

Are You Prepared for a Medical Emergency in Your Office?

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Most primary care physicians report at least one office medical emergency per year. Asthma, anaphylaxis, shock, seizures and cardiac arrest are among the most common adult and pediatric emergencies in the office setting. When asked, patients state that they expect their physicians and staff to be able to handle an office medical emergency. Are you prepared to handle a medical emergency?

Prevention

Prevention of a medical emergency begins as soon as the patient enters your office and fills out the medical questionnaire. An accurate medical history is important for the physician to identify any predisposing factors that could give rise to an unforeseen event. It is important to update your written medical questionnaire annually or when there has been a significant break in care.

Preparation for a Medical Emergency

There are many times when it is too late or not possible to prevent a medical emergency. Here are some basic steps which should be taken to improve patient safety.

Develop a Medical Emergency Plan

The Medical Emergency Plan (Plan) should be tailored to your specific practice and should consider patient age range, type of specific medical conditions treated in your office and the skills possessed by each office staff member.

At a minimum, the Plan should include:

- Important telephone numbers;
- Emergency equipment, supplies and medications;
- Staff competency, training and responsibilities; and
- Emergency drills.

The Plan should outline the steps to follow in the event of an emergency and it should detail which staff is assigned to each specific task.

In drafting the Plan, it is important to ask yourself the following questions:

- What equipment, drugs and supplies do you have available?
- What do you need to add?
- Where are the supplies kept?
- Are they routinely checked and updated?

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- How long does it take EMS to respond to your office when you call 911?
- How far is your office from the hospital?

Anticipate Possible Medical Emergencies

To prepare for a medical emergency, ask yourself: What types of procedures are performed in my office?

If you perform invasive procedures, surgical procedures, cardiac testing, or administer anesthesia, you may have a duty to be prepared to handle medical emergencies that might arise as a result of these medical interventions. For example, a surgeon's office should be prepared to treat emergencies which include fainting, weakness and bleeding; while a cardiology office may need to treat hypotension or cardiac arrest. Additionally, an allergist's office may need to treat anaphylactic shock; while a primary care office may identify and treat much broader range of emergencies. The key is to identify anticipated medical emergencies specifically related to your patient mix and specialty.

Identify Emergency Telephone Numbers

Determine what emergency numbers are necessary and have them readily available. The following numbers are important: 911, local ambulance service, and the patient's emergency contact.

Emergency Equipment, Supplies and Drugs

Evaluate your practice and decide how much medical intervention you are comfortable with and what is needed to manage a medical emergency in your office. The physician is responsible for deciding what level of care to provide and what types of drugs and equipment to stock.

As a reminder, you can be held liable for both what you do not have in place as well as what is in place that does not work. Some offices choose to have available oral airways, oxygen tank with tubing and mask, pocket mask, and Ambu bag with assorted masks. If you have this equipment

available, be sure to routinely check that your O₂ tank is full and the other necessary equipment is available and not expired.

Train Your Staff

What is the appropriate level of response for your office staff? The entire staff is essential to the successful implementation of an effective medical emergency plan. It is very important that all staff know and understand the office medical emergency plan. Staff meeting time should be spent in discussing and training staff for a medical emergency.

It is important to review with staff the warning signs of an impending emergency and what to do. Review the office medical emergency plan, emergency medications, and equipment. Reinforce the need for updating the patient's medical history by updating the emergency contact information.

Some offices are committed to having their staff learn basic CPR. This might be more important in practices that treat high risk patients i.e. a cardiology practice. Try to schedule mock drills routinely. A mock emergency will increase and maintain the staffs' level of preparedness, should a real emergency occur. The drill should allow the staff to practice all steps involved in the office medical Emergency Plan, as well as, practice individual life-saving skills. At a minimum, the mock drill will help to decrease staff anxiety and increase confidence in handling a medical emergency.

In summary, offices should create a written medical emergency plan that outlines the steps to be followed in the event of an office medical emergency.

The choice of emergency medications and equipment should be tailored to the anticipated emergencies for your patient population, the skills of the practitioners and the distance to the emergency room or anticipated response of the EMS team.

Caution:

Non-Patients Are Accessing Your Website for Medical Advice

*Our member physicians often ask:
What are the risks when I give medical
advice to the public through my website?
Can I just act as a consultant?*

This article will address only the issues related to non-patient Internet communication. The general discussion about whether a physician should e-mail his or her patients, although equally important, will be the subject of a future article.

Because the Internet is public, your website can reach the world and the world can reach back. As a general rule, the existence of a physician-patient relationship is the predicate for medical professional liability in California. The establishment of a physician-patient relationship typically occurs when the patient is seen in your office. However, this relationship may be inferred when a physician gives advice over the Internet. The relationship inference is strengthened if the physician charges a fee for online advice, collects individual demographic information, or takes a medical history.

When giving medical advice through the Internet to non-patients, the physician does not know in which state the person resides. The Mutual Protection Trust Agreement specifically excludes claims defense and claims payment for services “arising out of any act, error or omission outside the State of California....” So if you advise an out-of-state patient, and the patient is injured

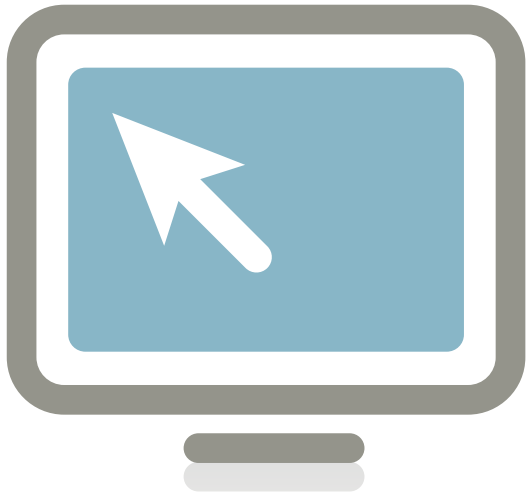


because of your advice, you risk the potential for a lawsuit being brought in the state in which the person resides. This could result in questions of coverage related to your professional liability coverage.

Risk Management Advice

When it comes to general risk management advice:

- Establish or carefully review your website communication policy.
- Limit online communication to patients you have seen in your practice.
- Provide only general information on your website.



Website

If your website offers only general information and advice, consider posting a disclaimer to discourage Internet users from believing they have entered into a physician-patient relationship. A possible disclaimer could include:

“The transmission of information from Dr. Smith’s website (web address) to you is not intended to create, nor does it create, a physician-patient relationship between you and Dr. Smith.”

Advice Through the Internet

If you offer advice through the Internet, consider these risk prevention recommendations:

- Never give specific treatment advice to a patient you have never met, seen or examined. Be clear that you will address only hypothetical situations, with limited information;
- Keep your advice brief and simple. For complex issues which require consideration of multiple problems or a detailed patient history, a formal office visit should be considered; and
- Limit repeat advice.
- Recommend a formal office visit.

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