

Risk Management/ED & Law

#NoSilenceonEDViolence: Workplace Violence Against Emergency Physicians (James D. Mills, Jr. Memorial Lecture)

Faculty: James P. Phillips, MD, FACEP

Do you feel safe in your emergency department? Half of reported workplace violence occurs in healthcare. A 2018 ACEP poll found nearly half of emergency physician respondents reported being physically assaulted; more than 60% of said the assault occurred within the previous year. It's time to stop violence in the ED by changing policy to keep us safe! We'll discuss staggering statistics regarding violence in our EDs, risk factors, underreporting, & expert recommendations to increase staff safety in lieu of future data. We will review Workplace Violence Prevention for Health Care and Social Service Workers Act, HR 1309 passed by the US House in Fall 2019 and the next legislative steps to protect and defend emergency clinicians from violence in the workplace.

- Explain the nature of workplace violence in healthcare, particularly in emergency medicine, & review the last 20 years of literature.
- Discuss the causes of such widespread violence against healthcare providers, the risk factors that may contribute, & the vast underreporting & identify deficiencies in their own hospitals.
- Identify proposed hospital policy and legislative actions aimed to reduce ED violence and how to champion administrative support and political support to counteract the problem.

Black Box Drugs We Use: What's the Risk?

Faculty: Bryan D. Hayes, PharmD, DABAT, FAACP, FASHP

The black box drug list seems to be growing yet we are constantly faced with drug shortages limiting our choices when caring for patients in the ED. Many of us have used these drugs extensively in the past & feel quite comfortable with continuing this use on our patients. What is our risk when we do this? Is it a reasonable risk? The speaker will summarize black box warnings on drugs frequently used in the ED, assess the risk of this continued use, justify appropriate use in specific patients, & identify critical documentation needed when choosing to use these drugs.

- Summarize black box warnings on drugs frequently used when caring for patients in the ED.
- Assess the risk of continued use of these drugs despite these warnings.
- Justify appropriate continued use of black box drugs in the context of specific patients presented through a case-based approach.

Contract Nightmares: Due Process, Indemnification Clauses, and Non-Competes

Faculty: Thom A. Mayer, MD, FACEP

Every major EM organization signed a letter to CMS demanding physician due process rights. Does your current contract force you to waive your due process rights? Did you agree to provide reimbursement to your employer whose negligence may have contributed to your patient's injuries by signing an indemnification clause? Can you work for the across town competitor ED or are you bound by a non-compete clause?

- Discuss due process rights and medical professional organizations' fight to maintain them for their members.
- Define indemnity clauses and their possible negative effects on EM physicians. Suggest alternative or edited contract language.
- Review non-compete clauses and any pertinent case law that may apply to EM physicians.

High-Risk Cases in EM

Faculty: Gregory P. Moore, MD, JD

Emergency medicine is a high risk specialty. Certain clinical entities, however, are predictable sources of bad outcomes & associated medical malpractice claims & lawsuits. The speaker will review common areas associated with risk in EM, reviewing the pitfalls of misdiagnosis & strategies to reduce risk to the patient & the provider. Medical malpractice cases will be utilized to illustrate key concepts.

- Identify high-risk entities in emergency medicine & incorporate strategies to improve patient safety.
- Develop strategies to reduce the likelihood of medical malpractice claims.

Become a Star at Your Deposition: An Insider's Guide

Faculty: Gregory P. Moore, MD, JD; Malia J. Moore, MD

Experienced emergency physician & attorney will present a medical case for the audience to manage, leading to a charge of malpractice, & a voluntary participant will be deposed. Key pitfalls & pearls of depositions will be demonstrated & discussed.

- Review the deposition process & logistics.
- Present a live a simulated deposition.
- Discuss pearls & pitfalls for physicians being deposed.

Egregious Testimony: Who's Got Your Back?

Faculty: Melanie Heniff, MD, FACEP

The speaker will discuss what qualifies a physician as an "expert" and how this varies in different states. We will discuss cases/examples of egregious expert testimony, what defines it? What options does an individual physician or a specialty society or state legislature have to address egregious expert testimony?

- Review what qualifies a witness as an expert, and how that varies from state to state.
- Discuss definition and examples of "egregious" expert testimony and how to recognize it.
- Discuss options to respond to allegedly egregious testimony including specialty society sanctions, reporting to state medical boards, and advocacy/lobbying for legislative change.

GOTCHA! The Medical Chart: Anticipating the Lawyer's Review

Faculty: Rachel A Lindor, MD

During this interactive course, the speaker will review emergency medicine charts & discuss how wording factors into lawsuits. You will learn how specific charting can help avoid getting sued and/or win the case if there is litigation.

- Review emergency physicians' notes that were crucial factors in malpractice litigation.
- Discuss how wording & documentation help or hurt in malpractice cases.
- Demonstrate how to write, dictate, or click a well-documented note to avoid getting sued.

Liability Concerns and Controversies Working with Non-Physician Providers

Faculty: Melanie Heniff, MD, FACEP

Non-physician provider supervision and incurred liability is a frequent concern expressed by ACEP physicians to the Medial-Legal Committee. The speaker will present will address NPP training, supervising physician liability, and independent practice.

- Discuss liability risks associated when working with NPPs, including case examples of when a physician was and was not named in a lawsuit.
- Describe requirements and standards for supervision of NPPs, and understand training/qualifications of PAs and NPs.
- Discuss/debate pros and cons of independent practice of NPPs and variations in state laws.



Courses by Track

Little People, Big Lawsuits

Faculty: Kurtis A. Mayz, JD, MD, MBA, FACEP

The pediatric emergency physician attorney will identify high risk areas of medical malpractice unique to pediatric patients, discuss liability linked to use of consultants, and address duty to warn differences specific to our pediatric patient population.

- Discuss high risk areas of malpractice in pediatrics.
- Identify legal concepts unique to pediatric patients, including liability involving consultants.
- Introduce the legal concepts of duty to warn in prescribing, and foreseeability in pediatrics.