



COOPERATIVE OF
AMERICAN PHYSICIANS



**REDUCING LIABILITY
IN YOUR MEDICAL OFFICE:
THE ROLE YOUR STAFF PLAYS**

**PRESENTERS:
SUE JONES, CPHRM
DONA CONSTANTINE, RN
SENIOR RISK MANAGEMENT AND PATIENT SAFETY
SPECIALISTS**

No planner of this program has any relevant financial relationship to disclose



**THE SPEAKER IS NOT ENGAGING IN
RENDERING LEGAL ADVICE OTHER THAN
RISK MANAGEMENT ADVICE.**

**IF LEGAL ADVICE IS REQUIRED, THE
SERVICES OF A BUSINESS ATTORNEY
SHOULD BE SOUGHT.**

Program Objectives



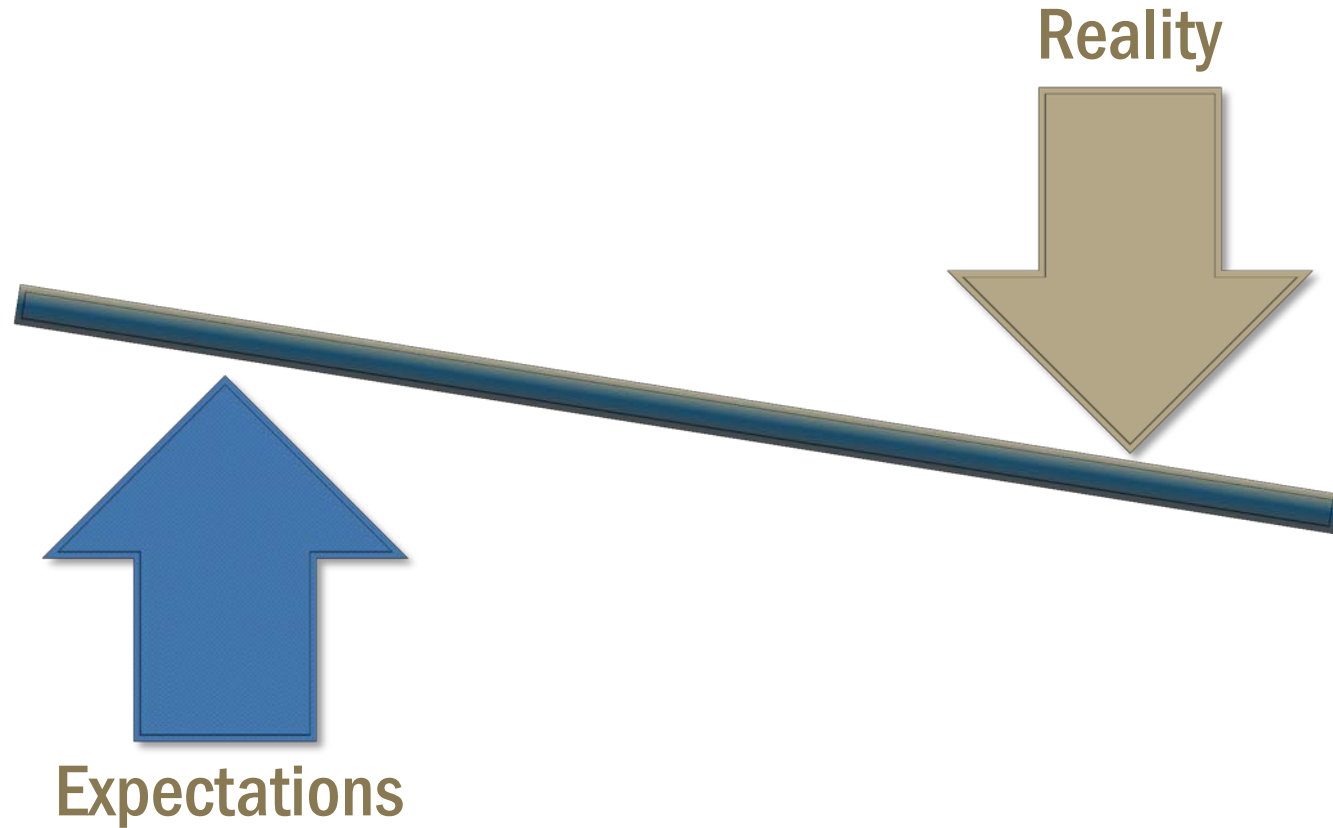
- **Identify key components for an effective risk management plan and tools for the practitioner office**
- **Identify key operational risk areas and ideas to reduce risk**
- **Address staff “Scope of Practice” issues with licensed and non-licensed office staff**
- **Discuss critical issues of medical record documentation**
- **Methods to increase Patient Satisfaction and Patient Safety**
- **Utilize the CAP Risk Management Self Assessment Kit**



“Physician offices can improve patient outcomes and staff productivity, as well as reduce professional liability exposure, by having an effective risk management program in place. This includes being aware of specific high-risk operational and clinical risk issues in your office, effective methods for managing employee issues, and procedures to elevate patient satisfaction.”

ASHRM 2012

Risk Management = Expectation Management



Fundamentals of Risk Management



Risk Management protects patients, physicians, and personnel by making **SAFETY FIRST** the core value and organizing principle of the organization.



2015 Average Indemnity and Expenses[†]



Specialty	Avg. Indemnity	Avg. Expenses
Orthopedic	\$268,632	\$41,141
GP/FP	\$296,065	\$40,401
Internal Med	\$341,925	\$44,014
Radiology	\$380,397	\$37,052
Pediatrics	\$397,407	\$52,009
OB/GYN	\$423,250	\$53,874

Reprinted with permission from the MPL Specialty Specific Series, 2015 Edition, Exhibit 2, Copyright 2016.
The information provided may be used for personal use only. Any other use requires prior permission
of the PIAA.

Most Errors in Diagnosis



- **Breast Cancer**
- **Cancer of lung/bronchus**
- **Myocardial Infarction**
- **Appendicitis**
- **Colorectal Cancer**



Most Expensive Allegations



- **Improper Performance**
- **Missed or Misdiagnosis**
- **Failure to Supervise or Monitor Care**
- **Medication Errors**



Risk of Claims



- Patient Unhappiness
- Rapport with Physician and/or Staff
- Access to Appointments
- Care or Treatment that does not meet “Expectations”
- Communication
- Documentation

Top “10” High Risk Areas in Physician Offices



- **Decreased Patient Satisfaction**
- **Discharging Patients from the Practice**
- **Vicarious Liability**
- **Lack of Adequate Follow-Up**
- **Poor Medication Management**
- **Lack of Communication with Patients and Other Providers**
- **Office Staff Exceeding their Scope of Practice**
- **Inadequate or Missing Documentation**
- **Difficulties with EMR transitions**
- **Lack of Risk Management Planning**



Risk Management Plan



- **Administrative Risks**
- **Patient Safety and Patient Satisfaction Risks**
- **Safety and Environmental Risks**
- **Credentialing, Privileging and Staff Competency Risks**
- **Billing/Compliance Risk**



Identify Key Components



Effective Risk Management Plan and Tools for the Practitioner Office

- **Front Office: First Impressions Really Do Matter**
- **Back Office: The Heart of the Visit**
- **Medical Records: Protecting a Valuable Tool for PHI and Defense**
- **Education and Training: Staff Play a Key Role in Preventing Liability**

Identify Key Operational Risk Areas



- Effective Communication
- Documentation
- Recall and Tracking
- Medication Management
- Specialists (labs, referrals)
- Ambulatory/Office Procedures
- Telephone Contact
- Billing
- Emergencies
- HIPAA





Each Certified and Licensed Allied Healthcare Professional has an SOP that defines what they are legally permitted to do and under what circumstances (varies by state, national standards, and/or credentialing or licensing bodies)

Scope of Practice

- **Law**
- **Job Descriptions**
- **Monitor and Feedback**

Scope of Practice Issues



Licensed and Non-Licensed Office Staff (Vicarious Liability)

- NP/PA (Standardized procedures/Delegation of Services)
- RN/LVN (Current License)
- MA (Certification vs. OTJ)
- Techs (Certification)
- Students/Volunteers
- Scope of Practice
- Medications/Refills
- Treatments/Procedures
- Consent Process
- HIPAA/Confidentiality Statement

The Physicians Best Defense



IF IT ISN'T DOCUMENTED, IT DIDN'T HAPPEN...

WHAT YOU DO IS YOUR FIRST LINE OF DEFENSE

**WHAT YOU DOCUMENT IS YOUR SECOND LINE OF
DEFENSE**

Paper Records and EMR



Good Documentation

- Ensures an accurate record to demonstrate competent care
- Ensures communication with the patient and other providers
- Ensures a defensible record of diagnostic and treatment services
- Legibility
- Addendums/Late Entries
- Safeguarding PHI
- HIPAA (Privacy and Security)
- Medical Record Retention

Paper Records and EMR



Transitioning to EMR

Aren't computers supposed to make our lives easier??



Patient Satisfaction Issues



- **Poor Communication**
- **Extensive Wait Times**
- **Telephone Answering and Callbacks**
- **The Doctor/Staff Are Not Listening to Me**
- **Increased Costs**



Methods to Increase Patient Satisfaction and Patient Safety



- **Effective Communication**
- **The Quality of the Patient Experience**
- **Patient Satisfaction Survey**



Communication



An overwhelming majority of untoward events involve communication failure.

- **Be Responsive to Patient Needs**
- **Understand the unique culture of your community and the patients you serve**
- **Monitor your patient information carefully to manage their care**
- **Give patients clear goals and instructions**
- **Have commonly used forms available in the patient's language**
- **Track all diagnostic and consultant referrals**
- **Ensure you have a system to notify patients of all diagnostic test results**
- **Follow up with patients if they do not comply**
- **Document all steps taken by the office**
- **Email and Texting**
- **Train all staff to deal with patient complaints/problem solving/customer relations**

The Phone



- **Train all employees in proper telephone etiquette**
- **Answer the phone in a timely manner**
- **Do not keep patient/caller on hold for a long period of time**
- **Maintain and document a call log/verifying callbacks**
- **Telephone triage**
- **Document all calls of a clinical nature**
- **After-hour call handling**



Doctor/Staff Not Listening to Me



- Document ALL patient symptoms during the exam and ADDRESS them
- Ask clarifying questions
- Ask “open-ended” questions
- Use “active listening” skills and repeat back
- Give the patient TIME to ask questions
- Document patient education
- Show empathy and compassion, not indifference
- Use plain language when talking with patients

Wait Times



- Evaluate your scheduling
- Scheduling should be patient-friendly
- Be respectful of patient's time
- Well-maintained waiting room
- Quickly relay delays
- Block times in schedule for “acute patients”
- Confirm appointment 24 to 48 hours in advance
- Verify pending diagnostic tests (if not done, reschedule appointment if patient is not acute)



Discharging A Patient



- Understand state law
- Understand Insurance Payor Contracts (HMOs, PPOs, Medicare/Medicaid, ACOs, etc.)
- Written policy and procedures
- Define when and why the patient may be discharged



HIPAA Compliant



- Administrative Safeguards
- Technical Safeguards
- Physical Safeguards

<http://www.hhs.gov/hipaa>

<http://www.medlaw.com/cms-recommended-hipaa-resources/>



HIPAA



- Covered Entity
- Business Associate
- Protected Health Information(PHI)



Kudos to the Staff



- Job Descriptions
- Performance Reviews
- Reward Staff for a Job Well Done



Risk Management Self-Assessment Kit



Risk Management Self-Assessment Kit: Reducing Liability Risk In Your Medical Practice



 COOPERATIVE OF
AMERICAN PHYSICIANS

	Yes	No		Yes	No
Atmosphere					
Is the office clean, neat, and well maintained?	<input type="radio"/>	<input type="radio"/>	Is there an office procedure and established code word(s) for "person down" and other office emergencies?	<input type="radio"/>	<input type="radio"/>
Is an air treatment method used to maintain fresh air quality?	<input type="radio"/>	<input type="radio"/>	Do staff members eat only in non-patient areas?	<input type="radio"/>	<input type="radio"/>
Are magazines/brochures current and relevant to the patient population?	<input type="radio"/>	<input type="radio"/>	Communication		
Are patient education materials, videos, and/or medical resource materials available?	<input type="radio"/>	<input type="radio"/>	Are personal conversations limited to non-patient areas?	<input type="radio"/>	<input type="radio"/>
Are prescription pads, medication/product samples, and syringes secured, out of sight, and placed away from patients – especially children?	<input type="radio"/>	<input type="radio"/>	Are conversations conducted in a low volume tone, inaudible to those in patient areas?	<input type="radio"/>	<input type="radio"/>
Staff			Does staff provide courteous, clear, and understandable instructions and solicit feedback from patients?	<input type="radio"/>	<input type="radio"/>
Do staff members greet and introduce themselves, including their positions, to patients/visitors from check-in through check-out?	<input type="radio"/>	<input type="radio"/>	Are interpreters available in languages most commonly spoken by your patient population and for the deaf?	<input type="radio"/>	<input type="radio"/>
Are staff provided with or required to wear professional attire in the office, including nametags with their name and position/title?	<input type="radio"/>	<input type="radio"/>	Are staff members trained in customer service?	<input type="radio"/>	<input type="radio"/>
Are staff members working within the scope of practice of their licensure, certification and/or training?	<input type="radio"/>	<input type="radio"/>	Are staff members educated in handling patient complaints to promote positive relationships?	<input type="radio"/>	<input type="radio"/>
Is there a procedure for addressing patients who "walk in" or have an urgent need to be seen?	<input type="radio"/>	<input type="radio"/>	Is the physician informed about patient complaints?	<input type="radio"/>	<input type="radio"/>
Do staff members address patients who are chronically early or late?	<input type="radio"/>	<input type="radio"/>	Does the physician review the medical record before a bill is turned over for collection?	<input type="radio"/>	<input type="radio"/>
Is there a policy for the physician to determine if patients with unpaid bills will be seen?	<input type="radio"/>	<input type="radio"/>	Are patients' positive responses as well as complaints maintained to educate staff at in-services?	<input type="radio"/>	<input type="radio"/>
Do staff members keep track of arrival and departure times so patients waiting more than 15 minutes receive an explanation?	<input type="radio"/>	<input type="radio"/>	Are patients' health concerns treated seriously and with empathy?	<input type="radio"/>	<input type="radio"/>
Do staff members assist and accompany very young, old, infirm, or disabled patients?	<input type="radio"/>	<input type="radio"/>	Is modesty and patient privacy respected by closing the examination room door, and is a chaperone present?	<input type="radio"/>	<input type="radio"/>

On behalf of the
Cooperative of American Physicians, Inc.
and the
Risk Management and Patient Safety Team



Thank You