

**Review Article:**  
**CLINICAL RISK MANAGEMENT: TIME FOR A PARADIGM SHIFT IN  
MEDICARE IN NIGERIA?**

**<sup>1</sup>I.H SHAMBE, <sup>2</sup>H. EMBU, <sup>3</sup>E. ENVULADU, <sup>4</sup>K.N OZOILO**

<sup>1</sup>Department of Obstetrics and Gynaecology University of Jos, Jos Nigeria

<sup>2</sup>Department of Anaesthesia, University of Jos, Jos Nigeria

<sup>3</sup>Department of Community Health University of Jos, Jos Nigeria

<sup>4</sup>Department of surgery, University of Jos, Jos Nigeria

**Correspondence Address:**

*I.H. Shambe,*

*Department of Obstetrics and Gynaecology,*

*University of Jos, Jos Plateau State Nigeria*

**Phone:**+234803 250 9694

**ABSTRACT:**

**Introduction:** *Medical practice In Nigeria is faced with a myriad of challenges to patients, medical practitioners and the institutions that they render services in. These include but are not limited medical errors and malpractice that can lead to litigation, exposure to highly infectious diseases when medical practitioners interface with patients and the attendant liabilities that government and private health institutions may have to pay out.*

**Objectives:***To describe the role of clinical risk management in health care management and evaluate risk management practice policies in medical care in Nigeria*

**Methodology:** *A systematic review of literature on risk management, policy that concern medical risks/management documents and articles was conducted. Keywords used in the search were clinical guidelines, and risk management in Nigeria. Reviewed documents contained information on risk management internationally and where available, in Nigeria. Searches were conducted on the Cochrane Library, PubMed and African Journals On line. Publications were also sourced from cited references and reports. The search engine used was Google.*

**Results:** *National Policies that provide direction in clinical risk management in Nigeria are lacking even against the background of medical errors that lead to mortalities and morbidities.*

**Conclusion:** *There is a need for leadership to be provided by healthcare*

**Keywords:** *Clinical risk management, Medical risk management, Health care*

**INTRODUCTION**

Clinical risk management in hospitals and rehabilitation clinics comprises the totality of strategies, structures, processes, methods, instruments and activities used in prevention, diagnosis, therapy and nursing care that support staff at all levels, functions and professions in recognizing, analyzing, assessing and handling risks in patient care so that the safety of patients, of those involved in their care and the organization itself is increased.<sup>1</sup> Clinical risk management is not about mitigating or avoiding claims that may arise in clinical practice ;it is rather meant to be a tool for improvement of quality of care and involves all

stakeholders including Nurses, doctors, support staff and hospital management.<sup>2</sup>

While in Nigeria records documenting National figures for deaths resulting from medical errors are unavailable, globally medical errors are one of the 10 leading causes of disability accounting for 23 million disability adjusted life years.<sup>3</sup> in the United States of America, medical errors are the third leading cause of death.<sup>4</sup>

Many reports however abound in legal literature and news media about the regularity of cases of medical negligence and malpractice which generally appear to be more prevalent in government owned public hospitals.<sup>5</sup> There are also research articles, mainly

case series and reports about the prevalence of such cases.<sup>6</sup> It is necessary to differentiate between what constitutes clinical negligence and medical errors.

Clinical negligence is defined as an act or omission by a clinician in which treatment falls below an accepted standard of care leading to injury or death of the patient.<sup>7</sup> Often even when medical errors appear to be attributable to an individual, the root cause may be the management system or poor supervision from superiors.

Medical errors occur when a clinician chooses inappropriate methods of care or improperly executes an appropriate method of care.<sup>7</sup> In either situation, morbidities and sometimes mortalities result but many go unreported and sometimes no remedial actions are taken to ensure that the incidents do not reoccur.

This may not be unconnected to the confidential nature of patients' records and management generally but also the religious beliefs of many Nigerians who ascribe deaths or morbidities to "acts of God". There is also the slow process of court proceedings in Nigeria to consider as well as the expensive costs of retaining legal counsel. This occurs in the context of the high cost of health care compared to the low income of many patients who visit public hospitals has made litigations unattractive to many that have suffered injury from medical negligence and errors. Ignorance of their rights as patients sometimes does not even bring up the possibility of litigation. There is however an increase in the presence of Patients' Rights Support groups that may cause an increase in civil suits that concern actions or inactions of health care workers during patient care.

Health care practitioners by their training are guided by the Hippocratic dictum "First do no harm" therefore, with or without the fear of litigation, medical practice is supposed to be constantly evaluated to examine the risks for mistakes before such incidents occur and learn from incidents that do occur. This is the philosophy that is the foundation of clinical risk management.

### **SCALE OF MEDICAL ERRORS IN NIGERIA**

A descriptive study among 145 medical practitioners in Abia State showed the prevalence of medical errors to 43.8% with the commonest errors being errors of medical prescription (95.2%), errors in radiological investigation (83.9%) and errors in diagnosis (69.4%). These errors were more prevalent in doctors with less than 10 years of in practice.<sup>8</sup> Many of these errors go unreported. It is

estimated that less than 5% of such errors are reported.<sup>9</sup> In a study at University of Calabar Teaching Hospital, 64% of in patients reported annoyance and disappointments with medical errors but were significantly less likely to litigate if there was voluntary disclosure by the caregivers even as litigation tended to be more likely with the severity of the error (88.5%).<sup>10</sup>

Another consideration is the National Health Insurance Scheme (NHIS) in Nigeria operated by Health Maintenance Organizations (HMOs). By its nature, any insurance scheme manages risk and as such should regularly assess such risks. There are financial and health risks in this scheme but we were unable to find any policy statement or document concerning health risks in the NHIS policy guidelines. Indeed even concerning the utilization of standard financial risk management strategies by HMOs, a study showed that 52.6% utilized such strategies while 47.4% did not.<sup>11</sup>

### **EFFECTIVE CLINICAL RISK MANAGEMENT PRACTICES**

Development of risk management strategies is unique to every hospital or hospital because every hospital or department has its unique challenges. No single model exists that will fit all risks. Generally, there are proactive and reactive methods in CRM.

In Proactive methods, a designated risk manager should identify:

- What could possibly go wrong
- How likely is it that it could go wrong? (measuring risk)
- How severe will the outcome be if something did happen?
- How can the likelihood of something happening be mitigated before it happens and to what degree?
- What can be done to reduce the impact and to what degree?

Results from these questions are analyzed by the risk managers and plans for mitigating such risks are developed in a documented form and evaluated periodically. These plans should cover patient specific risks and must be accessible to those working with patients.<sup>12</sup>

A few examples of patient specific risk management strategies are:

- Following up missing test results- Developing a plan to monitor receipt of test results, this guarantees that such results are reviewed. (Figure 1)

Tracking missed appointments- Here a system should be developed to follow up patients who miss appointments and reschedule proactively to manage patient risks. This is particularly relevant in Nigeria where many patients are lost to follow up.

Reactive Methods of CRM are also called damage event analysis. They come into play after an incident has occurred and include Mortality and morbidity conferences which aim to improve patient treatment and care. Error and Risk analysis (ERA) also analyze “near miss “events using the London Protocol. (Figure 2)

Other reactive methods include

complaintsmanagement which in Nigeria has the Servicom model as an example and Critical Incident Reporting systems. All these are factored into exhaustive risk management plans that is developed, implemented and monitored by a trained health administrator.<sup>12</sup>The aim is patient satisfaction and other priorities that will conform to the vision of the hospital organization.

**FIGURE 1  
PROACTIVE TOOLS FOR CLINICAL RISK ASSESSMENT**

POKA YOKE	Japanese term that describes a procedure that by means of technical precautions is intended to identify and prevent failure proactively. For example, wall mounted connections for oxygen and compressed air are standardized in such a way as to prevent mix-ups
Recommendations	National and international guidelines are drawn up by organisations, professional societies and healthcare organisations with the aim of setting standards for safe patient care
Directives	These are statutory & sub statutory normative requirements a deviation from which can lead to sanctions

**FIGURE 2  
REACTIVE METHODS/DAMAGE EVENT ANALYSIS**

Mortality & Morbidity Conferences	Structured oral presentations and analysis of deaths are made regularly. The aim is to improve patient care
London Protocol	A systematic investigative technique used to analyze serious harm. It was developed based the Organizational Accident Causation Model. It aims to achieve a comprehensive identification of both systemic and individual causes of incidents
Error and Risk Analysis	Systemic analysis of incidents based on the London protocol

FIGURE 3: CYCLE FOR MANAGING CLINICAL RISKS



Tables Courtesy Aktionbundis patientensicherheit. Available from [www.aps-ev.de](http://www.aps-ev.de).

## CONCLUSION

Clinical Risk Management is essential to improving health care in Nigeria as a tool to provide qualitative healthcare. It however needs champions in the health care sector in terms of policy formation and implementation.

## RECOMMENDATION

1. CRM should be championed by professional Medical Associations and responsible departments in the Federal Ministry of health to provide policy direction.
2. Hospital administrators can take the initiative to and evaluate their clinical risks and individual departments can formulate protocols to minimize clinical risks.

**Source of support:** None

**Conflict of interest:** None

## REFERENCES

1. Requirements on Clinical Risk Management Systems in Hospitals. Aktionbundis patientensicherheit. Available from [www.aps-ev.de](http://www.aps-ev.de).
2. United States General Accounting Office: Health Care Initiatives in Hospital Risk Management. Washington DC, 1989.
3. Jha AK, Larizgoita I, Audera-Lopez C, Prasopa-Plaizer N, Waters H, Bates DW. The global burden of unsafe medical care: Analytic modelling of observational studies. *BMJ Qual Saf* 2013; 22:809-815.
4. Medical error-The third leading cause of death in the US. *BMJ* 2016;353 doi: <https://doi.org/10.1136/bmj.2139>. (Last Accessed 2017 Aug 17).
5. Iberiyenari L. What is the legal response to death or personal injury flowing from improper treatment by medical practitioners? *The Lawyers Chronicle*; 2014. Available from <http://www.thelawyerschronicle.com/medical-negligence>. (Last accessed on 2017 Aug 17)
6. Chukwunke FN. Medical incidents in developing countries: A few case studies from Nigeria. *Niger J Clin Pract* 2015; 18, Suppl S1: 20-24.

7. Zhang J, Patel VL, Johnson TR. Medical error: Is the solution medical or cognitive? *J Am Med Inform Assoc* 2008; 6: 75-77.
8. Iloh GU, Chuku A, Amadi AN. Medical errors in Nigeria: A cross sectional study of medical practioners in Abia State. *Arch Med Health Sci* 2017; 44-49.
9. Muanya Deaths by medical mistakes rise. *The Guardian Nigeria*. 2016 April 8. Available at <https://m.guardian.ngalami>
10. Ushie BA, Salami KK, Jegede AS, Oyetunde M. Patients' Knowledge and perceived reactions to medical errors in a tertiary health facility in Nigeria. *Afr Health Sci*. 2013 Sep;13(3) : 820-828. doi: 10.4314/ahs.v13i3.43.
11. Campbell PC, Korie PC, Nnaji FC. Risk management assessment of Health Maintenance Organizations participating in the National Health Insurance Scheme. *Niger Med J*. 2014 55 (5): 399-405. doi: 10.4103/0300-1652.140380.
12. The Purpose of Risk Management in Health Care. University of Scranton publication. Available at : <http://elearning.scranton.edu/resource/business-leadership/purpose-of-risk-mangement-in-healthcare>.