

A blue stethoscope with silver metal parts is coiled on the left. To its right is a wooden gavel with a gold band around its head, resting on a dark wooden sound block. The background is a light gray gradient.

Medical Law: Legal Implications/Considerations

- **MI:116 Patient Care**
 - **Unit 4 Part 2**

Schloendorff v. Society of New York Hospital
–1914

“ Every human being of adult years and sound mind has a right to determine what shall be done with his own body, and a surgeon who performs an operation without his patient’s consent commits assault, for which he is liable in damages.”

Law

noun the principles and regulations established in a community by some authority and applicable to its people, whether in the form of legislation or of custom and policies recognized and enforced by judicial decision

dictionary.reference.com/browse/law

How can we
apply law to our
profession?

Law VS. Medicine

- Both are completely necessary
- Both look at each situation from a different perspective



Foundation of Law

*The Constitution of
the United States*

Written to separate powers of
the 3 branches of government.

1. Legislative
2. Executive
3. Judicial



Legislative Branch of Government

- Law making body; Congress
 - Senate / House of Representatives
- Written system of statues and regulations put into place by elected officials
 - Includes local, state, federal, county and city governmental laws
 - Health Care

- Criminal laws – Prevent harm to society and provide punishment for crimes. Wrongs against the state.
 - Two types:
 - Felony – Serious crime with punishment of imprisonment for greater than 1 year or death
 - Misdemeanor- Less serious crime with punishment of fine or imprisonment for less than 1 year



- Civil Laws – Wrongs of one person against another
 - Protect rights of individuals
 - Encourage fair and equitable treatment
 - Damages assessed and punishment involves payment of money



Executive and Judicial Branches of Government

2. Executive (The President)

- Administrator of the law
- Approves/Carries out laws passed by legislative branch

3. Judicial

- Judges or courts (Supreme Court)



Common or Case Law

Decided on a case-by-case basis by
either a judge or a jury



Standard Of care

ASRT – Practice Standards

ARRT – Code of Ethics; Rule Ethics; Mission Statement

RTs follow:

- *ASRT* – Practice Standards for Medical Imaging and Radiation Therapy (*Appendix A, pp 327-335*)
- *ARRT* – American Registry of Radiologic Technologists (*Appendix D, p. 339*)
 - *Two parts: Code of Ethics (1998); Rules of Ethics (added 2001) – 22 Rules of ethics (Enforceable with sanctions)*

ARRT Mission Statement

*Our mission is to promote **high standards** of patient care by recognizing qualified individuals in medical imaging, interventional procedures, and radiation therapy.*

- Adopt and uphold **standards** for educational preparation for entry into the profession*
- Adopt and uphold **standards** of professional behavior consistent with the level of responsibility required by professional practice*
- Develop and administer examinations that assess the knowledge and skills underlying the intelligent performance of the tasks **typically required by professional practice in the discipline***

Failure to follow appropriate Standard of Care will lead to:

- Medical Negligence
 - Estimated 10% of claims are somehow related to diagnostic imaging
 - Improper diagnosis
 - Injuries to patients sustained during diagnostic imaging

You also must be aware of Institutional Policies to follow the Standard of Care

- Describes how employees are to perform their duties
- Sets the standard for the institution
- Must be congruent with state and federal laws
- RH Intranet

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Tort

Patients claim that he/she has been wronged or has sustained injury

Two Types of Torts:

Intentional Tort

- Willful acts which violate another person's rights
 - Assault, battery, false imprisonment, defamation of character
 - Invasion of privacy

Unintentional Tort

- type of unintended accident that leads to injury, property damage, or financial loss
 - Malpractice is negligence committed by a professional

Assault (intentional tort)

Intentional threat in such a way that there is reason to fear or to expect immediate bodily harm

- No actual contact is necessary
- Law protects patients who are afraid of harmful contact

- Key issue is CONSENT needed to treat a patient
- Without consent, you are guilty of assault

Battery (intentional tort)

Any intentional unlawful touching without consent

- Can cause injury or be offensive
- Battery always includes assault
- Having a physician's order does not prevent battery

- ✓ Patients can withdraw consent at any time
- ✓ PATIENT CONSENT IS THE KEY!



False Imprisonment (intentional tort)

Unjustifiable restraint in which he/she is being restrained against his/her will

- Issue arises most often with patients who are unable to cooperate: inebriated, senile, pediatric
- Patient may insist upon leaving the hospital against medical advice (AMA)

****Key Items:**

- ✓ Communication
- ✓ Documentation





More on False Imprisonment

- Several things must be proven by plaintiff
 - They were restrained either physically or by threat or intimidation
 - They did not consent to the restraint
 - Defendant acted unreasonably, or in an unjustified and unprivileged manner
- Defendant must have acted within standard of care to not be held liable

Legal Criteria for Restraints

- If a patient is incompetent or requires restraints, the law allows providers to touch patients without consent within certain parameters
- Restraint needed to protect patient, health care workers or property of others
- Restraint used is least intrusive method possible
- Regular reassessment of restraint occurs
- Restraint is discontinued as soon as practicable



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Negligence (unintentional tort)

Failure to use such care as a reasonably prudent person would use under like or similar circumstances

- Medical malpractice litigation for:
 - Medical Negligence
 - Professional Negligence

Criteria for Malpractice Claim

All criteria must be proven:

1. RT (defendant) owed a duty to the client (plaintiff) – Standard of Care
2. RT did not carry out that duty or foreseeable damage (breach) – deviation from the Standard of Care
3. Client was injured
4. RT's failure to carry out the duty caused the injury (legal causation)



How Are the Boundaries of Negligence Defined?

- Practice Standards
- Code of Ethics
- Professional Position Statements
- Standards of Care of the Profession
- Position Description
- Educational Curriculum
- Patient “Bill of Rights” (will discuss later)



Malpractice Insurance

- Contract between insurance company and RT
- Provides defense when RT is sued
- Pays attorney fees and settlement costs
- Hospital typically insures its employees and students. This insurance only covers the RT while on duty

Defamation (intentional tort)



Holding up a person to ridicule, scorn or contempt in a respectable and considerable part of the community

- The uttering or publishing of an unprivileged false statement that hurts another's reputation
 - **Slander** - Oral defamation
 - **Libel** - Written defamation

Proving Defamation

- Publisher of a defamation must be at fault at least to the degree of negligence
- Harm must have resulted from the publication
- Statement must be false
 - Truth is total defense to defamation
 - Jury trial may be necessary to determine truth

Confidentiality

- Know HIPAA
- Share information **ONLY** with healthcare providers who have demonstrated a “Need to know” the information that you are releasing
- Information is shared ONLY for healthcare providers for the purpose of medical treatment only



Torts Regarding Confidentiality

Breach of Confidentiality

Extends to verbal, written, and computer communication, as well as reproduction of records and employee conduct

- Compensation can be awarded for breaches of this confidence
- The Code of Federal Regulation and many state laws provide a high level of confidentiality

Torts Regarding Confidentiality

****The healthcare worker has a clear responsibility to maintain confidentiality*

Unless disclosure is mandated by:

- Special circumstances surrounding HIV and AIDS
- Duty to warn third parties
- Patient consent
- Statute
- *Law enforcement purposes**

(Pursuit to process, identification/location, victim, descendent, crime on premises, reporting of crime)

Tarasoff v Regents of the University of California



- Prosenjit Poddar threatened to kill Tatiana Tarasoff
- Detained at the hospital—then released

- Failure to confine Poddar----Not Guilty
- Failure to warn Tarasoff-----Guilty

Disclosures :
Not
Requiring
Patient
Permission

To the individual

For treatment purposes to other health care providers

For payment services

For health care operations, including quality assurance information

For appointment reminders, treatment alternatives, and health-related benefits

To clergy

To individuals involved in payment for care

For approved research projects

Subpoenas or other court-ordered disclosures

Organ and tissue donors

Public health risks

HIPAA Reinforcement of Patient Rights

Patients have the ***Right To..***

- Inspect and obtain a copy of records
- Ask for the protected health information to be amended if the patient believes the information to be inaccurate
- Ask what disclosures have been made
- Request restriction of protected health information disclosure
- Request the method of communication
- A paper copy of the institution's privacy notice

Patient Authorization

Patients may explicitly consent to the release of medical information in their records

- Release must be in writing and contain the following:
 - Whom the information is being released
 - The patients name, address, and date of birth
 - The extent of the information being released
 - The date
 - Signature of the patient or legal representative





HIPAA Enforcement

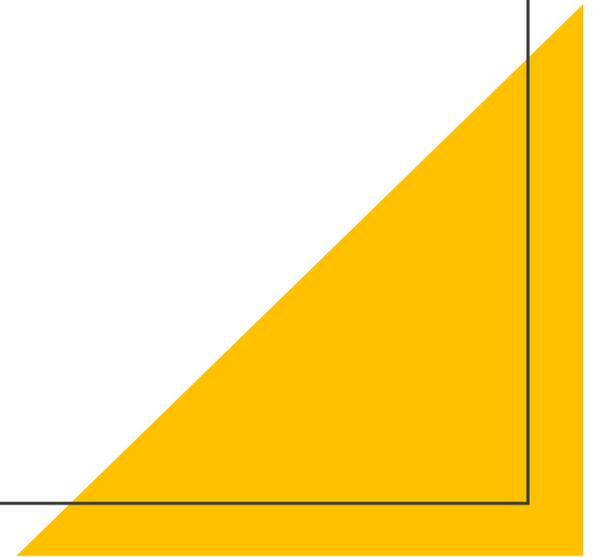
- Monetary penalties
- Imprisonment

Code of Ethics ARRT #9

“The Radiologic Technologist respects confidences entrusted in the course of professional practice, respects the patient’s right to privacy, and reveals confidential information only as required by law or to protect the welfare of the individual or community.”

ARRT – American Registry of Radiologic Technologists
(Appendix D, p. 339)

Safe Haven





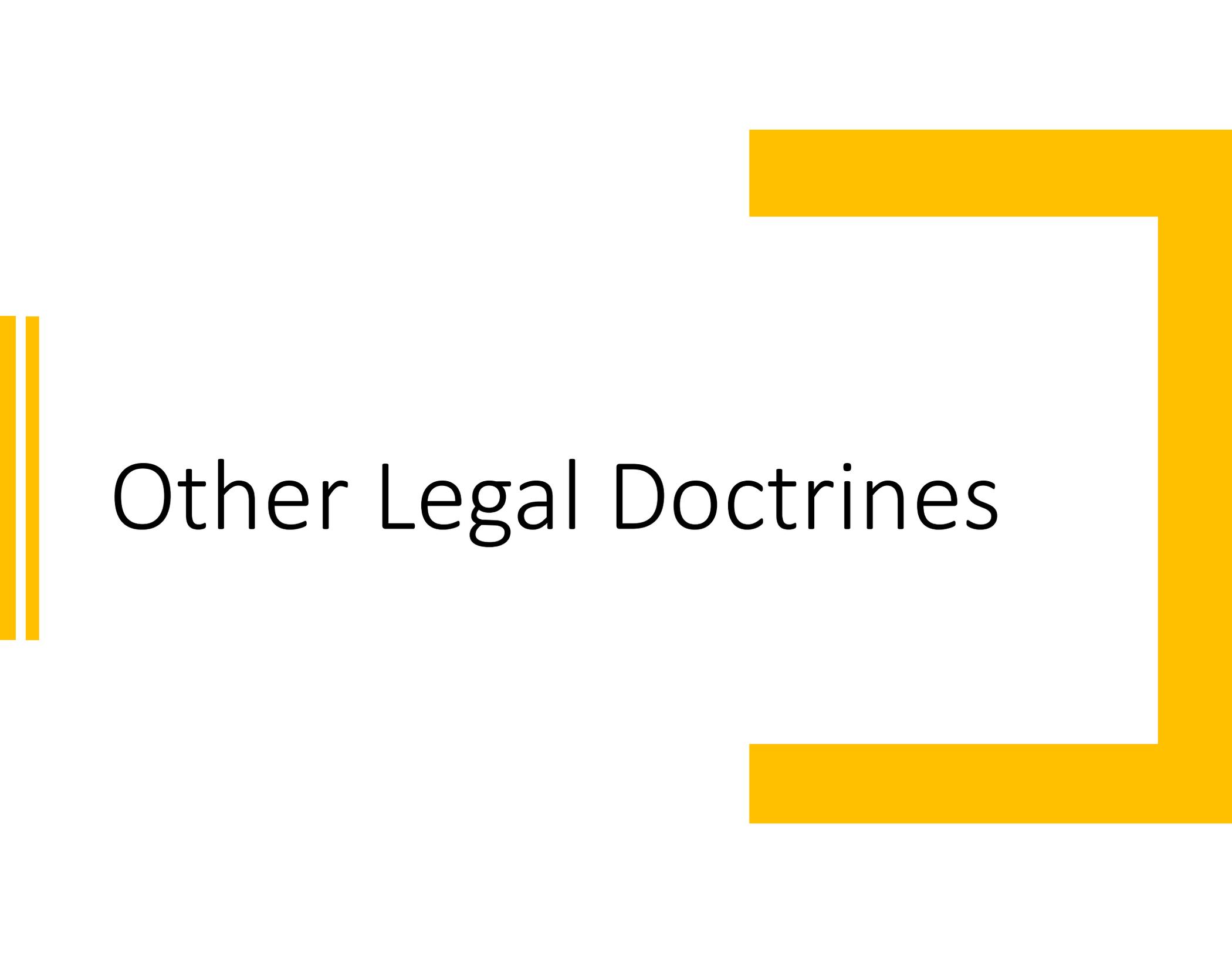
Newborn Abandonment is the practice of abandoning offspring outside of legal adoption. Causes include many social, cultural, and political factors as well as mental illness.

- Infants up to **28** days of age
 - Does not apply to victims of child abuse
-

Procedure for receiving a child

- Do not question the parent or attempt to find out his/her name
- Take the child to the ED immediately
 - Tell staff that baby was left for Safe Haven program
- Do not contact media about the baby
 - Incident must remain private and confidential



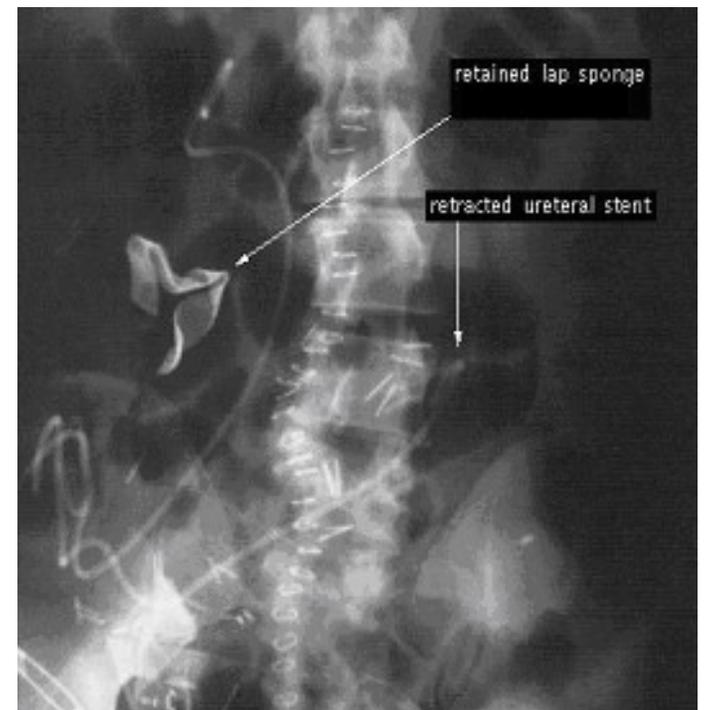


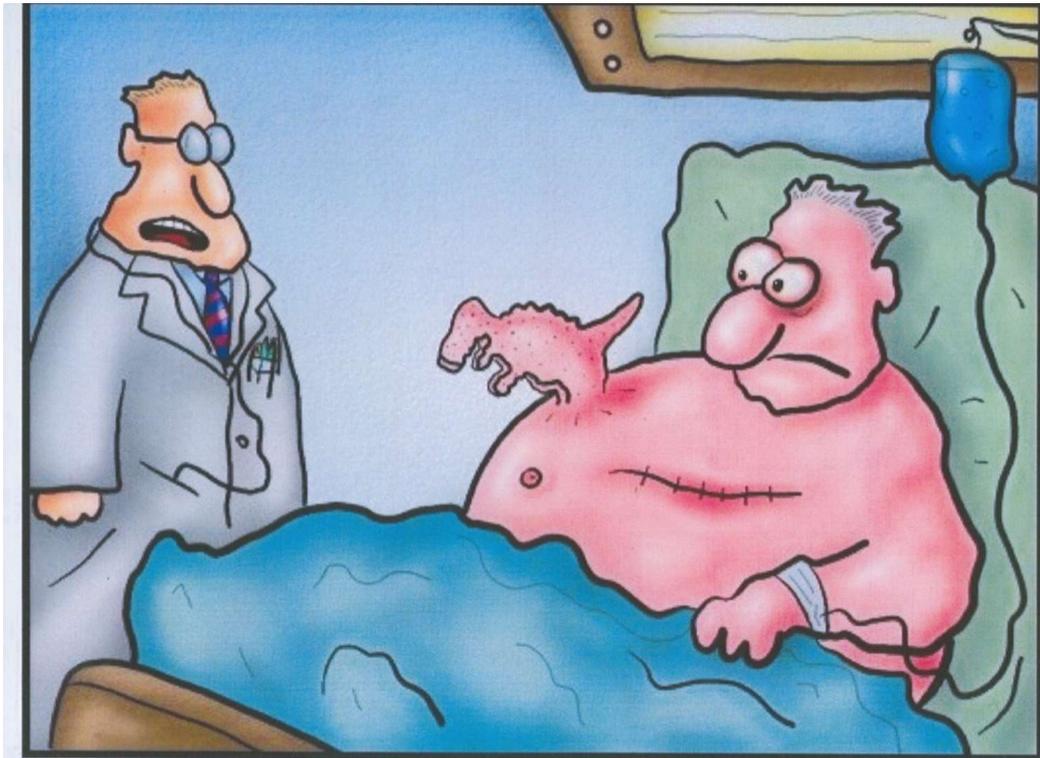
Other Legal Doctrines

Res ipsa loquitur

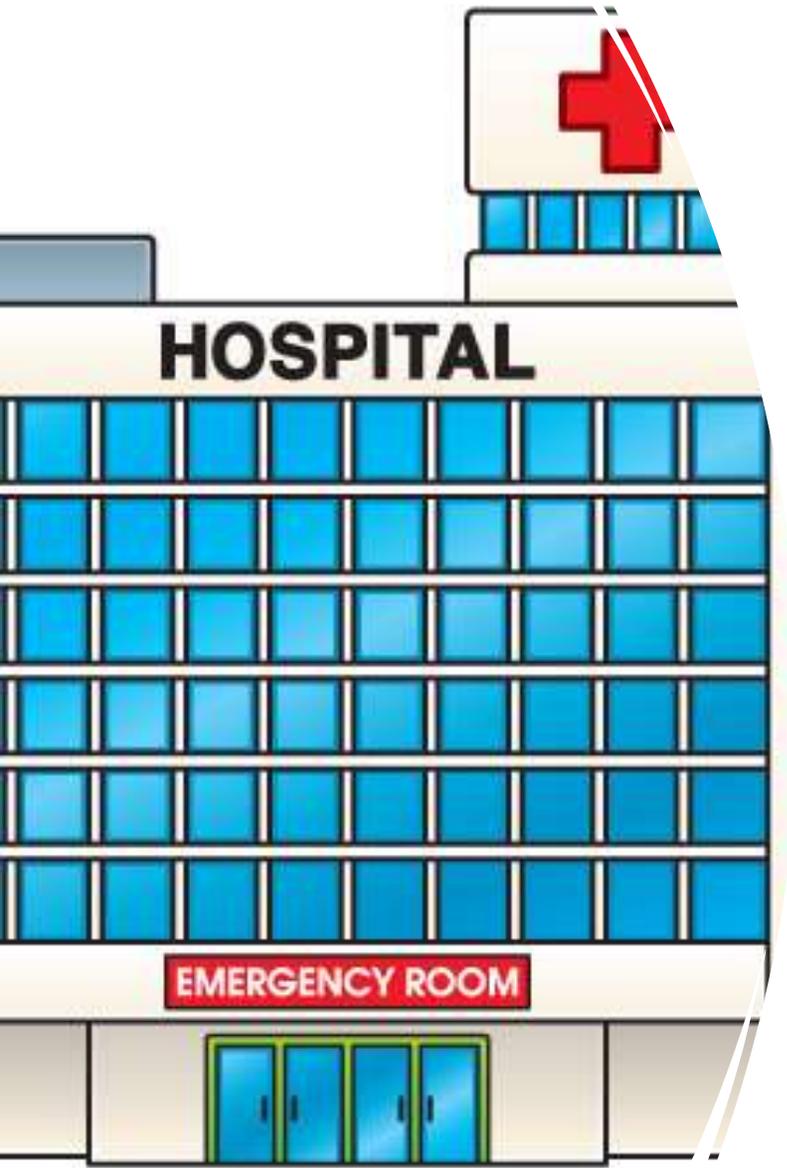
“The thing speaks for itself”

- Situation in which a particular injury could not have occurred in the absence of negligence
 - No fault of the patient
 - Care provider was in complete control





"I'm afraid we left a surgical sponge behind when we sewed you up - it was one of those sponges that swells up into a little dinosaur."



Respondeat Superior

- “The master speaks for the servant”
 - Physician, supervisor, or health care facility may be liable in certain cases for the wrongful acts of employees or subordinates

Corporate Liability

- Facility responsible for employees and contractors' quality of care delivered to consumers
- Requires the health care provider to be responsible for the quality of care provided

Safeguarding Your Practice

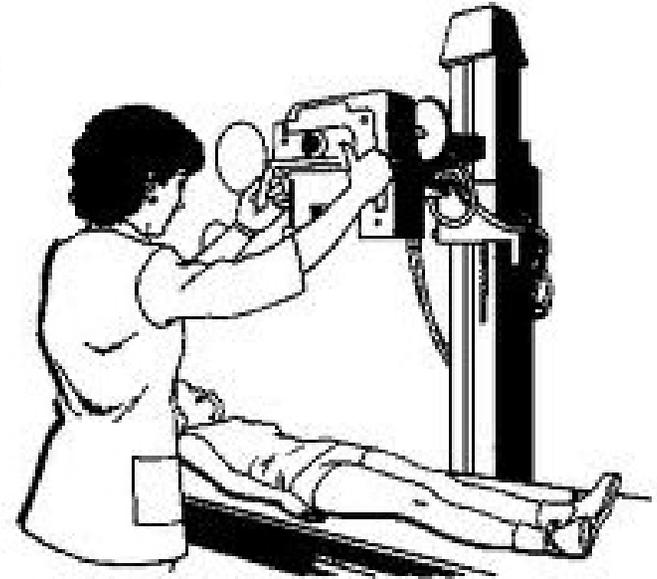
- Follow Standards of Care
- Document, document, document!!
- Follow through on assessments
- Follow institutional policy
- Report findings to appropriate staff AND document
- Develop rapport with patients - communicate
- Keep up with changes in law
- Know current issues in literature
- Avoid illegal use of drugs/alcohol
- Carry Malpractice Insurance/Liability Insurance



Poor
client relationships are the
leading cause of lawsuits

Legal Responsibilities of Students

- Be responsible for own actions
- Held to SAME standard of skill and competence as a registered professional
 - Complete preparation prior to clinical experience
- Ask for help if unsure
- Comply with policies
- Perform procedures as taught



Patient Care Partnership: *Patient's Rights*

Designed to help patients understand the expectations, rights, and responsibilities regarding their health care

- Describes responsibilities of you as a healthcare provider
- Document given to patients whenever they are hospitalized ***(**Appendix F, pp. 346-347**)

Patient Expectations may include:

- High quality care
- Skills
- Compassion
- Respect

Rights of the Patient

- Identification of doctors, nurses and other providers
- Privacy
- Clean and safe environment
- Special policies to ensure freedom from abuse, neglect, mistakes in care
- Assistance in filing medical claims, understanding any bills
- Involvement in decision making (Autonomy)

Patient Rights: Principle Based Ethics (Helpful in ethical decision-making)

Autonomy

Beneficence

Nonmaleficence

Justice

Fidelity

Veracity

Confidentiality

*Intro to Radiologic Sciences & Pt. Care Textbook
pp.322-327*

Autonomy

- Refers to a person's independence
- Self determination
- Agreement to respect the individual's right to decide their course of action
- Values client decision making
- Patients are in charge of their own medical decisions

Patients have the right to REFUSE treatment even if the refusal may have what would be considered negative outcomes by the health care professionals.

Decision making from the patient based on complete information

- Treatment choices
- Benefits and risks
- Is treatment experimental or part of research study?
- Both short-term and long-term results
- Financial consequences
- Follow-up care instructions upon discharge

Responsibilities of the Patient

Providing correct health information

Providing correct insurance information

Specific spiritual beliefs

Making available any living will or advance directive

- Advance Directive – predetermined choice which informs others of the patient's wishes should he/she become incompetent

Consent

Implied
Informed

Implied (Simple) Consent

- Person's agreement to allow something to happen which is not expressly given but rather inferred from a person's action or inactions
- Non-verbal behavior indicates can mean agreement/disagreement
- Many radiology procedures fall under this category
- Radiologic Technologist has responsibility to explain and teach thoroughly PRIOR to the procedure

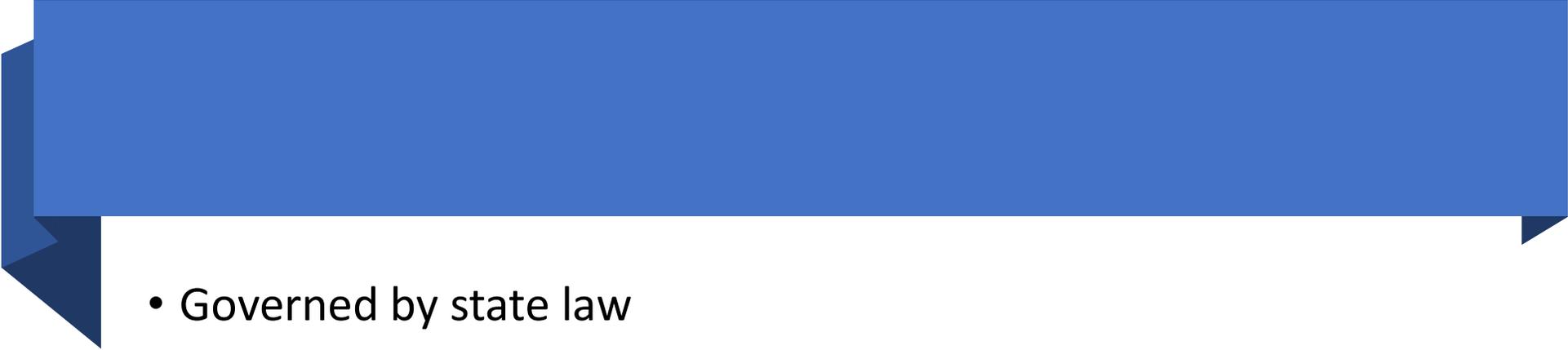
Implied (Simple) Consent- Minors

- ****Consent is given through signing of “Consent for Treatment” when entering the Healthcare environment (include Inpatient, Outpatient, ED patient)
 - *“I understand that my healthcare team may be comprised of physicians, physician assistants, nurse practitioners, nurses, technicians, residents, students, other employees, and agents*
- *Best practice is to still have a discussion with the parent/guardian and obtain their consent*

Informed (Expressed) Consent

A person's agreement to allow something to happen (such as surgery) that is based on a full disclosure of the facts needed to make the decision intelligently – that is, knowledge of risks involved, alternatives, benefits, and other information needed by a reasonable person to make a decision

- Oral or written agreement (Used with invasive procedures)
- Patient signs a consent form

- 
- Governed by state law
 - Required for hospitalization which covers all general forms of treatment
 - Additional consent required for ALL invasive procedures or treatments that could have harmful consequences in writing
 - Patient has right to refuse treatment or change their mind.
 - “I don’t want that study” – Has withdrawn consent

Being Informed includes:

- Purpose of proposed treatment
- What patient can expect to feel or experience
- Intended benefit of proposed treatment
- Possible risks or negative outcomes
- Advantages and disadvantages of possible alternative treatments (including no treatment)



- What if the patient is under the influence of medications, narcotics or other substances that alter their mental status?
- Who holds responsibility with obtaining consent for studies?

Obtaining Valid Informed Consent

Pediatrics/Minors

- Parental permission
 - Required for all minors (<18)
- Patient assent
 - Used when patient is a minor, but possesses adequate age and developmental level to participate in the decision
- Emancipated or mature minors permitted to provide their own informed consent



Three Criteria for Informed Consent

1. Consent must be given voluntarily
2. Consent must be given by a client or individual with the capacity and competence to understand
3. Client or individual must be given enough information to be ultimate decision maker

Signatures Required on a Consent: Physician, Witness, Patient Role

- **Physician's role:** To provide the information
- **Witness's role:** To witness the patient's signature.
 - Do not witness a document if you did not see the patient actually write the signature.
- **Patient role:** Ask questions to make autonomous decisions

Consent Form Content

- Authorization Clause
- Disclosure Clause
- Anesthesia Clause
- No-Guarantee Clause
- Tissue Disposal Clause

PATIENT: _____ DATE OF BIRTH: _____

PHYSICIAN: _____

PROCEDURE: _____

RISKS INCLUDING BUT NOT LIMITED TO: _____

My Signature Indicates That:

- I authorize the physician and healthcare team to perform this procedure and any procedure indicated as a result of unforeseen conditions revealed during the procedure.
- I understand the nature and purpose of the procedure, the potential benefits and the risks involved of the proposed procedure, and the possibility of complications, and the possible alternative treatments.
- I understand the reasonable alternative(s) to the procedure, including the risks, benefits, and side effects related to the alternatives and the risks related to not receiving the proposed procedure.
- I understand that my physician may direct or provide sedation or local anesthesia as deemed appropriate, and I understand the risks and benefits.
- If my procedure requires administration of general, regional, or monitored anesthesia care (MAC) anesthesia, I understand an Anesthesiologist will review and obtain consent for its administration.
- I understand that qualified medical practitioners other than the physician listed above may perform important tasks or parts of the procedure based on ability and under supervision as may be necessary.
- I acknowledge that no guarantees or assurances as to the results of the procedure have been made.
- I understand that a pathologist may examine all tissues and devices removed during the procedure. I consent to their possible use to advance medical education or research, and agree to allow the Hospital to dispose of these tissues and devices in accordance with all laws and regulations.
- I understand that during my procedure photographing, videotaping, audio recording, and/or televising ("Recordings") may occur for care/treatment purposes and will become part of my medical record.
- I understand that Recordings may be taken for education, training, educational/research publication, or quality assurance purposes. These recordings will be de-identified prior to external use and will not become part of my medical record.
- I understand that observers may be present during the procedure for medical education or other healthcare purposes.
- I understand that if my care involves a medical device required to be tracked under the Safe Medical Devices Act that certain items of my Protected Health Information will be shared with the manufacturer for the purpose of tracking. This will help the manufacturer notify me in the future of any potential serious health risks associated with the device(s).

Additional Discussion (if applicable): _____

CONSENT FOR PROCEDURE

RH3541 Revised 7.17 (1 of 2)

Consent Form Content

- Patient Understanding Clause
- Signature Clause

Patient Certification and Signature

I certify that I have read all pages of this document and I understand the information provided, including the anticipated benefits, material risks, alternative therapies, and risks of the alternative therapies.

I also certify that I have had an opportunity to ask the provider(s) all my questions concerning anticipated benefits, material risks, alternative therapies, and risks of those alternatives. All of my questions have been answered to my satisfaction and I have no further questions at this time.

Signature of Patient OR Authorized Individual

Date

Time

Printed Name of Patient OR Authorized Individual

Relationship to Patient

If signed by Authorized Individual, reason not patient's signature:

Incompetent Unconscious A Minor Other _____

Witness:

Signature of Witness

Date

Time

Printed Name of Witness

Certification of Provider:

I hereby certify that I have discussed with the individual granting consent, anticipated benefits, material risks, alternative therapies and the risks associated with the alternatives of the procedure(s). Further, I have considered the potential for a blood transfusion and, if appropriate, have obtained the patient's separate informed consent.

Signature of Provider Obtaining Consent

Date

Time

Printed Name of Provider Obtaining Consent

Use of Interpreter of Special Assistance (if applicable):

An interpreter or special assistance was used to assist patient in completing this form as follows:

Foreign language (specify) _____ Sign language
 Patient is blind, form read to patient Other (specify) _____

Interpretation provided by (Check appropriate box)

Language-Line Interpreter. ID# _____

Video Remote Interpreter (VRI). ID# _____ Name of Interpreter: _____

Signature of Interpreter

Date

Time

Printed Name of Interpreter

CONSENT FOR PROCEDURE

Many issues related to consent

- Undue influences--Surrogate decision makers
 - Surrogates - if the patient has given no advance directives regarding personal wishes
- Lack of time
- Lack of communication
- Health care providers
- Linguistic and cultural barriers
- Legal age
- Pediatric patients – legal guardianship
- Competence
- Influence of medications

Proving Lack of Informed Consent

- Plaintiff must show that material risk existed
 - Risk was unknown to patient
 - Risk was not disclosed
- Disclosure would lead reasonable patient to refuse exam/seek alternatives
- Patient was injured as result of lack of disclosure



Code of Ethics ARRT #5

The Radiologic Technologist assesses situations; exercises care, discretion, and judgment; assumes responsibility for professional decisions; and acts in the best interest of the patient

ARRT – American Registry of Radiologic Technologists
(Appendix D, p. 339)

Although legally, anyone can serve as a witness, students are not permitted to witness consent forms

2 exceptions to obtaining informed consent:

Emergency Situations

- Patient is unconscious or otherwise unable to consent
- Harm from failure to treat outweighs any harm caused by inherent treatment

Therapeutic Privilege

- Information withheld because risk of disclosure poses threat to patient
- Threat could lead to further harm

Emergency Exception

Emergent situations must meet the following criteria

- 1) The patient must be incapable of giving consent and no lawful surrogate is available
- 2) Danger to life or risk of serious impairment to health is apparent
- 3) Immediate treatment is necessary to avert these dangers



Therapeutic Privilege

Physicians/Imaging Professionals decide what the patient needs to know.

- Providers think it will have an adverse effect on the patient's condition or health
- Less often used due to awareness of patient rights
- Denying autonomy impairs informed consent

Biomedical Research

Imaging professionals may be employed by institutions that conduct research on human beings

- Ethical/Legal dilemmas



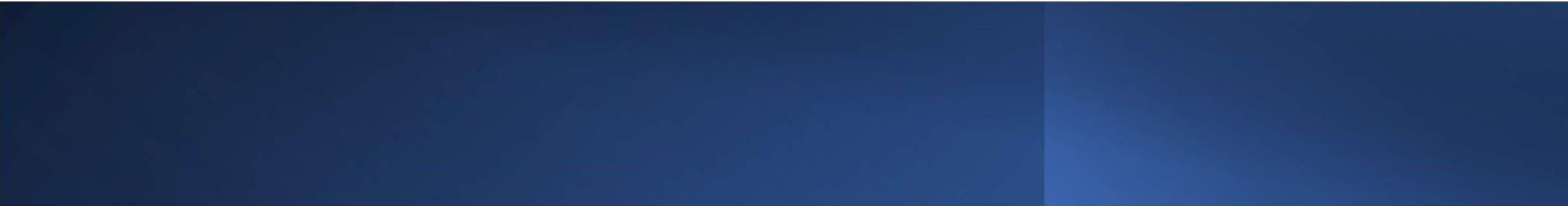
New Technology & the Law for Imaging Professionals



- Scope of Practice
- Be proactive
 - Read
 - Question
 - Be knowledgeable of standard of care

A blue ribbon graphic with a folded end on the left side, containing white text.

Patient Self-Determination Act--1991



Information in this Act must be provided to patient upon initiation of care

- Three main components
 - Patient has the right to facilitate their own health care decisions
 - Patient has a choice to refuse treatments
 - Patient has right to written advance directive

Advance Directives/Living Wills

Definition – A legal document prepared by a living, competent adult to provide guidance to the health care team if the individual should become unable to make decisions regarding his/her medical care

- Living Will
- Power of Attorney



Advance Directives/Living Wills

Exceptions

***In PA, living wills are not honored for pregnant women who do not wish to have life sustaining measures.*

- Both an OB and another doctor need to determine that life-sustaining treatments will not save the baby
- Treatments would have to be physically harmful to the mother and cause pain not relieved by medication



Other Legal Doctrines

The slide features a dark blue header with the title 'Other Legal Doctrines' in white. Below the header, there are two horizontal blue bars. The first bar is a solid blue rectangle. The second bar is a blue rectangle that is slightly offset to the right and has a 3D effect, appearing to be layered on top of the first bar.

- False Claims Act – Prohibits submission of false or fraudulent claims to the government
- Anti-Kickback Statute – Prohibits asking for or receiving anything of value in exchange for referrals of federal healthcare program business
- Ethics in Patient Referrals Act (EPRA) or “Stark Law” – Limits physician referrals when a physician has a financial relationship with the Hospital or Health System

- Conflict of Interest- Avoid wrongdoing or misconduct and the appearance of wrongdoing or misconduct (dishonesty)
 - Make decisions based on what is best for the patient
- Conduct all interactions with patients, medical staff, vendors, and all other members of the healthcare team in an ethical manner

Documentation

The slide features a dark blue header bar at the top. Below it, the word "Documentation" is written in white, underlined. A large, light blue horizontal bar spans the width of the slide, with a 3D effect on its right side that makes it appear to fold over or be layered. The background below this bar is white.

Orders

Following MD/Nurse Practitioner Orders:

- Must be legible
- Corresponds with patient complaint
 - Correct anatomical body part
 - Correct side
 - Correct reason
- MD Signature (written or electronically signed)



What if an order is incorrect or you suspect ordered incorrectly?

- Follow proper chain of command
- Do not carry out an order that you think is improper/erroneous

**You would be held legally liable if an error was made

DNR/AND Orders



Lawsuits have occurred for failure to follow DNR/AND orders

Battery

Negligent infliction of pain and suffering

“Wrongful life”



****Important to know your patient's DNR status**

Documentation
needs to be...

Complete

Truthful – never falsify records

Objective – factual

Timely (Document immediately after you provide care. Never document ahead of time.)

Legible/Grammar

Signed or electronically stamped with your name/numbers



- Never chart for someone else
- Use only hospital approved abbreviations
- Never leave a blank space in the record
- Always correct mistakes in the record
 - How?
 - Draw a single line through the error
 - Write “mistaken entry” next to the information
 - Document the correct information
 - Sign and date the correction

Code of Ethics ARRT #6

- “The radiologic technologist **act as an agent through observation and communication to obtain important information** for the physician to aid in the diagnosis and treatment of the patient....”

- ARRT – American Registry of Radiologic Technologists
(Appendix D, p. 339)

Film/Image Identification

- Liability has been imposed in cases based on the incorrect identification of films/images
 - Use proper patient ID
 - Select the proper name from the work list
 - Don't mix-up films in film jackets
 - Mark left and right side of images properly



Occurrence/Incident Reports

Objective
documentation of an
adverse event

Needs to be placed in
patient's health record

- Includes the type of incident
- Patient's reaction
- Notification of personnel
- Patient's progress

Contains information
about a specific
occurrence

- Not kept with the health record but rather sent to **risk management team or legal council**

RL Solutions

The screenshot displays the RL Solutions software interface. At the top left, the logo 'RL' is followed by the text 'software for safer healthcare'. In the top right corner, there are 'Bookmarks' and 'Logged in as Christina Wehr' options. The main header is 'Icon Wall'. Below this, there is a search bar labeled 'Find a form' with a text input field. To the left of the search bar, there is a clipboard icon and a document icon. Below the search bar, there is a paragraph of text: 'Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for.' followed by 'To access the Icon Wall Guide, click on the link below:' and a blue link labeled 'Icon Wall Guide'. The main area of the interface is a grid of 15 colorful icons, each with a label below it. The icons are arranged in three rows and five columns. The first row contains: Adverse Drug Reaction (red icon of a pill), Airway Management (blue icon of a person with a breathing mask), Blood Product (red icon of a blood bag), Diagnosis/Treatment (red icon of a graph), and Diagnostic Imaging (purple icon of a person with a scan). The second row contains: Employee Event (blue icon of two smiling faces), Equipment/Medical Device (yellow icon of a syringe), Environment/Facilities (blue icon of two buildings), Fall (yellow icon of a person falling), and Healthcare IT (orange icon of a computer monitor). The third row contains: Employee Event (blue icon of hands), Equipment/Medical Device (yellow icon of a medical device), Environment/Facilities (purple icon of a bottle), Fall (yellow icon of a person falling), and Healthcare IT (purple icon of a brain).

Committees

A decorative graphic consisting of a long blue horizontal bar on the left, which transitions into a 3D rectangular block on the right. The 3D block has a dark blue top surface and a lighter blue front and right side, creating a sense of depth.

Ethics Committees

Serve as a problem-solving and decision-making body

- Physicians, chaplains, administrative personnel, employees from various departments, and occasionally legal representatives

Choose a course of action according to its best collaborative judgment of what should be done based on:

- Institutional values
- Personal values
- Moral meaning of the situation to all parties involved

Ethics Committees

- Help healthcare professionals address ethical problems surrounding termination of treatment and related issues
- Education
- Develop policies regarding problem areas
 - Death and dying
- Act as advisory consultants

Risk Management

- *Definition.* System for identifying, analyzing and
- evaluating risks and selecting the most
- advantageous method for treating them

- Developed to manage and control the amount of legal and financial risk to the organization
- Maintains high-quality patient care and conserves the facility's financial resources

Risk Management

- *Goals of a Risk Management program*
 - Elimination of the causes of loss experienced by the hospital and its patients, employees, and visitors
 - Lessening of the operational and financial effects of unavoidable losses
 - Covering of inevitable losses at the lowest cost

Risk Management

- *Guidelines:*
 - Follow facility and departmental policies and procedures
 - Take a thorough, consistent and systematic approach to informed consent and documentation
 - Strictly respect patient confidentiality
 - Practice consistent radiation protection
 - Be aware of safety issues
 - Report hazardous conditions

Quality Assurance

- A process to assess quality of patient care
- that uses hospital committees to oversee
- the quality of various hospital functions
 - Functions mandated by the Joint Commission on Accreditation of Healthcare Organization
 - Focuses more narrowly on patient care than risk management



Who is a Risk Manager??

- **Hospital-employed risk manager or team**
 - **Hotline: x5005 (RH)**
- **Quality assurance programs**
 - **Hospital committee**
- **Each student or staff imaging professional**

Conclusion



Radiologic science professionals are legally liable for their actions in the daily performance of diagnostic procedures and patient management.



Professionals have a responsibility to understand and practice the Standard of Care of the profession.



Professionals must respect patient autonomy at all times.



A patient's health information must be kept confidential.