

URGENT CARE: MANAGING PATIENT EXPECTATIONS

A Continued Look at
Failure to Diagnose Issues
in These Settings



CASE STUDY 1

A patient visited a clinic she went to for primary care twice in three days during its extended hours. She appeared to have bronchitis or minor viral pleurisy. Since she was a regular patient in this clinic, she did not volunteer her history of recurrent thrombophlebitis when pregnant, a prescription for oral contraceptives, and that she smoked. Unfortunately, as the care provider did not consult the entire chart, this information was not considered in the work up. The patient suffered a pulmonary embolism and resultant hypoxic encephalopathy. The chart contained all the relevant coagulability information in her previous well-woman exam, and it was clearly documented. Both the jury and the patient had a difficult time accepting the failure to diagnose the condition and adverse outcome when these issues were more apparent upon retrospective review.

CASE STUDY 2

Over an eight-month period, a patient presented to the same urgent care facility four times with various symptoms including abdominal pain, stool changes, rectal pain, and one episode of bleeding attributed to hemorrhoids. The patient was never referred for a more definitive work up of what ultimately proved to be colorectal carcinoma (diagnosed 14 months after the first urgent care visit). It proved difficult to defend the facility's care when retrospectively, and from the patient's perspective, there had been at least six contacts with the providers: four face-to-face visits and two phone calls with refills called in from the facility.

Claims are more likely to be filed when the expectations of the patient or their family are widely different from that of the providers and facility. In urgent care, beyond the chief complaint, it's important to ask the patient (or when applicable, their parents, caregivers, or friends who are present): "What do you think this is?" or "What are you most worried about by this?"

The chief concern needs to be addressed at least as thoroughly as the chief complaint.

DISPARITY IN PATIENT EXPECTATIONS

The issue of patient expectations can be a huge factor in the likelihood of a subsequent malpractice action even when the medical care provided is later found to meet the standard of care. We have seen claims arise in the following circumstances:

➤ **When existing patients of the primary care office are seen in extended hours by practitioners whom the patient has previously seen in the primary care setting.**

This area becomes risky when the current chart or pertinent medical information is unavailable.

Prescribing errors can occur and we've also seen errors when the extended hours physician fails to address a significant issue that was in progress of work up. When it was not addressed, the patient perceives the issue to be less important.

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- **When patients who had not previously visited the facility present for minor, episodic care and expect only this type of care.** They identify another physician who is actively serving as their primary care physician. Because of the congruency in expectations, this scenario does not present any unique risks as long as the patient understands that primary, preventive, or ongoing care will be provided by the identified primary care physician.
- **Patients who have no primary care physician and recurrently visit the facility for episodic, acute care.** These patients may view the providers of the facility as their primary care physician. This scenario is the most risky—particularly if the provider fails to diagnose malignancies.
- **Patients with acutely urgent or emergent conditions who have chosen to present to the facility for issues of cost, convenience of location, or minimal waiting times.**