



Privileged Communication

A C O M P L I M E N T A R Y M E D I C A L - L E G A L P U B L I C A T I O N

CHOOSE WISELY 2013: IMPORTANT RECOMMENDATIONS FOR PRIMARY CARE

I have discussed the Choose Wisely Project in several issues this past year. This information could be important to future cases when examining the standard of care, but this information is also important to yours and your family's health. Below I have highlighted some of the recommendations.

Society of General Internal Medicine
(SGIM)

“Recommendation: **Do not perform routine general health checks for asymptomatic adults.**

Rational: A 2012 Cochrane review concluded that routine exams for asymptomatic adults did not reduce overall morbidity or mortality, nor improve outcomes from cardiovascular disease or cancer. They did however, increase the number of new diagnoses.

Society of Gynecologic Oncology

Recommendation: **Avoid routine imaging for cancer surveillance in women with gynecologic cancer, excluding breast cancer.**

Rationale: Imaging in the absence of symptoms or rising tumor markers has shown low yield in detecting recurrence or affecting overall survival.

American Association of Clinical Endocrinologists/The Endocrine Society

Recommendation: **Avoid routine multiple daily self glucose monitoring in adults with stable type 2 diabetes** on agents that do not cause hypoglycemia, i.e. those not on insulin.

Rationale: Once target control is achieved, there is little to be gained in most individuals except in the context of an acute illness, significant weight fluctuations, when A1c drift off target or in those who

need monitoring to maintain targets.

American Academy of Orthopedic Surgeons (AAOS)

Recommendation: **Do not use glucosamine and chondroitin to treat patients with symptomatic osteoarthritis of the knee.** Numerous studies have shown they do not provide relief in these patients.

American College of Emergency Physicians

Recommendation: For patients with **uncomplicated skin and soft tissue abscesses successfully treated with incision and drainage**, clinicians should provide adequate medical follow-up but **avoid antibiotics and wound cultures.** They offer no benefit

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MEDICAL LIABILITY: MISSED FOLLOW-UPS

Medical liability experts say missed appointments and failures to follow up pose some of the greatest legal risks for physicians. The legal dangers appear to be on the rise as team-based care grows and patients are handed off to a wider scope of health professionals.

In a survey of 723 patient care sites, ranging in size from small medical practices to large integrated delivery systems, by medical liability insurer The Doctors Company, 53% of respondents said referrals and scheduling follow-up appointments

were their top risk-management problems. The most frequent risk-management issues were failure to contact patients after missed appointments and a lack of tracking to ensure appropriate follow up care was completed. The survey also showed that medical record documentation was a risk-management problem in 47% of the offices surveyed.

A separate review of 2466 claims between 2007 and 2011 by The Doctors Company found:

- 36% of patient injuries resulted

from patient factors such as non-compliance with follow-up calls and not adhering to treatment regimens

- 24% stemmed from communication breakdowns between patients and health professionals
- 7% stemmed from communication failures between physicians
- 7% stemmed from failures or delays in obtaining consultations/referrals

Source: amednews.com

<http://tinyurl.com/pxdsplw>

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in a patient that is not immunocompromised.

American College of Medical Toxicology and the American Academy of Clinical Toxicology

Recommendation: **Do not use homeopathy medication, non vitamin dietary supplements or herbal supplements as treatments for disease or preventive health measures.**

Rationale: Alternative therapies are often assumed to be safe and effective just because they are "natural". There is a lack of stringent quality control of the ingredients present in many herbal and dietary supplements. Reliable evidence that these products are effective is often lacking, but substantial evidence exists that they may produce harm. Indirect health risk also occur when these products delay or replace more effective forms of treatment or when they compromise the efficacy of conventional medicines."

Source: Medscape.com. Dec. 13, 2013.
<http://tinyurl.com/kfdey3a>

INCOMPLETE MEDICAL RECORDS

When reviewing medical records, I frequently find that the records are incomplete. With so many facilities going to some form of electronic medical records, this problem has increased. When your staff follows up with the facilities, some questions they may want to ask are:

- **Do you still maintain paper medical records?**
 - Are all the paper medical records maintained in the same place?
 - What about faxes, telephone messages, lab work, referrals, prescriptions, insurance forms, test results, authorizations, and pharmacy refill requests? Sometimes offices maintain these records in a different part of the office. When these records are not contained in a physical chart, staff members may not consider them part of the patient's medical records.
- **Do you scan any records?**
 - Which ones?
 - Where does your facility keep them?
- **Do you have a computer generated chart?**
 - When did you start using it?
 - What screens do staff members use in day-to-day practice?
 - Are there other screens available that link to the patient?

It also helps to create authorizations and subpoenas that explicitly list each part of the medical record. However, many staff members have preconceived notions of what constitutes a complete chart and ignore the specifics listed on the authorization or subpoena.