

TRANSFORMING HOSPITAL CARE

Richard H. Rea, Esq.

Shughart Thomson & Kilroy, P.C.

E-mail RRea@STKLaw.com

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SHUGHART
THOMSON
& KILROY
P.C.

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OUTLINE

LIABILITY

FUNDAMENTALS

RISK MANAGEMENT

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LIABILITY



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LESS LIABILITY

**BETTER CARE =
BETTER RESULTS =
FEWER LAWSUITS**

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LIABILITY

DIRECT LIABILITY

VICARIOUS LIABILITY

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EMPLOYER RESPONDEAT SUPERIOR

RESPONSIBLE FOR EMPLOYEES

- FOR ACTS DONE AT YOUR
DIRECTION**
- FOR ACTS REASONABLY
FORESEEABLE AS PART OF
EMPLOYMENT.**

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**Emergency Physicians Are
Independent Contractors
For [REDACTED] Hospital
They Are Not Employees
Of The Hospital
You Will Receive A
Separate Bill For
Physicians Services
Rendered In The
Emergency Department**

The physicians at [REDACTED] [REDACTED] are not employed by the hospital. You will receive separate bills for physician services. These may include the emergency physicians, radiologists, pathologists and consultants. You will also receive a separate bill for hospital services from [REDACTED].

H O R S E



**I N D E P E N D E N T
C O N T R A C T O R**

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SHARING GAINS & LOSSES

**PARTNERSHIP
BETWEEN THE
HOSPITALIST
AND THE
HOSPITAL**

Brochure



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AGENCY

CONTROL

- **TOLD WHERE & HOW TO DO JOB**
- **COVERED BY YOUR INSURANCE**
- **USE YOUR STAFF**
- **PAID AT REGULAR INTERVALS – SALARY**
- **WORK FULL TIME AT HOSPITAL**
- **USE YOUR INSTRUMENTS / EQUIPMENT**

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OSTENSIBLE AGENCY

**CREATED WHEN
THE PRINCIPAL
INTENTIONALLY OR
NEGLIGENTLY
CREATES INCORRECT BELIEF
THAT ANOTHER IS HIS AGENT.**

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OSTENSIBLE AGENCY

**ADVERTISING
CONFUSION FROM USE OF YOUR**

- NAME**
- BILLING SERVICE**
- NAME TAG**
- BUSINESS CARDS**
- LETTERHEAD**

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COVERING PROVIDER

**A PHYSICIAN IS NOT LIABLE FOR A
SUBSTITUTE'S NEGLIGENCE
UNLESS:**

- THE SUBSTITUTE IS AN
EMPLOYEE, AGENT OR PARTNER;
OR**
- DUE CARE IS NOT EXERCISED IN
MAKING THE SUBSTITUTION.**

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**PHYSICIAN ASKING ANOTHER TO
"COVER" WAS NOT
VICARIOUSLY LIABLE FOR
COVERING PHYSICIAN'S
MALPRACTICE.**

**DID NOT CREATE APPARENT OR
OSTENSIBLE AGENCY.**

**REED v GERSHWEIR
160 ARIZ 203, 772 P.2D 26**

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CARE GOALS

PATIENT-CENTERED

SAFE

EFFECTIVE

TIMELY

EFFICIENT

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FAILURES IN FUNDAMENTALS



FUNDAMENTALS

- SYSTEMS OF CARE
- COMMUNICATION
- TRAINING / EXPERIENCE / KNOWLEDGE
- RIGHT PERSON / RIGHT TIME
- IMPLEMENTATION
- FOLLOW THROUGH

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FUNDAMENTALS



SYSTEMS OF CARE

- EVIDENCE PROVEN
- STANDARDIZED
- EFFECTIVE
- USED
- REVIEWED TO UNCOVER FLAWS

TIP – IN FRONT OF MEd

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HOSPITALIST

AVAILABILITY

- 24 HOUR IN HOUSE
- ON CALL
- “BUSINESS HOURS”

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HOSPITALIST

PLAYER

COACH



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WHO'S IN CHARGE

41 % HOSPITALIST PATIENTS DISCHARGED W/
PENDING LABORATORY / RADIOLOGY
RESULTS

9% POTENTIALLY ACTIONABLE (>20 % OF
RESULTS)

14 DAYS AFTER RESULTS AVAILABLE -
PHYSICIANS UNAWARE OF MANY RESULTS
& THOUGHT 13 % NEEDED URGENT ACTION

(ROY ET AL. ANN INTERN MED 2005;143
121-128)

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COACH

HOSPITALISTS

COORDINATE CARE BY ALL

COMMUNICATE WITH

- PATIENTS / FAMILIES
- PCP
- TEAM MEMBERS

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COMMUNICATION

SENDER

MESSAGE

RECEIVER

FEEDBACK!



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PRESSURE SORE PATIENT AND THE HOSPITALIST

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5PM	Hospital	6PM	Center
<p>Illustration</p>		<p>Illustration</p>	
<p>Dr</p> <p><i>Att: soft BSO Eryt. maculoma</i> <i>Neuro: no focal but vasospasm</i> <i>BP: deficient - VA Dis 4/26/27</i></p>		<p>Nurse</p> <p>Progress Notes 6/22</p> <p>Late Entry 7/02/01</p> <p>INTERDISCIPLINARY PROGRESS NOTES</p>	

IMPLEMENTATION

IMPEDIMENTS TO FUNDAMENTALS

- **LACK OF TRAINING**
- **LACK OF TIME**
- **INDIVIDUAL PREFERENCE**

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TRAINING EXPERIENCE & KNOWLEDGE

- **TRAINING PROGRAM**
- **TIME IN PRACTICE**
- **TIME AT LOCATION**
- **DEMONSTRATED KNOWLEDGE
/ JUDGMENT**

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HOSPITALIST TEAM

PHYSICIAN ASSISTANTS

NURSE PRACTITIONERS

CLINICAL PHARMACISTS

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RIGHT PERSON / RIGHT TIME

ANESTHESIOLOGY

**EMERGENCY
MEDICINE**

FAMILY PRACTICE

INTERNAL MED.

HOSPITALIST

NONPHYSICIANS

CARDIOLOGY

CRITICAL CARE

GERIATRICS

INFECTIOUS DISEASE

INTERNAL MED

NEPHROLOGY

NEUROLOGY

PEDIATRICS

RHEUMATOLOGY

PULMONARY MEDICINE

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FOLLOW THROUGH

RESPONSIBILITY

**PAUL NEWMAN –
THE VERDICT**



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HIGHER RISK

ADMISSION

CHANGE IN HEALTH STATUS

TRANSFER WITHIN HOSPITAL

SURGERY / PROCEDURES

DISCHARGE

END OF LIFE CARE

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HIGHER RISK

HEALTH PROBLEMS

ALLERGIES

MEDICATIONS

**COORDINATE CARE &
RESOLVE ISSUES AMONG
PROVIDERS**

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MINIMIZE RISK

- **EVIDENCE BASED
MEDICINE**
- **REDUCE AVOIDABLE
UNWANTED OUTCOMES**
- **MAKE SURE OTHERS HAVE
ENOUGH INSURANCE**

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MINIMIZE LEGAL RISK

AVOID SHARING WITH INDEPENDENT CONTRACTORS

- PRACTICE NAMES, BADGES OR LOGOS.
- STATIONARY
- BUSINESS CARDS
- BILLING SERVICES
- ADVERTISEMENTS OR ANNOUNCEMENTS
- OFFICE STAFF

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MINIMIZE LEGAL RISK

- AVOID AGENCY APPEARANCE
- LIST INDEPENDENT CONTRACTORS SEPARATELY
- IDENTIFY INDEPENDENT CONTRACTORS

**TIP - VICARIOUS LIABILITY
INSURANCE**

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A Professional Corporation

RICHARD H. REA
ATTORNEY

ONE COLUMBUS PLAZA, SUITE 1200
3636 NORTH CENTRAL AVENUE
PHOENIX, ARIZONA 85012
(602) 650-2014 • (602) 264-7033 FAX
E-MAIL: RRea@stklaw.com
www.stklaw.com

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**PLEASE
SAVE QUESTIONS
FOR THE PANEL**

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