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Risk Management: It's a Team Effort

Shari Moore, RN, BSN

Disclaimer

- This information is not intended to be legal advice and is not intended to establish guidelines and/or the standard of care
- PLICO is not a regulatory agency
- PLICO does not dictate, mandate or identify practice protocols to be used
- PLICO does not ensure practitioner compliance with guidelines

Objectives

- Discuss the most frequently identified risks in the medical practice.
- Identify which of these risks may be present in your practice.
- Discuss strategies to address and mitigate these risks to improve patient safety and experience.

Top 5 team fouls

- Communication
- Diagnostic test results/consultant/referral tracking
- Documentation
- Patient confidentiality
- Management of patient complaints

#5 Management of patient complaints

Does your practice:

- Have a process/P&P to identify and respond to patient complaints?
- Educate staff on that process?
- Identify who in your practice handles and responds to patient complaints?
- Promptly respond?

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#5 Management of patient complaints

Common complaints:

- Scheduling appointments
- Prescription refills
- Phone interaction
- Discharge instructions
- Billing/collections
- Staff interaction

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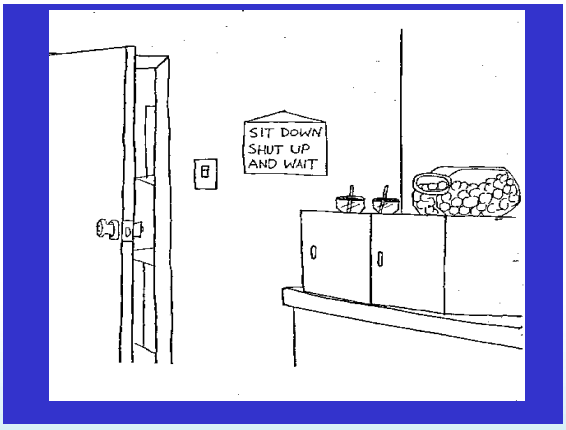
#5 Management of patient complaints

#1 Complaint:



Patience stretched thin waiting to see doctors

DEAR ABBY: Your advice to "Sick of Waiting in Denver" will help a number of our patients. Physicians don't want frustrated and angry patients, and we don't plan our day expecting long waits. Your suggestion that when a doctor is running more than 15 minutes late, the next person should be warned is appropriate.

Your other suggestion to call the doctor's office an hour ahead of time to see whether he or she is on schedule might not work. The physician might be on schedule, but a problem could arise that throws him off. Arriving at the office and finding the doctor horribly backed up after hearing that he was on schedule at the time of the phone call would be upsetting.

Unfortunately, I haven't found an easy solution to this in my 25 years of practice. It does help to focus on good manners and empathy, and to alert patients at the time of check-in if there's a problem," which allows them to return or reschedule. Of course, the physician conveying personally to his patients that their time is as important as his also goes a long way.

Dr. Marc Schneiderman,
Pennsylvania

DEAR DR. SCHNEIDERMAN: Amen to that, and thank you for saying so. Read on for some of the comments I received from patients:

DEAR ABBY: I find it interesting that the doctor's rights are prominently posted in the waiting room, e.g., co-pays are due before you see the doctor; if you don't cancel your appointment 24 hours in advance and you fail to show up, you will be billed for the appointment. But nowhere do you see the patients' rights posted.

As a patient I insist on one simple right — that the doctor see me within 15 minutes of the appointed time made by his or her staff. Last year, I fired two doctors for keeping me waiting. In both cases, I let the doctor know I would no longer be seeing him and why. One had the gall to tell me his patients expected to wait for him.

As patients, we enable doctors to get away with unprofessional behavior by not insisting on accountability. I am a professional, and time spent in a doctor's office is time taken away from my clients. My time is as valuable to me as the doctors' time is to them.

Larry W., Sun City, Ariz.

DEAR ABBY: I suggest that, whenever possible, patients should request the first appointment in the morning or after lunch.

The chances of being seen on time are greater at those times.

Maggie B.,
Dana Point, Calif.

DEAR ABBY: My husband had an appointment with a physician who kept him waiting an hour in the waiting room and nearly another hour in the examination room. When the doctor finally appeared, my husband complained about the long wait.

"I'm a doctor, and I can't be rushed," he responded. "If I make a mistake, someone could die."

My husband, without missing a beat said, "Really? Well, I'm an architect. If I make a mistake, thousands could die. I guess I win."

With that, he got dressed and walked out. Needless to say, we never returned to that doctor.

I disagree that it is the patient's job to make sure the doctor isn't running late. His office staff can easily inform people of that fact when they walk in, giving them the option of waiting if they wish (or can).

No Longer Waiting,
Harmony, Pa.

DEAR ABBY: I am a professional. My hourly fees are similar to those of doctors. My policy is any waiting time after 30 minutes, I bill the doctor for my time.

Patrick,
San Anselmo, Calif.

Write Dear Abby at www.DearAbby.com or P.O. Box 69440, Los Angeles, CA 90069.

#5 Management of patient complaints

Proactive risk management strategies:

- First impressions
- Telephone etiquette
- Ease of scheduling
- Clear explanations
- Manage expectations
  - Practice brochure/welcome packet
  - Estimation of expected wait time
  - Patient responsibilities
  - Billing procedures

#5 Proactive risk management strategies

Practice brochure/welcome packet

- Logistical information
  - Directions
  - Office hours
  - Phone numbers (including after hours information)
  - Website
- Mission/vision of practice
- Brief biography of doctor, APRN, PAs
- Prescription refill policies
- Appointments/cancellations
- Financial policies
- Termination of relationship
- Patient portal information

#5 Proactive risk management strategies

Patient responsibilities

- Ask questions
- Assure medical history is accurate and update with changes
- Keep appointments
- Follow through with referrals
- Understand your insurance and/or self-pay obligations
- Pay your co-pays and bills in a timely manner
- Actively engage with the treatment plan

#5 Reactive risk management strategies

- Institute a consistent process to identify and respond to patient complaints
  - Identify who is responsible to respond to patient complaints
  - Establish an appropriate timeline for response
  - Define authority for remediation
- Educate staff on the process
- ALWAYS follow up

Doing Right by Our Patients When Things Go Wrong in the Ambulatory Setting
http://www.ihi.org/resources/Pages/Publications/WhenThingsGoWrongAmbulatory.aspx

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#5 Management of patient complaints

One more issue…

Termination of physician-patient relationship

Considerations

- Timing
- Members of a protected class
- Supporting documentation

Tried Everything!

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#5 Management of patient complaints

The Letter

- Letter should be objective and non-confrontational
- Reason for discharge is not required
- Offer emergency care for stated period, e.g., 30 days, specifying when offer expires
- Offer to send copy of medical record to new provider
- Include medical records release form
- Indicate need for follow-up and necessary timing; list potential risks if patient does not follow through

- Send certified and regular mail
- Retain a copy in the medical record
- Place patient on "no schedule" list

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#4 Patient confidentiality

- HIPAA
- Medical records release
- Social Media

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#4 Patient confidentiality

HIPAA

- Policy and Procedure manual
- Security Risk Analysis
  - https://www.healthit.gov/providers-professionals/security-risk-assessment-tool
- Employee education
  - Annual education
  - Quarterly updates
  - Anytime there is a breach or failure to protect patient confidentiality
- Business Associates Agreements
- Breach notification
- Security
  - Physical space
  - Computer firewalls/encryption

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#4 Patient confidentiality

Medical records release

- Standardized medical records release form
  - https://www.ok.gov/health2/documents/HIPAA-Authorization%20effective%2008-14.pdf
- Electronic records
- Deceased patients
  - 76 O.S.§19.A.1.
- Minors
  - 10 O.S.§1.5.2.-Custodial and non-custodial parental access
  - 63 O.S.§54.2602-Right to self-consent

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#4 Patient confidentiality

Social media

- Patient privacy breaches can cause much greater harm when occurring online than when face-to-face or in paper form given the potential wide reach of social media and the **permanency** of digital information.

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#4 Social media

Do

- Establish a policy for acceptable use of social media relating to your practice.
- Maintain the same standards fro privacy and confidentiality of patients' PHI on social media as you would in all other forms of communication.
- Train your staff on federal and state privacy laws and how they specifically relate to social media.
- Secure written consent from patient before using photos or testimonials for advertising or marketing purposes.
- Secure written consent and provide guidelines for use of a patient portal.
- Do assure that all communication is documented in the medical record.

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#4 Social media

Don't

- Assume that everyone on your staff identifies the risks of divulging sensitive information online.
- Post pictures or details about patients on personal or professional social media accounts, even if you think the level of detail isn't sufficient to identify the patient.
- Rely on verbal agreements or informal consents from patients to use their photos or information on social media.
- Make any comments about patients, coworkers or your place of employment

#4 Patient confidentiality

To text or not to text

- May reside on mobile devices indefinitely, leaving them vulnerable to unauthorized access due to theft, loss, or recycling of device.
- May be accessed without any level of authentication.
- May be intercepted and decrypted with inexpensive equipment.
- Generally do not accomplish appropriate documentation re: patient care/communication.
- May be discoverable if PHI is exchanged on your personal device.
- May not comply with HIPAA "right to access and amend PHI"

#4 Texting

Do

- Have an organizational policy
- Use password protected devices
- Use encrypted connections (consider vendor secure messaging applications)
- Document all communications in the official medical record

#4 Texting

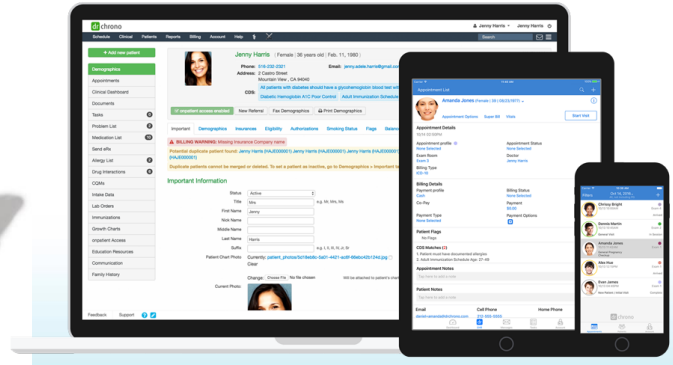
Don't

- Use personal devices
- Use "text talk"
- Use texting for patient care orders

#3 Documentation

#3 Documentation

A good chart defends itself AND those who wrote it!



#3 Documentation

Purposes of the medical record

- The single source to memorialize all care provided to the patient
- Reflects your care as a professional
- Communication tool among caregivers
- Data tool for performance improvement activities
- Provides for accurate reimbursement

#3 Documentation

The basics have not changed…only the platform

- Correct patient
- Date and time each entry
- Approved abbreviations only
- Convey significant details
- Amend/correct appropriately

#3 Documentation

- Legible
- Clear language
- Record results
- Be complete and thorough
- Do not use copy/paste function in the EHR
- Do not alter records
- **Never alter the medical record**
- **Don't even think about it**
- **Really, you won't get away with it**

#3 Documentation

Do

- Give information pertinent to patient's care and treatment
- Tell the patient's story
- Chart while memory is fresh
- Comply with policies and procedures
- Document objectively
- Include unusual events
- Include sufficient detail regarding patient

#3 Documentation

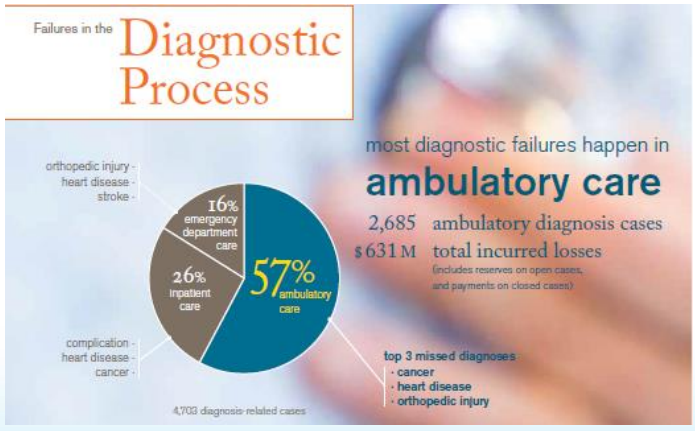
- Allergies
- Communication w/pt including text messages
- Request for appt
- Missed/rescheduled appt
- Adverse reactions/emergencies
- Request for copy of record
- Informed consent/refusal
- Request from other providers
- Scheduled tests/consults
- Patient complaints/concerns
- Prescription refill
- Updates to H & P
- Non-compliance
- Patient education and materials
- Test results/consult reports
- Pharmacy contact
- Billing inquiries

#3 Documentation

Don't

- Include judgmental attitudes, criticisms or complaints about the patient
- Criticize prior treatment by others
- Use personal abbreviations
- Use copy/paste function in EHR
- Document assessment/treatment/services not performed
- Document before a task is done
- Document "incident report completed"
- Keep personal notes
- Ignore abnormal test results until patient visit

#2 Diagnostic test results/consultation/referral tracking



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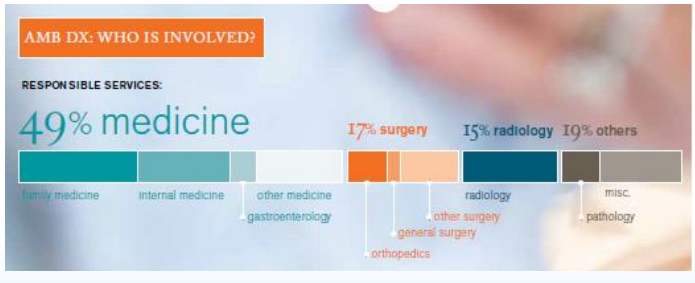


#2 Diagnostic test results/consultation/referral tracking

#2 Diagnostic test results/consultation/referral tracking

- Testing and results processing
  - Test performed
    - Ordered but not performed
    - Performed incorrectly
    - Specimen mislabeled or mishandled
  - Test interpreted
    - Report of findings incomplete or inaccurate
    - Abnormal findings not ruled out
    - Failure to appreciate critical results
  - Test results transmitted/received
    - Receipt/review of result by ordering physician not completed or delayed

#2 Diagnostic test results/consultation/referral tracking

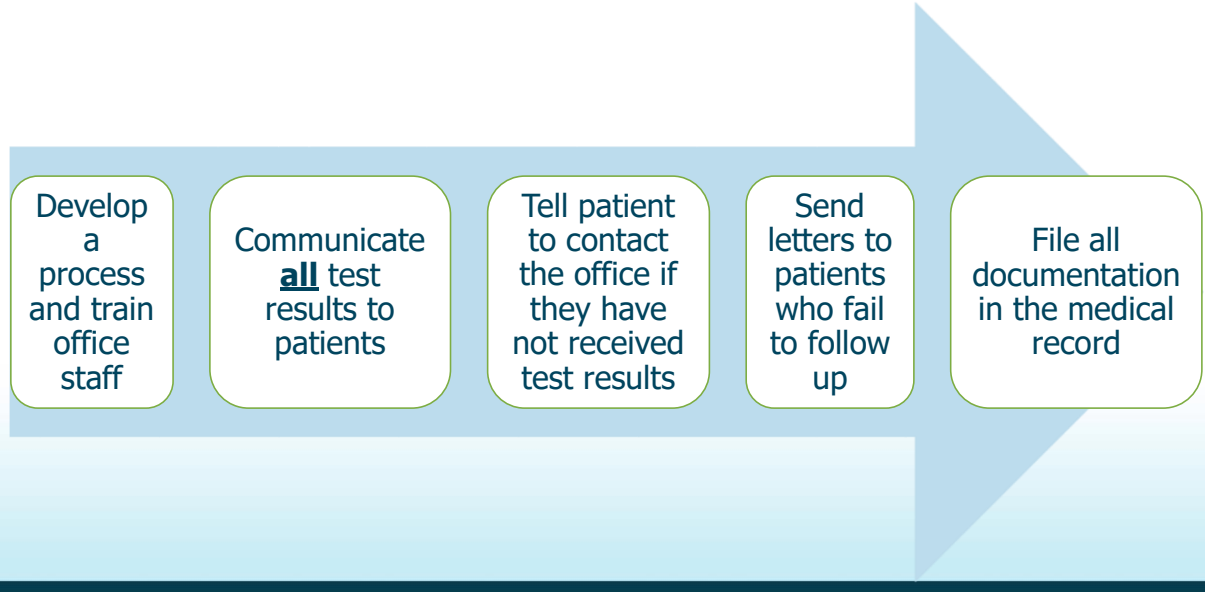
- Follow-up and coordination
  - Physician follows up with the patient
    - Findings not communicated to patient
    - Follow-up testing not arranged
    - Follow-up not documented
  - Referrals and consults
    - Appropriate referrals not made or managed
    - Unclear responsibility among providers
  - Patient information communicated among care team
    - Failure to review/share patient information that influences diagnostic process
  - Patient and providers establish follow-up plan
    - Patient fails to adhere to follow-up plan

#2 Diagnostic test results/consultation/referral tracking

Do

- Track test results using a standardized process
- Inform patients of ALL test results, whether normal or abnormal
- Give special attention to clinically significant results
- Tell patient to call the practice if they haven't received results in a set number of days
- Document all efforts to notify patient of test results
- Document patient refusal/non-compliance

#2 Diagnostic test results/consultation/referral tracking



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#2 Diagnostic test results/consultation/referral tracking

Don't

- Use a system that relies solely on human memory
- Succumb to the notion that "scheduling is the patient's responsibility"
- Communicate results on a plain postcard or an answering machine
- Have a policy of "NO NEWS IS GOOD NEWS"

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#2 Diagnostic test results/consultation/referral tracking

Case Study

A 70 year old healthy male presents to his primary care doctor (a 3rd year resident) for routine visit. The resident is in his final month of training and will leave the practice on completion.

A PSA is ordered to screen for prostrate cancer. It returns markedly elevated at 83 ng/ml. The patient is not immediately notified as the electronic alert was sent to the primary care provider who has graduated. No system for hand-offs relating to pending tests and alerts was in place.

Eight months later the patient presents with new onset back pain. Imaging confirms metastatic prostate cancer.

http://webmm.ahrq.gov

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#2 Diagnostic test results/consultation/referral tracking

Case Study

A 10 year old girl with hx of asthma presents to pediatrician because of a 15 lb weight loss over 3 months. No systemic symptoms, no change in diet or urination. Unremarkable physical exam. Labs are ordered on Thursday morning. It's a busy Monday and Dr reviews results late Monday, revealing a glucose of 320.

Mother is contacted immediately, and brings her child to the office for a stat repeat blood test. Her sugar is now 450, and she has ketones in her urine. She is given insulin and specific instructions on management. The patient and mother return each day to the office for the next few days for ongoing management. No long term consequence.

The Pediatrician was surprised that no one had notified him about the elevated blood sugar. He came to learn that the result had been faxed on Saturday, the covering physician unaware . This clinic has no EMR.

http://webmm.ahrq.gov

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#1 Communication

Health care communication is defined as

the successful exchange of information needed to diagnose and treat patients.

A personal membership group

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#1 Communication

30% of the claims had one or more communication factors contributing to the event.

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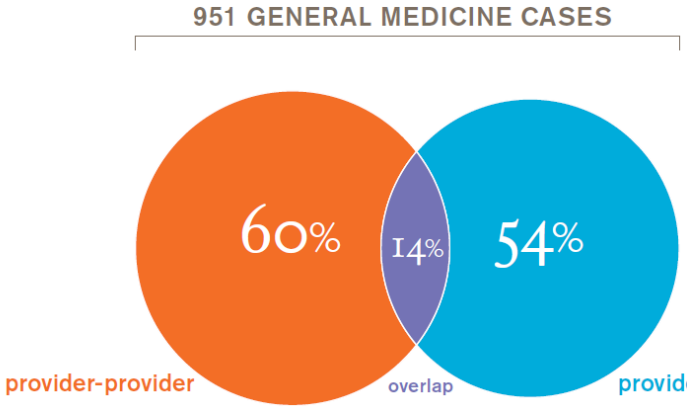
#1 Communication

#1 Communication

#1 Communication



45% reflect a diagnostic error (most commonly, missed cancers)

68% occurred in an ambulatory setting

60% resulted in a high-severity injury

37% resulted in death

TOP COMMUNICATION FACTORS

26% miscommunication among providers re: patient's condition

14% poor documentation of clinical findings

10% inadequate education re: risks of medications

#1 Communication

DO

- Treat patients with respect at all times
- Actively listen to patients
- Use patient's name (ask preference)
- FOCUS, FOCUS, FOCUS
- Connect with patient
  - Introduce yourself
  - Shake hands
  - Be face-to-face with patient
  - Be attentive to body language
  - Speak at the same physical level

#1 Communication

#1 Communication

Do

- Remember cultural, ethnic, and religious beliefs can influence your interactions
- Use plain language
- Ask open-ended questions
- Allow time for the patient to ask questions
- Use written educational materials when appropriate
- Use “teach-back” method to ensure patient understanding

#1 Communication

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#1 Communication

DON'T:

- Allow physical barriers
- Interrupt patient
- Listen to respond
- Overlook patient literacy limitations
- Assume understanding just because the patient does not ask questions
- Ever say…"No news is good news."

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#1 Communication

The biggest problem with communication is the illusion that it has occurred.

-George Bernard Shaw

#1 Communication

The failure to communicate is a catalyst for converting patients to plaintiffs.

Policies and procedures

Policies and Procedures

- Telephone protocols
- Tracking Test Results
- Medication Administration
- Patient Rights
- Human Resources
- Social Media
- Incident Reporting
- Medical Records
- Emergency Response
- Billing and Collections
- Environment of Care

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Policies and procedures

Writing the Policy and Procedure

- Use a consistent format
- Use consistent terminology
- Write in third person using gender-neutral language.
- The content of the policy should be consistent with the actual practice

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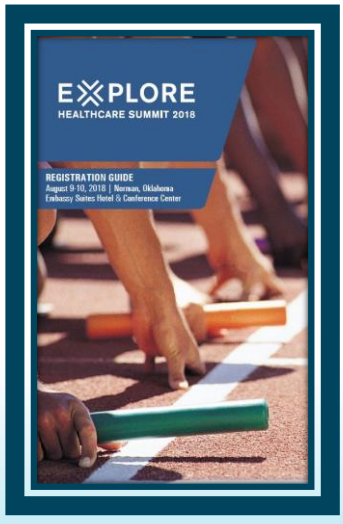
Resource

The American Medical Association's Practice Management Package
Policies and Procedures for a Successful Medical Practice

AMA's website—https://commerce.ama-assn.org/store/

Look under *Business Management, and Practice Management Packages*

EXPLORE Healthcare Summit 2018



Thank you!

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