

Informed Consent

By Carl W. Heaberlin—Director, Risk Management

Informed consent is more than simply getting a patient to sign a consent form. It is a process of communication between a patient and physician that results in the patient's authorization or agreement to undergo a specific medical intervention. Traditionally, the informed consent doctrine requires the physician to advise the patient of the risks of the proposed treatment/procedure. While the physician is not required to disclose "all known" information, you are required to "advise the patient of those material facts, risk and complications a reasonable person in the patient's situation would consider significant in deciding whether to have the treatment/procedure performed." In the communication process, you, as the physician providing the treatment/procedure (not a delegated representative), should disclose and discuss with your patient the following.



The patient's diagnosis, if know.

The nature and the purpose of a proposed treatment or procedure

The risk and benefits

Alternatives, regardless of cost or insurance coverage

The risk and benefits of the alternative treatment/procedure

The risk and benefits of not receiving or undergoing a treatment/procedure

Your patient should be able to ask questions to get a better understanding of the treatment/procedure so that they can make an informed decision to proceed or refuse medical intervention.

The informed consent process, with some variation, is both an ethical obligation and legal requirement in all 50 states. Providing the patient with relevant information is the physician's ethical obligation, the legal concept of informed consent itself is recent. The doctrine of informed consent is the sole responsibility of the physician. As a matter of law, hospitals lack control over the manner in which the physician performs their duty to obtain informed consent so as to render the facility vicariously liable. This leaves the physician as the sole target in a case involving failure to obtain informed consent. If the physician is having a resident obtain the informed consent it is imperative that the physician take the time to make sure the resident knows all the appropriate risks of the procedure and is well versed in the informed consent process.



Your best protection against litigation in the informed consent process is documentation. Good documentation can serve as evidence in a court of law that the process did take place. Thorough and timely documentation in the patient's chart is a strong piece of evidence that the physician engaged the patient in the informed consent process.

If you have questions about informed consent you can contact the risk management departments at Tampa General (844-7776).

Coming Soon To Tampa General Hospital



scrubEX¹²⁸
High capacity units dispense, track and collect scrubs in all your main traffic areas.

TGH is preparing to implement new technology to solve the ongoing challenge of scrub suit availability.

The scrubEx scrub dispensing system is easy to use. With the quick swipe of your badge, scrubs will be available in less than 5 seconds. Each authorized user has 3 credits within the scrubEx system. Returning scrubs to the system will ensure that credits are always available for your scrub usage.

TGH will be joining many of the elite hospitals throughout the US that are enjoying scrubEx technology—

- Johns Hopkins Hospital**
- UPMC Health System**
- Vanderbilt University Medical Center**
- Duke University Hospital**
- Shands at the University of Florida**

We look forward to this opportunity to better serve the TGH community.

TGH Pharmacy & Therapeutics (P & T) Committee UPDATE: April 2010

[Please visit Micromedex – FORMULARY ADVISOR for more details of the latest formulary decisions and access to the TGH Formulary. Micromedex – FORMULARY ADVISOR is available on any computer in the hospital with an internet browser!](#)

Protein Supplement Guidelines (Proteinex®, Beneprotein®)

A follow-up regarding protein supplement guidelines was presented to the Committee and a comparison of Proteinex® and Beneprotein® was discussed. Proteinex® is a more concentrated supplement and less likely to clog the enteric tubing. Proteinex® will be dispensed by pharmacy as an 18g/30ml solution and will be used in adult patients only. Beneprotein® powder will be used for adults and pediatric patients and will be distributed by dietary. Both Proteinex® and Beneprotein® may be ordered by physicians and dietary services only.



Hyperkalemia Education

Recommendations for treatment of hyperkalemia were presented and approved at the May 2010 Committee meeting. The importance of increasing awareness about differences in hyperkalemia management strategies was discussed further. Laminated cards with the hyperkalemia treatment guidelines were developed and will be distributed to nurses, pharmacists and physicians. Content is being developed for the physician and pharmacist electronic monitors and treatment of hyperkalemia will be featured as an article in an issue of Outcomes in Perspective and Pharmacy Capsule newsletters. ED residents and physicians will be educated by ED pharmacists during their regularly scheduled medication education sessions.

Surgical Care Improvement Project (SCIP)

SCIP guidelines which are evaluated by the Centers for Medicare and Medicaid Services (CMS) outline the appropriateness of antibiotic selection, timing and duration of antibiotics prior to surgery. A review of compliance with SCIP guidelines has revealed areas of opportunity to improve compliance. The areas of opportunity are related to daptomycin usage in surgical prophylaxis. The agent is viewed as inappropriate by CMS standards. Daptomycin has been removed from pre-operative order sets and the Antibiotic Stewardship Program will continue to collect data on all orders for daptomycin in the pre-operative setting to determine if there was a pre-existing infection that warrants daptomycin use.

Iloperidone (Fanapt®)

Information regarding iloperidone, a new atypical antipsychotic, was presented to the Committee. Iloperidone (Fanapt®) was not added to the TGH formulary at this time due to a lack of known advantages over other atypical antipsychotics.

Radiology Policies

A proposed policy that outlines how medication protocols will be managed in radiology was discussed. The Joint Commission standards require that medication orders be reviewed by a pharmacist prior to administration; this excludes contrast that is addressed in specific protocols. Medication protocols must be reviewed and approved by the medical staff and pharmacy. Two additional protocols were brought for review (CTA Coronary Artery Imaging and CT Enterography). The Committee approved a global radiology management policy that specifies that protocols will be approved by the radiologist and appropriate specialty physicians involved. Pharmacy and Radiology will work together to review specific protocols and determine what medical specialty groups need to review and approve.



Pharmaceutical Shortage Update-Coral Snake Antivenin

Coral snake antivenin is no longer being produced. Current stock consists of out of date (expired) vials as well as in-date vials. The government could potentially suspend the law to allow the dispensing of out-of-date medications. Dr. Younger at the Poison Control Center is in the process of creating an informed consent form to use an alternative product, manufactured in Mexico, that is available and will be treated as an investigational new drug/new drug application (IND/NDA). Research from a legal standpoint will be continued to protect physicians, pharmacists, and nurses who may need to administer this medication in an emergent situation.



SAVE THE DAY!



*The Medical Staff 2010 Annual Meeting
will be held Wednesday, September 22nd
at the Westin Harbor Island Hotel beginning at 6:00 pm.*

*Headlining the meeting will be:
Voting for Medical Staff Officers and Medical Staff Recognition!
MARK YOUR CALENDAR NOW!*



WE'RE ON THE WEB
WWW.TGH.ORG

TGH Welcomes our new Physicians



The physicians below were added to TGH staff: 3/31 & 4/30/2010

Ay L. Kim, MD	Internal Medicine
Keith M. Ladner, MD	Otolaryngology
Rene Ruiz Nieves, MD	Pediatrics
Joseph A. Spinnato, II, MD	Obstetrics/Gynecology
Neil Weisman, MD	Anesthesiology
Elise J. Zahn, MD	Emergency Medicine

This newsletter is produced by Tampa General Hospital's Quality Improvement Department. All comments, responses or suggestions are welcome and should be directed to:

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### **KUDOS TO OUR PHYSICIANS!**

**Congratulations to the following physicians who were recognized by their patients in the form of personal letters to TGH leadership.**

**Dr. Scott Gallagher, Dr. Sharona Ross, Dr. Alexander Rosemurgy,  
Dr. Linda Barry, Tracie Patel, ARNP, Dr. Michael Omori,  
Dr. Christine Myatt, Dr. Cory Brown, Dr. Eric Sauvageau, Dr. Ali Bozorg,  
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