

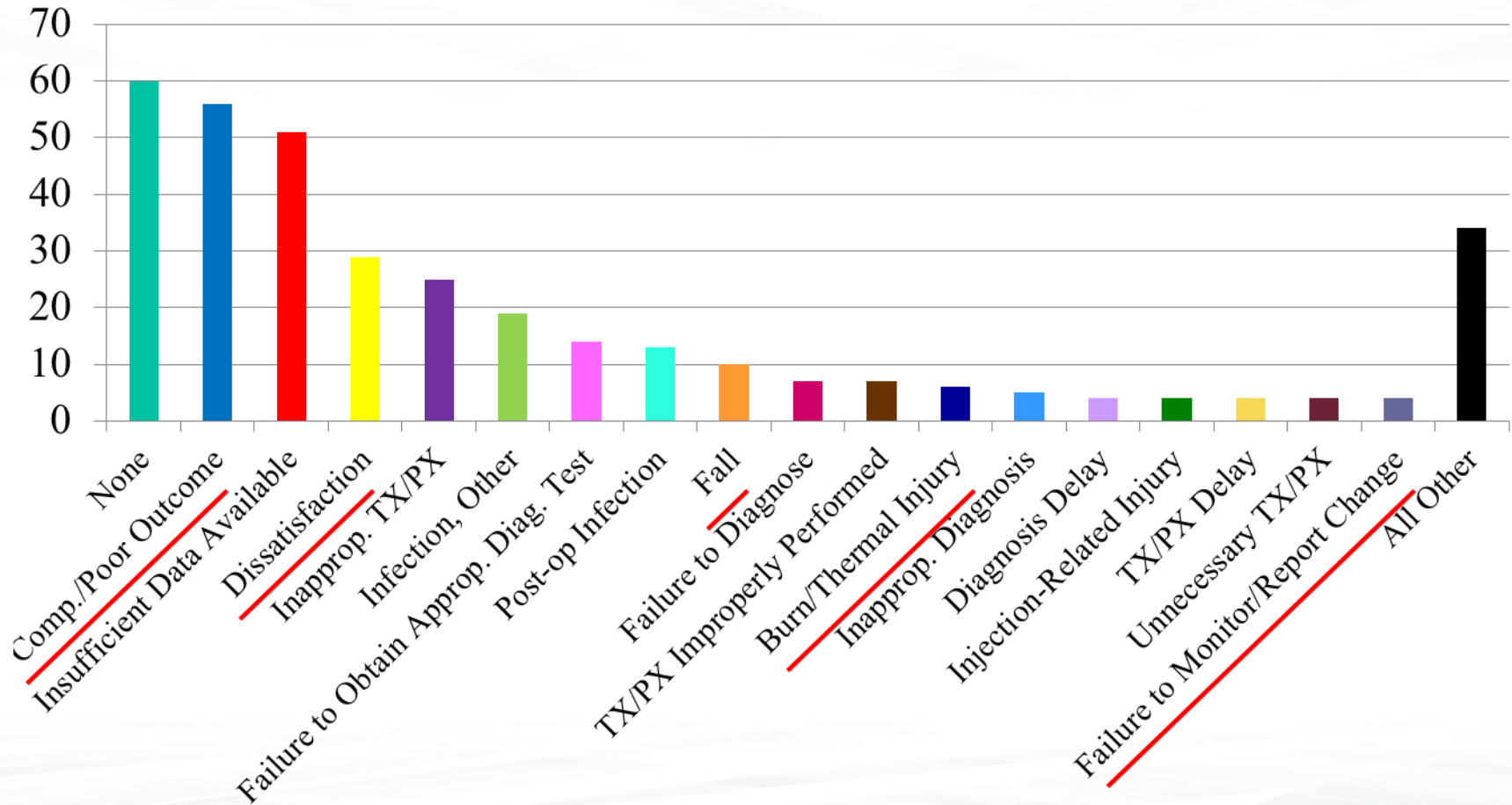
# The Clinical Assistant's Role in Risk Reduction

Ross E. Taubman, DPM  
President

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How often do you think podiatric assistants are involved in the patient's decision to file a lawsuit against the podiatrist?

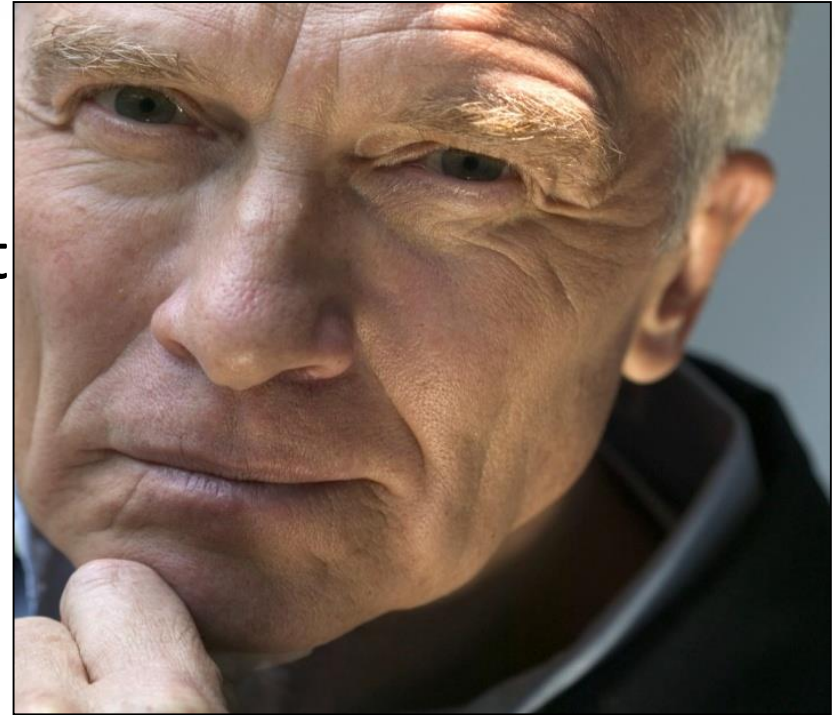
# Claims Arising From Practitioner's Office - Primary Risk Issue



# CASE STUDIES

# Case Study #1 (continued)

- 60 Male
  - Right ankle arthroscopy
  - Placed in below-knee cast
  - Instructed to return in 1 week for initial post-operative visit
- Post-op Day 1
  - Podiatric assistant called patient to check on him – “doing great”



# Case Study #1 (continued)

- Post-op Day 2
  - Patient's wife called office & spoke to staff member
  - Wife reported pt. "felt weird" – foot did not hurt, but his body "felt funny"
  - Wife told staff member she thought husband's symptoms could be related to anesthesia wearing off, but could also be related to a blood clot since her husband's brother died of a blood clot after knee surgery.
  - Staff member told wife that doctor was not in office, but another doctor was present. Could see other doctor or go to ED
  - Pt. opted not to go to the office or the ED

# Case #1 (continued)

- Post-op Day 8
  - Patient passed out at home
  - EMS found pt. in cardiac arrest – CPR instituted
  - To Emergency Department
    - Noted to have Right lower leg edema
    - Resuscitation unsuccessful
  - Autopsy
    - Cause of death - PE that originated as a DVT in RLE

# Allegations

- Multiple allegations against the podiatrist (summary excluded details about podiatric care – focused on actions of staff member) – **remember, unlicensed staff get their MPL insurance from their doctors policy**
- Office staff member failed to instruct the patient to go to the hospital emergency department immediately when wife called to report unusual symptoms.



What was the one thing that impacted the defensibility of this case?

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**Absence of Documentation**

# Outcome

This claim was resolved prior to trial with a payment to the patient.

# Case Study #2

- 69 Female
- To office with c/o  
“broken toe left foot”
- Podiatric assistant took  
patient to x-ray via  
wheelchair



# Case #2 Study (continued)

- After the x-ray was completed, podiatric assistant left the pt. unattended on platform (approximately 1 foot high) to retrieve the wheelchair
- The assistant bumped the wheelchair into the platform causing her to fall
- The patient sustained a fracture of her cuboid

# Allegations

- Assistant did not instruct the patient to wait before attempting to get off the platform
- Inadequately trained on proper techniques in securing a patient's safety
- Negligent supervision of employees

# What are the issues in this case?

- Responsible for our patient's well-being when they are in our office
- Training of our staff
- Documentation of Policy and Procedures

# Outcome

This claim was resolved prior to trial with a payment to the patient.



# Case Study #3

- 47 Female
  - Plantar fibroma
  - Surgical correction
- Night of surgery
  - Patient c/o severe pain in foot/nausea
- Post-op Day 1
  - Patient called office & asked if she should remove bandage due to pain in foot
  - Staff told patient not to remove – bandage to remain in place for 3 days



# Case Study #3 (continued)

- Post-op Day 2
  - Patient. removed bandage due to severe pain
  - Noted blisters over dorsal aspect of foot w/significant hypersensitivity
- 1<sup>st</sup> Post-op Visit
  - Blisters resolving
  - C/O pain and numbness dorsal aspect of foot
- 3 mos. Post-op
  - Referred to neurologist – no more visits with podiatrist
  - Entrapment of the deep peroneal and superficial peroneal nerves and common peroneal nerve
- 6 mos. Post-op
  - Surgical decompression of nerves

# Allegations

- Inappropriate advice given by office staff
- Failure to office staff to relay pertinent patient information to the podiatrist

# What are the issues?

- What advice are medical assistants allowed to give?
- How is that knowledge taught to the medical assistants?
- When do you need to talk with the physicians in your office before giving advice?

# Outcome

This claim was resolved prior to trial with a payment to the patient.

# Takeaways

- Staff Training
- Office Policies
- Document competence
- Documentation of every phone call with patients

# Questions

Ross E. Taubman, DPM

President

(615) 984-2005 Office

(301) 404-1241 Cell

[rtaubman@picagroup.com](mailto:rtaubman@picagroup.com)