

Case Mismanagement: Court Looks To The Corporate Negligence Doctrine To Place The Blame On The Hospital's Nursing Staff.

The patient's prenatal ob/gyn physician sent her to the hospital for tests because her blood pressure was elevated, her urine was +2 positive for proteinuria, she weighed 350 pounds and her pregnancy was post-term.

Two and one-half weeks later she died in the hospital from adult respiratory distress syndrome from a pulmonary embolism sustained during a c-section.

The family and her baby's legal guardian sued and obtained a civil verdict against the hospital and the physicians' medical corporations. The Superior Court of Pennsylvania upheld the verdict.

Corporate Negligence

In the healthcare field negligence can be found in the totality of circumstances surrounding a patient's experience. When a case is badly mismanaged, the patient or the patient's family is not required to pin the blame on a specified error or omission by one specified individual.

If the whole system is flawed, that is corporate negligence.

Legal precedents in corporate negligence have made sweeping general statements to the effect that hospitals have a duty to oversee all persons who provide care within their walls and a duty to formulate, adopt and enforce adequate rules and policies to ensure quality care for patients, the court pointed out.

Nurses As Case Managers

Getting down to specifics, the court recognized that hospital nurses and resident physicians are the ones who bear the actual burden of responsibility for directly managing hospital patients' hour-to-hour and day-to-day care, even though the course of treatment is ostensibly directed by attending physicians and specialist physicians who make the major decisions.

Nurses and residents have to take responsibility for the hospital's patients, the court ruled, and if they do not step up and take responsibility the hospital itself will be held legally liable.

The Facts of This Case

The patient was sent to the hospital by

Nurses are trained both to evaluate patients' medical conditions and to appreciate the serious consequences if they are not treated.

Emergency room nurses and obstetric nurses can recognize signs of pregnancy induced hypertension and preeclampsia. The nurses know a patient at term with serious signs must be kept in the hospital for close observation and likely will have to have labor induced or a cesarean.

True, nurses cannot admit or discharge patients. However, nurses must take some action when a patient is being wrongfully discharged who needs observation, evaluation, diagnostic tests or treatment.

Nurses must advocate for the patient by taking the issue up through the hospital's chain of command.

That means going to the charge nurse, then to the nursing supervisor and then to the director of nursing. They should be the ones to communicate with the physicians to see that the patient gets the care the patient needs.

SUPERIOR COURT OF PENNSYLVANIA,
2001.

her prenatal ob/gyn physician for tests, with the expectation she would be seen in the outpatient clinic and sent home.

The court began by questioning how the physician who saw her at the hospital could send her home with clear signs of pregnancy induced hypertension.

She came back to the hospital a week later, this time with irregular labor contractions, slight dilation and partial effacement. There was still +2 proteinuria and her blood pressure was 170/100.

At this point the court expressly blamed the nurses for allowing a resident physician to send her home again.

She came back the next day for induction of labor. Instead of sending her to the labor and delivery unit the nurses left her sitting in the emergency room waiting area from 7:30 a.m. until 9:00 p.m. The court squarely faulted the nurses for that.

When she finally got to the labor and delivery unit at 9:00 p.m., the nursing assessment indicated she needed medication immediately to lower her blood pressure. However, no orders were obtained and no medication was actually given until the next morning at 8:40 a.m.

An emergency c-section was called at 11:30 a.m., but was delayed several hours.

Afterward no heparin was ordered nor were antithrombin hoses put on her legs. The court blamed the nurses for these omissions.

She was put on a ventilator in the ICU after pulmonary edema set in, and her trache tube was not properly positioned.

Hospital's Knowledge

The bottom line was that the hospital's nurses knew there were serious deficiencies all along the line in this patient's care. The nurses' knowledge is legally the hospital's knowledge. The hospital knew there was a problem, let the problem continue and now has to pay, the court ruled. Whittington v. Episcopal Hospital, 768 A. 2d 1144 (Pa. Super., 2001).