

The Physicians REPORT

Physicians Insurance A Mutual Company

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Message From the President and CEO

This quarter I wanted members to learn more about how Physicians Insurance is leading the way for Northwest physicians through our simulation training. Dr. Chien's experience made such a positive impression on her and her colleagues that my column is devoted to her firsthand account. It is my hope that more of our members discover the value of simulation training—and thereby benefit from improved patient safety and safer physician practices.



Mary-Lou A. Misrahy, ARM
President and CEO

Simulation Training: One Obstetrician's Perspective

By Angela Chien, MD

Angela Chien, MD, practices obstetrics and gynecology at Evergreen Women's Health Center in Bellevue, Washington.

Shoulder dystocia. Postpartum hemorrhage. Eclampsia. These are all examples of obstetrical emergencies that are infrequently encountered. But when they occur, the heart rate of the obstetrician is often well above that of the patient. There is no question that these emergencies require the best of teamwork for positive outcomes. The challenge comes in that every time these crises occur, there is a unique team of staff and providers working together—and almost always a team that has never worked together before.

In the fall of 2010, while attending training in patient safety through the Institute for Healthcare Improvement, I had an epiphany: My hospital needed to start performing regular simulation training. It became clear that delivering obstetrical care relies not only on well-meaning people, but even more so on adequate systems and

protocols being in place to deal with emergencies. While we had run simulations in the past, these were infrequent events, and not mandatory for staff or providers. Frankly, it was hard to determine if the simulations were making a difference in patient safety. My first step was to gather a group of nurses, providers, and leaders in the department who were interested in team training and equally committed to patient safety. I then contacted Physicians Insurance through a claims representative I had worked with before, and they connected me to support through the Risk Management Department.

Physicians Insurance was no stranger to simulation. As part of their robust efforts in providing education for their insureds, they had sponsored simulation training at different institutions in Washington. With their help, I was able to observe simulation of a postpartum hemorrhage in Seattle. Within the next few months Physicians Insurance was sponsoring shoulder dystocia drills at Evergreen Hospital. The process was seamless for us—we just had to make sure that

The Board is guided by the company's mission statement:

To provide insurance coverage to physicians and other health care providers at the lowest possible cost consistent with sound financial and insurance practices.

To anticipate and respond to changing needs and trends in a manner that is beneficial to our members.

To improve the quality of medical care and patient safety.

To protect the personal and professional interests of our members consistent with sound financial and insurance practices.

Message From the Chairman



James P. Campbell, MD
Chairman of the Board

How Physician Collaboration Influences Claim Outcomes at Physicians Insurance

As I near the end of my term as Chairman of the Board I would like to take this time to acknowledge the success

of Physicians Insurance.

For the last five years Physicians Insurance has maintained its market share in the state of Washington. Physicians Insurance has reduced pricing 23% and has returned \$20 million in dividends to policyholders over the past four years. Physicians Insurance's risk management services are unmatched, with a strong emphasis on patient safety and avoidance of adverse outcomes.

Physicians Insurance has expanded its markets into Oregon and Idaho. Our company's surplus stands today at over \$185 million, which will enable us to reach into the future and develop new products servicing physician practices.

I would also like to highlight one of the company's greatest achievements and assets: the Claims Committee. The committee is composed of physicians in different specialties and from various regions. This body of physicians regularly meets to review the company's significant cases.

The Claims Committee at Physicians Insurance is unique in its focus to address more than medicine in a case. The members of the committee work in collaboration with claims experts in the Physicians Insurance Claims Department to learn about and

understand the multiple factors that affect an assessment of a claim or lawsuit. Beyond reviewing the medical aspects of a case, the committee explores investigation methods, the legal discovery process, assessment of venues where the case originated, the skills of the plaintiff and defense counsel, the ability of the insured physician to testify in his or her defense, the ability of other key witnesses on both sides of the case, the difficult legal issues that arise in some cases, and the human factors affecting the patient and the physician. This enables physicians on the committee to acquire a thorough understanding of the case so they can make an informed vote on the recommended disposition—whether it is settlement or trial. By working together in this way, the committee members are able to make the best possible decisions for their colleagues.

Physicians who are fortunate enough to serve on this committee learn a great deal about the legal system and the insurance industry. The physician members gain the perspective that patients, medical professionals, attorneys, and jurors may perceive the same clinical facts in different ways and that deep investigation of facts leading to the lawsuit can make a world of difference in a courtroom.

In a commercial insurance company, where the most important consideration is the bottom line, it is usually the company that makes decisions about high-value claims. At Physicians Insurance, it is the committee physicians that drive the decisions and who are essential to the process. That's why I am so pleased to have worked in such a collaborative company—where physician input matters and where



**Anne Bryant, Senior
Director of Government
Relations**

Government Relations

Oregon's 2012 Legislative Session: Impact on Oregon Physicians and Physicians Insurance

With overwhelming bipartisan support the Oregon legislature passed SB 1580, which launches coordinated care organizations

(CCOs) designed to better serve more than 600,000 Oregonians enrolled in the Oregon Health Plan (Medicaid). Similar to accountable care organizations, CCOs are state-certified organizations designed to coordinate and integrate physical, behavioral, and oral health care. CCOs aim at reducing emergency room visits and costs of delivering health care services while improving wellness and prevention. Interested organizations can become qualified CCOs when they are certified by the state through the Oregon Health Authority. The implementation of CCOs has been directed by the Oregon legislature to address two critical issues current to health care: (1) costs and (2) consistent outcomes with a focus on improving health by reducing waste and inefficiency and increasing front-end prevention.

Signed by Governor Kitzhaber on March 2, 2012, the bill went into effect immediately. Physicians Insurance was a stakeholder and involved in the extensive process that led to its passage. Though the bill does not

include medical liability reform, it does include an interim work group on patient safety and defensive medicine—under the governor's direction—designed to report medical liability recommendations no later than October 1, 2012, to the 2013 Oregon Legislature.

Governor Kitzhaber indicated there will be a dual track process for appointments to the work group—including convening a separate advisory committee to develop and recommend ideas around liability reform for the work group's consideration. Physicians Insurance, together with the Oregon Liability Reform Coalition, will continue meetings with the governor's office staff to actively pursue a leadership opportunity and discuss the process for the appointments to the advisory committee and interim work group.

In addition, Physicians Insurance is convening a meeting with the Oregon Medical Association, Oregon Liability Reform Coalition, Oregon hospitals, and other medical professional liability insurers. Together this team of professionals will work to support a meaningful interim process that examines and recommends reasonable medical liability reform ideas in a collaborative manner.

To learn more about Physicians Insurance's continuing work in Oregon, please contact me at anne@phyins.com.

professional service to our insureds, especially in times of stress and ultimate challenges.

I have enjoyed my time as Chairman of the Board of Directors and want to thank my fellow Board members and all employees of Physicians Insurance for their dedication and service.

New members in Washington and Oregon

We are pleased to welcome the newest member groups to Physicians Insurance.

Diagnostic Imaging,
Portland, Oregon

Reliance Medical Group,
Kennewick, Washington

Renal Care Consultants,
Medford, Oregon

Oregon strengthens liability protections for volunteer medical providers

In the final hours of the Oregon Legislature's session, the House passed HB 4027, giving nonprofits the clarity they need to encourage more health care providers to volunteer their services for urgent care patients. The bill expands liability protections for medical providers in charitable organizations and extends protections to more providers, such as pharmacists and optometrists, who volunteer their services.

Message From the Chairman *Continued from page 2*

the result of this collaboration is a thriving insurance company that protects its members and stands by them every step of the way.

Physicians Insurance is not just another insurance company. We are owned and represented by our insureds, the physicians. Physicians Insurance is dedicated to providing the most

2011 Trial Results

Physicians Insurance is committed to informing its members about issues that impact health care professionals.

Since the majority of cases resolved by settlement are confidential, it is impossible for us to disclose all the issues and results of those cases. However, trials are a matter of public record and we are not constrained by confidentiality from disclosure of these cases. Although this information is public, we choose not to disclose the names of the parties when reporting on trial outcomes. The following case summaries are selected from those that went to trial during the second half of 2011 and may represent some of the more prevalent issues facing health care providers today.

As in all of the company's cases, Physicians Insurance retained talented, highly experienced defense counsel to represent its members. As a member, you can feel confident that Physicians Insurance will represent your interests in the event of a claim.

Alleged Improper Performance of Treatment

Specialty: Dermatology

Allegation: A 48-year-old female alleged improper performance of Restylane and Botox injections to treat facial wrinkles, and then failure to recognize and treat an ensuing area of forehead necrosis. This is an exceedingly rare risk of Restylane injections. The patient claimed her damages included a forehead scar, depression, anxiety, insomnia, and loss of income.

Plaintiff Attorney: Mary Schultz, Spokane, WA

Plaintiff Expert: Jon S. Wilensky, Dermatology, San Diego, CA

Defense Attorneys: Bill Etter, Ron Van Wert, and Jennifer Underwood of Etter, McMahon, Lamberson, Clary & Oreskovich, Spokane, WA
(As part of our succession planning of defense attorneys, Ms. Underwood and, to a certain extent, Mr. Van Wert were mentees)

Defense Experts: Steven H. Dayan, MD, Plastic Surgery, Chicago, IL; Henry Arguinchona, MD, Infectious Disease, Spokane, WA

Result: Defense verdict, Spokane County Superior Court, Judge Leveque

Cost to Defend: \$413,439

Alleged Delay in Treatment

Specialty: Vascular Surgery

Allegation: A 71-year-old male underwent right knee replacement by a surgeon other than our insured. Over the course of four days, nurses noted loss of sensation progressing to right foot drop and numbness. A second orthopedic surgeon noted a deep vein thrombus of the right popliteal vein. Our insured vascular surgeon was asked to consult at 9 a.m. on post-op day four. She confirmed blood flow to the leg and foot and ordered an angiogram. At 5:15 p.m. she took the patient to surgery, removed the clot, repaired the injured popliteal artery, and made fasciotomies due to the compartment syndrome that had developed. Postoperatively, the right leg no longer appeared mottled and was warm, offering favorable indicators that vascular supply had been restored. The patient went on to experience wound difficulties. The patient

claimed that had a surgery been performed earlier, and time not wasted by performing the angiogram, he would not have sustained permanent foot drop, gait and balance issues, or chronic pain.

Plaintiff Attorney: Kenneth H. Coleman, MD, JD, Spokane, WA

Plaintiff Expert: Gerald Treiman, MD, Vascular Surgery, Salt Lake City, UT

Defense Attorney: Elizabeth Leedom, Bennett, Bigelow & Leedom, Seattle, WA

Defense Experts: Benjamin Starnes, MD, Vascular Surgery, Seattle, WA; Joseph Eskridge, MD, Radiology, Seattle, WA; Robert Veith, MD, Orthopedic Surgery, Renton, WA; Daniel Brzusek, DO, Physical Medicine and Rehabilitation, Bellevue, WA

Result: Defense verdict, United States Federal Court, Judge Shea

Cost to Defend: \$365,807

Alleged Delayed/Improper Surgery

Specialty: General Surgery

Allegation: A 40-year-old, 320-pound male heavy-equipment operator was working alone in rural Idaho when at 3:30 p.m. a tree kicked back and crushed his left leg and transected the popliteal artery. By the time he extricated himself and was transported by helicopter to a Spokane hospital, it was 8:30 p.m. Our insured general surgeon was called at home. He ordered an arteriogram and booked a surgical suite en route to the hospital. The arteriogram was performed, and at 11:52 p.m. surgery commenced. According to the anesthesia record, circulation was restored via a successful vascular bypass at approximately 4 a.m. Six days after the patient's original injury, he underwent a through-the-knee amputation. The patient alleged that due to a six-to-eight-hour window in which to restore blood supply, our insured general surgeon should have ordered the operative suite earlier, should have performed the arteriogram intraoperatively, and failed to perform adequate fasciotomies during the initial surgery.

Plaintiff Attorney: Dennis Clayton, Spokane, WA

Plaintiff Expert: D. Preston Flanigan, MD, Vascular Surgery, Orange, CA

Defense Attorney: Robert Sestero, Evans, Craven & Lackie, Spokane, WA

Defense Experts: James Malone, MD, Vascular Surgery, Scottsdale, AZ; Greg Moneta, MD, Vascular Surgery, Portland, OR

Result: Defense verdict, Spokane County Superior Court, Judge Leveque

Cost to Defend: \$137,724

Physicians Insurance Agency Leads the Way With Its Insurance Products



Janet Jay
Agency Sales and Service
Representative

At Physicians Insurance we recognize that our members are busy medical professionals who experience risk in all aspects of their daily lives, from owning a business and managing employees to providing for their families at home.

This is why we created Physicians Insurance Agency as a wholly owned subsidiary of Physicians Insurance A Mutual Company. While Physicians Insurance continues to focus on professional liability insurance tailored to the specific needs of general physicians and specialists, Physicians Insurance Agency works with top-rated companies to offer our members high-quality insurance products designed for medical practices.

We strive to keep up with the changing needs of medical practices while offering the convenience of having multiple top-rated insurance products provided by one organization.

Some of the most popular insurance products offered include:

- Life and disability
- Long-term care
- Medical, dental, and vision
- General liability and property
- Billing errors and omissions
- Directors and officers
- Employment practices
- Cyber liability
- ERISA Bonds

For more information on any of our products, please contact your account executive or me at (206) 343-7300 or 1-800-962-1399.

Recent testimonials from our physician members

“Your coverage, pricing, and—especially—your support in litigation have been stellar. I have been associated with several liability companies in my 33 years in Medford and have never felt as good as I do with Physicians Insurance.”

David Grant, MD
Medford, Oregon

“Thanks for your help over the years. Your company has helped to make me a better physician.”

Brent Maughan, MD
(retired)
Spokane, Washington

Congratulations!

Congratulations to Rick Linneweh, Yakima Valley Memorial Hospital's president and CEO, for receiving *Seattle Business* magazine's 2012 Lifetime Achievement Award.

Gary Morse Honored for Extraordinary Work

Physicians Insurance A Mutual Company and the Puget Sound Business Journal have announced that Gary Morse, general counsel for Physicians Insurance, has been nominated and selected as a finalist for the Puget Sound Business Journal's 2012 Corporate Counsel of the Year Award. This is the second year for this award program that is specifically designed to honor top in-house counsel of Washington companies and organizations. The program was launched in coordination with the local chapter of the Association of Corporate Counsel, and finalists were nominated by community members and colleagues.

AHRQ Demonstration Update

Physicians Insurance partnered with the University of Washington and the Foundation for Healthcare Quality to create the HealthPact Forum, a group of diverse health care stakeholders from across the state of Washington hoping to transform communication in health care. The HealthPact Forum is one activity in a three-year demonstration project designed to improve communication to prevent and respond to unanticipated outcomes. The forum is funded by the federal Agency for Healthcare Research and Quality (AHRQ).

First HealthPact Forum event explores the potential for better communication in health care

The HealthPact Forum kicked off its inaugural meeting in January, with the goal of transforming health care communication and transparency in Washington State.

The guest list was a who's who of health care leaders in Washington. Attendees included medical leaders from Washington's largest hospitals and health systems: directors from state boards of nursing, medicine, pharmacy, and osteopathic medicine; powerful voices in patient safety and legal advocacy; and champions from academia and the insurance industry.

The University of Toronto's Wendy Levinson, MD, keynoted the day. "It is rare to have this diverse group of people come together who can really impact progress and make a difference," said Dr. Levinson, an expert on physician-patient communication and chair of the School of Medicine.

Dr. Levinson described the benefits of strong physician-patient communication:

- Better engagement of patients in decisions and self-care
- Higher patient satisfaction
- Better biological outcomes, especially for patients with chronic illness
- Greater coordination between team members
- Less litigation due to communication breakdowns

"Sophisticated, excellent patient care requires equally sophisticated communication skills," Dr. Levinson said.

Stories from the field

The day featured brief presentations showcasing facets of communication in health care in our community. Medical leaders Myron Berdischewsky, MD, of Providence Health & Services, Robert Caplan, MD, of Virginia Mason Medical Center, and John Vassall, MD, of Swedish Health Services described how they promote and formalize cultures of safety in their organizations.

Patient advocates Dylan Malone and Brandelyn Bergstedt next spoke about the need for clinicians to listen more and speak more openly with patients and families about their care. Following the presentation, medical malpractice attorney Carol Johnston discussed the legal pursuit of truth when unexpected events occur.

In the afternoon, Dr. Michael Soman of Group Health Cooperative described his medi-

cal group's journey using shared decision-making tools that inform patients more fully about their treatment options. Dr. Richard Goss of Harborview Medical Center introduced the concept of a "just culture." Organizations fostering a just culture use a fair, clear, and transparent process to evaluate errors and separate blameworthy from blameless acts.

Next, Dr. Thomas Gallagher of the University of Washington School of Medicine presented research on the real and imagined barriers that keep clinicians and organizations from making things right when health care goes wrong. Dr. Sarah Shannon of the University of Washington School of Nursing



HealthPact Forum attendees: Ron Hofeldt, MD; Thomas Gallagher, MD; Wendy Levinson, MD; Patricia McCotter, RN, JD; and Dennis Olson, Vice President, Risk Management, Physicians Insurance

RISK MANAGEMENT CALENDAR OF EVENTS

ADVERSE EVENT RESPONSE TEAM TRAINING

a 2.5-hour seminar for physicians and medical team members

This interactive training prepares you to address the special needs of patients, families, and peers following an adverse event. Learn how to prepare for and deliver a compassionate and empathetic apology, when applicable, and develop an ongoing care plan for the patient and family affected by an unexpected or poor outcome.

2012

Tue. May 22	Bellevue	5:30 pm – 8:45 pm	Tue. June 5	Boise	5:30 pm – 8:45 pm
Thu. June 14	Mt. Vernon	5:30 pm – 8:45 pm	Thu. Sep. 13	Portland	5:30 pm – 8:45 pm

PATIENT SAFETY AND THE MEDICAL OFFICE STAFF

a two-hour seminar for the medical office team

This two-hour seminar covers today's hot-button issues in medical management: treatment of minors, HIPAA and HITECH, policies and procedures, and communication after an unexpected outcome. It will help staff at all levels to recognize patient-safety weak points and reduce exposure to malpractice claims.

2012

Thu. May 24	Vancouver	11:30 am - 2:00 pm	Tue. June 12	Silverdale	11:30 am - 2:00 pm
Thu. Sep. 13	Richland	9:00 am - 11:00 am	Wed. Sep. 19	Bellingham	11:30 am - 2:00 pm

PROMOTING PATIENT RESPONSIBILITY AND OTHER TOPICS IN RISK MANAGEMENT

a two-hour seminar for physicians who see patients

Building accountability into your practice can enhance patient relationships while reducing liability and compliance problems. The focus of this seminar is on overcoming communication barriers with patients who are non-English-speaking, disabled, elderly, or who have suffered an adverse outcome. Significant changes required by the HITECH provisions of HIPAA will also be covered.

2012

Thu. May 17	Lynnwood	5:45 pm – 8:15 pm	Thu. June 7	SeaTac	5:45 pm – 8:15 pm
Wed. June 13	Spokane	5:45 pm – 8:15 pm	Wed. Sep. 12	Richland	5:45 pm – 8:15 pm

Enrollment is limited, so early registration is encouraged. For more information on risk management seminars, contact the Risk Management Department at 1-800-962-1399 or risk@phyins.com. If you are a member, you can register at www.phyins.com. If you don't see a seminar in your location, look for future seminar dates on updated brochures regularly sent to all members. You can also visit www.phyins.com for up-to-date seminar offerings and registration.



**Patricia I. McCotter,
RN, JD, CPHRM, CPC,
Director of Facility Risk
Management and Provider
Support**



**Ron Hofeldt, MD, Director
of Physician Affairs**

Health Care Providers as Second Victims: Supporting Our Colleagues Following an Adverse Event

John Nance's award-winning book *Why Hospitals Should Fly: The Ultimate Flight Plan to Patient Safety and Quality Care* describes health care as a complex system with potential for catastrophic consequences. Health care is a human enterprise—and as a result, it is imperfect. We should recognize that it's not a matter of if, but when, because humans will always make mistakes regardless of our training. In fact, most preventable harm done to patients is caused by unintended human error and systems failures.

According to Donald Berwick, MD, outgoing administrator of CMS and former president and CEO of the Institute for Healthcare Improvement, few health care organizations use a systematic way to take care of their clinicians who find themselves involved in adverse events that harm patients. Instinctively as clinicians, when something bad happens, our hearts naturally go out to the injured patient and family. They are the first and most important victims. But clinicians are hurt too. And if we are really healers, then we collectively have a job of healing them too.

Physicians and other members of the health care team who struggle with the emotional aftermath of a medical error have been described in literature as the “second victims.” Researcher Susan Scott, RN, MSN, at University of Missouri Health Care, and her team developed this commonly used definition:

Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event. Frequently, these individuals feel per-

sonally responsible for the patient outcome. Many feel as though they have failed the patient, second guessing their clinical skills and knowledge base.

When an error occurs, clinicians report that they isolate themselves and withdraw in shame. Some will scrupulously review the moments of the event countless times, thinking, “If only I would've ...” They will condemn themselves as being not good enough, and second-guess other clinical decisions. They will struggle to concentrate and suffer a host of physical problems. Unfortunately, the risk of making a subsequent error also grows when a health care provider experiences the stress and symptoms of a second victim. Therefore, offering a warm hand of support to an affected provider isn't just the ethical thing to do, it's the safest thing to do.

In 2007, a University of Missouri Health Care system survey reported that 1 in 7 caregivers (14 percent) had experienced a patient-safety event within the past year that had caused personal problems such as anxiety, depression, or concerns about the ability to perform one's job. By 2010, a follow-up survey showed the number had climbed to 1 of every 3 caregivers (30 percent).*

Promoting a culture of caregiver support

Today too few clinicians are supported adequately by their organizations following an adverse event. However, several promising support models are being developed and implemented by Scott and by others. These programs raise awareness through all-staff education and provide support from peers and specially trained rapid-response team members.

One example is a program at University of Missouri Health Care, forYOU, which provides 24/7, free, confidential support to clinicians reacting to a stressful event or outcome. Trained peers from a range of disciplines support caregivers one-on-one, so the caregiver can explore normal reactions and feelings after adverse events. Additionally, forYOU educates coworkers and their families about the second victim phenomenon and prepares managers with tools to support second victims.

Physicians Insurance is committed to improving the quality of medical care and patient safety. With the growing body of knowledge showing that the health and wellness of providers is

correlated with patient safety through the prevention of medical errors, Physicians Insurance is a recognized leader in providing evidence-based assistance to strengthen resilience in our member-providers. Our expanded Provider Support Program promotes provider wellness by offering innovative services to our members, including:

- **Litigation and Provider Support Program:**

Dr. Ron Hofeldt provides confidential coaching after serious adverse events or when lawsuits are reported.

- **Provider Support/Wellness Committee Consultations:**

We offer ongoing consultation to provider support/wellness committees to help members establish robust provider support programs and a culture of provider wellness and safety. Our consultations include:

- Assisting facilities to integrate provider support/wellness committees as part of a confidential Coordinated Quality Improvement Program (CQIP) quality committee or hospital QI program
- Educating committee members about their roles and responsibilities
- Targeting consultation on provider-specific support issues
- Offering external resources, as necessary
- Offering tailored provider education on a variety of topics, including caring for the caregiver, provider wellness, promoting patient safety through situational monitoring and provider wellness program, and just culture in health care

- **Adverse Event Response Team (AVERT) Program**

Training: Our 2½-hour program is a groundbreaking experiential education initiative that helps to ease the traumatic effects of a poor medical outcome on the patient and health care team. Our AVERT Program Training enables health care providers to address the needs of patients, families, caregivers, and facilities following an adverse event. The training can be tailored to specialty groups.

- **Balint Group Formation:**

A Balint Group is a group of providers who meet regularly and present clinical cases in order to better understand the physician-patient relationship. These programs are adopted as part of a facility's QI program to protect confidentiality of the discussions. CME is offered to participants.

- **Leadership and Provider**

Retreats: We offer tailored presentations on a variety of provider support/wellness topics and work with facility leaders to ensure relevance to the audience.

As a member of a health care team, you can begin to promote this culture shift by advocating for implementation of robust provider support programs in your organization. Please feel free to contact us directly for additional resources, literature, and support.

As John Nance wrote, human mistakes are inevitable. But when they occur, we as healers can help alleviate our coworkers' suffering, perhaps as well as our own.

Common second-victim symptoms include:

Physical symptoms

- sleep disturbances
- difficulty concentrating
- eating disturbance
- headache
- fatigue
- diarrhea
- nausea or vomiting
- rapid heart rate
- rapid breathing
- muscle tension

Psychological symptoms

- isolation
- frustration
- fear
- grief and remorse
- uncomfortable returning to work
- anger and irritability
- depression
- extreme sadness
- self-doubt
- flashbacks

Source: *University of Missouri Health Care*

Patricia McCotter can be reached at patmc@phyins.com, (206) 343-6511, or 1-800-962-1399.

* Susan D. Scott, RN, MSN, "The second victim phenomenon: A harsh reality of health care professions," *Morbidity and Mortality Rounds on the Web*, May 2011, <<http://www.webmm.ahrq.gov/perspective.aspx?perspectiveID=102>>

Message From the President and CEO *Continued from page 1*

staff and providers attended. As part of the implementation process, Physicians Insurance also made sure that those who participated would receive continuing education credits. Additionally, Physicians Insurance prepared surveys for all participants.

The first day of simulation felt like Christmas morning—having the ability to simulate shoulder dystocia and practice the maneuvers was truly a gift. For many of our staff, this was their first simulation experience that involved providers and other staff members in addition to a staff member serving as a patient. The response was overwhelmingly positive. It was clear that simulation was something worth doing for every obstetrical emergency.

This initial simulation training was followed eight months later by emergency Cesarean section drills. Again, we partnered with Physicians Insurance in these efforts. Based on the feedback after these first two sets of drills, we have been able to convince our administration that simulation training needs to be part of the annual budget and needs to be mandatory for everyone involved in providing obstetrical care.

We now have a department that is committed to simulation training. At our recent Patient Safety Summit, drills

were touted as one of the best safety practices we have implemented in the last year. Moving forward, we plan to provide mandatory simulation training three times a year, covering every obstetrical emergency at least once during that cycle. To support our efforts we will gather data on outcomes, feeling certain that we will show improved outcomes as a result of this team training.

Did the training make a difference? Yes. Just one week after postpartum hemorrhage drills, I had an actual patient who suffered from significant bleeding after a scheduled Cesarean section. My team worked beautifully and they were confident in their abilities to help care for this patient. I utilized a technique I had never used before the simulation training—employing a tamponade balloon—and was able to stop the bleeding. As a team, we were able to save the patient while avoiding more extensive surgery or an ICU admission.

Simulation training definitely requires work on the part of each institution. Though we receive guidance from experts in the simulation, we have developed protocols that are specific to our institution. Following every set of drills, we discover things that need to be changed and practiced again. In the end, it is well worth the effort and I would encourage every hospital providing obstetrical care to embark on this journey.

AHRQ Demonstration Update *Continued from page 6*

discussed the myths that impair communication with patients and families as we provide end-of-life care.

What will it take?

Participants discussed what it will take to make Washington State a place where our health care community models best-practice communication and transparency.

They emphasized the importance of having such a broad group of stakeholders engaged in the initiative, their eagerness to identify and disseminate best practices in communication, and their desire to strengthen interpro-

fessional collaboration as a means to promote communication and transparency. Dr. Gallagher, who leads the overall HealthPact project, noted, “The HealthPact Forum represents an important first step that has enormous potential to enable Washington State to be the national leader in communication and transparency in health care.”

The HealthPact Forum will hold its next meeting on May 14, 2012. Participation is invitation-only. However, videos will eventually be available on the HealthPact Web site. To see the videos and learn more about HealthPact’s programs, please visit www.healthpact.org.

Medical Professional Liability Insurance: Price Versus Value

By Mary-Lou Misrahy, ARM, President and CEO

Advertisements for professional liability insurance carriers are on the rise. Some promise to save you money, implying that the coverage is the same or better than the coverage you already have. But as you look at price, also be sure to compare benefits, service, and value.

In 1982, the Washington State Medical Association helped create the kind of company physicians were looking for: Physicians Insurance. Since then, the WSMA has played a significant role in its governance, ensuring that the company provides outstanding protection, unparalleled member service and education, and competitive rates. Companies that promise a lower price often do not provide the level of coverage and service that physicians have come to rely upon with Physicians Insurance.

There are many reasons why Physicians Insurance is the premier professional liability insurance company in Washington, Oregon, and Idaho—with a very high member retention rate. Here are a few reasons why physicians and clinics trust Physicians Insurance with their practice:

- **Physicians Insurance is a Northwest company.** The company's board members and management have a deep understanding of what Northwest physicians, clinics, and hospitals need to best serve their patients. As a mutual company, Physicians Insurance is responsive not to stockholders but to its members.
- **Physicians Insurance possesses an experienced claims team that deeply understands Northwest health care liability issues.** On average, our claims representatives have 27 years of experience in the insurance industry. Because of the claims team's state-of-the-art trial preparation, focus groups, jury research, physician support, and excellent trial consultants and technology, physician defendants realize the value of their coverage early in the litigation process. Physicians Insurance also provides disciplinary

board defense and unparalleled litigation support from trusted consultants for physicians preparing for depositions and trials.

- **Physicians Insurance provides relevant and personalized risk management programs.** The company offers tailored, on-site risk management programs for physicians and staff, specialty-specific programs, renowned obstetrical simulation training to promote success during difficult obstetrical maneuvers, provider support programs, and CME accreditation for a variety of live and online educational courses. Additionally, risk management experts are on call each business day to help physicians and staff deal with challenging situations involving patient care.
- **Physicians Insurance keeps rates low and rewards good performance.** For the past four years, the company has distributed a dividend to eligible members. For the past seven years, Physicians Insurance has not increased the base rates, meaning that most members have enjoyed significant premium decreases. Additionally, the ACCO-LADES loss experience credit rewards eligible members with good loss experience.
- **Physicians Insurance is easy to work with.** For physicians who require changes to their policies, Physicians Insurance account executives and underwriters are standing by to answer questions and offer the best solutions for solid coverage.

New professional liability insurance carriers may advertise lower prices, but they may not have a vested interest in the success of Northwest physicians. If you're looking for one-on-one risk management consultations about specific patient-care issues, or a partner with deep knowledge of Northwest liability claims and a track record of exceptional trial preparation, strong defense at trial, and unwavering support, then Physicians Insurance is a good place to be.

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Physicians Insurance Groups Recognized by National MGMA

Congratulations to the following members, who were named better-performing practices by the national Medical Group Management Association in its 2011 report:

Edmonds Family Medicine - Edmonds, WA

Family Health Center of Spokane - Spokane, WA

Gastroenterology Associates - Olympia, WA

Lakeshore Clinic, PLLC - Bothell, WA

Northeast Washington Medical Group - Colville, WA

Northwest Pediatric Center - Centralia, WA

Pacific Crest Family Medicine - Yakima, WA

The Polyclinic - Seattle, WA

Tacoma Digestive Disease Center - Tacoma, WA

The Vancouver Clinic, Inc., PS - Vancouver, WA

Walla Walla Clinic - Walla Walla, WA

Woodcreek Healthcare - Puyallup, WA

Yakima Gastroenterology Associates - Yakima, WA