THE**DOCTORS**COMPANY

PATIENT SAFETY

Interactive Guide for Orthopedic Physicians

Minimize your practice liability
with a loss prevention checkup.

FOR MORE THAN 35 YEARS, THE DOCTORS COMPANY HAS BEEN FIERCELY

COMMITTED TO ADVANCING, PROTECTING, AND REWARDING THE PRACTICE OF GOOD

MEDICINE. OUR COMMITMENT EXTENDS TO DELIVERING PRACTICAL TOOLS AND SERVICES THAT

CAN HELP YOU IDENTIFY POTENTIAL RISKS AND STRENGTHEN PATIENT SAFETY.

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This interactive guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each health care practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

How to Use This Interactive Guide

This review is not a test. It is an interactive guide designed to help you uncover areas in your practice that could create liability risks.

There is no scoring system. The options for responding to the statements are **Always/Yes**, **Sometimes**, **Never/No**, and **N/A**. The ideal response to every statement is **Always/Yes** or **N/A**. Any other response indicates an area of potential malpractice exposure in your practice that should be addressed and resolved.

Respond to the statements as objectively and honestly as you can. The effectiveness of this interactive guide depends on how candid you are.

The guide is divided into eight sections. These sections reflect the most frequent patient safety/risk management issues identified in our closed claims.

You can evaluate your practice and systems as a whole or focus only on the sections that are areas of concern.

Effective risk management is a team effort. To gain a range of perspectives, we suggest that the physician, office manager, and staff complete this assessment. Any significant variations in the answers among those taking the risk assessment should be discussed and addressed.

Knowledge Center

Our extensive online library of articles at www.thedoctors.com/psarticles is considered to be the industry's definitive resource on today's most pressing patient safety/risk management and health care policy issues.

Expert Team of Trained Specialists

Our patient safety program is led by an expert team of patient safety specialists, trained medical and patient safety professionals who work tirelessly with members to implement risk management strategies tailored to their specialty and practice.

Our specialists operate regionally and are available to our members for consultation nationwide. E-mail us at patientsafety@thedoctors.com, or call us at (800) 421-2368, extension 1243, and we will connect you with your regional patient safety/risk manager.

If you have an urgent patient safety or claims issue, our specialists are available 24 hours a day, 365 days a year on our nationwide hotline at (800) 421-2368.

Preoperative Assessment/Medical Clearance

The goal of a preoperative assessment is to evaluate for medical problems in surgical patients to determine if they are at increased risk, to best determine how to manage issues during surgery, and to provide recommendations for postoperative care. To this end, in requesting "medical clearance" or a preoperative assessment, the more information the surgeon can provide, the better input the assessing physician can offer in return. This is a process of two physicians working together for the benefit of the patient.

Always/Yes	Sometimes	Never/No	N/A	
☐	☐	☐	☐	1. The type and length of surgery is provided to the assessing physician.
☐	☐	☐	☐	2. The indications/reasons for the surgery are provided.
☐	☐	☐	☐	3. The surgery is specified as emergent, urgent, or elective.
☐	☐	☐	☐	4. Information about how long the patient might be hospitalized, nonambulatory, in rehabilitation, etc., is included.

DVT Risk Assessment

All patients having hip/knee arthroplasty will receive a DVT risk assessment. The American Academy of Orthopaedic Surgeons (AAOS) defines specifically clinical areas and procedures. Please see the link at www.aaos.org/research/guidelines/VTE/VTE_full_guideline.pdf.

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. A DVT assessment is performed for all patients having hip/knee arthroplasty and is considered for other major lower extremity procedures.

Additional Resource

Prevention of VTE in Orthopedic Surgery Patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *Chest* 2012;141(2)(Suppl):e278S–e325S. Available at http://journal.publications.chestnet.org/data/Journals/CHEST/23443/112404.pdf.

Prevention of Wrong-Site Surgery

Regardless of the setting—an office, an ambulatory surgery center (ASC), or a hospital—a Universal Protocol should be followed. A protocol is designed to assure that the procedure performed is consistent with the patient's needs, that it is performed on the correct individual, and that the necessary equipment and documents are readily available. The protocol should include the following elements:

Always/Yes	Sometimes	Never/No	N/A	
☐	☐	☐	☐	1. The operative site is marked unambiguously, and the patient or family is involved in confirming the correct site.
☐	☐	☐	☐	2. Copies of the operative permit/informed consent form state the site and side of surgery and are consistent with what is marked.
☐	☐	☐	☐	3. A time-out is conducted immediately before starting the procedure or making the incision. The time-out includes:
☐	☐	☐	☐	a. all members of the team,
☐	☐	☐	☐	b. verification that the patient identity is correct,
☐	☐	☐	☐	c. the correct site is marked,
☐	☐	☐	☐	d. the procedure about to be done is the one intended, and
☐	☐	☐	☐	e. verification that all equipment needed is available.
☐	☐	☐	☐	4. In spine surgery, special imaging techniques are used to locate and mark the vertebral level.

See also the AAOS Sign Your Site Checklists:

www.aaos.org/about/papers/advistmt/1015_WSS_Checklist.pdf

Additional AAOS checklists:

www.aaos.org/research/committee/ptsafety/01-AmbulatorySurgeryPSchecklistPre-Operative.pdf

www.aaos.org/research/committee/ptsafety/02-AmbulatorySurgeryPSchecklistPost-Operative.pdf

www.aaos.org/research/committee/ptsafety/03-Office-BasedSurgeryPSchecklistPre-Operative.pdf

www.aaos.org/research/committee/ptsafety/04-Office-BasedSurgeryPSchecklistPost-Operative.pdf

Infection Control

Most disease outbreaks reported in ambulatory facilities are associated with nonadherence to recommended infection prevention and control procedures, particularly hand washing, performing injections, and following basic transmission-based precautions.

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. Infection control is part of office policy and procedure, and protocols are revised and tested periodically.
☐	☐	☐	☐	2. All staff members wash their hands before and after each patient contact.
☐	☐	☐	☐	3. Infection control educational programs are designed to maintain awareness of the importance of infection control throughout the organization and to update knowledge regarding current evidence-based practices that are available to all patient care staff.
☐	☐	☐	☐	4. Staff members are educated on universal precautions.
☐	☐	☐	☐	5. Routine maintenance is performed on autoclaves (steam sterilizers).
☐	☐	☐	☐	6. Autoclaves (steam sterilizers) are monitored with mechanical, chemical, and biological monitors, and there are consistent procedures for evaluating the equipment's effectiveness.
☐	☐	☐	☐	7. There is documentation of the mechanical, chemical, and biological monitoring.
☐	☐	☐	☐	8. Infection rates are monitored and analyzed for possible causes and necessary interventions.
☐	☐	☐	☐	9. An infection risk assessment is conducted preoperatively.
☐	☐	☐	☐	10. Antibiotic prophylaxis is timely and judicious when indicated.
☐	☐	☐	☐	a. The initial dose is administered by IV route and timed so that bactericidal concentrations are achieved in the serum and tissues at incision.
☐	☐	☐	☐	11. Sharps containers are available, used appropriately, and not overfilled.
☐	☐	☐	☐	12. Sharps containers are located where all clinical staff can see the top of the container.

Infection Control

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	13. Sharps containers are not located behind barriers such as a cabinet door or in another room.
☐	☐	☐	☐	14. The staff demonstrates compliance with current aseptic techniques to dispense and administer parenteral medications from vials and ampules.
☐	☐	☐	☐	15. Alcohol-based antiseptic hand rubs and sinks are available for hand washing and are easily accessible to staff and patients.

Pain Management

Pain management brings into play a different set of circumstances for ordering, administering, and maintaining medications for patients with chronic pain. Patients requiring pain management with opioids will develop opioid tolerance to particular drugs over time. They also have a low potential for becoming addicted or even turning to noncompliance in order to obtain additional prescriptions. All patients who receive opioid therapy must be followed closely with good documentation and an opioid agreement.

The first rule in pain management is to educate and train health care providers to identify the signs and symptoms of abuse or misuse of prescribed drug therapies. If identification is made in a timely manner, corrective actions can be taken.

Begin by developing written policies and procedures to ensure consistent action by all providers. This approach eliminates the potential for a patient to play one provider against another.

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. Health care providers are properly trained and educated in pain management, dispensing and administering pain therapy, and identifying prescription misuse or abuse.
				2. Policies and procedures include the following:
☐	☐	☐	☐	a. number of doses,
☐	☐	☐	☐	b. refills,
☐	☐	☐	☐	c. long-term therapy,
☐	☐	☐	☐	d. covering physicians,
☐	☐	☐	☐	e. acute situations,
☐	☐	☐	☐	f. patient education, and
☐	☐	☐	☐	g. written pain management agreements.
☐	☐	☐	☐	3. Agreements are in place with local pharmacies.
☐	☐	☐	☐	4. State prescription monitoring programs are utilized.
☐	☐	☐	☐	5. Written treatment plans are used.
				6. A thorough medical evaluation and physical examination of the patient include the:
☐	☐	☐	☐	a. nature and intensity of pain,
☐	☐	☐	☐	b. current and past treatments for pain,
☐	☐	☐	☐	c. underlying or coexisting diseases or conditions,
☐	☐	☐	☐	d. effects on physical and psychological function, and
☐	☐	☐	☐	e. history of substance abuse.

Pain Management

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	7. The treatment plan includes objective measures of success, such as documenting the level of pain during each encounter. A pain management scale would be an example of a tool that could be used.
				8. Informed consent/agreement for treatment includes the following provisions:
☐	☐	☐	☐	a. prescriptions are to be filled at one pharmacy,
☐	☐	☐	☐	b. prescriptions are to be written by one physician,
☐	☐	☐	☐	c. random drug screening upon request is agreed, and
☐	☐	☐	☐	d. the number and frequency of refills are limited.
☐	☐	☐	☐	9. The reasons that would cause the provider-patient relationship to be discontinued are outlined.
☐	☐	☐	☐	10. Ongoing periodic reviews are conducted and a process is in place for referring patients to other providers or treatment modalities.
☐	☐	☐	☐	11. Regional anesthesia aseptic techniques for infection control are in place and address:
☐	☐	☐	☐	a. antiseptic skin preps,
☐	☐	☐	☐	b. artificial or long nails,
☐	☐	☐	☐	c. sterile gloves and gowns, and
☐	☐	☐	☐	d. use of prophylactic antibiotics when indicated.
☐	☐	☐	☐	12. Emergency equipment is available, and all staff members are trained in its proper use.

Rehabilitation/Physical Medicine

Physical medicine and rehabilitation involves the management of disorders that alter the function and performance of the patient. Emphasis is placed on the optimization of function through the combined use of medications, physical modalities, physical training with therapeutic exercise, movement, and activities modification, adaptive equipment and assistive devices, orthotics, prosthetics, and experiential training approaches.

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. Cultural competence is considered when communicating with patients, family members, and support systems about the rehab treatment plan and expectations.
☐	☐	☐	☐	2. The patient is given written and verbal instructions he or she can understand regarding rehab, and instructions are reviewed and discussed with the patient/family by appropriately credentialed staff.
☐	☐	☐	☐	3. The patient education discussion regarding rehab is documented and clearly demonstrates that the patient's questions were answered and that he or she understands the information.
☐	☐	☐	☐	4. Patients who have undergone rehab (a series of physical therapy/ occupational therapy/rehab treatment modalities) are not discharged until they are seen and evaluated by their physician.
☐	☐	☐	☐	5. Physician documentation reflects the patient's achievement of optimum recovery, the need for ongoing therapy, or the requirement to return for appointments as needed, and the documentation reflects the patient's response to his or her rehab and recovery.
☐	☐	☐	☐	6. A written policy is in place regarding management of patients who are noncompliant with their rehab plan and expectations.
☐	☐	☐	☐	7. Written policies and processes are in place regarding management of durable medical equipment (DME), and they include:
☐	☐	☐	☐	a. regulatory compliance and accreditation,
☐	☐	☐	☐	b. inventory management,
☐	☐	☐	☐	c. complaint resolution protocol,
☐	☐	☐	☐	d. patient agreements and consents,
☐	☐	☐	☐	e. product failure reporting documents, and
☐	☐	☐	☐	f. management of recalls.

Rehabilitation/Physical Medicine

Always/ Yes	Sometimes	Never/ No	N/A	
				8. Patient medical record documentation includes:
				Description of DME
☐	☐	☐	☐	a. Manufacturer and serial number
☐	☐	☐	☐	b. Lot number
☐	☐	☐	☐	c. Make
☐	☐	☐	☐	d. Model
				Rehabilitation Therapy
☐	☐	☐	☐	a. Medical reason for use
☐	☐	☐	☐	b. Goals for recovery and healing or improvement (long-/short-term or permanent use)
☐	☐	☐	☐	c. Documentation of visits to include follow-up assessment, education, progress, and outcomes
☐	☐	☐	☐	d. Patient/family education using health literacy initiatives—communicating in understandable language

Scope of Practice

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. Medications are prescribed that are consistent with the scope of practice of orthopedics. An example would include not writing prescriptions for the patient's antidepressants or any prescription not related to the orthopedic practice.
☐	☐	☐	☐	2. Procedures are limited to those that are consistent with the surgeon's training, credentialing, and competence.

Team Dynamics

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. Team members introduce themselves to the patient and describe their role.
☐	☐	☐	☐	2. The patient and family are included in communications among team members.
☐	☐	☐	☐	3. Team members have a clear understanding of their roles and responsibilities.
☐	☐	☐	☐	4. The team uses SBAR (Situation Background Assessment Recommendation), teach-back or repeat-back methods, and handoff techniques.
☐	☐	☐	☐	5. Checklists are used for promoting performance consistency.