2015 Federal Tort Claims Act (FTCA) Risk Management Virtual Conference
Case Scenario

Note: All names and details in this case scenario are fictional and do not represent specific individuals.

Background and history: Ms. Key, a 46-year old female, has been seen on and off, as needed, in the health center for the past eight (8) years. English is the patient's second language. She is widowed and has three children who are also patients at the health center. Ms. Key lives with two of her children, she works part-time, smokes about a pack of cigarettes per week, is moderately obese (body mass index [BMI] >25), and has a family history of melanoma (a skin cancer), lung cancer, and diabetes.

Timeline:

January 2010: Ms. Key was first seen by Dr. Matt Smith at the health center in 2010. Dr. Smith observed from the medical record that Ms. Key sees a dermatologist for skin checks because of her family history of melanoma. At this well visit, Dr. Smith encouraged Ms. Key to participate in smoking cessation classes available at the health center, and facilitated preventative care by ordering a screening mammogram. Ms. Key was asked to complete a satisfaction survey, but declined.

February 2013: Ms. Key again presented to the clinic. Mr. Paul Allen, the physician assistant (PA), diagnosed an upper respiratory infection, noting that she was still smoking. During a review of her chart, the PA saw that Ms. Key had gone for her mammogram in 2010, but had not been notified about the negative findings of that examination. The PA also learned Ms. Key had not seen a dermatologist for a full body screening given her family history of melanoma. He gave Ms. Key a prescription for antibiotics, a referral to the dermatologist, and encouraged her participation in smoking cessation classes.

April 2015: Two years later, Ms. Key again presented to the clinic, this time with a complaint of pain on the upper portion of her left arm. Dr. Smith examined the site and found the area to be tender, with pain focused at the area of a darkened lesion with a regular border that was about the size of a quarter. Noting that Ms. Key had not seen a dermatologist in over 5 years, Dr. Smith became agitated and raised his voice at Ms. Key, then recommended a mild over the counter analgesic and referred her to the dermatologist.

Two weeks later, Ms. Mary Ashe, the medical assistant (MA), received a discharge summary from the local emergency department (ED) where Ms. Key had presented with swollen glands and a fever. Ms. Key was treated and told to follow up at the clinic. Internal tracking, initiated by the receipt of the discharge summary, led the clinic to call Ms. Key to schedule a follow up visit that week. The MA left two voicemails. No other calls were made.

May 2015: Two weeks later, Ms. Key presented to the health center complaining of a sore neck and swollen glands. During the exam, the PA noted that the lesion which had been the size of a quarter had increased in size and had discharge and ordered bloodwork. Noting that there were no dermatology consult reports in the record, the PA offered Ms. Key assistance in setting up an appointment with the dermatologist. Ms. Key received an appointment with Dr. Derm for that same week. Ms. Key was again asked to complete a satisfaction survey.

May 2015: On the following Thursday evening, Ms. Key made a pain medication refill request as an urgent off-hours message to the physician on call at the clinic. Over the phone, Ms. Key informed Dr. Oliver Caine, the on-call physician,

that she had surgery on her arm at the dermatologist's office and that she was now experiencing intense pain and there was a yellow stain on the bandage. She also told Dr. Caine that she had misplaced the antibiotics she was taking and asked him to order a refill. She had tried to call Dr. Derm, who had performed her surgery, but he was not answering. Dr. Caine gave her a 3-day supply of pain medicine, a refill of the antibiotics, and asked her to come to the clinic on Monday.

Dr. Caine left a message for Ms. Ashe, the MA, to follow up with Dr. Derm to obtain referral notes related to Ms. Key's appointment and procedure, including any pathology results.

Ms. Key obtained the pain medication from the pharmacy, but the pharmacy did not have an antibiotic prescription. Ms. Key assumed Dr. Caine had decided that this was unnecessary.

Two days later, Dr. Smith received a fax from a local pharmacy urgent care clinic indicating that Ms. Key had been seen by a Nurse Practitioner at the urgent care clinic for left arm pain, a draining wound, and redness of the upper arm

Upon learning this, Dr. Smith asked that Ms. Key be scheduled for a follow-up visit. Also, Dr. Smith noted that no prescriptions should be written until Ms. Key was seen. Dr. Smith then realized that he did not have pathology results from the biopsy performed by the dermatologist. While the MA had called and left a message at Dr. Derm's office, the results of the test were never received. The MA again followed up.

When the pathology report was finally faxed to the health center, it indicated that Ms. Key had skin cancer, a stage 2 melanoma. The pathologist had recommended a biopsy of the lymph nodes to rule out metastasis (spread) of this cancer. Dr. Smith called Dr. Derm to discuss Ms. Key's diagnosis and the plan for follow up. Dr. Derm stated that Ms. Key had not returned for her postoperative follow-up appointment. However, Ms. Key had called the dermatology office several times during off hours requesting pain medication. Dr. Derm had refused to write any additional prescriptions until she was seen again. Dr. Smith again asked the MA to call Ms. Key and make an appointment for follow up.

Ms. Key made two different appointments because of her work schedule. Ms. Key did not keep the first appointment, and canceled the second appointment on the same day of her appointment.

August 2015: Alarmed by a large number of "no show" and cancelled appointments, and wanting to ensure that Ms. Key undergo additional testing, Dr. Smith met with the health center's medical director, Dr. Mary Downs, to express his concerns. Dr. Smith discussed Ms. Key's non-compliance with follow up, her perceived drug seeking behavior, and her apparent lack of comprehension regarding her condition. Dr. Downs reviewed Ms. Key's chart, the chronology of events, and her medication history. After identifying deficits in care, including test and referral tracking failures and a failure to fully assess patient comprehension of preventive care suggestions (e.g., dermatology referrals, smoking cessation), Dr. Downs suggested a care conference. Attendees included the patient (Ms. Key), Dr. Downs, the Chief Medical Director, Dr. Smith the primary care provider, and the PA. In addition, the risk manager and a behavioral health counselor were invited. Ms. Key attended the multidisciplinary care conference and admitted that she often felt too overwhelmed with her obligations (work, children, and her continued poor health) to keep her appointments. She agreed to follow up with the behavioral health counselor to address issues that were preventing her from complying with and receiving the necessary treatment. The team also discussed her prescription pain medication use and recommended additional evaluation. The case was also reviewed by the health center's risk management and quality improvement teams to identify any potential or actual gaps in the center's delivery of healthcare to Ms. Key.

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