CLINICAL NEGLIGENCE IN INTERVENTIONAL CARDIOLOGY

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Royal Free Hampstead NHS
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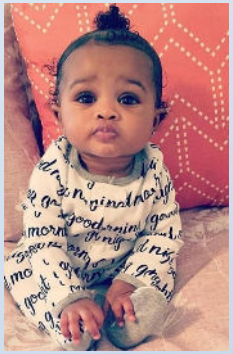
MEDICINE AND THE LAW

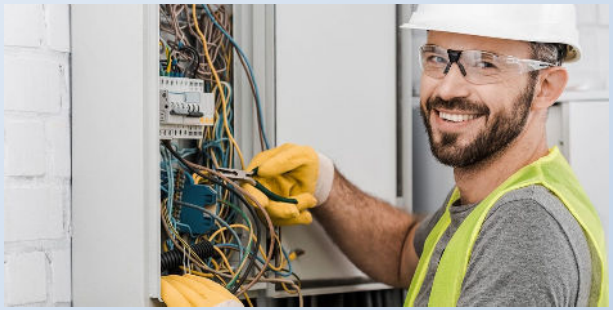
CARDIOLOGISTS

Angioplasty



Paediatrics

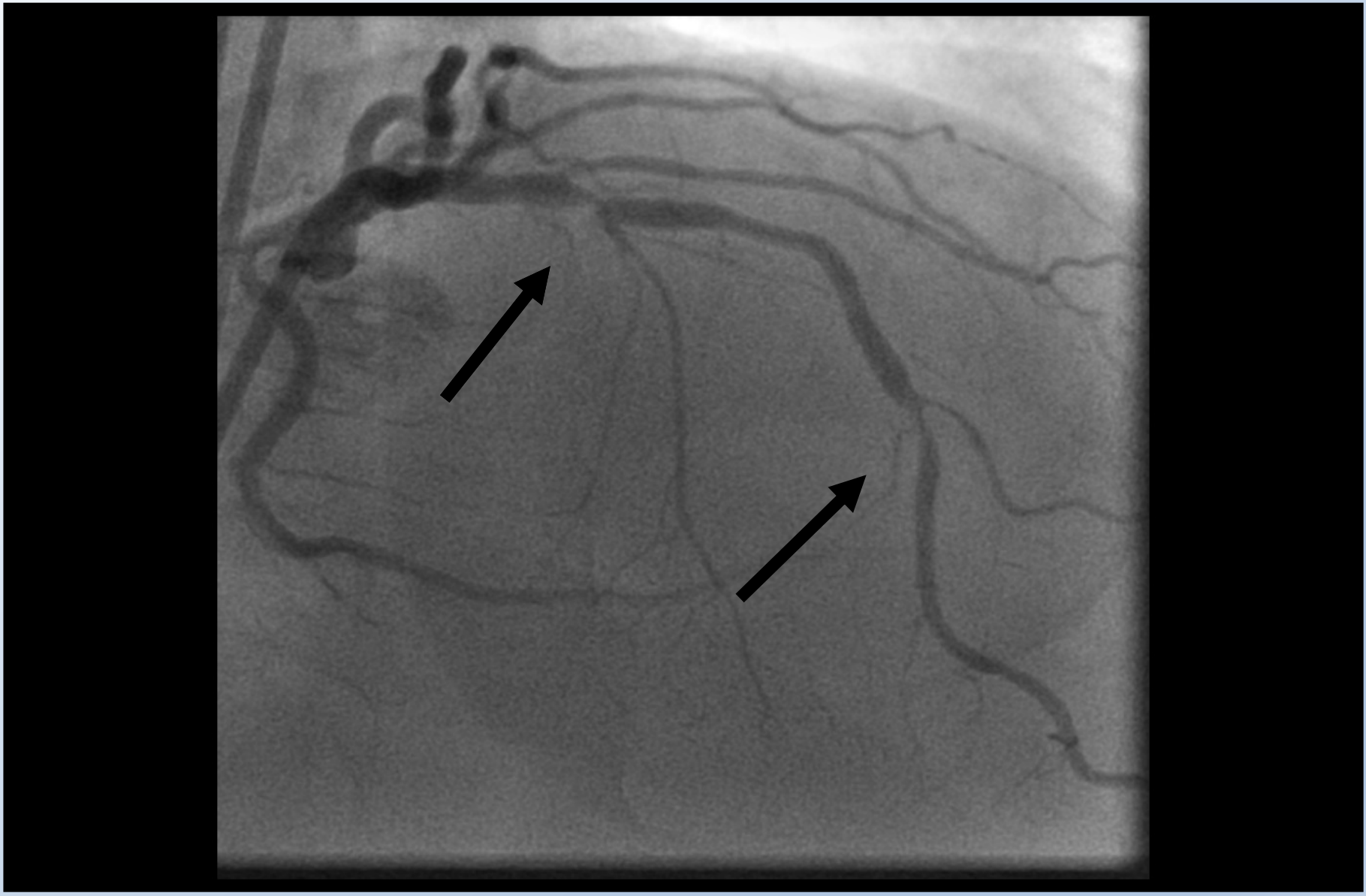
Structural intervention

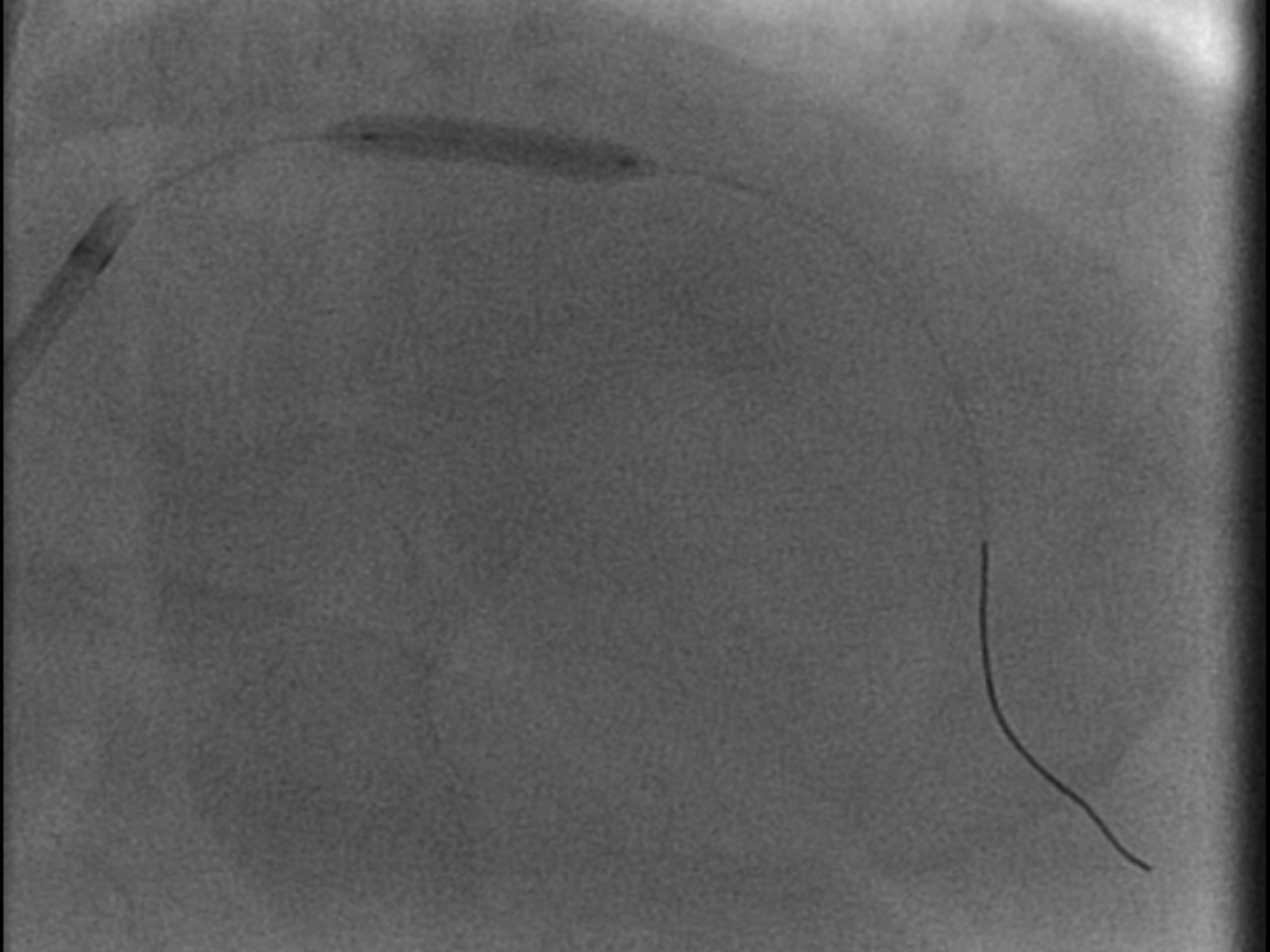


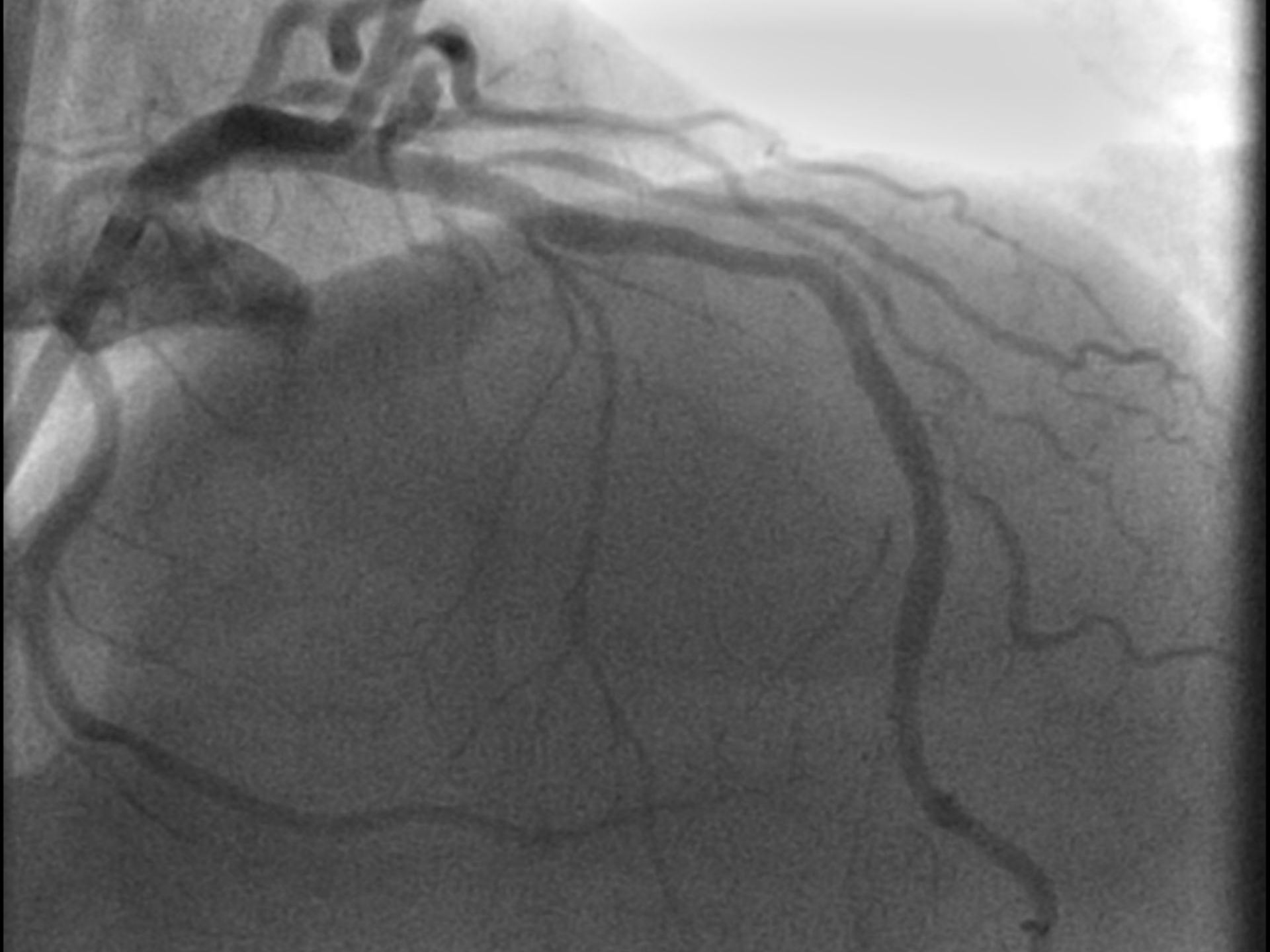
Pacing and electrophysiology

Imaging

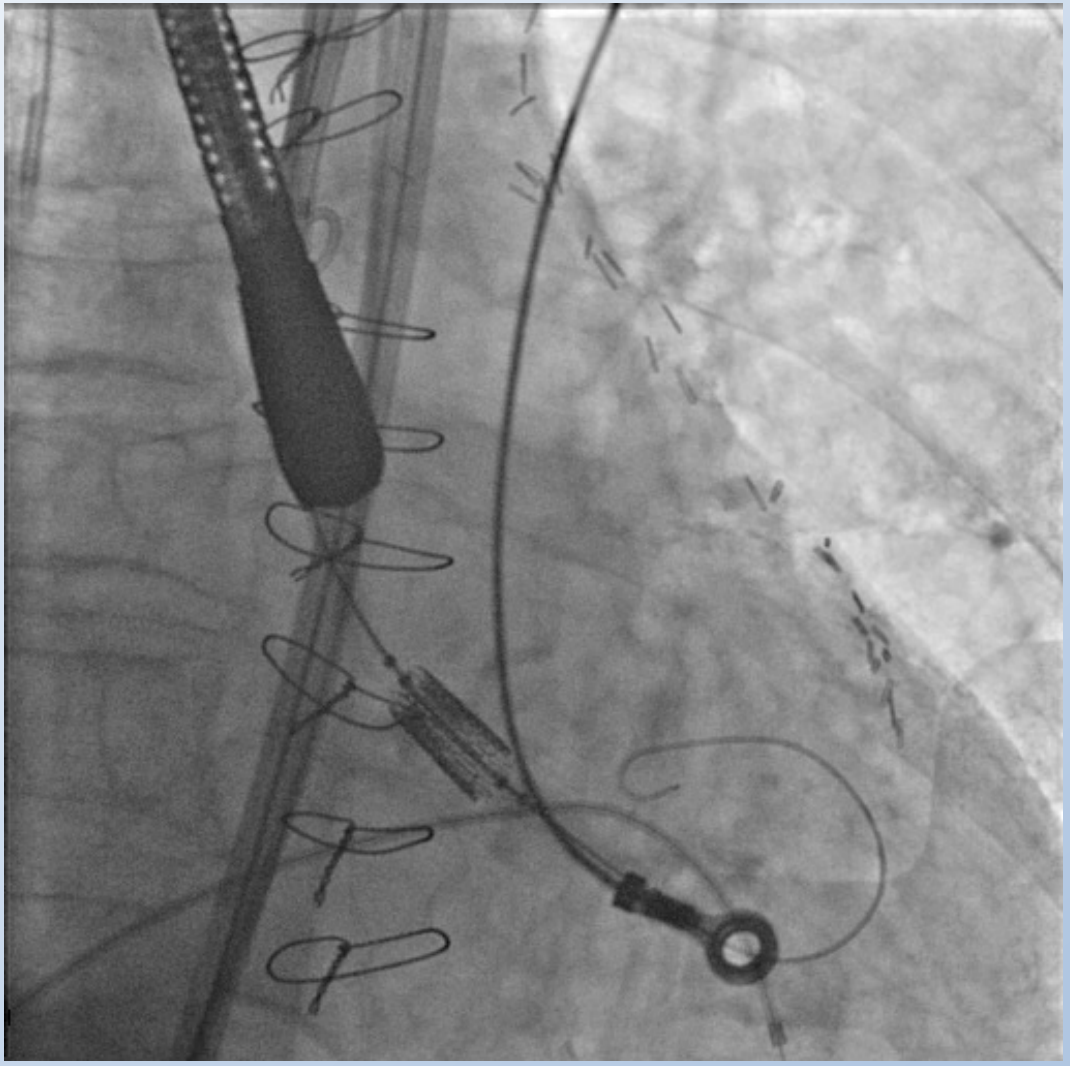
Grown Up Congenital Heart Disease

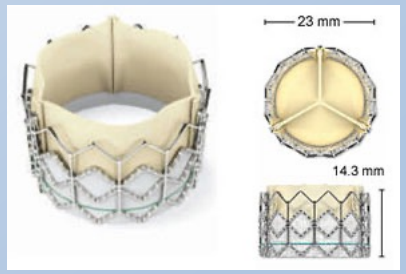






TRANSCATHETER AORTIC VALVE REPLACEMENT / IMPLANTATION (TAVR / TAVI)



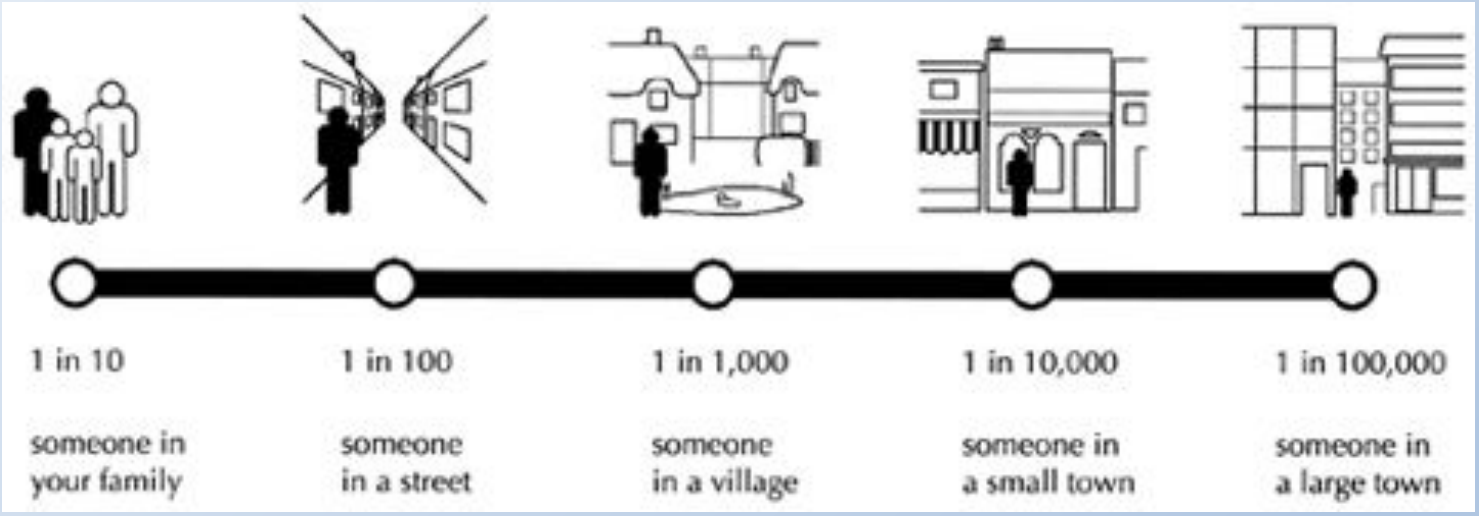



Risk
Benefit

"The doctor told me it was 99% safe How could it have gone wrong?....."

2016 - ~ 2500 TRANSATLANTIC FLIGHTS PER DAY

2013 estimate major "hull loss" incidents
~ 1 in 2.4 m flights



Risks and Probability: The Royal College of Anaesthetists

"Low risk is not no risk"

WHEN THINGS GO WRONG IN CARDIOLOGY

Outcome is often

- Death
- Heart attack
- Stroke
  - Reduced quality of life

WHAT GOES WRONG?

My experience

- Virtually always a failure in communication
- Missed / delayed diagnosis / delayed treatment (Relatively common)
- Procedural error (Relatively rare)
- Death on a waiting list
- Mis reading / misinterpretation of a test
  - Some cases are “toe-curling”

Example cases (All non-current)

CASE OF I

- Complication arising after a procedure

CASE OF I - BACKGROUND

- 61 Male admitted acute myocardial infarction (2011)
- Consent form signed
- Failed angioplasty to reopen right coronary artery
- In recovery 11:00 am (Time 0)

CASE OF I - BACKGROUND

- Nurses - Right sided weakness & confusion 11:30 (Time 30 min)
- 12:30 Intern - slight confusion squeezing with left hand ? Morphine – discussed with higher grade (90 min)
- 3:30 Resident review (4.5 hr)
  - Speech disturbance
  - Right sided facial and limb weakness

CASE OF I - BACKGROUND

- Neurological review
  - Ischaemic left hemispheric stroke
  - Too late for thrombolytic treatment
  - Managed conservatively
  - Discharged a few days late

CASE OF I - MY OPINION

- Generally poor note keeping (paper based)
- Cardiac catherisation – mandated by guidelines
- Documentation of consent poor – abbreviations “MI” “CVA”
- Stroke is a recognised complication

CASE OF I – MY OPINION

- No procedural issues – technique & medication
- No attempt by nursing staff to alert senior staff
- Opportunities to treat stroke missed

CASE OF I – CONDITION & PROGNOSIS (2017)

- Before 2011 procedure, expectation of life 18 years to age 78
- Continuing angina
- Further myocardial infarction 2017
- Reluctant for further procedures
- 2017 expectation of life 5 – 7 yr – to age 72 – 74
- Significant neurological disability

CASE OF I – PERSONAL COST

- Electrician, sportsman, family man
- Unable to work since 2011
  - Slurred speech
  - Walked with stick

CASE OF I – INITIAL OUTCOME

- Defendant admitted breach of duty (2016)
- Accepted breach had contributed to incapacity

CASE OF I – MY OPINION

- Prompt recognition of stoke – probable thrombolytic treatment
  - Probable better neurological outcome
  - Probable more "aggressive approach" to underlying coronary disease
  - Probable better long term outcome

CASE OF I – OUTCOME

Late 2017

final settlement reached

CASE 2

"Ah, Houston,
we've had
a problem"

CASE 2 BACKGROUND

- Male 72
  - Obese
  - Very high alcohol intake
  - Acute heart failure
    - Admitted to local hospital
    - ECHOcardiogram severe aortic stenosis
    - Impaired left ventricular function
    - Angiography normal coronary arteries

CASE 2

- Transferred to Regional Centre intensive care unit
- Discussed at multidisciplinary team meeting
- TAVI procedure

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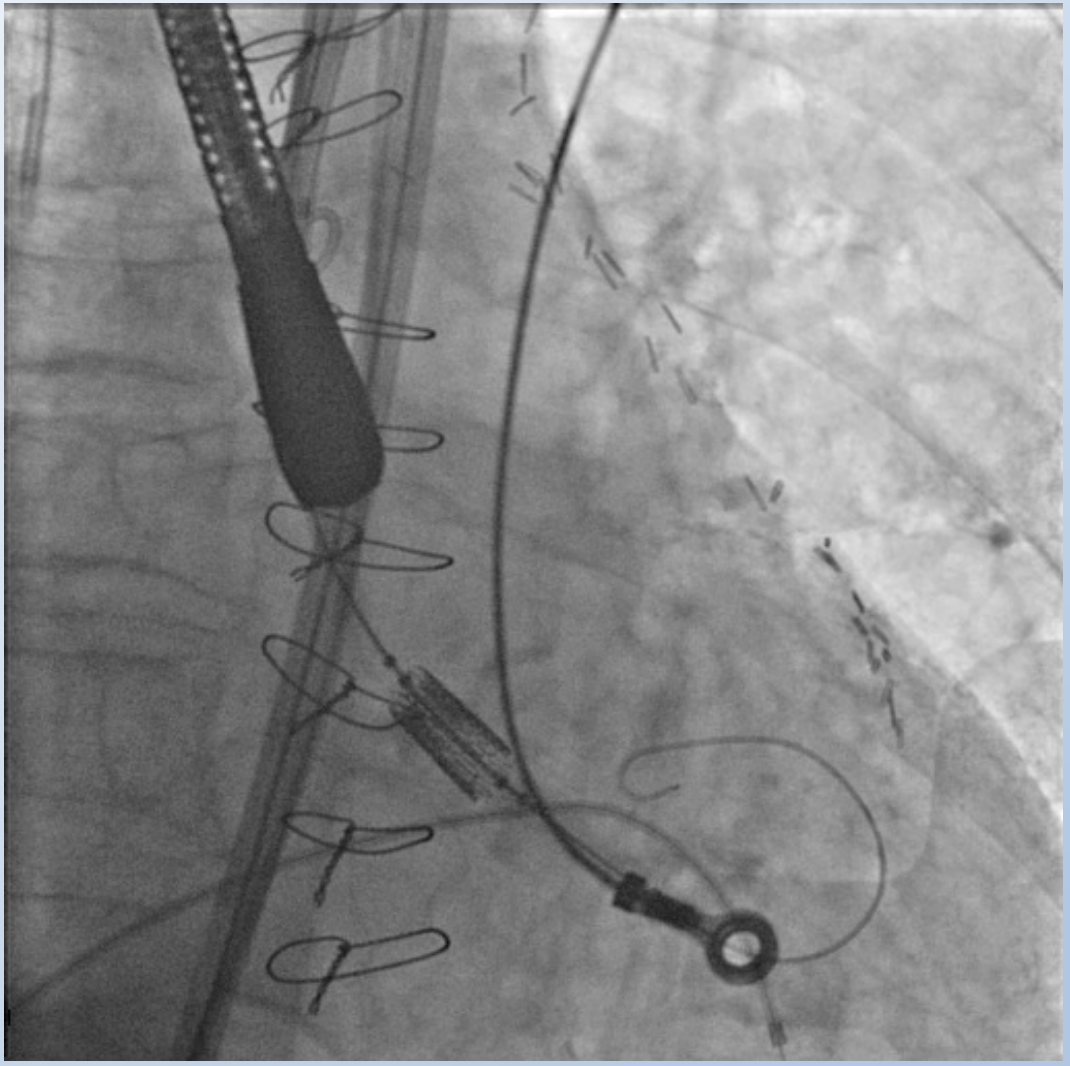

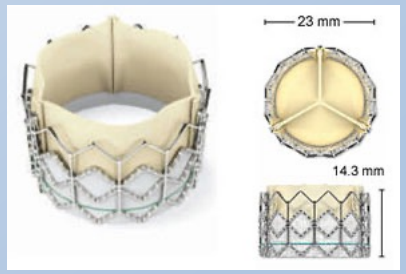

CASE 2 – PROCEDURE

- Device embolisation to left ventricle
- Impossible to retrieve
- Immediate open heart surgery
  - Device retrieved
  - Aortic valve replaced
  - Discharged ~ 2 weeks later

CASE 2

- Consultant immediately apologised
- Consultant wrote full explanatory letter
- Hospital admitted liability
- 2 years post op normal left ventricular function

CASE 2 MY OPINION

- Management pre TAVI in line with cardiology practice and logical
- Management after error in line with best practice and logical
- Patient had good outcome
- Duty of candour completed

CASE 2 LIFE EXPECTANCY

- Incident age 72
- But for care and surgery unlikely have survived to hospital discharge
- Cohort life expectancy reduced frm age 86.5y to 83 years (range 81 – 85)
- Outcome would have been the same if TAVI successful

CASE 2

What was the value of the claim ???

CASE 2 – THE CLAIM

Schedule of Loss

- £1256.92 (~ $1600.00)
- Claim settled

CASE 3

Missed diagnosis & Unrealistic claimant expectations

CASE 3 BACKGROUND

- Deceased – 85 male – close family
  - Obese
  - Hypertension
  - Type 2 diabetes
  - Arthritis
  - Endovascular repair of penetrating aortic ulcer with a stent
  - 3 months before index event stent patent

CASE 3 INDEX EVENT

- Severe crushing chest pain
- Initial ECG (in retrospect acute Myocardial infarction)
- Primary angioplasty pathway not triggered
- Discussion – aortogram ordered
- No dissection
- Cardiac arrest and death prior to going to the cardiac catheterisation lab
- Post mortem severe coronary artery disease
- Negligence admitted

CASE 3 MY OPINION CONDITION AND PROGNOSIS

- Extensive myocardial infarction
  - Correct management – probable survival
  - But would have had significant cardiac damage
  - Expectation of life reduced from 5 y to to 2.5 y
  - Significant limitation of activities

CASE 3

- Family very unhappy
  - Felt fit man
  - Past stent did not increase risk of heart attack.
  - Wanted to rewrite my opinion
  - Discounted the co morbidities.
  - Felt he could have acted as a nurse in dental practice and looked after grandson

CASE 3 CONCLUSION

- Settlement offered
- Multiple meetings with family
- Settlement accepted
- Case closed

CASE OF MRS T
CAUSATION & LIABILITY – FAILURE TO DISPENSE - A TOE CURLER

- 11 November 2017 female, age 64
  - Acute myocardial infarction
  - Coronary angioplasty and stent
  - Echo - left ventricular ejection fraction 35% (normal 55 – 75%)
- Discharged 13 November
- Ticagrelor not dispensed

CASE OF T - BACKGROUND

- 4 days later
  - Readmitted
  - Further acute myocardial infarction
  - Further angioplasty
  - Second stent

CASE OF MRS T - BACKGROUND

- January 2018 – Hospital wrote to claimant
  - Apologised
  - Admitted discharged without ticagrelor
  - Automated system – Pharmacist accidently pushed *"at home"*
  - Daughter had returned to collect the medication on 13 November

CASE OF MRS T – MY OPINION

- Initial care – Angioplasty – mandated by guideline
- Failure to ensure that Mrs T was discharged on 13 November with appropriate medications
- The pharmacist had pressed the incorrect button
- Mrs T had already gone home (agreed with ward)
- Daughter had gone back to collect the medication
- No evidence of a safety mechanism to ensure this
  a. Checking medication with patient *("At home" medications)*
  b. Effect of the daughter collecting
  c. No check to ensure correct that ticagrelor was at home

CASE OF MRS T – MY OPINION CONTINUED

- Failure to dispense ticagrelor on 13 November directly led to the second myocardial infarction and angioplasty 2 days post discharge
- Breach of duty of care
- Resulted in a reduced expectation of life
- Failure to arrange further ECHO & follow up after 2nd admission poor
- (Next reviewed 20 months later)

CASE OF MRS T – CONDITION AND PROGNOSIS

- Seen & examined
- Widow, had long standing fear of hospitals
- Very disturbed sleep
- Socially isolated
- Dependant for household tasks
- Felt life ruined by second admission

CASE OF MRS T - CLAIMANT

"I couldn't sleep. I couldn't eat, I was constantly on edge. I just sat on the bed rocking backwards and forwards saying I couldn't cope any more and I was very distressed."

CASE OF MRS T – MY OPINION

- First event reduced life expectancy by a third to 80 years
- Second event further reduced life expectancy by 2 years – to 78
- Long term medication not materially affected by second event
- I suggested formal psychological assessment

CASE OF MRS T – OUTCOME

Case settled

CONCLUSIONS

1. Interventional cardiology - a team specialty
2. Good communication essential
3. Clinical negligence most often missed / delayed diagnosis
4. Procedural errors relatively rare
5. Bad outcomes are disastrous