

Interview Questions

Interviewer: Brady Caverzagie

Interviewee: Dr. Nancy Rogic, Anesthesiologist

Purpose of Interview: To speak to a medical professional with insight into medical malpractice and how it happens and can be prevented in a communications scope.

Date of Interview: 22 June 2017

Most common problem and how can be avoided (if possible)?

In anesthesiology: Dental and IV infiltrations are most common sources of suits. not life threatening... human error occurs and is probably most common as not everyone has the same physiology but people think they do. Most aren't as a result of death which is surprising.

Named in a suit but dropped—everyone involved in patient care named in suit even if not involved... you have to put down any suits on every licensure thing... guilty until proven innocent which is backward

Saved life but she had clawed hands because they tied her hands down to prevent her from removing tubes but it happened in ICU so Nancy had nothing to do with the clawed hands but she named anyway because she had a hand in part of her care

Can complain about anything... place in Lincoln that will review doctors upon a simple complaint.

Why do you think malpractice occurs (ie. Human error or communication etc.)?

The more you talk to a patient and get to know them, the less likely they are to sue you for an issue

Stuff happens – freak random accident

People have underlying conditions that make them difficult patients with complications but docs blamed but it isn't their fault due to underlying causes such as smoking or obesity

Ex. Belligerent father, patient had to stay with breathing problems, underlying breathing condition (asthma), talked often to father and he was worried something was wrong so that's the other side... can go both ways... no suit

People think they are supposed to be fixed... nothing will ever be perfect again and that's a common misconception

HIPAA has made it difficult to talk about patients and it makes it hard to talk about patients with other physicians--- ex. One case can help with another case but you won't be allowed to talk about it... fine line between confidentiality and using info

Won't allow for communication about certain diseases

People that make the laws have little to no medical knowledge

Timeouts: what is supposed to happen: everyone stops what they are doing and talks through every aspect of the procedure such as: fire risk score, preexisting conditions of patient, allergies etc., steps for procedure, types of instruments, concern for side effects/ reactions for preparation purposes, "if anybody sees anything unsafe or not in the best interest of the patient, please speak up now and bring it to my attention" Surgeon runs timeout... also reconfirm patient and location of procedure.

What do you do to try and prevent or limit chances of malpractice?

Always tells patients that they may stay overnight or die with any procedure because there is always risk and covers bases

What part do you think communication plays in malpractice suits or the prevention of malpractice suits?

Always better to tell the patient all possible side effects from anesthesia ahead of time so they know what to expect and then they are less likely to be upset if something happens and less likely to sue

What does the process look like for defending malpractice?

Common Problem or explanation

To protect yourself:

1. Pay insurance
2. Due training
3. Keep up on credentialing – maintenance of certification

4. Documentation, communication already talked about above
5. Umbrella policy

Once suit occurs:

Two things can happen:

1. Called to give deposition either for yourself or someone else's suit—deposed—must have lawyer—actually not supposed to keep record of patient because record makes you appear guilty
2. Get a lawyer no matter what—lawyer either admits guilt or tests not guilty – go to trial but that's rare, or settle out of court, or you're dropped, or the hospital will pay

Anything else you can tell me that you think might be useful?

She does peds... until a person is 14 years old they can claim something happened during a procedure that caused an issue later

The part of her malpractice insurance that she pays for is 7,000 per year out of 36,000

Average is 23,000 per year 25,000 for anesthesiologist is average

OB/GYN's have the worst medmal insurance rate—20,000-30,000 per year

In 1973, anesthesia related deaths 1 in 1,500 today its 1 in 200,000

She prays with all her patients and she thinks it builds a good rapport with them via communication

Builds humanity and shows them you are human