

# Preventive Action

Quarterly Risk Management Newsletter for Policyholders of APAC

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## Case Study: Failure to Diagnose Epidural Hemorrhage

*Editor's Note: This case study analysis reflects an actual APAC case.*



### Case Analysis

A 56-year-old female underwent a series of cervical facet blocks, performed by the pain management specialist/anesthesiologist. An epidural steroid injection was attempted, but the physician obtained a wet tap so the procedure was terminated. Although the patient was subsequently examined for headaches and there were multiple communications with the physician's office, it was not until seven days

later that an epidural hemorrhage was diagnosed, requiring surgical drainage. There was no documentation that the patient's heavy aspirin intake was considered. The lack of such documentation, coupled with the delay in diagnosis and the patient's complaints of residual headaches and neurological deficits, necessitated settlement of the case.

### Risk Management Discussion

*Documentation is a key tool for defending medical malpractice cases.*

***The lack of supporting documentation may actually contribute to a finding of negligence.***

*Consider the following recommendations:*

#### Document

- Examinations and observations
- Patient complaints, symptoms and risk factors

- Personal and family history
- All discussions
- Your medical rationale
- Patient instructions
- Patient's understanding
- Patient non-compliance
- Patient education
- Informed consent process
- Tracking mechanisms for referrals and diagnostic studies
- Communication among all providers

#### Develop telephone protocols

- Maintain documentation of calls received and information provided
- Develop telephone protocols to triage patient's clinical phone calls

**Seek legal or risk management guidance when uncertainty arises** ●

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Anesthesiologists Professional Assurance Company



Anesthesiologists Professional Assurance Company publishes Preventive Action on a quarterly basis as a service to policyholders. Information in this publication does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained in this newsletter are generalized and may not apply to all practice situations. Anesthesiologists Professional Assurance Company recommends you obtain legal advice from a qualified attorney for a specific application to your practice. The information should be used as a reference guide only.

For comments, questions or to obtain additional copies contact the Anesthesiologists Professional Assurance Company Risk Management Department at 866-294-6014, ext. 3100.

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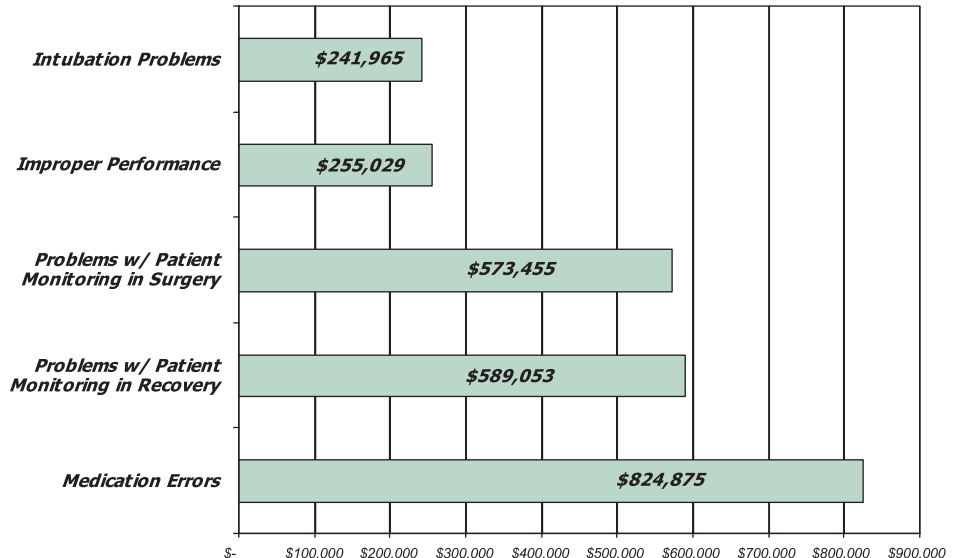
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# Surgical Fires Spark Action from Medical Group

Surgery fires are rare, but serious enough that the American Society of Anesthesiologists (ASA) plans to issue its first guidelines preventing them this fall. Currently, health officials aren't required to report surgery fires, but the ASA suspects that they have increased over the past two decades with the use of lasers and tools that use electrical current. The ECRI Institute, a nonprofit health research agency, estimates that there are 50 to 100 fires out of the more than 50 million surgeries performed in the United States each year. These fires kill one to two people annually, and 20 percent of patients suffer serious injuries, according to ECRI. The institute believes that most surgical fires are caused when oxygen builds up under surgical drapes during the use of electric surgical tools that cut or remove tissue, or control bleeding. ECRI said too many anesthesiologists are using 100 percent oxygen instead of only what the patient requires. The proposed guidelines include lowering the concentration of oxygen given to patients during surgery by diluting it with room air when surgical tools that could ignite a fire are in use. Other suggestions include reconfiguring drapes to minimize oxygen buildup, and the use of suction devices to remove excess oxygen from surgery sites. Medical researchers say concern about surgical fires dissipated in the 1970s when safer anesthetics replaced ether and other flammable agents used to sedate patients. Today more electrosurgery devices are used and cloth drapes were replaced with the more flammable paper drapes. (*The Associated Press*, 7/26/07) ●

## ANESTHESIOLOGY National Loss Data Most Expensive Misadventures 2006



PIAA Risk Mgt Review - 2006

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# Risk Management Products & Services

Available at no charge to policyholders

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APAC offers a number of highly effective risk management products and services to its policyholders – **at no additional cost**. These comprehensive products are designed to avoid claims and disciplinary actions, and encourage physician participation.

## Educational Programs

We offer numerous CME/CE educational courses for physicians, surgeons, and dentists. Presentations are also available to other health care professionals, administrators, and non-physician clerical and clinical support staff. Our risk management experts can present to organized medicine groups and society functions, and programs can be designed for a specific legal topic, medical specialty, or specific regulatory compliance.

## Reference Sources

Comprehensive risk management manuals

- *A Reference Tool For Risk Management*

## Risk Management Group Programs

- Written risk management plan
- Training of designated risk manager
- Incident reporting form
- Reporting of claims
- Analysis of administrative and clinical office systems

## Risk Management Newsletter

*Preventive Action* is published quarterly and targeted to physicians, surgeons, anesthesiologists, dentists, office administrators, and health care professionals, provides timely tips and information to help minimize risk and maximize patient safety.

## On-site Risk Management Surveys

- Office layout and appearance
- Storage and handling of pharmaceuticals and supplies

- Equipment services and checks
- Laboratory level, scope of services
- Waste disposal
- Office surgery scope
- Patient contact: telephone, fax, e-mail, appointments, medical advice, answering service, prescription refills, waiting time, billing & collection, emergency procedures
- Managed care process review
- Electronic communications
- Medical record documentation
- OSHA, ADA, AHCA compliance plans
- Written report citing strengths and weaknesses with recommended action plan
- Follow-up determination of action plan implementation
- Risk management consultations
- Individualized guidance and consultations of risk management and legal issues

## Risk Management Reference Guides

- Medical Records Do's and Don'ts
- The Lawsuit
- License Investigation Defense Coverage
- Terminating the Physician/Patient Relationship
- The Deposition
- Office Guide for Dental Risk Management (CD-ROM)
- Early Diagnosis Steering Committee Education Booklet entailing:
  - Unstable Angina
  - Breast Abnormalities
  - Colorectal Conditions
- Office Managers and Administrators Guide: Risk Management Principles for the Medical Office Staff

An order form is posted on our Web site, at [www.apacinsurance.com](http://www.apacinsurance.com), under Risk Management, Products and Services. You can also contact the risk management department to request additional information.

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## Legal FAQs *For information specific to your state of practice, contact FPIC's Risk Management Department*



### ***What is a "sentinel event"?***

A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.

### ***What is the legal definition of "supervision"?***

The definition of supervision varies greatly in both state statutes and Administrative Codes. The scope of

collaboration is determined by the context of the clinical setting, patient acuity and medical condition, type of healthcare provider, professional licensure, and even duration of clinical practice and employment.

### ***What is a "tort"?***

A tort is a civil wrong or injury for which the court will provide a remedy in the form of an action for damages.

### ***Is a physician excused from errors and omissions in reports and correspondence stamped "Dictated But Not Read"?***

No. The author will be held responsible for the contents. Use of such a stamp does little more than announce that the report or correspondence is incomplete.

### ***What is Florida's Legible Prescription Law?***

FS 456.42 sets forth specific requirements pertaining to written prescriptions for medicinal drugs. Essentially, the law requires that a written prescription meet the following qualifications: (1) legibly printed or typed; (2) the name of the prescribing practitioner; (3) the name and strength of the drug prescribed in both textual

and numerical formats; (4) the directions for use of the drug; (5) must be dated with the month written out in textual letters; and (6) must be signed by the prescribing practitioner on the day when issued.

### ***What is an Anesthesiologist Assistant (AA)?***

An anesthesiologist assistant is a graduate of an approved program who is licensed to perform medical services delegated and directly supervised by an anesthesiologist. An AA may assist an anesthesiologist in developing and implementing an anesthesia plan of care for a patient within the framework of a written practice protocol between the supervising anesthesiologist and the AA.

### ***What is "vicarious liability"?***

A term used to describe the imputation of neglect to another person not directly involved in an allegedly negligent act. Generally, the common law test under which vicarious liability is determined is that of direction or control of another's actions. ●