



D30 An Exploration of the Overlap Between Clinical Quality Assurance Activities and Forensic Medical Investigation

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In this presentation, the audience will gain a newfound appreciation for the nexus between clinical quality assurance activities performed in a medical setting, such as a hospital or clinic, and forensic activities performed in the setting of a potentially criminal event. The two activities and disciplines have infrequently been thought of as similar. However, both having patient safety as a common goal, it is argued that they are complementary. This presentation should stimulate discussion of this concept.

Safety is an inherent right within all healthcare facilities. Patients and their families expect that they will be cared for and perhaps even *cured*, without harm occurring as a result of being hospitalized. Even if there were some recognition that medical errors or accidents might occur, and that adverse medical outcomes are not outside the realm of possibility, the public has a right to expect that caregivers would not intentionally engage in acts of malfeasance or criminal behavior. Hospitals intending to reduce risks for patients must be willing to establish rigorous programs to oversee staff activities and to monitor clinical care routines as well as therapeutic responses. In addition, any suspicious behavior, adverse outcomes, or sentinel events must be thoroughly investigated in order that appropriate corrective actions be taken to prevent recurrences.

In 1988 Congress passed Public Law 100-322 that mandated the Veterans Affairs (VA) Office of Inspector General (OIG) oversee, monitor, and evaluate VA's clinical quality assurance programs. In trending data from OIG quality assurance oversight activities, it was found that numerous issues with forensic implications were identified. This was an unexpected finding, because medical quality assurance is a clinical and peer-based activity, as opposed to an investigatory activity.

A retrospective review of clinical quality assurance oversight activities encompassing the period of May 1989 to May 2002 reviewed OIG efforts, activities, and products to identify those that had both quality assurance and forensic implications.

The findings revealed that quality assurance is primarily conceived and implemented by hospitals as an administrative and clinical activity. On a "small scale," for example, a single hospital or ward, quality assurance is clearly a clinically oriented behavior as demonstrated by the manner by which such cases enter the quality assurance process (peer review, drug utilization studies, etc.) and the nature of cases that come to oversight attention. However, also found when assessed in the context of a vast healthcare network such as the Veterans Health Administration (VHA) of the Department of Veterans Affairs (DVA), forensic issues emerge prominently.

Forensic issues brought to oversight attention via clinical quality assurance processes fall into several major categories:

- Patient abuse
 - Suicide
 - Assault
 - Homicide
 - Medication related concerns including medication or delivery system tampering, improper medication administration, and grossly negligent medication errors
 - Medical equipment and device tampering
 - Problems with restraints
 - Problems in search and rescue procedures for eloped patients
- The implications of this finding are important. Since QA has

traditionally been perceived in clinical and administrative terms, this recognition of the forensic aspects of QA oversight has been unreported, and not explicitly identified. However, recognition of this link may greatly facilitate patient safety activities. Likewise, these findings suggest the need for closer collaboration and cooperation between quality assurance specialists and forensic specialists. The term "forensic QA" is appropriate to apply to this overlap. "Traditional" QA activities such as the Morbidity and Mortality Conferences may also have important forensic value.

Finally, understanding this link between quality assurance and forensic medicine may also make caregivers more sensitive to the importance of preserving potential medical evidence for both quality assurance and jurisprudential purposes.

Conclusion: The link between forensic medicine and quality assurance should be recognized and explored further.

Medical Investigation, Quality Assurance, Patient Safety