Risk Management for Anesthesia Practices

Self-Study Course

Course Description

This self-study course is designed for anesthesiologists and CRNAs who are required to participate and/or obtain Continuing Medical Education (CME) or Risk Management training in an effort to reduce the frequency and severity of malpractice claims. All materials in this course are focused exclusively on the practice of anesthesia and discuss both areas of preventable anesthesia malpractice claims and/or areas of significant anesthesia risk.

The course materials are designed to provide three hours of Continuing Medical Education (CME) or Risk Management training.

Needs Assessment

This self-study course was developed by Preferred Physicians Medical based on an analysis of more than 15 years of anesthesia malpractice claims and is used in conjunctions with PPM's on-site risk management programs. The self-study course highlights significant areas of anesthesia risks, identifies areas of preventable anesthesia complications and provides practical risk management tips for both improving patient safety and reducing the risk of adverse patient outcomes.

Objectives

Following completion of the self-study course, anesthesiologists and CRNAs will be able to:

- □ Identify areas of common anesthesia risk
- □ Evaluate their own individual and practice group's exposure to common risks
- □ Develop strategies and/or protocols to reduce the risk of adverse outcomes
- □ Understand underlying rationales for practice strategies and protocols
- □ Proactively reduce the frequency and severity of adverse outcomes
- □ Correctly answer 80 percent of Self-Study Course Quiz

Instructions for Completing the Self-Study Course:

1. Read the enclosed risk management educational materials
2. Complete the enclosed Registration Form that is attached to the Answer Sheet
3. Read and Answer the Study-Course Quiz and record all answers on the Answer Sheet
4. Return the Registration Form/Answer Sheet to:

Risk Management Department
Preferred Physicians Medical
11880 College Boulevard Suite 300
Overland Park, KS 66210-2141

Risk Management for Anesthesia Practices: Registration Form

Return this Registration Form/Answer Sheet to:

☐ Risk Management Department
Preferred Physicians Medical
11880 College Boulevard Suite 300
Overland Park, KS 66210-2141

Name _____ Test Date _____

Your Email (your test score will be provided to you by email) _____

Group Name _____

Group Address _____

City _____ State _____ Zip _____

Risk Management for Anesthesia Practices: Answer Sheet

Circle correct answer below: Passing grade requires at least 20 correct answers

PREVENTABLE ANESTHESIA MALPRACTICE CLAIMS

1. a b c d
2. a b c d e
3. a b c d
4. a b c d
5. a b c d e
6. a b c d
7. a b c d e
8. a b c d
9. a b c d e f
10. a b c d

RISK MANAGEMENT GUIDELINES: POSTOPERATIVE VISION LOSS

11. a b c d e
12. a b c d
13. a b c d e

RISK MANAGEMENT GUIDELINES: VAGINAL BIRTH AFTER CESAREAN (VBAC)

14. a b c d
15. a b c d
16. a b c d e

RISK MANAGEMENT GUIDELINES: WORKING WITH PODIATRISTS

17. a b c d e
18. a b c d e
19. a b

RISK MANAGEMENT GUIDELINES: DENTAL LOSSES

20. a b c d e
21. a b c d e
22. a b c d e

INFORMED CONSENT

23. a b c d
24. a b c d
25. a b c d

Risk Management for Anesthesia Practices: QUIZ

Self-Study Course

PREVENTABLE ANESTHESIA MALPRACTICE CLAIMS

1. **When should you place a regional block while the patient is under general anesthesia?**
   - **a.** When the surgeon makes the request.
   - **b.** For medical convenience and/or patient comfort.
   - **c.** Only if the technique is medically indicated.
   - **d.** Never
2. **In those cases where it is medically indicated to place a regional block under general anesthesia, the anesthesia provider should:**
   - **a.** Perform the same informed consent process as with any other general anesthetic.
   - **b.** Carefully discuss and document the risks and benefits of the approach with the patient.
   - **c.** Include a specific note initialed by the patient or use a supplemental anesthesia consent form.
   - **d.** (b) and (c)
   - **e.** None of the above.
3. **Regarding surgical site identification, who is responsible for patient identification?**
   - **a.** Surgeon
   - **b.** Anesthesia provider
   - **c.** Nursing Staff
   - **d.** Entire Surgical Team
4. **In order to prevent patient mix-ups, anesthesia providers should:**
   - **a.** Ask patients to tell them their names and confirm this against the chart.
   - **b.** Ask patients to recite their surgical procedure.
   - **c.** Ask nursing staff to confirm the patient's identification as well as surgical procedure during the surgical prep and prior to initiating anesthesia.
   - **d.** All of the above.
5. **Which of the following protocols is the most effective approach for reducing wrong-site surgeries?**
   - **a.** Protocols that place the responsibility for surgical site identification on the nursing staff.
   - **b.** Protocols that place the responsibility for surgical site identification on the anesthesia provider.
   - **c.** Protocols that spread the responsibility for surgical site identification among all health care providers.
   - **d.** Protocols that require surgeons to specifically mark their surgical site with patient participation prior to the start of the procedure.
   - **e.** Protocols that place the responsibility for surgical site identification on the patient.

6. **How should warmed IV bags be used?**
   - **a.** As an external warming device.
   - **b.** As a bolster to assist with patient positioning.
   - **c.** Only for their intended use.
   - **d.** All of the above.
7. **Relative to forced-air warming devices, the term "hosing" refers to:**
   - **a.** Wrapping the hose in a towel or sheet and placing directly between the patient's legs.
   - **b.** Using the warming unit hose without attaching the warming blanket.
   - **c.** Properly attaching the warming unit hose to the warming blanket according to manufacturer's instructions.
   - **d.** (a) and (b)
   - **e.** All of the above.
8. **Which element of an intra-operative fire typically forms the basis of a medical malpractice claim against the anesthesia provider?**
   - **a.** Ignition source
   - **b.** Fuel
   - **c.** Oxygen
   - **d.** All of the above
9. **What steps can the anesthesia provider take to eliminate or reduce the risk of intra-operative fires?**
   - **a.** Only administer oxygen in cases where it is medically indicated.
   - **b.** Reduce the volume of or discontinue oxygen prior to the use of electro-cautery or laser.
   - **c.** Take additional steps to dissipate any pooled oxygen in the surgical field.
   - **d.** Communicate with the surgeon when there is an oxygen-enriched surgical field prior to the use of electro-cautery or laser.
   - **e.** Allow surgical prep solutions to adequately evaporate prior to the use of electro-cautery or laser.
   - **f.** All of the above.
10. **Most intra-operative fire cases are resolved by settlements with contributions from:**
    - **a.** Anesthesia provider
    - **b.** Surgeon
    - **c.** Nursing Staff
    - **d.** All of the above

RISK MANAGEMENT GUIDELINES: POSTOPERATIVE VISION LOSS

11. **Which of the following risk factors have been identified as causing or contributing to postoperative vision loss cases?**
    - **a.** Lengthy spine surgeries
    - **b.** Long periods of low blood pressure (controlled hypotension).
    - **c.** Low hemoglobin levels
    - **d.** Prolonged periods in the head-down position
    - **e.** All of the above

12. Which informed consent document should address the risk of postoperative vision loss?

- **a.** Surgical consent
- **b.** Anesthesia consent
- **c.** Surgical patient literature
- **d.** All of the above

13. In order to reduce the risk of postoperative vision loss claims, the anesthesia provider should:

- **a.** Suggest that the surgeon consider staging lengthy spine surgeries.
- **b.** Limit the period of hypotension by bringing the blood pressure back up at regular intervals.
- **c.** Adjust the level of controlled hypotension to reflect individual patient characteristics.
- **d.** Carefully consider whether to transfuse a patient scheduled for lengthy spine surgery.
- **e.** All of the above.

RISK MANAGEMENT GUIDELINES: VAGINAL BIRTH AFTER CESAREAN (VBAC)

14. Given the catastrophic injuries that can result from uterine rupture, the surgical team's response time for a VBAC should be:

- **a.** 1 hour
- **b.** 30 minutes
- **c.** 15 minutes
- **d.** Less than 5 minutes

15. Relative to VBAC procedures, the term "optimal staffing" refers to:

- **a.** Having the obstetrician and anesthesia provider available within 30 minutes.
- **b.** Having the anesthesia provider physically present and the obstetrician available within 30 minutes.
- **c.** Having the obstetrician, anesthesia provider and surgical team specifically trained and prepared to perform an emergency cesarean physically present and available throughout the course of the attempted labor.
- **d.** All of the above.

16. The risks of uterine rupture and other potential catastrophic injury to both mother and child associated with VBAC procedures should be addressed in:

- **a.** Surgical informed consent
- **b.** Anesthesia informed consent
- **c.** Hospital informed consent
- **d.** Obstetrician and hospital discussions with patient regarding the risks and benefits of VBAC procedure
- **e.** All of the above

RISK MANAGEMENT GUIDELINES: WORKING WITH PODIATRISTS

17. Performing a surgical history and physical or co-signing the surgical history and physical requires an anesthesia provider to:

- **a.** Conduct a routine history and physical for the purpose of determining whether the patient is an appropriate candidate for anesthesia.
- **b.** Conduct a more complete history and physical that requires a more complete understanding of the surgical issues involved and potential surgical complications that may arise.
- **c.** Make a determination that the patient is an appropriate surgical candidate.
- **d.** (b) and (c)
- **e.** None of the above.

18. In cases where the anesthesiologist is the only physician present, plaintiff attorneys will typically:

- **a.** Allege the anesthesia provider has the same duty as that of the non-physician provider.
- **b.** Allege the anesthesia provider has a greater duty to second guess and/or intervene in the medical care being provided by non-physicians.
- **c.** Distort allegations and focus more attention on those health care providers with more insurance coverage available.
- **d.** (b) and (c)
- **e.** None of the above.

19. Performing the surgical history and physical or co-signing the surgical history and physical increases the anesthesia provider's liability exposure.

- **a.** True
- **b.** False

RISK MANAGEMENT GUIDELINES: DENTAL LOSSES

20. In the event a dental injury occurs, the anesthesia provider should:

- **a.** Assume responsibility and offer to pay for any dental injuries.
- **b.** Avoid assuming responsibility and advise the patient to consult with their own dentist.
- **c.** Report the dental incident to Preferred Physicians Medical.
- **d.** (b) and (c)
- **e.** None of the above.

21. Assuming responsibility for a dental injury may:

- **a.** Contractually obligate the anesthesia provider to pay for damages that did not result from anesthesia.
- **b.** Obligate the anesthesia provider to take responsibility for years of dental neglect.
- **c.** Obligate the anesthesia provider to pay for damages that may be significantly more expensive than expected.
- **d.** Prevent Preferred Physicians Medical from handling the claim properly.
- **e.** All of the above.

22. In order to minimize losses caused by dental injuries, it is recommended that:

- **a.** Existing dental damage should be noted on the anesthesia record.
- **b.** Patients with existing dental problems should be advised that they are at increased risk for dental injury.
- **c.** Risk of dental injury be discussed with all patients undergoing general anesthesia.
- **d.** Risk of dental injury be included on anesthesia informed consent forms.
- **e.** All of the above.

INFORMED CONSENT

23. Which of the following is the most effective way for anesthesia providers to document informed consent?

- **a.** Handwritten notes
- **b.** Anesthesia-specific informed consent form
- **c.** Hospital informed consent form
- **d.** Surgical informed consent form

24. One of the most effective ways to reduce the likelihood of litigation is:

- **a.** Engaging patients in their own health care through the informed consent process.
- **b.** Placing blame on other healthcare providers when an injury occurs.
- **c.** Avoiding communication with patient or patient's family following an adverse outcome.
- **d.** All of the above.

25. Typically, plaintiffs' attorneys will use a poorly documented informed consent to suggest the anesthesia provider was:

- **a.** Unwilling to engage the patient in a meaningful discussion regarding the selection of an appropriate anesthetic.
- **b.** Paternalistic
- **c.** More concerned about making money or keeping to the surgery schedule than having a thorough informed consent discussion with the patient.
- **d.** All of the above.

Risk Management for Anesthesia Practices: Evaluation Form

Self-Study Course

Circle the number that best represents your opinion.

		Agree				Disagree
1.	This self-study program covered issues that are relevant to my practice.	1	2	3	4	5
2.	This self-study program identified specific risks that are relevant to my practice.	1	2	3	4	5
3.	The self-study program provided practical risk management strategies and tips.	1	2	3	4	5
4.	The self-study program helped me to better understand medical-legal issues and recommendations.	1	2	3	4	5

5. How could this self-study program be improved? _____

_____

_____

_____

_____

_____

_____