TOP TEN WHAT’S NEW IN THE WORLD OF SAFETY AND LIABILITY

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Patient Safety and Risk Management
COPIC

Disclosure

I have no relevant financial relationships to disclose

SORRY DOES NOT WORK
SORRY
DOES NOT WORK
ALONE

SORRY
TRANSPARENCY
ACCOUNTABILITY
RESPONSIBILITY
PREVENTIVE ACTIONS
DOES WORK
The Consent for Spine Exploration and Fusion

- Name: [Redacted]
- Date: [Redacted]
- Written by: [Redacted]
- Witness: [Redacted]
- Witness Signature: [Redacted]
- Witness Relationship: [Redacted]
- Witness Signature Date: [Redacted]

Consent for Spinal Exploration and Fusion

1. **Purpose**: The purpose of this procedure is to explore the spine and possibly fuse vertebrae to alleviate pain and discomfort.

2. **Risks**: There are several risks associated with this procedure, including:
   - Infection
   - Nerve damage
   - Blood clots
   - Bowel and bladder problems
   - Wound infection
   - Herniation of a disk
   - Damage to the spinal cord or other nerves
   - Impotence
   - Additional surgery
   - Death

3. **Benefits**: The benefits include:
   - Pain relief
   - Improved mobility
   - Reduced need for medication

4. **Alternative**: There are alternative treatments available, which may include:
   - Physical therapy
   - Medications
   - Lifestyle changes

5. **Consent**: The patient must sign the consent form, indicating that they understand the risks and benefits of the procedure.

6. **Cycle of Procedures**: The patient understands that this procedure is part of a cycle to treat their condition.

7. **Information**: The patient was given detailed information about the procedure and its potential outcomes.

8. **Requirements**: The patient will be kept in the hospital for a period of time.

9. **Cost**: The patient understands the costs associated with the procedure.

10. **Decision**: The patient agrees to proceed with the procedure.

The patient signs: [Signature]

Date: [Redacted]
IMPRESSION:

Non-contrast enhanced CT scan of the abdomen and pelvis.

CLINICAL INDICATION FOR STUDY:

Pelvic abscess and need for I.V. contrast.

Abdominal pain.

CLINICAL DATA:

CT images were obtained from the abdominal and pelvic cavity. No abnormal masses were seen in the retroperitoneum or within the body of the abdomen. The kidneys and liver appeared to be normal in size and shape. The spleen was not visualized. The aorta and inferior vena cava were seen. The iliac arteries were also seen. The urinary bladder was not visualized. There was no evidence of free intraperitoneal or free intrallesional fluid.

PATHOLOGIC FEATURES:

CT through the liver reveals the liver to be well-defined and smooth in contour. There is no evidence of free air or free fluid within the pelvis. No focal wall thickening was seen. The transverse colon was seen. The transverse mesocolon was visualized.

The abdominal structures are grossly unremarkable.
Summary

1. Sorry plus accountability-7 Pillars
2. EHRs and safety/risk
3. Informed consent
4. Care for the caregiver
5. Radiologist/Clinician communication
6. Systems
7. PAs and APNs
8. Opioids
9. Angry and noncompliant patients
10. Where the cash is drives the risk

Questions?