



Writing Narrative Descriptions for Reports

July 14, 2022

David Kirby Division of Practitioner Data Bank (DPDB) Bureau of Health Workforce (BHW)

Vision: Healthy Communities, Healthy People



Welcome – Housekeeping



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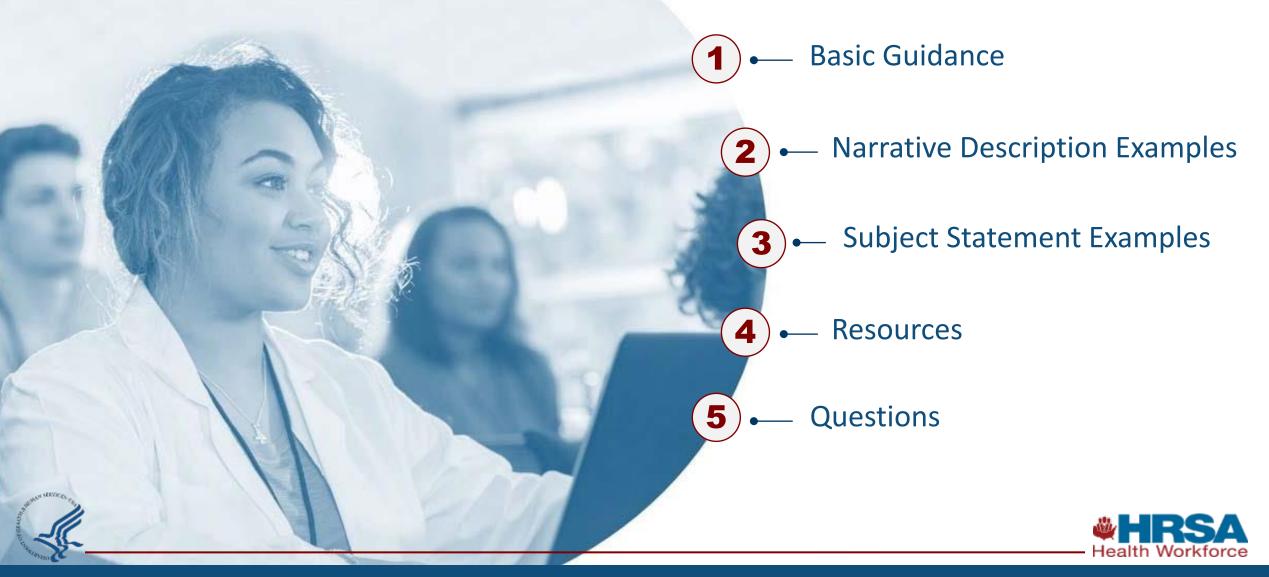


About this Presentation





Agenda





Is this a good narrative description from a state licensing board?

See website.

A. Yes B. No

(Please submit your answers via the Chat pod.)

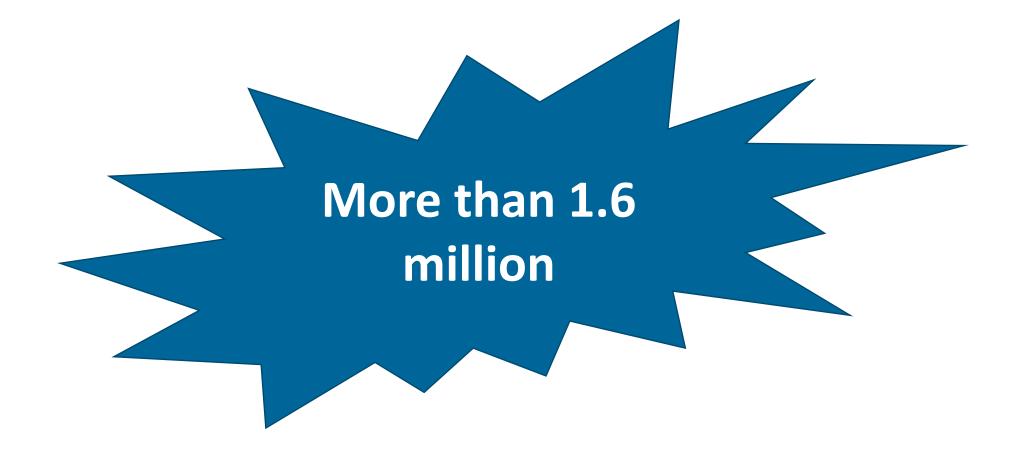


Basic Guidance





Reports Submitted





September 1, 1990, to December 31, 2021



Purpose of a Narrative Description:

- Expands on details covered by other parts of the NPDB report
- Provides a readable statement of what occurred
- Describes the actions taken in response
- Gives queriers a descriptive account of what led to the report being filed





Do:

Give enough information so that future queriers, knowing nothing about the events giving rise to the report, will have an understanding of:

- What the subject practitioner is alleged to have done
- The nature of the action taken
- The reasons for the report





Do:

- State the facts of the case
- Summarize the official findings of the action taken
- Include a description of the circumstances that led to the action taken





Don't:

- Exceed 4,000 characters
- Identify individuals by name, phone number, etc. (except subject of the report)
 - But use of title or relationship is fine:
 - ✓ The chief of staff
 - ✓ The anesthesiologist
 - \checkmark The spouse
- Use abbreviations (unless universally known)
- Include URLs or references to websites



For Medical Malpractice Payment Reports:

Must provide:

- Description of amount of judgment or settlement, and any conditions
- Terms of payment
- Description of acts or omissions and injuries or illnesses upon which claim is based

Some of this is described in narrative form.





Legislative History:

The narrative "does not necessarily require an extensive description of the acts or omissions or other reasons for the action It does, however, require sufficient specificity to enable a knowledgeable observer to determine clearly the circumstances of the action" (Emphasis added.)





What the NPDB May Do:

- Determine that a narrative does not provide sufficient detail
- Request the reporter to submit a Correction Report
- Failure to submit the Correction Report may be treated as failure to file the required report.

The NPDB may make this determination at any time.





Purpose of a Subject Statement:

Allows the subject of a report to present his, her, or its side of an incident reported to the NPDB.





From our Regulations (45 CFR § 60.6):

The subject of a report "May provide a statement to the NPDB that will be permanently appended to the report, either directly or through a designated representative; (The NPDB will distribute the statement to queriers, where identifiable, and to the reporting entity and the subject of the report. Only the subject can, upon request, make changes to the statement. The NPDB will not edit the statement; however the NPDB reserves the right to redact personal identifying and offensive language that does not change the factual nature of the statement.) . . ."





Once Subject Statement is Submitted

- Becomes permanent part of the report
- Is sent to subject, reporting entity, all queriers receiving report in previous 3 years, and all future queriers
- Unless subject acts, is not removed even if reporter modifies the report





Do:

- Try to work things out with the reporting entity
- In the statement, be direct and concise:
 - Address items raised in the report
 - Don't raise issues not part of the report
- Have others look over your statement friend, partner, lawyer





Don't:

- Exceed 4,000 characters
- Identify individuals by name, phone number, etc. (except subject of the report and subject's attorney)
 - But use of title or relationship is fine:
 - ✓ The chief of staff
 - \checkmark The anesthesiologist
 - \checkmark The spouse
- Use abbreviations (unless universally known)
- Include URLs or references to websites
- Include coarse language or confidential information



Suggestions for Improving Subject Statements:

- Many are written with obvious anger and frustration
 - Calm down; take a breath; be reasonable
 - To repeat: Have others look over your statement friend, partner, lawyer
- Explain your view, but remember: There will be other opportunities
- Don't write excessively long subject statements





Still Not Satisfied?

- You have the option of elevating the report for Dispute Resolution
- Filing a subject statement first is not required
- NPDB looks at subject statements when reviewing a disputed report
- See NPDB Guidebook, chapter F, for more details









Actual Submitted Narrative Descriptions:

• Application denial.





Actual Submitted Narrative Descriptions:

- Application denial.
- Denial.





Actual Submitted Narrative Descriptions:

- Application denial.
- Denial.
- Voluntary surrender of license.





Clinical Privileges Action – Reduction in Privileges

After reviewing Dr. Doe's cases, the peer review panel determined he was not fit to perform laparoscopies and revoked his laparoscopic privileges. Dr. Doe retained all other privileges.





Clinical Privileges Action – Suspension of Privileges (1)

The physician received a 3-month privileges suspension and 2 years of probation for failing to maintain sterile conditions in the operating room and neglecting to follow required operating room protocols.





Clinical Privileges Action – Suspension of Privileges (2)

After repeated concerns about conduct, competency, and judgment, the practitioner's privileges were summarily suspended by his supervisor. He repeatedly failed to complete medical records and patient charts, and a medical error occurred due to him not completing medical records on time. The hearing committee upheld the decision to suspend him. The medical executive committee accepted the recommendation and finalized the decision to suspend him, concluding that his conduct adversely affected patient care.





Clinical Privileges Action – Surrender Under Investigation

A nurse filed a complaint with her supervisor, alleging that the physician made unwanted sexual advances toward her. The medical executive committee formed an ad hoc committee to investigate the allegations. A few hours before the committee was supposed to meet, the physician submitted a written resignation to the chief of medical staff.





State Licensure Action – Publicly Available Information

The state licensing board found that the practitioner violated state code section 432(b): Failure to meet continuing education requirements. The state code considers this "unprofessional conduct." This finding was published on the state board's website.





State Licensure Action – Voluntary Surrender of License

During the state licensing board's investigation of the practitioner for allegedly diverting drugs for personal use, the practitioner agreed to a voluntary surrender of her license to avoid further investigation. She also agreed to surrender her right to reapply for a license for at least 2 years.





State Licensure Action – Suspension of License

Effective 01/01/2021, the state licensing board suspended the practitioner's medical license for a minimum of 1 year, after which he may seek reinstatement. The board also issued the subject a citation and warning and ordered him to pay a \$1,000 civil penalty and complete a board-approved professional ethics program. The board filed a statement of charges against the subject, alleging that he engaged in unprofessional conduct before receiving a conviction of a felony in violation with the laws and rules governing the practice of medicine in the state.





State Licensure Action – Immediate Suspension of License

The state licensing board received an allegation that, due to drug use, the practitioner was unable to practice nursing with reasonable skill. Hospital staff found the subject unresponsive in the staff break room. The employer ordered an immediate drug screen. The practitioner tested positive for opiates while not under a physician's care and did not have a lawful prescription or legitimate medical reason for using the drug. The practitioner's license was immediately suspended pending further investigations by the state licensing board.





Judgment or Conviction Report – Medicaid Fraud

The psychologist billed patients for more therapy sessions than scheduled; i.e., billing for the scheduled appointment and then billing an additional four or five times per week for the same patient and not providing the service.





Medical Malpractice Payment – No. 1

Description of Settlement and Any Conditions, Including Terms of Payment:

Full and final settlement on behalf of the practitioner

Description of the Medical Condition with Which the Patient Presented for Treatment:

On January 1, 2021, a patient arrived at the emergency room complaining of pain in the right lower back and right leg.

Description of the Procedure Performed:

The report subject was the emergency physician on duty when the patient arrived for care. The subject spoke with the patient regarding symptoms. The subject administered the patient an injection of pain medication meant to help reduce pain. While still in the emergency room, the patient requested another dose of the pain medication. The subject gave an additional injection of pain medical and discharged the patient.





Medical Malpractice Payment – No. 1 (Continued)

Description of the Allegations and Injuries or Illnesses upon Which the Action or Claim Was Based:

The patient alleges the subject failed to properly diagnose and treat disc herniation of L3, L4, and L5 and failed to order diagnostic tests such as an MRI, CT, or X-ray imaging, causing a delay in the diagnosis of herniated discs. The subject's alleged failure to properly diagnose and treat the patient resulted in the need for an emergency micro-discectomy with a subsequent permanent injury, including the loss of muscle strength and range of motion. The patient alleges the loss of the ability to perform daily tasks without help.



Medical Malpractice Payment – No. 2

Description of Settlement and Any Conditions, Including Terms of Payment:

A compromised settlement in the amount of \$30,000. Deviation from standard of care could not be proven. The practitioner does not admit any wrongdoing or liability. The claim was settled as nuisance.

Description of the Medical Condition with Which the Patient Presented for Treatment:

A patient was transferred from outside the facility to the insured's care for cough, wheezing, and respiratory distress. A CT scan before the transfer read as normal. A later reading of an EEG suggested encephalitis. The patient received an immediate transfer to a specialized facility for the treatment of syndrome of inappropriate antidiuretic hormone secretion (SIADH), where the patient stayed for 30 days.





Medical Malpractice Payment – No. 2 (Continued)

Description of the Procedure Performed:

The insured ordered an MRI and EEG and failed to properly review the reports of each in a timely manner.

Description of the Allegation and Injuries of Illnesses upon Which the Action of Claim Was Based:

The claimant alleges a delay in diagnosing SIADH, which caused neurological impairment requiring lifelong care.





Medical Malpractice Payment – No. 3

- Description of Settlement and Any Conditions, Including Terms of Payment:
- Pre-trial settlement agreement; \$500,000 lump sum payment.

Description of the Medical Condition with Which the Patient Presented for Treatment:

The patient received treatment by other physicians before obtaining a referral to our insured physician for a work-related back injury. The patient saw the insured physician four times. The insured physician prescribed the patient Opana and the patient allegedly had a drug overdose and died.





Medical Malpractice Payment – No. 3 (Continued) Description of the Procedure Performed:

The patient received treatment for chronic back pain with Diazepam and opiates and an Opana prescription. The patient was previously diagnosed with sleep apnea and the prescribed opiates contraindicated.

Description of the Allegations and Injuries or Illnesses upon Which the Action or Claim Was Based:

The patient allegedly had a drug overdose from over-prescribed opiates for chronic back pain in combination with other respiratory depressant drugs. The prescribed opiates contraindicated. The patient needed monitoring for the effects of the medication.

Medical Malpractice Payment – No. 4

Description of Settlement and Any Conditions, Including Terms of Payment:

Liability was disputed and the settlement (\$20,000 lump sum payment) was based only on a business decision to avoid the inherent and unpredictable risks of litigation. There was no admission of liability or wrongdoing in the settlement. The practitioner remained prepared to defend his care with strong support from board-certified experts. The plaintiff's settlement demand was so reasonable that the insured accepted the offer to avoid costs and risks associated with the trial.



Medical Malpractice Payment – No. 4 (Continued)

Description of Medical Condition with Which the Patient Presented for Treatment:

Alleged failure to perform additional testing in patient presenting for a yearly screening of a well woman visit.

Description of the Procedure Performed:

The physician evaluated the patient and performed procedures.

Description of the Allegations and Injuries or Illnesses upon Which the Action or Claim Was Based:

The patient alleged that the physician failed to diagnose cervical cancer and failed to properly obtain a PAP smear and additional tests.

Subject Statement Examples





A Reasoned Subject Statement

The report in its present form is no longer accurate. The conviction on this record was stricken on 1/1/19 by XXXX Circuit Court. As a result, I no longer have a conviction of record. Regarding the probationary period in the 4/1/18 consent order with the Board of Examiners of Psychologists, the board issued an order terminating probation on 1/1/21. The following documents have been provided to the reporting entity, in a 1/31/21 request to update this report: [list of documents omitted]





Suspension of Clinical Privileges

Standard of care was followed. The patients in this dispute where treated by myself as well as the hospitalist service. The outcomes following the orthopedic surgery resulted in NO adverse outcomes including infection, DVT/PE, loss of blood requiring transfusion, MI/stroke, extended length of stay, etc. The patients are very satisfied with the level of medical and surgical care.





Denial of Initial License

I am disputing this report because the basis for the XXXXXX State Board's denial of my license is not correct. I do not have a criminal record. In 2000, around the time of the state board's action, there was an open criminal case, but it was resolved and removed from the record in 2001.





Resources





Resources

Help When You Need It

- Website: <u>www.npdb.hrsa.gov</u>
- NPDB Guidebook
- <u>Statutes and Regulations</u>
- Desk Reference provided with this webinar



NPDB Customer Service Center 800.767.6732 help@npdb.hrsa.gov







Tell Us What You Think: Take a Survey About this Webinar

- You will receive a link to our survey via e-mail immediately after the webinar
- The survey will close on Thursday, July 21, 2022.







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Questions













