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Increasing patient safety by utilising datapools of medical arbitration boards

German physicians have instituted extrajudicial claims resolution as an alternative to civil litigation: Established by the medical associations in the mid-1970s, a total of 12 Schlichtungsstellen (arbitration boards / expert panels for extrajudicial malpractice claims resolution) offer patients and doctors, on a voluntary basis, proceedings directed toward achieving a settlement. The number of cases submitted to these panels has been constantly growing since. In 90% of cases decided upon by the panel, civil litigation was avoided. Doctors can, as exemplified by the operation of the Schlichtungsstellen, tackle difficult and complex problems and solve them - without being funded or directed by outside agencies.

Parties of the proceeding are always the patient, the doctor, respectively the owner of the hospital and the doctor's insurance. The proceeding is to be carried out strictly in written form, non-public and without hearing of witnesses. The participation is optional. In every proceeding will be established - as a rule by the use of an external medical expert and by means of the responsible medical and judicial member of the Schlichtungsstelle - whether the injuries of the patient are consequences of a) negligence, b) correct medical treatment in absence of consent of the patient, c) undesirable, immanent risk of correct medical treatment or d) unavoidable consequences of illness/accident and correct medical treatment.

Upon conclusion of a panel proceeding the case data will be collected by MERS (Medical Error Reporting System) in a data pool of the Norddeutsche Schlichtungsstelle: patient-gender, patient-age, reason for treatment, (diagnosis corresponding to "ICD10"), patient-reproach, relevant medical measures, negligence, patient-injuries (description, severity code of injury and category of causation), furthermore the claim, statements by the parties and the final statement in full text. By means of medical and judicial examinations of thoroughly worked out

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case histories for actual or assumed iatrogenic occurrences of damage form the basis of these reports.

The Schlichtungsstellen are well positioned to provide data by MERS on iatrogenic injuries and negligence in medical care, based on the information collected from a great number of panel cases. Within the last 7 years, 2000 through 2006, the largest of the 12 institutions, the Norddeutsche Schlichtungsstelle concluded 18.993 Schlichtungsverfahren (panel proceedings).

The medical association, their arbitration boards and medical expert committees have taken follow up steps for a long time to reveal anonymous achievements from a data pool of thousands of cases and to contribute the necessary clearance and publication of malpractice and the increase of the patient-safety through information of the medical fraternity with abstract papers, case reports and advanced training sessions.

Key words: adverse events, ADR, alternative dispute resolution, arbitration, iatrogenic injuries, medical error reporting system, MERS, medical risk, negligence.



Increasing patient safety by utilising datapools of medical arbitration boards



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Create data by Medical arbitration boards in Germany

German physicians have instituted extrajudicial claims resolution as an alternative to civil litigation.

A total of 12 Schlichtungsstellen (arbitration boards / expert panels for extrajudicial malpractice claims resolution) were established by the medical boards in the mid 1970s.

They offer patients and doctors proceedings directed toward achieving a settlement. The number of cases submitted to these panels has been constantly growing since.

90% of cases submitted to the panels are resolved by panel decision and do not result in civil litigation.



The panel proceeding in North Germany

Participants: patient, doctor, doctor's liability insurer

Participation: optional

Procedure: non-public, written form, no hearing of witnesses, 3 medico-legal experts, no legally binding

Examination: Alleged medical error and causation of injury

Conclusion: Patient's injury due to

- negligence
- treatment without informed consent
- realised risk of medical treatment
- inevitable consequence of disease/trauma and/or necessary correct medical treatment

The medical arbitration boards are well positioned to provide data on iatrogenic injuries and negligence in medical care. Data are based on a great number of panel cases. 2000 through 2006, the largest of the 12 institutions, the North German Schlichtungsstelle concluded 18.993 panel proceedings.

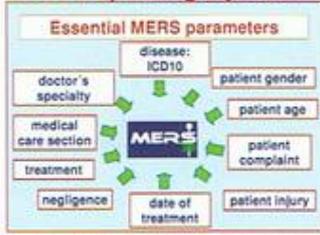
Collect data by Medical Error Reporting System

MERS

Medical Error Reporting System

Data Collection
Data Evaluation
Data Reporting

According to competent medical and legal examination of injuries caused by medical treatment



Data collected by MERS (encoded or keywords)

Patient: age, gender, date and reason for treatment (disease corresponding to "ICD10"), complaint

Doctor: medical speciality or subspecialty, care section, treatment, type of negligent care (if present), description, severity code, category of causation

Injury: description, severity code, category of causation

Further recorded in full text: patient complaint, party statements, medical expert opinion, panel decision

Analyse data by Medical Error Reporting System



Utilise data for increasing patient safety



Conclusion

Arbitration boards

Reveal anonymous achievements from a data pool of thousands of cases.

Contribute the necessary clearance and publication of malpractice.

Increase patient safety through information of the medical fraternity with publications, abstract papers, case reports and post graduate education.

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