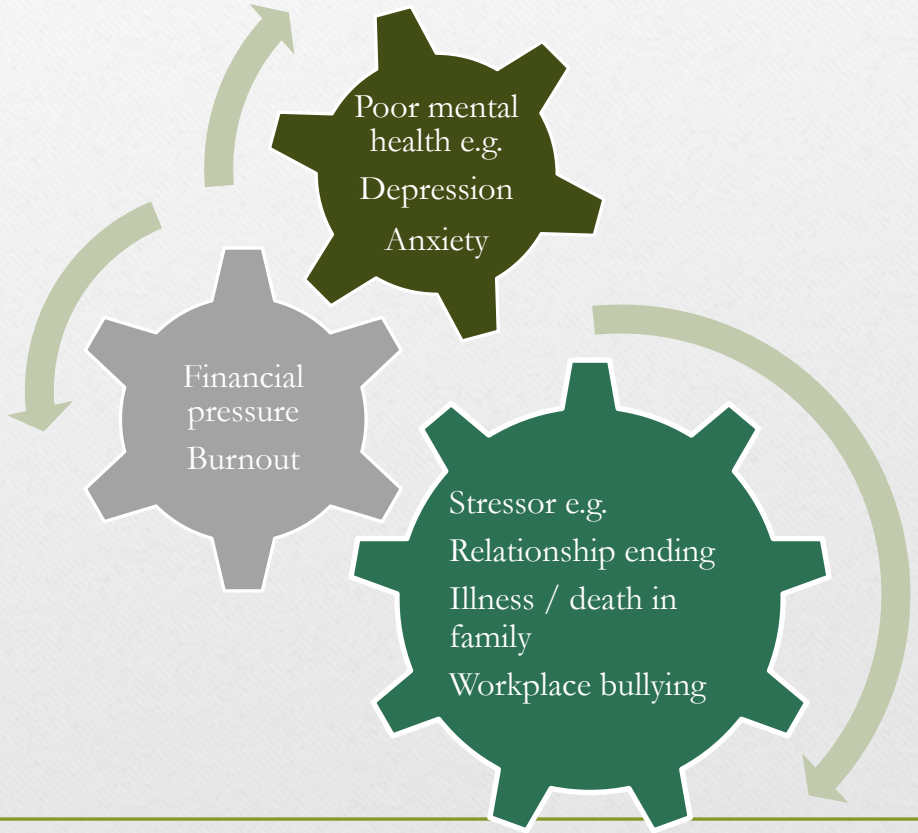
Stressors

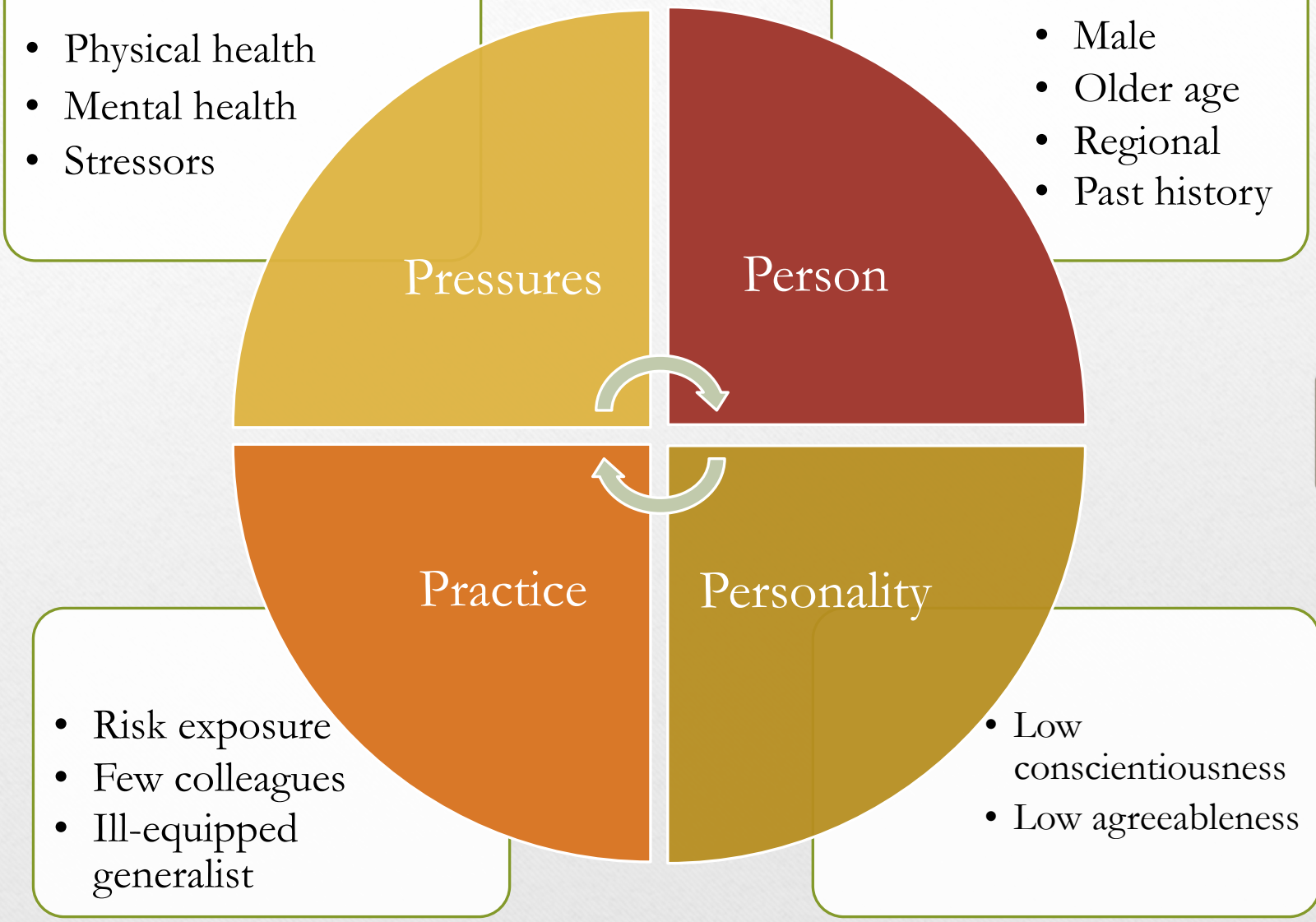
- Financial difficulty
- Relationship breakdown
- Illness or death in family
- Workplace bullying

Health

- Over half of the highly complaint-prone lawyers were noted by Tribunal to have some form of health impairment
- Depression was commonly noted

Multiple contributing factors




Physical health
Mental health
Stressors
Male
Older age
Regional
Past history
Pressures
Person
Practice
Personality
Risk exposure
Few colleagues
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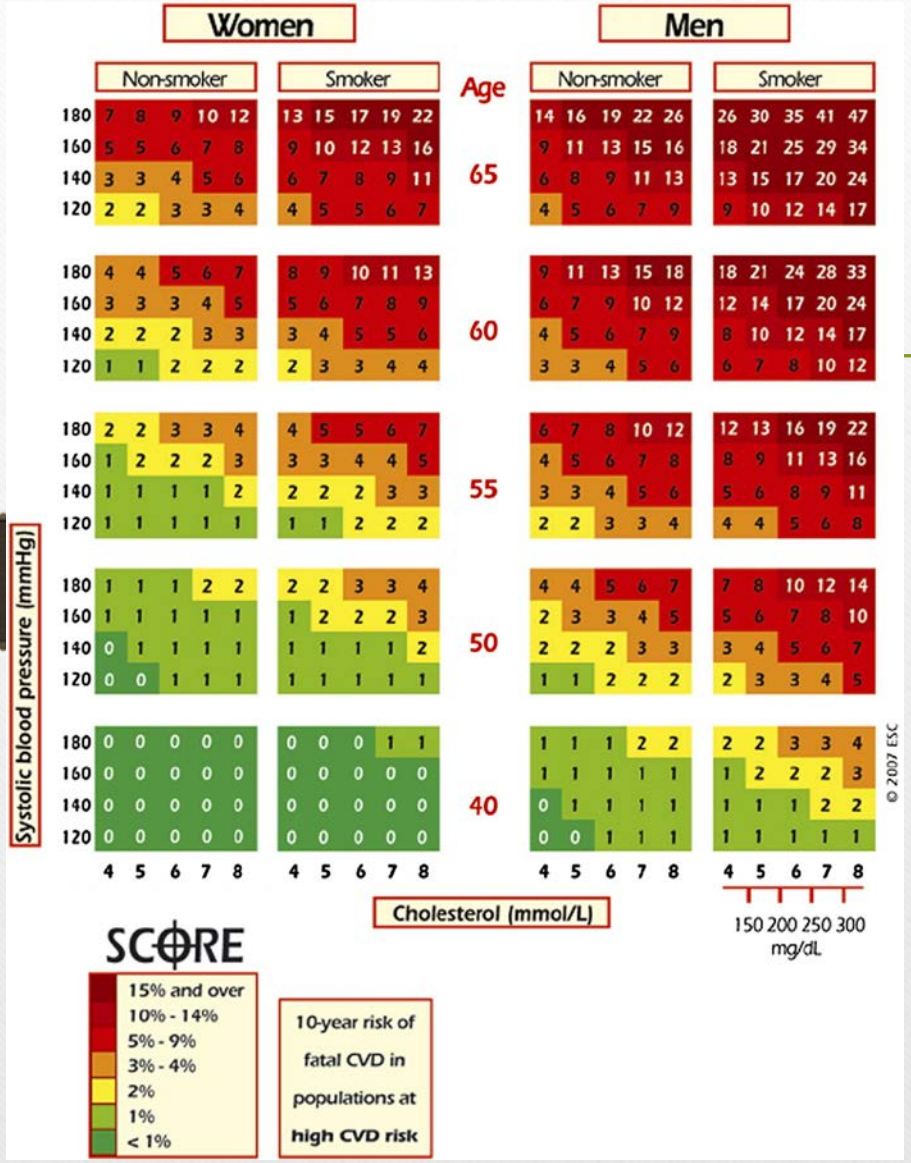
Pre-empting risk?



Probability of complaint by PRONE score

Practitioner A	Practitioner B
1st complaint, female, physician, age 30	9th complaint, male, plastic surgeon, less than 6 months since last complaint
PRONE score = 1	PRONE score = 17
Less than 15% chance of a complaint in next two years	>90% chance of another complaint within the next 2 years

Medical Board of Australia

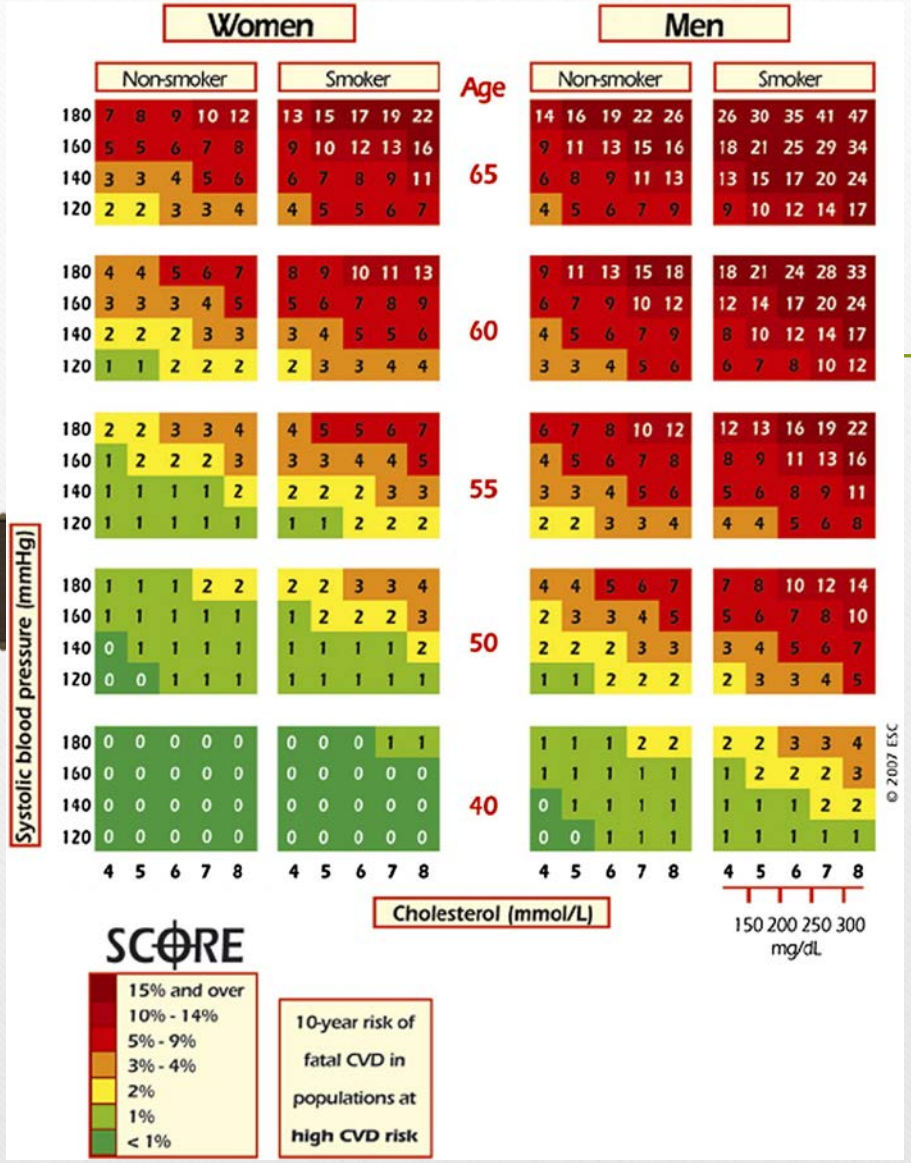
Home About Registration

Home / Registration / Professional Performance Framework

Professional Performance Framework

- Increasing age is a known risk factor for poor performance. The Board is proposing
  - to require practitioners who provide clinical care to have peer review and health checks at the age of 70 and three yearly thereafter, and
  - the outcome of health checks and peer reviews is not reported to the Board unless there is serious risk to patients.
- Professional isolation is a known risk factor. The Board is proposing:
  - to develop guidance to help practitioners identify the hallmarks of professional isolation and manage the risk, and
  - to require professionally isolated doctors to do more CPD that involves peer review.

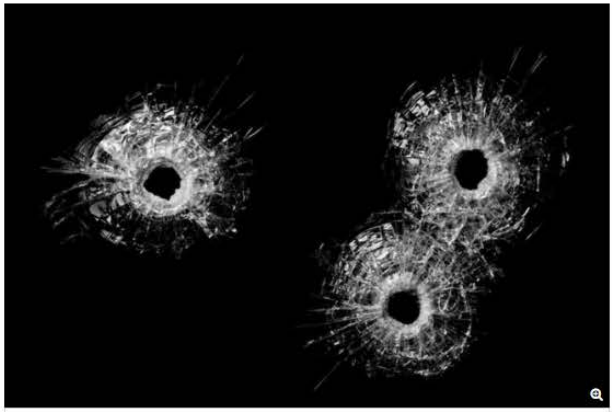
Rare events are hard to predict!



Live Science › Culture

Mass Shootings: Why It's So Hard to Predict Who Will Snap

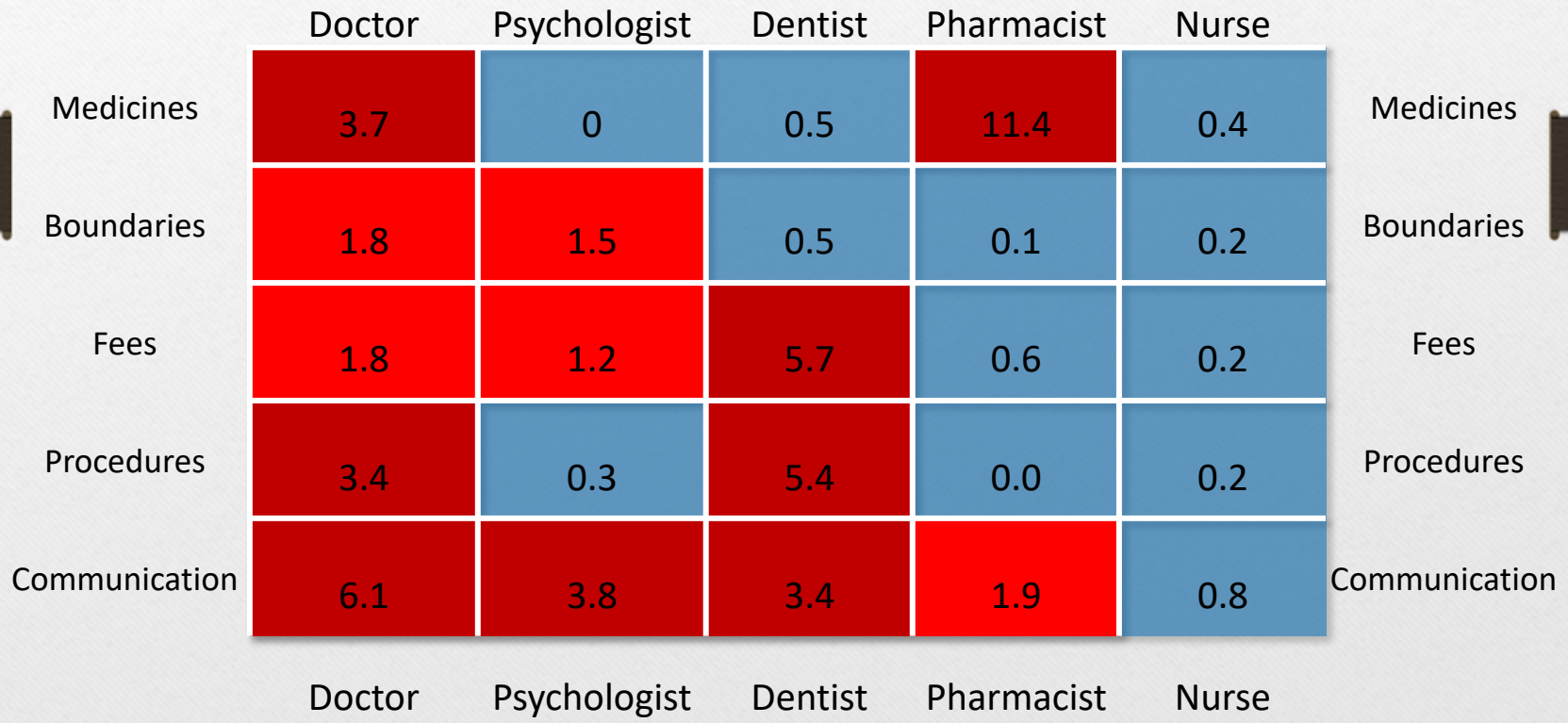
By Stephanie Pappas, Live Science Contributor | July 23, 2012 06:28pm ET



Bullet holes in glass.

Credit: Sascha Burkard, Shutterstock

PRONE Score only has good predictive properties when applied to professions with relatively high rates of complaints



So where does this leave us?

Complaints to nursing regulators are too rare to predict with accuracy

BUT

Precursor events (e.g. complaints to employer, concerns during nursing training) are more common

Joining the pieces of the puzzle key to improving ability to predict risk

Significance of research

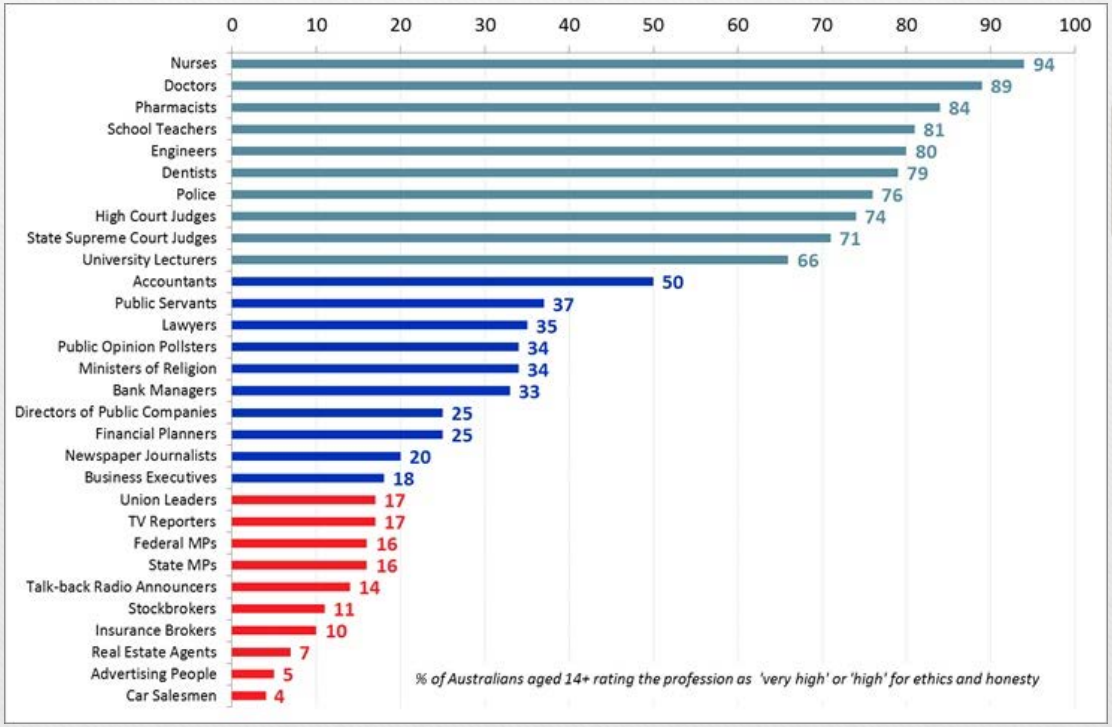
1) A more risk-based approach to regulation may help to:

- Identify practitioners in need of support
- Avert "careers of misconduct"
- Target scarce regulatory resources
- Protect the public from harm

2) For professions with low rates of complaints, information sharing between agencies is key

Significance of research

3) The nursing profession is doing something right! Opportunities for others to learn?



Questions and comments?

mbismark@unimelb.edu.au