

# Medical Staff **NEWS**

## MEDICAL LIABILITY REFORM

*Jim Nathan*

Special Session D is scheduled for August. This will be the third Special Session devoted to Medical Liability Reform. Hopefully it will be one that achieves meaningful reform.

Florida has a rapidly growing and truly serious problem of retaining and recruiting sufficient numbers of physicians to meet the needs of an aging and burgeoning population.

I have had the opportunity to serve on the Florida Hospital Association Board as well as the Legislative Committee that has worked closely with the Florida Medical Association. While the pressures and need for reform have been well known for the past few years, it has

taken a strong partnership with the FHA and FMA, plus a major commitment by the Governor to get this far.

LMHS has participated heavily through FHA financial assessments, as well as legal input and assistance in drafting various scenarios. I could never have predicted we'd be so close to a possible solution. On the other hand, I remain very guarded as to a successful resolution.

Special Session D will very possibly achieve a compromise. We will know if it was in favor of effective liability reform, if the trial attorneys choose to pursue legal action to stop the legislature and Governor's solution.

## SENTINEL EVENT ALERT: ISSUE 29

### JUNE 24, 2003 • PREVENTING SURGICAL FIRES

Since 1996, the Joint Commission has become a national leader in seeking to reduce medical errors and patient injuries. Although built on a voluntary reporting system, the Joint Commission Sentinel Event Policy has resulted in the publication and dissemination of 28 Sentinel Event Alerts.

The Joint Commission on Accreditation of Healthcare Organizations and ECRI, (formerly Emergency Care Research Institute) an

independent nonprofit health services research agency have looked at the key elements in preventing surgical fires.

Approximately 100 surgical fires occur each year. The fire triangle of heat, fuel and oxygen must be present for a fire to occur. All three of these elements come together in a hospital surgical suite. In nearly all cases studied by the FDA, ECRI and JCAHO, the cause of the fire can be attributed to activities relating to a side

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I N • T H I S • I S S U E

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- Medical Liability Reform • Sentinel Event Alert: Preventing Surgical Fires
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- Riverwalk Physical Therapist Receives Board Certification • Medical Staff Hotline
- Continuing Medical Education

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of the fire triangle. The most common ignition sources are electrosurgical equipment (68 percent) and lasers (13 percent); and the most common fire location is the airway (34 percent), head or face (28 percent), and elsewhere on or inside the patient (38 percent). An oxygen-enriched atmosphere was a contributing factor in 74 percent of all cases.

Flammable materials found in a surgical suite consist of prepping agents, linens, drapes, towels, gowns, masks, dressings, ointments and equipment. Common ignition sources are electrosurgical or electrocautery units (ESU's, ECUs); fiberoptic light sources and cables; and lasers.

**Risk reduction strategies include:**

- Do not drape the patient until all flammable preps have fully dried.
- During oropharyngeal surgery:
  1. soak gauze or sponges used with uncuffed tracheal tubes to minimize leakage of O<sub>2</sub> into the oropharynx and keep them wet.
  2. moisten sponges, gauze and pledgets (and their strings) so that they will resist igniting.
- When performing electrosurgery, electrocautery or laser surgery:
  1. place electrosurgical electrodes in a holster or another location off the patient when not in active use.

2. place lasers in STANDBY when not in active use.
- Minimize oxygen concentrations under the drapes.

**Joint Commission Recommendations include:**

1. Informing staff members, including surgeons and anesthesiologists, about the importance of controlling heat sources by following laser and EDU safety practices; managing fuels by allowing sufficient time for patient prep; and establishing guidelines for minimizing oxygen concentration under the drapes.
2. Developing, implementing, and testing procedures to ensure appropriate response by all members of the surgical team to fire in the OR.
3. Organizations are strongly encouraged to report any instances of surgical fires as a means of raising awareness and ultimately preventing the occurrence of fires in the future. Reports can be made to JCAHO, ECRI, the Food and Drug Administration (FDA), and state agencies, among other organizations.

ECRI offers a clinical website called "Medical Device Safety Reports" where published articles and educational posters on surgical fires are available free of charge; go to <http://www.mdsr.ecri.org/> and enter fires into the Search Terms line.

## CATH LAB MANAGEMENT REORGANIZATION

Kathy Shierling, Executive Director of Lee Cardiac Care, recently announced the appointment of Beth Moss, RN, MA as the Director of Interventional Cardiovascular Services. Beth has been with LMHS for the past year as the Resource Manager of Cardiovascular Services. Prior to coming to LMHS Beth spent 10 years at Crawford W. Long, part of the Emory network where she worked in several Cath and Electrophysiology management positions. Beth may be reached on beeper 930-8204.

The cath lab over the past few years has grown to include, the addition of an implant room, oversight of the Cape Coral Cath Lab, installation of Heartlab, and the building of an additional interventional cath lab. Because of this increase in complexity of daily operations, Joe Papp's role will change to that of Supervisor of Cardiac Cath Labs. Joe's focus will be the daily management of scheduling and patient flow to enhance operational efficiencies and physician satisfaction. Joe will continue to oversee the construction and replacement of the cath labs.

## AUXILIARIES MAKE MAJOR DONATIONS TO PATIENT CARE

Since the beginning of the LMHS fiscal year, on October 1, 2002, the Auxiliaries of Lee Memorial and Cape Coral Hospital have made donations totaling almost \$400,000 to the health system. The vast majority of those monies have gone to equipment or services that enhance the care we can provide to our patients. Additional monies were earmarked to expenditures that will improve the experience for patients and visitors to our hospitals and the HealthPark Care Center.

### SOME KEY EXAMPLES ARE:

#### **Lee Memorial Auxiliary**

\$186,300 Leica Microscope for Neurologic and Orthopedic Spinal Surgery, for more intricate procedures - Lee Memorial Hospital

\$30,000 Zone Phones for Medical Social Workers and Emergency Department Case Managers at Lee Memorial Hospital and HealthPark Medical Center for more effective and efficient communication with staff, physicians, patients and families.

\$9,000 Diagnostic Ultrasound Bladder Scanner to avoid invasive catheterization - HealthPark Medical Center

\$1,690 Two Zone Phones to provide quick access between Radiology and Surgery - Lee Memorial Hospital

#### **Cape Coral Hospital Auxiliary**

\$10,000 Medical Library

\$30,769 Medically Related Scholarships

## RIVERWALK PHYSICAL THERAPIST RECEIVES BOARD CERTIFICATION

E. Thomas Pitney, physical therapist at Riverwalk Sports Medicine and Rehab, has successfully completed a demanding recertification process and is one of only five

Board Certified Clinical Specialists of Sports Physical Therapy in the state of Florida. The American Board of Physical Therapy Specialists will recognize him in February 2004.

### **MEDICAL STAFF HOTLINE**

FOR MEDICAL STAFF ISSUES OR CONCERNS,  
CALL THE MEDICAL STAFF HOTLINE AT 334-5700.

**CONTINUING MEDICAL EDUCATION  
(CME) REQUIREMENTS FOR  
RELICENSURE OF PHYSICIANS IN  
FLORIDA**

Lee Memorial Health System and Southwest Florida Regional Medical Center are co-sponsoring the mandatory CMEs for MDs.

**“Prevention of Medical Errors”**

Jerry Williamson, MD – 2 Hours

**“HIV/AIDS”**

Marshall D’Souza, MD

**“Domestic Violence”**

Colleen Henderson, ACT

**Saturday, October 25, 2003 at Cape  
Coral Hospital Room A  
7:45 AM – 12:15 PM**

**Saturday, November 22, 2003 at  
Southwest Florida Regional Medical  
Center Auditorium  
7:45 AM – 12:15 PM**

- Call the CME registration line at 573-5680 to register. Breakfast will be served.
- Physicians can register for one, two or all three of the mandatory CMEs at either hospital. Credits will be given for each individual CME for a maximum of 4 credits.
- Please Note – DOs have additional CME requirements; Risk Management, Managed Care and Florida Laws and Rules.

**CONTINUING MEDICAL EDUCATION  
AUGUST 2003**

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**“RISK MANAGEMENT UPDATE”**

Robert McCurdy, Esq.

**Lee Memorial Hospital Auditorium**

**Tuesday, August 5, 2003**

**12:30 – 1:30 PM**

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**“THE IMPACT OF SEXUAL ASSAULT  
SURVIVOR BEHAVIOR: TIPS FOR THE  
HEALTHCARE PROFESSIONAL”**

Colleen Henderson, ACT

**HealthPark Medical Center, HP1A**

**Wednesday, August 13, 2003**

**6:00 – 7:00 PM**

OR

**Cape Coral Hospital Room A**

**Tuesday, August 19, 2003**

**12:30 – 1:30 PM**

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**“NEUROSURGICAL TREATMENT OF  
CHILDHOOD HYDROCEPHALUS: SHUNT  
MANAGEMENT AND BEYOND”**

Gerald Tuite, MD

Division Chief, Pediatric Neurosurgery  
All Children’s Hospital, St. Petersburg

**HealthPark Medical Center, HP1A**

**Thursday, August 28, 2003**

**7:00 – 8:00 PM**

Following Department of Pediatrics Meeting  
**RSVP by August 26, 2003 for Dinner:  
573-5680**

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If you have questions or would like to submit an article to *Medical Staff News*, please contact Joanne Gorgone, RN, BSN, CME  
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