

Risk management opportunities for Orthopedics

1. Joint replacement



Focus on education and training to improve surgical techniques in joint replacement surgery, especially knee, hip, and shoulder arthroplasty.

2. Informed consent



Do not rely solely on consent forms to educate patients about surgical options. Engage in good, shared decision-making and expectation management by having physicians discuss procedures directly with patients and addressing their questions well in advance of scheduling surgery.

3. Perioperative infection



Reduce perioperative infections in ambulatory surgery by focusing on preoperative antibiotic regimens and patient counseling. Develop a system to track outcomes of perioperative infections and/or revision procedures for focused quality improvement efforts.

4. Test result management



Develop a closed-loop system for following up on outstanding results of tests and imaging studies, and a system to notify patients and referring physicians of incidental findings that require follow-up.

5. Surgical Team



Promote effective communication and teamwork among surgical team members, including clear and accurate exchange of information, use of standardized protocols, and effective coordination of care. Use [structured communication tools](#) and the [TeamsSTEPPS 3.0](#) curriculum to enhance team performance. Promote a culture of safety that empowers any member of the surgical team to speak up if they encounter a patient safety issue.

Resources for the above risk management opportunities can be found in the [American Academy of Orthopaedic Surgeons Toolkits](#)

Orthopedics Case Study



A 62-year-old male presented to his orthopedist for evaluation of knee pain. MRI revealed osteoarthritis involving the lateral femoral condyle, and the patient was managed conservatively with NSAIDs. Over several months, the patient developed worsening pain and he received multiple injections of cortisone and Synvisc without lasting relief. The orthopedist recommended a surgical partial knee replacement of the lateral compartment, in an attempt to defer a total knee replacement (TKR). While the patient was not asked to sign a consent form, the orthopedist documented a 30-minute informed consent discussion in which he also told the patient that he might ultimately require a TKR. During surgery, the orthopedist identified chondromalacia in both the lateral and medial compartments. He decided to proceed with bilateral resurfacing of the medial and lateral compartments, a procedure he had not previously attempted, to avoid a TKR. A nurse was sent out to obtain consent from the patient's wife, and the orthopedist then proceeded with the bilateral resurfacing procedure. Postoperative imaging initially showed good fixation of the implants, but the patient subsequently complained of a clicking sensation, external rotation of the foot, and swelling of the knee. The orthopedist recommended a total knee replacement; the patient sought a second opinion from another physician, who informed him that the implants were misaligned. The patient underwent a TKR with the other physician, and he continued to experience pain and reduced function of the knee. The patient sued the orthopedist, alleging that he failed to obtain adequate informed consent and negligently performed the partial knee replacement, resulting in misalignment of the implants and the need for further surgery. Defensibility challenges included the decision to proceed with bilateral partial knee replacement as opposed to TKR, deficiencies in the informed consent process and documentation, and technical problems with the alignment of the implants. **The lawsuit was settled on behalf of the orthopedist for \$500,000.**



Explore the [MIEC Knowledge Library](#), which contains valuable patient safety and risk management content.

Data Driven Risk Management: MIEC partners with independent sources to supply detailed data that allows for analysis and insight. This information is intended to help MIEC members evaluate their practices and procedures across a wide variety of clinical settings and specialties.

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