

# The Assistant's Role in Risk Reduction

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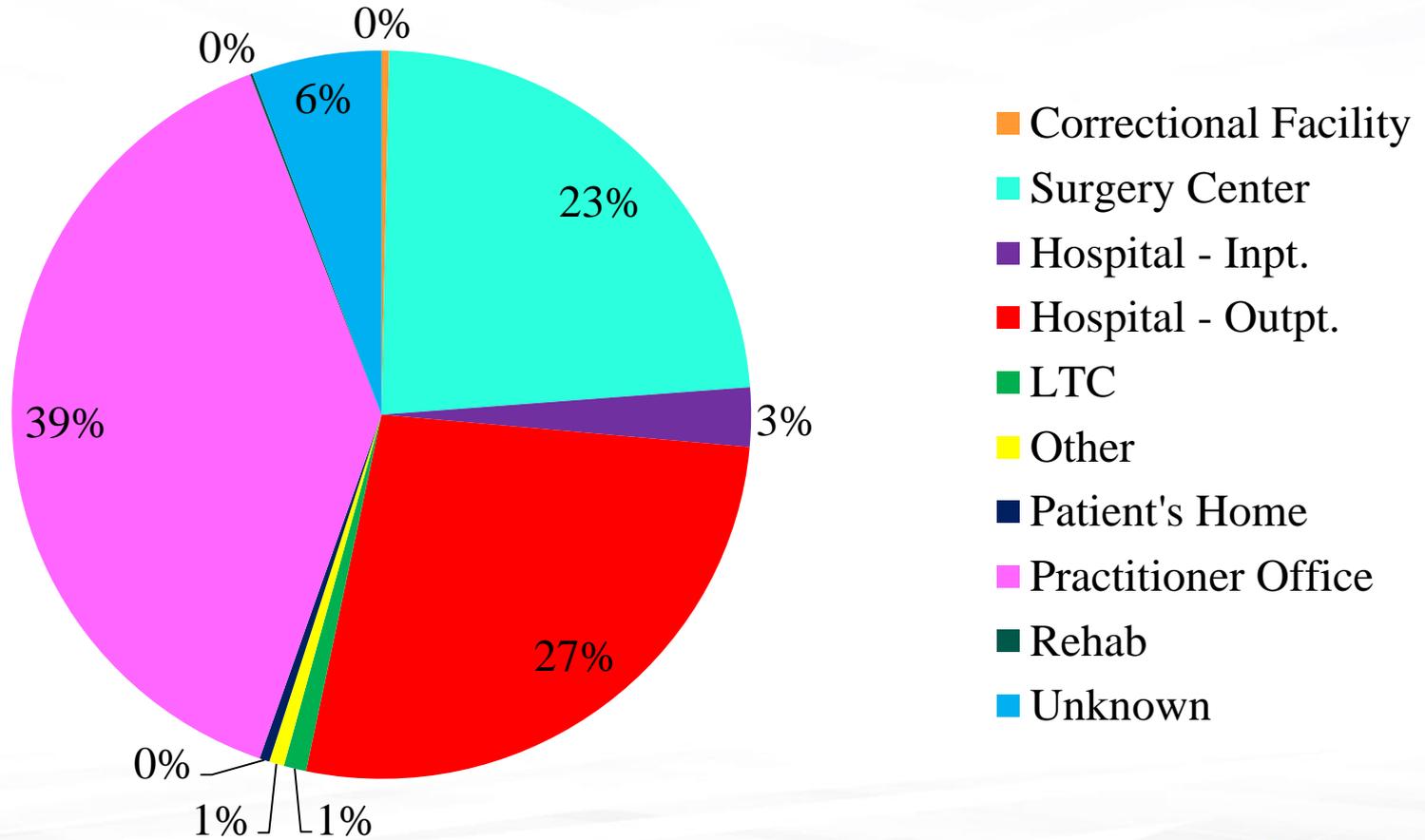
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# Objectives

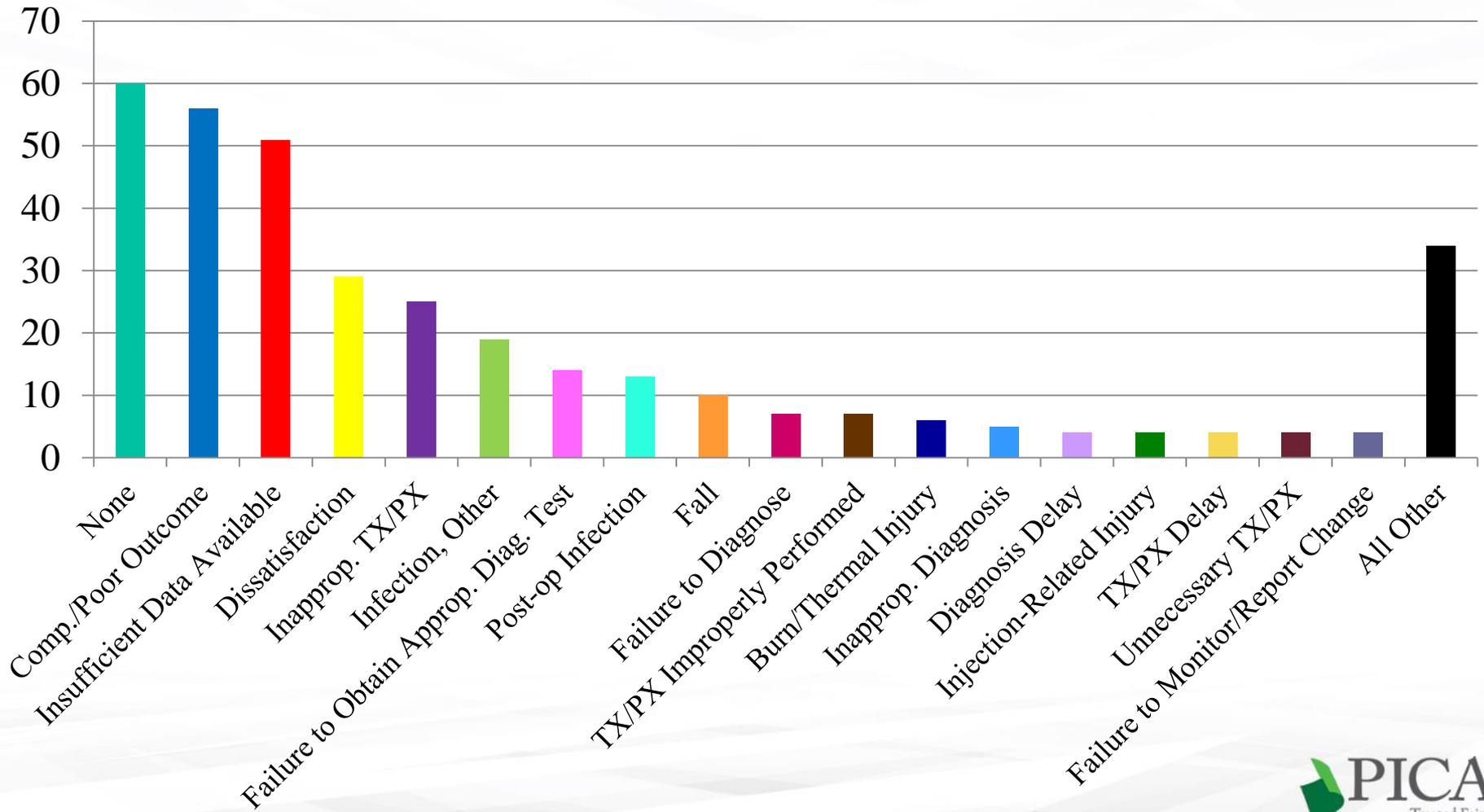
- The attendees will learn about how assistants can be involved in malpractice litigation.
- The attendees will learn how their role can help mitigate the risk of malpractice litigation.

# STATISTICS

# Facility Type



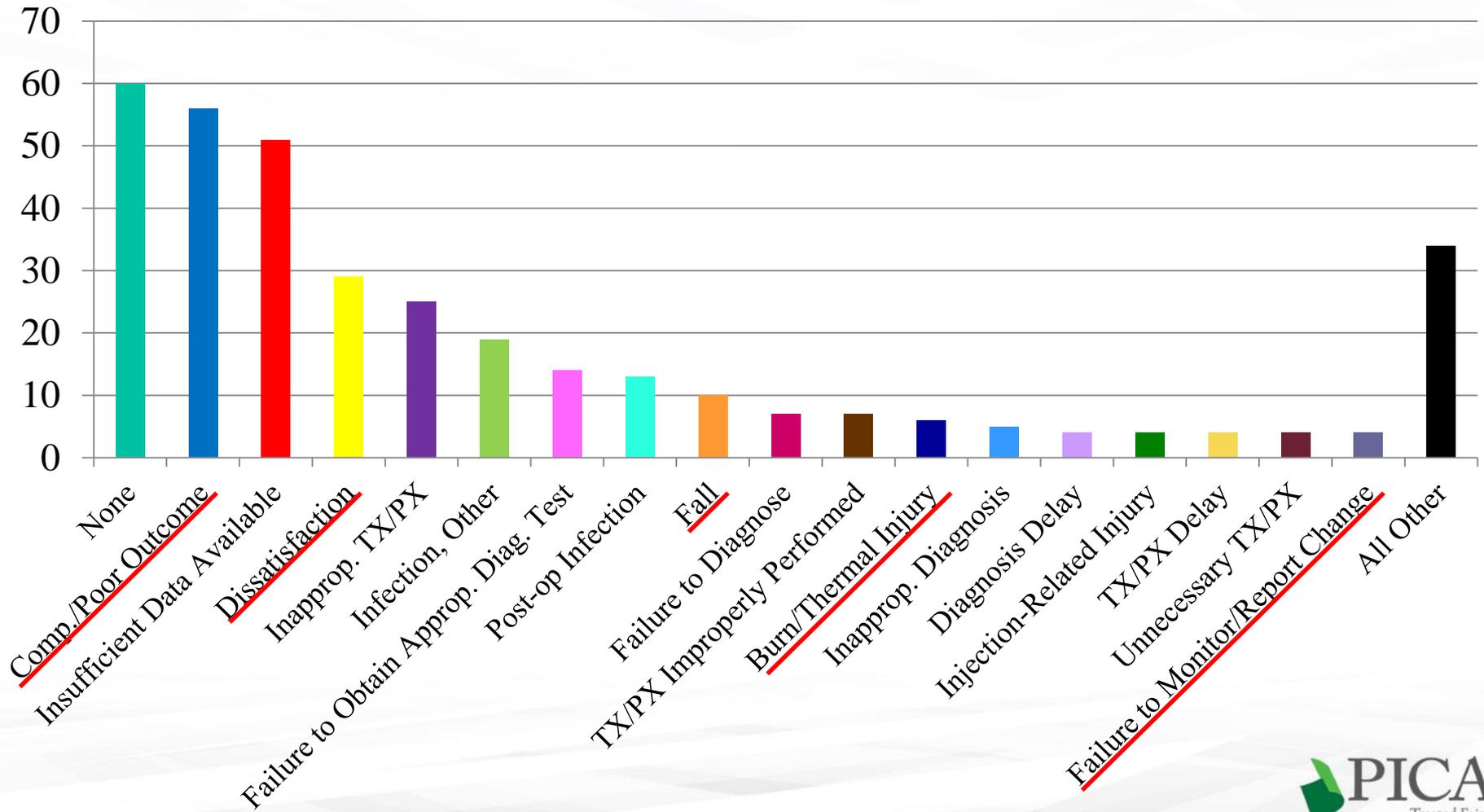
# Claims Arising From Practitioner's Office - Primary Risk Issue



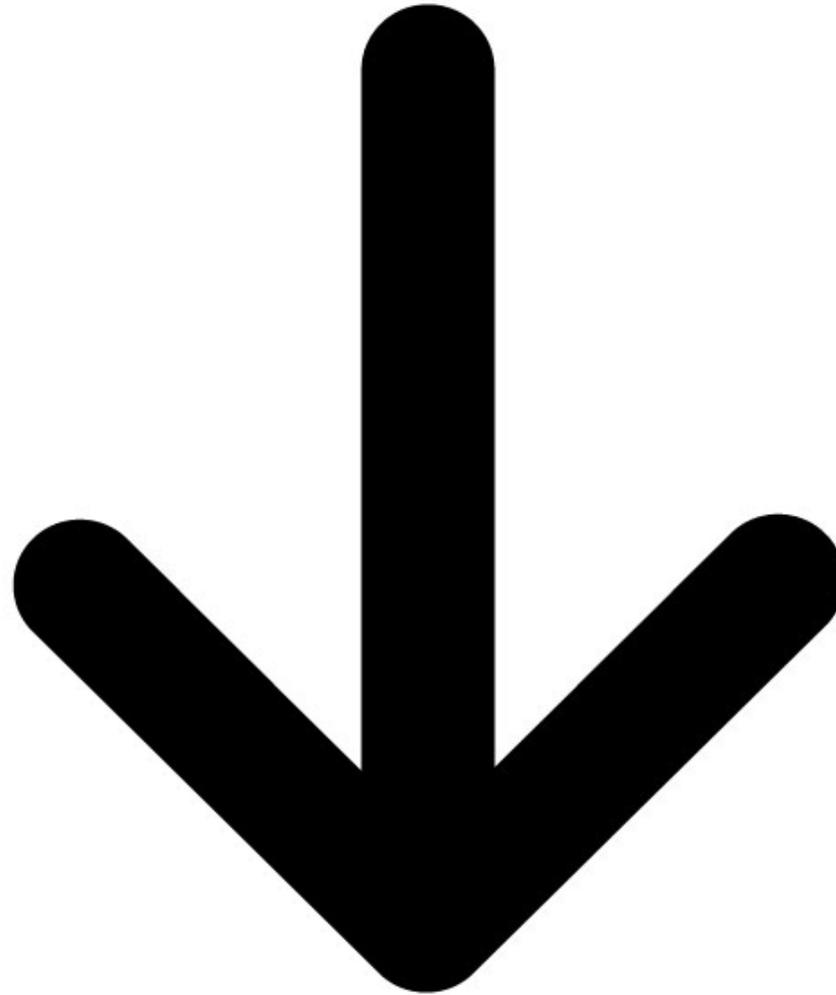
How often do you think podiatric assistants are ever involved in the patient's decision to file a lawsuit against the podiatrist?

**More than you think!**

# Claims Arising From Practitioner's Office - Primary Risk Issue



# Risk Reduction



# OFFICE TRAINING & POLICY AND PROCEDURES

# Office Training

- What is the Process for Training your employees?
- How do you Document Your Training?
- What does your Policy and Procedures Manual say about training?

# PATIENT RELATIONS AND COMMUNICATION

# Background

- Approximately 40% of podiatric malpractice claims originate from treatment received in the doctor's office.
- A major factor in the patient's decision to sue is his/her relationship with doctor and doctor's office staff
- Patients less likely to sue
  - Caregivers who communicate well with them
  - Caregivers who provide good customer service

# Communication

- Majority of medical malpractice actions attributed to problems with communication
- The primary goal of communication is a mutual understanding of the meaning of the message

# Communication Skills

- Seed of malpractice claims is planted when patient expectations are not met through lack of information or misunderstanding of information
- Many patients who file lawsuits report their healthcare providers
  - Were uncaring
  - Made them feel rushed
  - Did not answer questions

# Face-to-Face Patient Interaction

- 5 Star Service!
- Patients place more weight on interpersonal skills than medical knowledge
- Show patients respect by:
  - Immediately acknowledging upon arrival
  - Addressing them by how they prefer to be addressed (formal title, first name)
  - Introducing yourself
  - Making eye contact
  - Letting them know if there will be extended wait time
    - offer to reschedule or come back later
  - Providing assistance, if needed
  - Knocking before entering exam room
  - Explain what you are doing

# Face-to-Face Communication

- Verbal and non-verbal: 85% is Non-verbal
- Non-verbal communication includes:
  - Use of gestures
  - Facial expressions
  - Other body language (physical appearance, touch, posture/gait)
- Non-verbal communication should provide same message as verbal communication
- Most important non-verbal communication
  - Smiling
  - Eye contact

# Reinforce Oral Communication with Written Materials

- Unlikely patients will remember all oral instructions
- Allows a patient to review information as often as necessary
- Improves patient compliance

Patient forget 40-80% of what you tell them

*immediately* upon leaving the office!

# Telephonic Communication

- Answer phone promptly and in be all in!
- Limit the use of hold
- Warm Transfer – “Would you like their voicemail?” **NO!!**
- Identify yourself and name of practice when answering phone
- Use pleasant tone of voice – smile when you speak
- Manage expectations when returning calls!
  - Don't Forget HIPAA

# Automated Phone Systems

- Who uses them?
- Here's what your patients think of them:
  - Frustrating
  - Menu too long
  - Impersonal
- If you do use one,
  - Give instructions for emergencies at the beginning
  - Give option of speaking to a real person

# DOCUMENTATION

# The WHY?

- Good patient relations combined with good patient care go a long way in preventing lawsuits
- However, good documentation can be the best defense in the event a patient decides to sue

# The WHO?

- The P & P defines who within the office is authorized to document in the MR
- The level of record documentation should be defined based on licensure, certification and/or professional experience
- Individuals who document in the MR should be:
  - Trained
  - Competent in fundamental documentation practices
  - Competent in legal documentation standards

# The HOW?

- Documentation should pertain only to the direct care of the patient.
  - No emotional feelings
  - No statements that blame, accuse or compromise other caregivers, the patient or the patient's family.
- Entries should be made immediately!
- Each entry should include the complete date and time of entry and the signature or other authentication of person making entry
- All fields and forms should be completed

# The WHAT?

- All Patient Contacts (in person, telephone, e-mail, text) – **I mean all!**
  - Date & time
  - Mode (phone call, visit, electronic)
  - Reason for contact
  - Your actions and/or information/advice given
  - Outcome of contact
  - Plan for future care or follow-up, if applicable

# The WHAT?

## 📌 Telephone Calls

**-The doctor should review all telephone messages from patients and advice given by staff members for appropriateness & co-sign to indicate review and approval of the advice**

## 📌 Patient Education Instructions/Materials

## 📌 Lab and Test Results

## 📌 Referrals

## 📌 Missed Appointments and Lab/Test Results

- “Reasonable Effort”

## 📌 Medications Prescribed

— what, why, how, when, complications, reasons to call

# Non-Compliance

- Patient Non-adherence/Non-compliance
  - A patient may sue his/her doctor following a poor outcome, but many times the reason for the patient's poor outcome is the patient's non-compliance
  - These cases are much easier to defend if the patient's non-adherence is documented
  - Document all observations and patient statements of non-adherence without emotion or judgement
    - Example - "Patient presents for his first post-op visit. Noted the bottom of the dressing on the operative foot to be dirty, worn and loose. When the patient was asked if he walked bearing weight on his operative foot, he stated, "I walked around the house a little without my crutches."

# OFFICE SYSTEMS

# Office Systems

- Scheduling
- Tracking
- Medications
- Billing
- Unusual Events
- Patient Complaints

# Scheduling Systems

- Schedule reasonable number of patients each day based on:
  - Nature of appointment
  - Number of exam rooms
  - Number of doctors and office staff
  
- Allow time for:
  - Patients who need to be seen urgently
  - Appointments or procedures that require more physician time
  - Patients who need follow-up appointments

# Delays

- Inform patients how long they can expect to wait & give them opportunity to reschedule a routine visit
  - If possible, call patients in advance if long delay is expected.
- Do not turn away a patient with an urgent problem because of scheduling difficulties without offering alternative means of obtaining care (ED or urgent care clinic)

# Notification

- Tell patients when they should receive notification of test results & ask them to call the office if they have not heard from you within the specified time
- Patients should be advised of all test results, both positive & negative by person qualified to discuss the results
  - The doctor should personally advise a patient of any positive or adverse results or significant changes in treatment

# Medication Systems

## Policies and procedures

- Who is authorized to fill prescription orders from the DPM?
- Is there a limit on how often the prescription can be refilled prior to seeing the doctor again?
- Always review the MR prior to calling in refill
- Note allergies
- Maintaining a medication flowsheet in the patient's medical record

## Medication samples and stock medications

# Billing Systems

- Written billing practices and policy and share with patients prior to or at initial visit
- Discuss fees and out-of-pocket expenses such as co-pays and deductibles up front
- Work out alternative payment arrangement if unable to pay entire bill at once
- Ask doctor to review MR of all delinquent accounts prior to collection attempts
- Develop a billing compliance plan to ensure appropriate billing practices

# Unusual Event Reporting Systems

- Definition – “Any event involving a patient, visitor, staff member, equipment or facilities and grounds which may affect the quality of patient care, safety of the practice or create the potential for a liability claim”
- Every office should have a system in place to report, identify, analyze, trend and evaluate risk exposure within the practice
- Early identification and investigation of unusual events may prevent similar problems from occurring and prompt corrective action may limit risk exposure

# Unusual Event Reporting Systems (Cont.)

▶ Examples of events that warrant investigation, tracking and correction include:

- Patient complaints
- Errors in patient care
- Development of unexpected outcomes
- Adverse reactions to treatments, procedures or medication
- Patient or staff injury or potential injury
- Loss or damage of personal property
- Equipment failure or malfunction
- Any other incident that is not consistent with the routine care & treatment of a particular patient or the operation of the practice

# Unusual Event Reporting Systems (Cont.)

- Steps in the investigation process
  - Interview all persons involved
  - Review patient's medical record
  - Test involved equipment and supplies, if applicable
  - Inspect incident area for factors contributing to the event
  - Review applicable practices, policies & procedures to determine if they were followed or if they need to be changed
  - Recreate the circumstances involved via role-playing or re-enactment
  - Determine other contributing factors

# Take Away Messages

- ▶ *“By failing to prepare, you are preparing to fail.”* — [Benjamin Franklin](#)

- Training and Documentation

- ▶ **Be the Ritz-Carlton!**

- Face to Face
  - Telephonic

- ▶ *“A bad system will beat a good person every time.”* — [W. Edwards Deming](#)

- Use your office systems to your advantage

# Questions???

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