Risk Management Hotline

Who Can Perform Preop History & Physical Exams?

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Many patients contemplating eye surgery also have medical conditions that could increase the risk of operative or diagnostic procedures and anesthesia/sedation. While ophthalmologists are medical doctors, as specialists they generally limit their care and treatment to ophthalmic conditions. Accordingly, most ophthalmologists do not perform the preoperative history and physical examination (H&P) themselves. Instead, they regularly refer the patient to the primary care physician (PCP) for medical clearance. In the past, H&P exams performed by the PCP within 30 days of surgery met the requirements of regulatory and credentialing organizations. In 2002, CMS began mandating a reassessment within 7 days of surgery, and JCAHO recently instructed facilities that the patient's condition must be updated within 24 hours of the procedure. As a result, ophthalmologists are being asked to either conduct the reassessment themselves or cosign one done by a Certified Registered Nurse Anesthetist (CRNA), Physician's Assistant (PA), or Nurse Practitioner (NP).

Q My hospital has asked me to update the patient's preoperative history and physical examination by conducting a physical assessment prior to surgery. I haven't done a preoperative H&P since my residency years ago, and I don't feel competent to do one now. What should I do?

A There is no way to *truthfully* sign a reassessment form without conducting a history and physical examination, however brief. Ophthalmologists whose current competency does not include these skills should decline such requests and work with the hospital administration to find alternative solutions, such as those described below.

Q I have been conducting these reassessments for several years. What are the malpractice risks?

A The primary purpose of the preoperative evaluation is to determine if the chosen procedure and anesthesia are safe and appropriate for the patient and to help anticipate potential complications related to ophthalmic or medical comorbidities. If a patient experiences an unanticipated outcome, he or she might allege that the reassessment was negligent or failed to detect preexisting medical conditions. If you conduct these evaluations, make sure your H&P skills are up-to-date.

Q The ASC where I operate has hired NPs and PAs to reassess patients. Is it risky for me to cosign their evaluations?

A No. These are highly trained mid-level practitioners whose scope of practice regularly includes H&P exams. OMIC has analyzed the liability risk for ophthalmologists when CRNAs provide anesthesia care during ophthalmic procedures ("Anesthesia and Sedation Risks and Precautions," *OMIC Digest*, Summer/Fall 2004). When physicians supervise CRNAs who are not their employees, they are not necessarily liable for the actions of the CRNA. Courts generally focus on the amount of control the physician exercises over the provider to determine whether the physician should be held liable for the anesthetist's actions—whether the anesthesia provider is a CRNA or an anesthesiologist. While plaintiff attorneys might argue that the ophthalmologist's signature on anesthesia orders, evaluations, or records is proof of control, they will need further evidence that the physician directed the actions of the CRNA to win their case. Similarly, simply cosigning the update to the patient's condition does not make the ophthalmologist liable for the actions or omissions of the NP or PA.

Q Does my signature imply that I am certifying the reassessment?

A No. Your signature on a reassessment form acknowledges that the patient's medical condition has been evaluated but does not imply that you are attesting to the accuracy or thoroughness of the examination in question. Once the NP or PA has completed the history and physical examination, read it and write "Patient reassessed and medically cleared for surgery by _____ NP/PA" (include the provider's name and title).

Q Can the preanesthesia evaluation performed by the anesthesia provider be used to update the patient's condition?

A Yes, and many hospitals and surgery centers meet the CMS and JCAHO requirements in this way. Anesthesiologists and CRNAs have considerable expertise in conducting H&Ps, and must evaluate the patient prior to administering sedation or anesthesia. In the "Updates to the Patient's Condition" question on its web site **(www.jcaho.org)**, the JCAHO states, "In the situation where the patient is going to have surgery within the first 24 hours of admission, the update to the patient's condition and the preanesthesia assessment (PC.13.20) could be accomplished in a combined activity."