Top Ten Issues in Patient Safety and Risk Management 2020 ALAN LEMBITZ, MD СМО **COPIC** ROME 2020 ROCKY M Vail, CO. March COLORADO I have no conflicts and nothing to disclose ROME 2020 ROCKY MOUNTAIN VAIL CO. March 5 – 8, 20 COLORADO **LEARNING OBJECTIVES** At the end of this activity, participants should be able to: ·Associate and Describe different facets of communication which leads to liability claims or patient safety breaches; including EHR's, informed consent, and radiologist clinician communication. ·Appraise and synthesize the experience of communication and resolution programs, particularly the experience of the COPIC 3R's program. Recognize and evaluate certain problem areas; including high dose opioid patients, difficult patients and noncompliance. •Review and summarize current high risk clinical areas such as acute neurologic conditions.

LEVELS OF EVIDENCE

There are 3 Levels of Evidence for CME presentations:

- Evidence mainly from randomized or non-randomized, well designed controlled trials; well-designed cohort or case-controlled analytic studies.
 Evidence from multiple studies with or without the intervention being targeted, meta-analysis, opinions of respected authorities or expert panels, or information based on case reports.
- Uncontrolled experiments, descriptive studies, presenter's clinical experience/opinion or research in progress.

The majority of this presentation will be based on <u>Level 2</u> Evidence.

Malpractice Claims Analysis Confirms Risks in EHRs



The number of mouse clicks an ED physician made in an observed 10 hour shift

(answer within 10% please)

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SORRY DOES NOT WORK	
SORRY TRANSPARENCY	
ACCOUNTABILITY RESPONSIBILITY PREVENTIVE ACTIONS DOES WORK	

DOI: 10.1977/H-10-4R.2013.0836	By Michelle M. Mello, Richard C. Boothman, Timothy	McDonald, Jeffrey Driver, Alan Lembitz,		
HEALTH AFTA/RS 30.	Darren Bouwmeester, Benjamin Dunlap, and Thomas	Gellagher		
HED. IT \$2014(s) 250-250	Communication-And-Resolution			
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3Rs

not negligence based, but adverse outcome has to be due to medical/surgical care. Not reportable to NPDB, CMB. No attorney involved. Reimbursement up to \$50K out of pocket costs, no pain and suffering, no liens. Medicare does not recognize this program.

3Rs and Candor

Candor

a new CO and existing IA law that allows for hospitals and providers to have confidential discussions and to determine if compensation is warranted. Attorneys can be involved. No written demands, not a formal claim. Compensation under the program is not reportable to state licensing board or NPDB, but is subject to liens. Medicare reportable and eligible.

3Rs and Candor

CRP Challenges

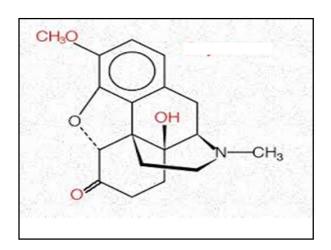
- Early event reporting

- k Diversity of Insurers
 Attorneys
 NPDB and licensing board reporting



PACS images Show images for CT ABD/PELVIS W CONTRAST Rudy Result Result IMPRESSION: Normal contrast-enhanced CT scan of the abdomen and pelvis. CLINICAL INDICATION FOR STUDY: pt states abd pain and nausea x 1 week; denies injury; no prior surg; abdominal pain TECHNICAL DATA: CT images were obtained from the inferior aspect of the thoraces to the symphysis pubs with oral and intravenous contrast reconstructed in the axial, coronal and sagittal imaging planes. FINDINGS: The lung bases are clear. No pathologic abdominal calcifications are identified. The contrast-enhanced images reveal homogeneous enhancement of the liver and spleen, which are normal in size. No focal parenchymnal abnormalisties are identified. The galiblacider, pancreas, adrenat glandy, distation. The portal and hepsatic veins are patent. No definite intrababdominal or retoreoriesal lymphaemopathy is denified, However, with a small bowed obstruction. The appendix is well imaged and normal There is no evidence of free intrapersional air or free interpersional air or free interpersional pelvis. No focal soft issue, mass lesions or lymphaemopathy is dentified. CT through the pelvis reveals the bladder to be well distended an emouth in contour. There is no evidence of free air or free fluid within the pelvis. No focal soft issues mass lesions or lymphaemopathy identified.		W CONTRAST	Status: Final result
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Inform	ed Refusal-Sample Form
Lit Patient has decisional capacity to refuse the rec	commended evaluation or treatment
(Physician/Healthcare Provider's Signature)	
This certifies that i, (Potient's Name)	vofuntarily refuse the following evaluation or
lanscription of the recomm	neaded test, pracedure, or treatment refused/
The following has been explained to me and I have	had the opportunity to have my questions answered:
☐ The nature of my modical condition:	
☐ The nature of the recommended test, procedure	
☐ Benefits of the recommended test, procedure,	or treatment
☐ Risks of refusing the recommended test, proce	
☐ Alternatives to the recommended test, procedu	ure, or treatment, if any
☐ Risks of the alternatives to the recommended t	
Freinase (Hame of Provider/Civic)	its staff and the treating provider(s) from any liability or orded lost, procedure, or treatment.
I understand that my informed refusal does not pro- treatment in the future.	event me from consenting to the recommended test, procedure o
Potlect's Printed Name	Dirts
	Oute

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MOTIVATION	
	-
Autonomy	
Autonomy Mastery Purpose	
-Drive: The Surprising Truth About What Motivates Us Daniel Pink	
IRONY	

- EHR's and safety/risk
- Sorry plus accountability- CRP-7 Pillars Physician Burnout and Ways to combat-resiliency
- Radiologist/Clinician communication
- Systems-Redundacy
- PAs and APNs Opioids
- Noncompliant and AMA patients
- Where the cash is drives where the risk is-STROKE
- Intrinsic Motivation- Autonomy, Mastery and Purpose

SUMMARY

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