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Managing Emergency Department Risk Through Communication and Documentation  267
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The job description of the emergency physician contains many responsibilities, including identifying and managing life-threatening illness, providing symptomatic relief, determining safe and efficient disposition, managing department flow, providing customer service, improving public health, and ensuring wise resource utilization. Emergency physicians must communicate effectively with patients, interdisciplinary clinical teams, and consultants, both orally and through the medical record. Excellence in clinical care as well as in communication and documentation is critical for managing risk in the emergency department.

Confidentiality and Capacity  283
Joseph H. Kahn
This article focuses on confidentiality and capacity issues affecting patients receiving care in the emergency department. The patient-physician relationship begins with presumed confidentiality. The article also clarifies instances where a physician may be required to break confidentiality for the safety of patients or others. This article then discusses risk management issues relevant to determining a patient's capacity to accept or decline medical care in the emergency department setting. Situations pertaining to refusal of care and discharges against medical advice are examined in detail, and best practices for mitigating risk in informed consent and barriers to consent are reviewed.

Physician Well-Being  297
Leon D. Sanchez and Richard E. Wolfe
Burnout is a work-related condition. Although stress may be a part of emergency medicine, excessive levels of chronic stress can lead to maladaptive behaviors and burnout. Burnout can lead to decreased physician longevity and performance and poorer patient outcomes. The first step is recognizing burnout in providers. Efforts can then be made to identify modifiable or unnecessary sources of stress to help reduce chronic stress and burnout. Solutions should be found to eliminate or ameliorate individual-level and system-level sources of stress.
Emergency Department Operations I: Emergency Medical Services and Patient Arrival

Kenneth Knowles, Gerald (Wook) Beltran, and Lucas Grover

The emergency department (ED) is by its nature inherently an environment with the potential for chaos because of the high volume and varied types of patients cared for in an ED setting. This article discusses potential system opportunities from the prehospital environment through arrival in the ED before provider evaluation. The Emergency Medical Treatment and Active Labor Act is reviewed in detail. Management and the reduction of risk to waiting room patients and patients who leave without being seen is explored. Description of the risks and mitigation strategies are discussed to decrease risk to patients, providers, and hospitals.

Emergency Department Operations II: Patient Flow

Evan Berg, Adam T. Weightman, and David A. Druga

Emergency departments have always been busy, but persistent annual increases in volume and rates of admission have led to high levels of boarding patients, adding additional risk to the situation. This article reviews specific areas of risk as patients progress through their care in the emergency department and methods by which to mitigate this risk. Beginning with an overview of the current state, commonly used throughput metrics are reviewed before proceeding to a discussion of best practice strategies to decrease risk exposure at input, throughput, and output phases of the patient visit.

Supervision of Resident Physicians

Alexander Y. Sheng, Avery Clark, and Cristopher Amanti

Supervision of resident physicians is a high-risk area of emergency medicine, and what constitutes appropriate supervision is a complex question. In this article, policies and procedures for appropriate supervision of resident physicians and the implications for billing are reviewed. Recommendations on supervision of resident physicians in the emergency department are detailed, with attention paid to addressing challenges in balancing patient safety with resident autonomy and education during the course of patient care and graduate medical education.

Supervision of Advanced Practice Providers

Avery Clark, Cristopher Amanti, and Alexander Y. Sheng

As the number of advanced practice providers has grown in emergency medicine, establishment of guidelines and policies governing their practice has become increasingly important. This article addresses the scope of practice of physician assistants and nurse practitioners working in the emergency department, including the various forms of supervision and the effect on billing, credentialing, and medicolegal considerations in patients’ care.

Practice Makes Perfect: Simulation in Emergency Medicine Risk Management

Barbara M. Walsh, Ambrose H. Wong, Jessica M. Ray, Alise Frallicciardi, Thomas Nowicki, Ron Medzon, Suzanne Bentley, and Stephanie Stapleton

Simulation has been steadily changing the safety culture in the healthcare industry and allowing individual clinicians and interdisciplinary teams to be
proactive in the culture of risk reduction and improved patient safety. Literature has demonstrated improved patient outcomes, improved team based skills, systems testing and mitigation of latent safety threats. Simulation may be incorporated into practice via different modalities. The simulation lab is helpful for individual procedures, in situ simulation (ISS) for system testing and teamwork, community outreach ISS for sharing of best practices and content resource experts. Serious medical gaming is developing into a useful training adjunct for the future.

High-risk Pediatric Emergencies

B. Lorrie Edwards and David Dorfman

More than half of pediatric malpractice cases arise from emergency departments, primarily due to missed or delayed diagnoses. All providers who take care of children in emergency departments should be aware of this risk and the most common diagnoses associated with medicolegal liability. This article focuses on diagnosis and management of high-risk diagnoses in pediatric patients presenting to emergency departments, including meningitis, pneumonia, appendicitis, testicular torsion, and fracture. It highlights challenges and pitfalls that may increase risk of liability. It concludes with a discussion on recognition and management of abuse in children, including when to report and decisions on disposition.

The High-Risk Airway

Jorge L. Cabrera, Jonathan S. Auerbach, Andrew H. Merelman, and Richard M. Levitan

Video content accompanies this article at http://www.emed.theclinics.com

The high-risk airway is a common presentation and a frequent cause of anxiety for emergency physicians. Preparation and planning are essential to ensure that these challenging situations are managed successfully. Difficult airways typically present as either physiologic or anatomic, each type requiring a specialized approach. Primary physiologic considerations are oxygenation, hemodynamics, and acid-base, whereas anatomic difficulty is overcome using proper positioning and skilled laryngoscopy to ensure success. It is essential to be comfortable performing alternative techniques to address varying presentations. Ultimately, competence in airway management hinges on consistent training, deliberate practice, and a dedication to excellence.

Emergency Department Evaluation of the Adult Psychiatric Patient

Lauren M. Nentwich and Curtis W. Wittmann

Many patients with acute behavioral or mental health emergencies use the emergency department for their care. Psychiatric patients have a higher incidence of chronic medical conditions and are at greater risk for injury than the general population. Patients with acute behavioral emergencies may stress already overcrowded emergency departments. This article addresses high-risk areas of the treatment and management of emergency department patients presenting with behavioral emergencies. This article identifies methods successful in determining whether the patient’s
behavioral emergency is the result of an organic disease process, as well as recognizing other potential acute medical emergencies in this high-risk population.

Physical and Chemical Restraints (an Update) 437
Pilar Guerrero and Mark B. Mycyk

Violent, combative and intoxicated patients are a common problem in the emergency department, and the emergency physician must be prepared to control the situation safely and effectively when a patient begins to exhibit dangerous behavior. This article reviews initial de-escalation techniques to reduce the need for patient restraint. It then details the 2 types of restraints (physical and chemical) and the clear indications for each type. The high-risk nature of utilization of restraints is reviewed, as well as the means by which to ensure patient and staff safety and decrease adverse outcomes.

High-Risk Chief Complaints I: Chest Pain—The Big Three (an Update) 453
Benjamin Bautz and Jeffrey I. Schneider

Nontraumatic chest pain is a frequent concern of emergency department patients, with causes that range from benign to immediately life threatening. Identifying those patients who require immediate/urgent intervention remains challenging and is a high-risk area for emergency medicine physicians where incorrect or delayed diagnosis may lead to significant morbidity and mortality. This article focuses on the 3 most prevalent diagnoses associated with adverse outcomes in patients presenting with nontraumatic chest pain, acute coronary syndrome, thoracic aortic dissection, and pulmonary embolism. Important aspects of clinical evaluation, diagnostic testing, treatment, and disposition and other less common causes of lethal chest pain are also discussed.

High-Risk Chief Complaints III: Abdomen and Extremities 499
Sharon Bord and Christopher El Khuri

Abdominal and extremity complaints are common in the emergency department (ED) and, because of their frequency, clinical vigilance is vital in order not to miss the timely diagnosis of occult or delayed emergencies. Such emergencies, if not timely managed, are sources of significant patient morbidity and mortality and may expose ED physicians to possible litigation. Each patient complaint yields to a nuanced approach in diagnostics and therapeutics that can lead physicians toward the ruling in or out of the correct high-risk diagnosis. This article discusses the approach and risk management of this high-risk subset of abdominal and extremity diagnoses.

High-Risk Chief Complaints III: Neurologic Emergencies 523
Danielle E. Smith and Matthew S. Siket

A careful history and thorough physical examination are necessary in patients presenting with acute neurologic dysfunction. Patients presenting with headache should be screened for red-flag criteria that suggest a
dangerous secondary cause warranting imaging and further diagnostic workup. Dizziness is a vague complaint; focusing on timing, triggers, and examination findings can help reduce diagnostic error. Most patients presenting with back pain do not require emergent imaging, but those with new neurologic deficits or signs/symptoms concerning for acute infection or cord compression warrant MRI. Delay to diagnosis and treatment of acute ischemic stroke is a frequent reason for medical malpractice claims.

Surviving a Medical Malpractice Lawsuit

Kelly Bookman and Richard D. Zane

Being named in a medical malpractice case is one of the most stressful events in a physician’s career. This article reviews the legal system and the medical malpractice process. It details the steps a physician experiences during a medical malpractice case, from being served to the deposition and then to trial and appeals if the physician loses. This article also reviews necessary steps to take in order to proactively participate in one’s own defense.