



Risk Management Assessment Tool for Ambulatory Care Settings

Minimize your practice liability with a loss prevention checkup

IN USING THIS ASSESSMENT TOOL, YOU AND YOUR OFFICE STAFF WILL BE ABLE TO IDENTIFY AND CORRECT AREAS OF POTENTIAL RISK FOR LITIGATION AND PATIENT HARM.

How to Use This Guide 2

Communications 3

Lab Tests, Procedures, Referrals to Specialists, and Results 5

Scheduling and Follow Up..... 7

Medical Records 8

Medication Management 11

Physician/Patient/Staff Relationships 13

Informed Consent and Refusal..... 15

Clinical Procedures 16

Confidentiality and Privacy 18

Emergency Procedures 19

Credentialing and Staffing 20

The Work Environment..... 22

Building Reliable Systems to Reduce the Impact of Human Factors..... 23

Business Operations 24

Miscellaneous Risk and Loss Control Issues..... 26

How to Use This Guide

This review is not a test. It is a guide designed to help you uncover areas in your practice that could create liability risks.

There is no scoring system. The options for responding to the statements are **Always/Yes**, **Sometimes**, **Never/No**, and **N/A**. The ideal response to every statement is **Always/Yes** or **N/A**. Any other response indicates an area of potential malpractice exposure in your practice that should be addressed and resolved.

Respond to the statements as objectively and honestly as you can. The effectiveness of this guide depends on how candid you are.

The guide is divided into 15 sections. These sections reflect the most frequent patient safety/risk management issues identified in our litigation experience.

You can evaluate your practice and systems as a whole or focus only on the sections that are areas of concern.

Effective risk management is a team effort. To gain a range of perspectives, we suggest that the physician, office manager, and staff complete this guide. Any significant variations in the answers among those using the guide should be discussed and addressed.

This guide is not a standard of care. Any guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any action or treatment must be made by each health care practitioner in light of all circumstances prevailing in the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

Communications

In the context of physician-patient relationships, communication is rated as one of the most important aspects of medical treatment. Several recent surveys concluded that although patients are generally satisfied with the overall competency of care they receive, they feel that communication with the physician is lacking.

Survey respondents reported that they were not encouraged to ask questions, not asked their opinions about ailments and treatments, and were not given advice on lifestyle changes that could positively affect their health. Patients want to be treated as mutual participants in the physician-patient relationship.

ACCESS

1. There is an effective way for patients to reach the doctors in your practice after hours. Always/Yes Sometimes Never/No N/A
2. The telephone system automatically alerts staff when patients have been on hold for too long. Always/Yes Sometimes Never/No N/A
3. The after-hours answering machine message clearly states what the patient should do in an emergency. Always/Yes Sometimes Never/No N/A
4. The practice uses an off-hours answering service. Always/Yes Sometimes Never/No N/A
5. The answering service uses triage algorithms when responding to patient calls. Always/Yes Sometimes Never/No N/A

TIMELINESS

6. The telephone is answered promptly. Always/Yes Sometimes Never/No N/A
7. The next available appointment is in less than two weeks. Always/Yes Sometimes Never/No N/A
8. When appointment delays occur, patients are informed and given rescheduling options. Always/Yes Sometimes Never/No N/A

DIRECT COMMUNICATION

9. You sit at eye level when communicating with a patient. Always/Yes Sometimes Never/No N/A
10. If documenting in the EMR while speaking with the patient, the computer/device does not obstruct the ability to view and have eye contact with patient. Always/Yes Sometimes Never/No N/A
11. You use active listening techniques. Always/Yes Sometimes Never/No N/A
12. You and your staff are careful to treat patients' health concerns seriously. Always/Yes Sometimes Never/No N/A
13. Family involvement is encouraged. Always/Yes Sometimes Never/No N/A
14. A healthy lifestyle is promoted. Always/Yes Sometimes Never/No N/A
15. There are established protocols of communication between the front office and the treatment area. Always/Yes Sometimes Never/No N/A
16. Staff members are instructed to consult a physician whenever they are in doubt about the correct answer. Always/Yes Sometimes Never/No N/A

17. Front office employees and medical assistants only provide information that is in compliance with written protocols or processes developed by the physician. Always/Yes Sometimes Never/No N/A
18. You brief covering physicians about any anticipated patient care problems and about hospitalized and acutely ill patients. Always/Yes Sometimes Never/No N/A
19. Covering physicians have access to patient records. Always/Yes Sometimes Never/No N/A

TIPS

- Remember to actively listen to your patients' concerns and acknowledge that they have been heard.
- Treat your patients the way you would want to be treated.
- Be aware of body language and verbal congruence.
- Ask the patient to repeat back to you what he or she heard you say.

Lab Tests, Procedures, Referrals to Specialists, and Results

It is important for the practitioner to know the status of any clinically significant orders, including referrals. Failure to ensure adequate communication among practitioners may result in a patient's failure to undergo needed specialty evaluation and testing. This can lead to delays in diagnosis and necessary treatment. A tracking and reporting system for test results should exist to ensure timely follow up with the patient. Delayed diagnosis may occur when there are no systems for tracking test results or when existing systems are not followed consistently.

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. There is a system in place to reconcile laboratory tests ordered with the results received so that if results are not received within a defined time frame, there will be follow-up. (The system should not be dependent on a return appointment or holding the medical record.) | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. There is a system in place to reconcile imaging studies and other diagnostic tests ordered with the results received so that if results from an ordered test are not received within a defined time frame, there will be follow-up. (The system should not be dependent on a return appointment or holding the medical record.) | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. All test results, even those that are "normal," are provided to patients. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. There is evidence that a practitioner has reviewed all test results (i.e., initials, electronic signature, etc). | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. The staff has been trained not to file or scan test results and reports without evidence of practitioner review. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. A provision is made for handling urgent test results when the ordering practitioner is absent. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. When there are abnormal findings, the follow-up plan that has been established with the patient is documented, or, when appropriate, the patient's refusal to cooperate with the plan is documented. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 8. Referrals indicate the reason for the consultation and outline who will be responsible for overall care, testing, treatment, and follow-up. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. The staff makes appointments for consultations. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 10. There is a system in place for tracking referrals to consultants and specialists to ensure follow-up if results are not received in a timely manner. (The system should not be dependent on a return appointment or holding the medical record.) | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TIPS

- Clarify at the office visit how test results will be reported.
- Make a reasonable attempt to facilitate patient follow up.
- Develop a policy to handle follow up of laboratory, x-ray, and pathology reports.
- Never file a report until it has been *seen* and *initialed* by the physician.
- If you use an electronic health record, make sure you utilize the electronic review process.
- Set up tickler files to track tests, procedures, and requested consultations ordered by the physician.

- If you use an electronic health record, make sure you use the electronic tracking system.
- Develop a process for informing the patient of test results.
- Document the notification of test results in the record.
- Document the medical record with patient noncompliance and all callbacks made to the patient. Do not leave results with family members.

Scheduling and Follow Up

The appointment scheduling process should reflect reality. First-time patients need to have additional appointment time scheduled to give the practitioner time to complete a comprehensive history and physical and to answer patient questions. Patients with complex medical problems may also require additional time with the practitioner. A simple re-check of an existing problem may only require a relatively short exam time. Take the patient's medical problem into consideration to ensure adequate care and patient satisfaction. Patient follow-up appointments should be tracked for no-shows, frequent cancellations, and rescheduling. A patient who is noncompliant with medical treatment poses a risk to himself or herself as well as to the physician.

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. There is a system for reminding patients of appointments. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. A nurse or provider reviews all no-shows and canceled appointments to determine which require follow-up. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. There is a recall system for patients who need to be seen on a regular basis. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. There is a system for documenting canceled, missed, or no-show appointments. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. Follow-up letters that are sent for missed appointments are included in the medical record. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. There is documentation of follow-up efforts on canceled, missed, or no-show appointments. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. There is a process for dealing with noncompliant patients. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TIPS

- Always document missed or canceled appointments.
- Bring all missed and canceled appointments to the attention of the physician.
- Document patient noncompliance.
- Explain the health consequences of continued noncompliance to the patient.
- Note all actions, and keep copies of all letters sent to the patient in the patient's medical record.

Medical Records

A complete medical record promotes quality patient care by providing a comprehensive patient history and by facilitating continuity of care among all members of the health care team. One out of four malpractice cases is based on the medical record. A good record should reflect the care provided, the rationale behind the medical decisions when indicated, and should be free of any alteration that gives the impression that the record is incomplete or lacks credibility.

Medical records should fulfill many purposes. Medical records:

- Describe the patient's health history.
- Document the diagnosis and treatment plan.
- Serve as a basis for communication among health care team members.
- Serve as the means for obtaining proper reimbursement if content substantiates billing codes.
- Promote quality assurance. The record documents the standards and patterns of care of the practice and provides data for administrative and medical decisions.
- Prove compliance with licensure and accreditation standards.
- Facilitate successful peer review to promote quality of care.
- Provide the best evidence of care.
- Facilitate research and education.

Above all, the medical record is a legal, historical document.

DEMOGRAPHICS AND AUTHORIZATIONS

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. You encourage your patients to complete an advanced directive. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. A signed copy of the informed-consent form is in the chart. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. A signed release of information form is in the chart. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

PERSONAL HEALTH INFORMATION

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 4. A patient history questionnaire is completed by each new patient. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. The patient's history questionnaire is signed by the patient and initialed by the physician. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. The history and physical questionnaire is present in the chart. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. The patient's allergy status is prominently displayed, and the information appears in the same location on all medical records. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

PATIENT EDUCATION

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 8. Patient education is documented. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. Where applicable, pre- and postoperative instructions are noted in the record as being communicated to the patient. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 10. You provide a copy of the specialist referral letter to the patient. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

CONTINUITY OF CARE

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 11. A problem list is used and then updated as the issues are resolved. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 12. There is a treatment plan. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 13. The assessment is supported with objective and subjective observations. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 14. Your providers use medical applications and/or decision support tools. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 15. An expert reviewer would be able to follow your medical judgment and support it. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 16. Recommendations for follow-up visits are documented. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 17. You document after-hours conversations with patients and/or their families. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

MEDICATIONS

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 18. There is a current medication list of all known and prescribed drugs and also herbal supplements and over-the-counter drugs that the patient routinely takes. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|

ELECTRONIC MEDICAL RECORD

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 19. Progress notes are entered on the same day as the patient visit. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 20. Notes completed by a PA are reviewed and signed promptly. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 21. Templates are used for documenting notes. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 22. Cut and paste or copy/forward functions are not utilized when writing notes. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 23. The system does not have defaults or auto-fills. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 24. There is adequate space for narrative documentation. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 25. Individual logins are used rather than a universal login. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 26. There is the ability to secure a record involved in litigation. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 27. All computers/devices containing PHI are encrypted. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

CHART MAINTENANCE

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 28. Information related to HIV testing, mental health, and substance abuse is segregated within the record for a higher level of confidentiality protection. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 29. Charts are periodically reviewed for completeness and accuracy. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 30. You follow a record retention policy. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TRANSCRIPTION

31. Dictation is done in a timely manner. Always/Yes Sometimes Never/No N/A
32. The practice uses scribes. Always/Yes Sometimes Never/No N/A

TIPS

- If it is not documented, it did not happen.
- Do not write “error” when making a correction. Line through the entry and then date and initial it. The corrected entry should be the next entry, with the current date.
- Develop a way to ensure that test results are received and posted accurately to the medical record.
- Utilize your electronic health record to its fullest capability to track test results.
- Dictated notes should be reviewed and initialed by the person dictating them.
- Follow state law and federal regulations governing medical record retention.
- Follow retention regulations and laws when converting to an electronic record.

Medication Management

The Institute of Medicine identified medication errors as a major cause of patient injury in its 1999 report *To Err Is Human: Building a Safer Health System*. Medication errors are the single most common procedural error in the practice of medicine. There are five stages in the medication delivery process: ordering, transcribing, dispensing, administering, and monitoring. A medication error can occur during one or more of the five stages.

- | | |
|--|---|
| 1. The following items are kept in a secure location: | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| <ul style="list-style-type: none"> • medication samples, • medications, • syringes, and • prescription pads. | |
| 2. You put the medication's indication on all prescriptions, e.g., "for pain" or "for nausea." | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 3. If you perform injections: | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| <ul style="list-style-type: none"> • Syringes are labeled if they are not drawn and administered one at a time by the person who prepared the medication. • Multi-dose vials are dated as to the date they are opened. | |
| 4. You use a consent form/information form for vaccines. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 5. When a patient is given a sample medication, it is documented in the medical record. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 6. You maintain a log for documentation of sample medications, including the lot number, the patient's name, and the date it was given to the patient. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 7. A copy of the prescription is kept in the medical record. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 8. Patients are instructed on the proper use of medications. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 9. Policies prohibit the use of pre-signed and/or postdated prescription forms. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 10. The patient's chart is reviewed before prescribing. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 11. The patient's allergy status is checked before prescribing. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 12. Before prescribing, you review the patient's most recent and known and prescribed medications, herbal supplements, and over-the-counter drugs. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |
| 13. You set aside days ("brown bag days") for your elderly patients to bring in their medications so you can check for contraindications. | <input type="radio"/> Always/Yes <input type="radio"/> Sometimes <input type="radio"/> Never/No <input type="radio"/> N/A |

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 14. Prescriptions are legible, and quantity and dosage notations are free of ambiguity. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 15. You have guidelines assuring that prescriptions are written consistently throughout the practice. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 16. You have a policy or follow a consistent process for any “high-alert” medications that you have in your practice. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 17. Verbal orders are written down and read back to assure that they are complete and accurate. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 18. There are clear protocols for handling prescription refill requests. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 19. Controlled substances are periodically inventoried and their expiration dates checked. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 20. You have access to Epocrates or to a current edition of the <i>Physicians’ Desk Reference</i> . | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 21. All medications are inventoried and purged regularly. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TIPS

- Obtain a medication history and enter it into the patient’s chart. Include prescription medications, over-the-counter medications, vitamins, herbal products, dietary supplements, alternative medicines, and homeopathic medications.
- Have the staff update the medication history at each patient encounter.
- Provide the patient with an up-to-date medication list at the end of each encounter.
- Inform the pharmacy about the patient’s co-morbid conditions, allergies, weight, date of birth, and the indication for use when telephoning prescription orders.
- Prepare a prescription label for medication samples for the patient to take home each time a sample is given.
- Provide medication counseling to the patient or caregiver in a way that he or she can understand.
- Do not store drugs (sample medications or routine medications) that look alike or sound alike adjacent to each other. Drugs with different concentrations or routes should not be stored adjacent to each other.
- Secure all medications, whether routine or sample medications, in lockable closets or cabinets to prevent unauthorized access by patients or visitors. Controlled substances should be maintained in double-locked locations and counted daily whenever patients are present to ensure that all narcotics are there.
- Review all medications at least monthly for their expiration dates. Dispose of outdated medications properly. Assign a clinical person to review all medications, and rotate the task to ensure compliance.
- Document all medications administered to the patient during the visit, including vaccines and sample medications. Ask the patient about medication allergies or sensitivities to substances at each visit or at least yearly, and document the information on the medication form for easy access.
- Provide education to the patient on the medications he or she is taking and any potential interactions, such as with herbal and nutritional substances. Also include signs and symptoms of untoward reaction with instructions on who to call for further care.
- Involve the patient as an active participant in his or her own medication treatment.

Physician/Patient/Staff Relationships

Openness, honesty, and empathy are fundamental components of health relationships between physicians, patients, and staff. Patient-focused communication builds trust and promotes healing.

Physicians who practice patient-focused communication build strong relationships by:

- showing empathy and respect,
- listening attentively,
- eliciting patients' concerns and calming their fears,
- answering questions honestly,
- informing and educating patients about treatment options,
- involving patients in medical care decisions, and
- demonstrating sensitivity to patients' cultural and ethnic diversity.

DIRECT INTERACTIONS

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. The staff is trained on telephone answering protocol. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. Callers are allowed to speak before being put on hold. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. Callers are greeted by a friendly and helpful voice. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. Everyone who enters the waiting room/reception area is acknowledged. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. There is assigned responsibility for waiting room hospitality. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. Making a good first impression is a priority. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. Your furniture, including seating, is comfortable. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TRAINING AND SUPERVISION

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 8. Nametags with titles are worn at all times when working. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. All staff members are appropriately dressed for their position. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 10. The dress standard is applied consistently. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 11. Only licensed nurses are referred to as nurses. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 12. Wait times are monitored and managed. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 13. You and your staff have a chaperone in the room during examinations of intimate areas of the body. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TRAINING AND SUPERVISION

14. Physicians are receptive to questions by staff regarding patient calls. Always/Yes Sometimes Never/No N/A
15. Staff members keep personal conversations confined to the break area. Always/Yes Sometimes Never/No N/A
16. Staff members are polite and courteous toward patients and one another. Always/Yes Sometimes Never/No N/A
17. Eating is limited to the break area. Always/Yes Sometimes Never/No N/A
18. Physicians and employees treat one another in a courteous manner. Always/Yes Sometimes Never/No N/A

PATIENT SATISFACTION

19. You have a formal method of eliciting feedback from your patients about the service rendered by your office. Always/Yes Sometimes Never/No N/A
20. Patient feedback is shared with the staff. Always/Yes Sometimes Never/No N/A

TIPS

- Carefully monitor and manage wait times. When delays are unavoidable, inform your patients, and offer rescheduling options.
- Hospitality should include current and diverse reading material, pleasant music, and/or television news. Many practices will also provide complimentary refreshments.
- Your reception staff should exemplify professionalism in all aspects of their behavior, from how they dress to how they answer the phone.

Informed Consent and Refusal

The concept of informed consent to medical treatment is based on the following:

- Patients generally have only a basic understanding of the medical sciences.
 - Adults of sound mind have the right to determine whether to submit to medical treatment and to decide what will happen to their own bodies.
 - A patient's consent to treatment must be an informed decision.
 - The patient trusts and depends on his or her physician for the information needed for the decision-making process.
1. There is a separate consent form for invasive treatment or procedures. Always/Yes Sometimes Never/No N/A
 2. The consent form includes a description of the treatment or procedure in nonmedical terms that the patient can understand. Always/Yes Sometimes Never/No N/A
 3. Copies of signed consent forms are maintained in the medical record. Always/Yes Sometimes Never/No N/A
 4. The informed-consent discussion is documented in the notes. Always/Yes Sometimes Never/No N/A
 5. The discussion includes risks, benefits, and alternatives. Always/Yes Sometimes Never/No N/A
 6. Educational tools, such as pamphlets or videos, are used to reinforce the patient's understanding. Always/Yes Sometimes Never/No N/A
 7. When applicable, the name of the interpreter appears on the form. Always/Yes Sometimes Never/No N/A
 8. You have an informed-refusal form for patients who decline a recommended procedure or treatment. Always/Yes Sometimes Never/No N/A

TIPS

- Obtaining informed consent is the responsibility of the physician.
- When documenting informed consent or informed refusal, do not use abbreviations.
- When discussing a procedure or treatment with the patient, use words that the patient understands. If there is an issue regarding the patient's ability to comprehend due to a language barrier or disability, an interpreter should be provided.
- When appropriate, distinguish *right* from *left*.
- When a competent adult patient refuses treatment, document his or her decision in the medical record.
- Date all entries in the medical record regarding informed consent and informed refusal.
- Ensure that patients have enough information to make informed decisions—it's their right.
- To be effective, the information given to the patient must be appropriate to the literacy level of the patient.
- Informed consent is the physician's fiduciary duty and cannot be delegated. It is also an opportunity to communicate with your patients and demonstrate your respect for them.

Clinical Procedures

Protecting the patient from errors and the physician from allegations of negligence and battery is a balancing act that occurs in the treatment area.

IDENTIFICATION/VERIFICATION

1. The patient is identified and the site of the treatment is verified before the start of the procedure. Always/Yes Sometimes Never/No N/A
2. Two identifiers (name, DOB) are used when identifying patients. Always/Yes Sometimes Never/No N/A

RADIOLOGY

3. The patient is identified and the site of the treatment is verified before the start of the procedure. Always/Yes Sometimes Never/No N/A
4. A certified radiology technician is responsible for taking radiographs. Always/Yes Sometimes Never/No N/A
5. Signs in appropriate languages warn pregnant patients about radiation dangers. Always/Yes Sometimes Never/No N/A
6. Female patients are asked about their pregnancy status. Always/Yes Sometimes Never/No N/A
7. Patients are provided with appropriate protective shielding. Always/Yes Sometimes Never/No N/A

LABORATORY

8. The laboratory is certified. Always/Yes Sometimes Never/No N/A
9. There are written procedures for all tests performed. Always/Yes Sometimes Never/No N/A
10. Staff is trained and evaluated on conducting tests. Always/Yes Sometimes Never/No N/A
11. Quality-control checks are performed and documented on a periodic basis. Always/Yes Sometimes Never/No N/A

STRESS TESTS

12. Tests are performed only by qualified staff members trained in CPR. Always/Yes Sometimes Never/No N/A
13. Patients are given written after-care instructions. Always/Yes Sometimes Never/No N/A
14. A defibrillator is readily available. Always/Yes Sometimes Never/No N/A

SEDATION/ANESTHESIA

15. If sedation or anesthesia is provided in the office, a licensed person trained in moderate sedation or anesthesia administers the sedatives or anesthetics to patients. Always/Yes Sometimes Never/No N/A
16. Patients are monitored after administration of sedation or anesthesia. Always/Yes Sometimes Never/No N/A
17. Monitoring is performed by a licensed individual other than the individual performing the procedure. Always/Yes Sometimes Never/No N/A
18. No staff member, unless credentialed and qualified to do so, performs procedures. Always/Yes Sometimes Never/No N/A
19. No staff member is permitted to begin sedation/anesthesia before the physician sees the patient. Always/Yes Sometimes Never/No N/A

PAIN MANAGEMENT

20. You document a patient's pain assessment. Always/Yes Sometimes Never/No N/A
21. You watch for signs of drug addiction or abuse in your patients. Always/Yes Sometimes Never/No N/A
22. Patient agreements are used for Schedule II drugs. Always/Yes Sometimes Never/No N/A

OPERATIVE PROCEDURES

23. There are operative reports. Always/Yes Sometimes Never/No N/A
24. Operative reports are dictated within 24 hours. Always/Yes Sometimes Never/No N/A
25. Time-outs are completed prior to the start of a procedure. Always/Yes Sometimes Never/No N/A

Confidentiality and Privacy

Health care practitioners have an obligation to protect patient confidentiality under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The purpose of these regulations is to define and limit the circumstances in which “individually identifiable health information” can be used or disclosed by physicians, hospitals, or other covered entities. Individually identifiable health information includes any information created or received by a covered entity relating to the physical or mental health of an individual. Such information includes oral or recorded matter in any form, written materials, and electronically stored data.

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. You have a written notice of privacy practices. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. Your patients sign an acknowledgment stating that they have received the notice of privacy practices. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. Your staff is educated about HIPAA privacy requirements at least annually. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. You use business associate agreements with vendors who have access to patient information. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. When faxing or e-mailing medical information, you include a confidentiality statement on the cover page. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. You knock before entering the examination room. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. Everyone is careful not to discuss a patient within earshot of another patient or a visitor. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 8. Your medical records are secured after-hours when they might be accessible to individuals such as maintenance or housekeeping. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. You have a policy that governs contacting patients by phone and leaving messages. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TIPS

- Do not discuss confidential medical information in elevators, hallways, cafeterias, shuttle buses, or any place where others may overhear.
- Prior to discussing a patient’s condition or tests, identify who you are speaking with and be certain that the patient has authorized the release of information to that person.
- Never release medical information on an answering machine.
- Protect the confidentiality of the electronic record. Use all security features provided. Log off your computer when leaving your desk. Protect your password.
- Psychiatric, psychological, and HIV-related medical information require special consent from the patient for release and may require a court order in some states.
- Be aware of the special laws pertaining to minors regarding disclosure of certain conditions—even to their parents.
- Before faxing or e-mailing health care information to a patient, obtain the patient’s specific consent.

Emergency Procedures

Unless a practice has advanced cardiac life support (ACLS)–trained staff, there should not be a fully equipped crash cart. All practices should have staff with current basic life support (BLS) certification and the ability to access appropriate medical assistance.

A physician’s office has a duty to provide a safe environment for employees and patients. Every office should have a fire safety program that includes components for fire prevention, fire detection and warning, extinguishing fires, and facility evacuation. Additionally, plans for man-made and natural disasters should be in place, and staff should be familiar with them.

- | | | | | |
|--|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. Employees are trained on how to handle aggressive behavior. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. There is a written protocol for managing medical emergencies. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. There are periodic drills on dealing with unanticipated patient behaviors or emergencies. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. Staff is alert to signs of cardiac and respiratory distress. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. You have trained your staff to recognize signs of urgent and emergent situations. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. The front office staff is instructed on how to prioritize patient calls. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. Emergency drugs and supplies (appropriate to the population served) are periodically inspected for expiration dates and security. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 8. There is a written disaster recovery plan. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. The practice has an AED onsite. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TIPS

- Always alert the patient’s physician and the risk manager to a disgruntled or hostile patient.
- Utilize appropriate listening and reporting skills.
- Create a single sheet listing emergency telephone numbers to call in the event of each type of disaster or incident, including calling codes over the intercom. Keep framed copies hanging near the desks of staff members or on the most accessible screen of the computer.
- Ensure your front office staff is able to prioritize calls and recognize signs of trouble.

Credentialing and Staffing

Your staff members are the backbone of your practice. One of the key elements that distinguishes your practice from others is the professionalism of the individuals running your office. Employees can be your greatest asset or biggest liability.

NEW HIRE ORIENTATION

1. New hires and temporary employees are oriented on the policies and procedures of the office. Always/Yes Sometimes Never/No N/A
2. All physician assistants have a written and signed supervision protocol. Always/Yes Sometimes Never/No N/A
3. All licensed and unlicensed employees have a current job description. Always/Yes Sometimes Never/No N/A

WRITTEN POLICIES

4. You have a written employee handbook. Always/Yes Sometimes Never/No N/A

SIGNED ACKNOWLEDGMENTS

5. Employees acknowledge in writing their awareness of employment policies and procedures. Always/Yes Sometimes Never/No N/A
6. Employees sign a confidentiality statement. Always/Yes Sometimes Never/No N/A

PARITY/EQUAL ENFORCEMENT

8. Policies such as tardiness and lunch breaks are enforced equally. Always/Yes Sometimes Never/No N/A

ANNUAL PERFORMANCE REVIEWS

9. Employees are evaluated and counseled annually. Always/Yes Sometimes Never/No N/A
10. Patient safety is included in the evaluation criteria. Always/Yes Sometimes Never/No N/A
11. Patient satisfaction/rapport is included in the evaluation. Always/Yes Sometimes Never/No N/A
12. Professional/medical licensure renewal is verified with the licensing agency. Always/Yes Sometimes Never/No N/A

SCOPE OF PRACTICE

- 13. Diagnostic or therapeutic procedures are performed only by appropriately licensed or certified staff. Always/Yes Sometimes Never/No N/A
- 14. Prescribing practices are addressed in written job descriptions/protocols for nurse practitioners and physician assistants. Always/Yes Sometimes Never/No N/A
- 15. You conduct pre-employment background checks. Always/Yes Sometimes Never/No N/A
- 16. You have regular staff meetings Always/Yes Sometimes Never/No N/A
- 17. You periodically provide skill enhancement or educational programs. Always/Yes Sometimes Never/No N/A
- 18. There are annual educational sessions on risk management and patient safety. Always/Yes Sometimes Never/No N/A
- 19. Supervisory staff members, including physicians, are educated about preventing harassment and sexual harassment in the workplace. Always/Yes Sometimes Never/No N/A

LICENSED INDIVIDUAL PRACTITIONERS AND PHYSICIANS

- 20. Covering physicians practice in the same specialty that you do, and they have a comparable scope of practice. Always/Yes Sometimes Never/No N/A
- 21. There is a credentials verification process prior to hire. Always/Yes Sometimes Never/No N/A
- 22. There is a mechanism to verify competencies prior to hire. Always/Yes Sometimes Never/No N/A

TIPS

- Train your staff well, and continue to invest in their development.
- Educate your staff about your rules and expectations, and apply the same standards to everyone equally.

The Work Environment

The appearance of both the facility and the staff is a reflection of the practice. Ensure that patient safety, comfort, and confidentiality are maintained.

SAFETY

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. Your waiting room is clean and well-lit. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. Your furniture is free of sharp or pointed edges. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. Safety rounds are made on a regular basis. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. There are fall prevention protocols in place. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. Everyone in the office is responsible for patient safety. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. Staff members are required to wear dosimeters on a routine basis that are then checked by an outside expert. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. Staff is afforded protective shielding during radiological procedures. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

INFECTION CONTROL

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 8. Sharps containers are available, used appropriately, and not overfilled. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. Staff members are educated on universal precautions. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 10. Staff members wash their hands before and after each patient contact. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 11. Sterilization equipment is periodically tested. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

SECURITY

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 12. There are security devices, such as monitors and buzzers. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|

EQUIPMENT

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 13. Equipment is maintained in accordance with manufacturers' guidelines. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|

TIPS

- Do a daily walk-through of the facility to look for possible risk conditions. Many adverse events can be prevented by careful observation.
- Ensure that rugs and furniture are stable.
- Make sure that all foot traffic areas are open with no obstructions.
- Check and calibrate all new equipment prior to use.
- Maintain documentation of equipment maintenance checks.
- Remove all malfunctioning equipment from service, and test before reuse.
- Identify all exits and keep them unobstructed.

Building Reliable Systems to Reduce the Impact of Human Factors

Human factors engineering and the classic study *To Err Is Human* show us that we need to be aware of our fallibility as humans and to develop systems that will help us avoid errors. Fatigue, overwork, stress, and over-reliance on memory can be the precursors of an error. Understanding the interplay between human beings and the systems they work in reveals weaknesses that may be corrected.

- | | | | | |
|---|----------------------------------|---------------------------------|--------------------------------|---------------------------|
| 1. You ensure that physicians' schedules include time off and vacations. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 2. You ensure that staff schedules include time off and vacations. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 3. The patient load is equitably distributed among the physicians and staff. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 4. There are methods in place to elicit employee feedback and to respond to concerns and suggestions. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 5. Employees are kept informed of changes in the workplace. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 6. You promote an environment in which staff can report errors without fear of reprisal. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 7. You have implemented a staff attitude assessment to identify culture issues that may impact patient safety. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 8. Staff is expected to report concerns about competency, carelessness, or disregard for policy. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |
| 9. You have implemented the use of a checklist, written reminders, and technology, such as calculators or PDAs, to reduce the reliance on memory. | <input type="radio"/> Always/Yes | <input type="radio"/> Sometimes | <input type="radio"/> Never/No | <input type="radio"/> N/A |

TIPS

- Utilize the Agency for Healthcare Research and Quality (AHRQ) staff attitude assessment to determine the presence of safety characteristics in the office that emphasize safety and quality issues known to affect patient safety culture. Use it as an opportunity to educate staff about safety culture.
- Designate a patient safety "coach" or leader who will make sure patient safety issues and educational materials are kept in front of all physicians and staff.
- Develop a process—with staff involvement—that encourages staff to report near misses and good catches, along with adverse events. At a minimum, focus on medication and tracking tests.

Business Operations

Most unpaid bills are the result of financial difficulty; however, they can also signal a patient's dissatisfaction with your services. Don't miss an opportunity to resolve a problem when it can still be remedied. The use of technology can help improve patient care and streamline your office efficiency—but it can also be fraught with new risks.

PAYMENT

1. The physician reviews the patient's chart before collection proceedings are initiated or when a patient is terminated for nonpayment. Always/Yes Sometimes Never/No N/A
2. The staff understands that holding the record until payment is received is not allowable and that it could have serious licensure ramifications for the responsible physician. Always/Yes Sometimes Never/No N/A

PERIODIC REVIEW

3. Billing trends are statistically monitored for legal compliance. Always/Yes Sometimes Never/No N/A

FINANCIAL HARDSHIP

4. Special billing arrangements are available for patients who may have experienced complications, injuries, or financial hardship while receiving care. Always/Yes Sometimes Never/No N/A

TERMS AND CONDITIONS

5. The practice's payment policies are provided to patients in advance of receiving services. Always/Yes Sometimes Never/No N/A
6. Money handling duties are kept separate from depositing and recording transactions. Always/Yes Sometimes Never/No N/A

CORPORATE COMPLIANCE

7. Your billers have received ethics training. Always/Yes Sometimes Never/No N/A
8. The physicians have received billing compliance training. Always/Yes Sometimes Never/No N/A
9. Your employees are encouraged to report billing concerns to you or the office manager. Always/Yes Sometimes Never/No N/A

BACKUP SYSTEMS

10. There are backup safeguards for the billing system. Always/Yes Sometimes Never/No N/A

E-MAIL

11. You are careful to provide e-mail advice only to patients located in states where you have a medical license. Always/Yes Sometimes Never/No N/A
12. Patients are provided a password to prevent unauthorized access to their e-communications. Always/Yes Sometimes Never/No N/A
13. You use a secure server for e-mail consultation. Always/Yes Sometimes Never/No N/A
14. You limit your e-mail advice only to those patients with whom you have an established relationship and for reasons you have addressed in person. Always/Yes Sometimes Never/No N/A

WIRELESS

15. Your wireless network communications are encrypted. Always/Yes Sometimes Never/No N/A

COMPUTERS

16. You use password-protected screen savers on your computers. Always/Yes Sometimes Never/No N/A
17. Your computers are password-protected. Always/Yes Sometimes Never/No N/A
18. Passwords are changed on a frequent basis. Always/Yes Sometimes Never/No N/A
19. Passwords contain both alpha and numeric characters. Always/Yes Sometimes Never/No N/A
20. You use up-to-date spyware. Always/Yes Sometimes Never/No N/A

INTERNET

21. You use a firewall complete with up-to-date antivirus programming. Always/Yes Sometimes Never/No N/A

WEB SITE

22. You stay current with all security patches. Always/Yes Sometimes Never/No N/A
23. Your Web site content is reviewed on a regular basis for accuracy and reliability. Always/Yes Sometimes Never/No N/A

OTHER TYPES OF DEVICES

24. You use the password security features on laptops, PDAs, and smartphones. Always/Yes Sometimes Never/No N/A

TIPS

- Be sure all of your computers are password-protected to help prevent a breach of security.
- Do not share passwords with co-workers.
- Do not bypass or override safety features.
- Review your Web site for accuracy and usability on a monthly basis.

Miscellaneous Risk and Loss Control Issues

Effectively responding to claims and litigation requires due diligence and attention to detail. Make sure all staff members know what to do. Have policies and procedures in place to help guide them.

PATIENT TERMINATION

1. You have a policy or standard form letters for terminating a patient. Always/Yes Sometimes Never/No N/A
2. The letter indicates you will provide emergency care for a specified period, such as 15 to 30 days. Always/Yes Sometimes Never/No N/A

CLAIMS MANAGEMENT

- Someone in your practice is designated to coordinate and manage claims/litigation files. Always/Yes Sometimes Never/No N/A
- Everyone knows they must not amend a patient's record after a claim is made. Always/Yes Sometimes Never/No N/A
- Litigation and pre-litigation files are kept under lock and key. Always/Yes Sometimes Never/No N/A
- Staff is reassured of the organization's support at the beginning and throughout the claims/litigation process. Always/Yes Sometimes Never/No N/A

PATIENT COMPLAINT PROTOCOL

3. Your procedure for handling patient complaints includes a clear chain of command. Always/Yes Sometimes Never/No N/A

INCIDENT REPORTING

4. You have means and methods for staff and physicians to report incidents. Always/Yes Sometimes Never/No N/A

PHYSICIAN CHAMPION

- There is a physician responsible for promoting loss prevention. Always/Yes Sometimes Never/No N/A
- You attend medical-legal education programs and/or read loss prevention literature provided by your insurance carrier and medical society. Always/Yes Sometimes Never/No N/A

MONITORING AND EVALUATION

5. You statistically monitor key operational aspects of your practice. Always/Yes Sometimes Never/No N/A

CONTRACT MANAGEMENT

- Contracts are reviewed annually for renewal purposes. Always/Yes Sometimes Never/No N/A
- Contracts are reviewed by legal counsel before you sign them. Always/Yes Sometimes Never/No N/A
- Indemnification, or “hold harmless,” clauses are stricken from contracts. Always/Yes Sometimes Never/No N/A

ADVERTISING

- You are careful to avoid superlatives in your marketing materials, such as “the newest technology” or “most highly experienced physicians.” Always/Yes Sometimes Never/No N/A
- You are careful to avoid making misleading statements about outcomes. Always/Yes Sometimes Never/No N/A

TIPS

- Report all claims, lawsuit or State investigation actions, arbitration requests, and requests for a deposition or an interview.
- If you are unsure whether an incident needs to be reported, call a claims manager to discuss the matter.
- Once a report is made, keep the patient’s medical record in a safe, secure place.
- Keep all legal correspondence in a safe place separate from the patient’s medical record.