



PATIENT SAFETY

Interactive Guide for Emergency Medicine Physicians

Minimize your practice liability
with a loss prevention checkup.

FOR MORE THAN 35 YEARS, THE DOCTORS COMPANY HAS BEEN FIERCELY
COMMITTED TO ADVANCING, PROTECTING, AND REWARDING THE PRACTICE OF GOOD
MEDICINE. OUR COMMITMENT EXTENDS TO DELIVERING PRACTICAL TOOLS AND SERVICES
THAT CAN HELP YOU IDENTIFY POTENTIAL RISKS AND STRENGTHEN PATIENT SAFETY.

Table of Contents

HOW TO USE THIS INTERACTIVE GUIDE	1
COMMUNICATIONS	2
COORDINATION OF CARE: LAB TESTS, PROCEDURES, RESULTS, REFERRALS TO ADMITTING PHYSICIANS, SPECIALISTS, AND PRIMARY CARE PHYSICIANS	4
MEDICAL RECORDS	7
MEDICATION MANAGEMENT	9
PHYSICIAN/PATIENT/STAFF RELATIONSHIPS	11
EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)	13
INFORMED CONSENT AND REFUSAL	15
CONFIDENTIALITY AND PRIVACY	17
EMERGENCY PROCEDURES	18
CREDENTIALING AND STAFFING	19
BUILDING RELIABLE SYSTEMS TO REDUCE THE IMPACT OF HUMAN FACTORS	22
NATIONAL PATIENT SAFETY GOALS	24

This interactive 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.

How to Use This Interactive Guide

This review is not a test. It is an interactive 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 interactive guide depends on how candid you are.

The guide is divided into 12 sections. These sections reflect the most frequent patient safety/risk management issues identified in our closed claims.

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

Feel free to share this interactive guide with the colleagues in your group since this information can easily be used as part of a performance improvement project, either within your group or in the hospital. Since hospital environments and cultures differ, we also encourage you to use this guide for each hospital.

Knowledge Center

Our extensive online library of articles is considered to be the industry's definitive resource on today's most pressing patient safety/risk management and health care policy issues.

We've also compiled a selection of complementary articles that can help you lower your liability risk.

To read the articles referenced in this interactive guide, visit www.thedoctors.com/interactiveem.

Expert Team of Trained Specialists

Our patient safety program is led by an expert team of patient safety specialists, trained medical and patient safety professionals who work tirelessly with members to implement risk management strategies tailored to their specialty and practice.

Our specialists operate regionally and are available to our members for consultation nationwide. E-mail us at patientsafety@thedoctors.com, or call us at (800) 421-2368, extension 1243, and we will connect you with your regional patient safety/risk manager.

If you have an urgent patient safety or claims issue, our specialists are available 24 hours a day, 365 days a year on our nationwide hotline at (800) 421-2368.

Communications

Communication among team members must be clear and complete. Faulty communication can occur in a variety of settings. For example, patient care may be jeopardized when the emergency medicine (EM) physician provides too little information to the admitting physician or to the specialist or the primary care physician (PCP). Patient care may also be jeopardized when nurse-to-nurse, nurse-to-physician, or physician-to-physician communication lacks critical data.

Poor physician-patient communication has been identified as one of the root causes of medical errors that leads to patient injury.

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 effective physician-patient communication is sometimes lacking.

Patients 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.

Always/
Yes

Sometimes

Never/
No

N/A

PHYSICIAN-PATIENT COMMUNICATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. You sit at eye level when communicating with a patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. You use active listening techniques. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. You are careful to treat patients' health concerns seriously. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Family involvement is encouraged. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. A healthy lifestyle is promoted. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. You use the teach-back method to ensure patient understanding. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. You address the admission process and hospital care plans or the discharge process and after-hospital care plans with the patient and/or family. |

PHYSICIAN-NURSE COMMUNICATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. There are established protocols of communication, such as SBAR (Situation Background Assessment Recommendation), between the physician and the nursing staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You encourage nursing staff to contact you whenever they are in doubt about therapy, orders, legibility, or concerns about the patient. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You routinely read the nursing notes and discuss the patient's care with his or her primary nurse. |

Communications

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Use of verbal orders is limited to emergency situations, and you require read back or repeat back for verification of all verbal orders that you give.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You know which abbreviations are on the hospital's list of unapproved abbreviations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You use the standing orders of the hospital.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. Your standing orders have been approved by the medical staff per hospital rules and regulations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. You individualize standing orders or order sets for the patient at hand.
PHYSICIAN-PHYSICIAN COMMUNICATION				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	16. You use a standardized physician-to-physician communication process during handoffs, such as SBAR or a checklist.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. The handoff takes place face-to-face.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. The handoff provides the opportunity for questions to be asked and answered.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. There is a sign-out process used when going off shift or off service.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. You brief covering and/or admitting physicians about any anticipated patient care problems, pending significant laboratory results, or other procedures or consultations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. You speak with the patient's primary care physician/hospitalist/specialist when it is necessary to admit the patient to the hospital.

TIPS

- 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.
- Standardize the communication process among other physicians and nurses by using tools such as SBAR or a checklist.

Additional information at www.thedoctors.com/interactiveem:

Patient-Centered Communications: Building Patient Rapport

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Admitting Physicians, Specialists, and Primary Care Physicians

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.

Always/
Yes

Sometimes

Never/
No

N/A

HOSPITAL SYSTEMS

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. There is a system in place to reconcile laboratory tests ordered with results received so that someone will follow up if results are not received within a defined time frame. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. There is a system in place to reconcile imaging studies and other diagnostic tests ordered with results received so that someone will follow up if results from an ordered test are not received within a defined time frame. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. You document your review of laboratory and test results and consultant reports by initialing and dating them or by electronic signature. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. There is a system in place to ensure that all diagnostic radiology films initially read by you are confirmed and documented by a radiologist within 24 hours. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. If there is a discrepancy between your findings and those of the radiologist, there is a formal mechanism in place to ensure proper communication with the patient and/or attending or PCP and timely resolution of the issue. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. There are guidelines for the management of patients in the observation/holding area (e.g., patients waiting for lab or x-ray reports, undergoing extended observation, or waiting for an available admission bed) that address your responsibility and/or that of the admitting physician or specialist. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. When there are abnormal findings, a follow-up plan is established with the patient and documented in the record, or, when appropriate, the patient's refusal to cooperate with the plan is documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Your referrals indicate the reason for the consultation and outline each physician's responsibility for overall care, testing, treatment, and follow-up. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You use secure, HIPAA-compliant technology (e.g., fax, voicemail, or electronic medical records) provided by or supported by the hospital. |

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Admitting Physicians, Specialists, and Primary Care Physicians

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. You or a designated member of your team notifies patients in a timely manner (e.g., within 24 hours) of discrepancies or final results that would change the original diagnosis and treatment, and the conversation is documented in the medical records.
CONSULTS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. You use a formal consultation instead of a “curbside” consult to negotiate a course of treatment for a particular patient.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You document any informal, or curbside, consults that you provide or receive.
AT DISCHARGE				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You give a copy of the summary of the emergency room encounter to the patient with the instruction to give it to the PCP, and you send a copy of the summary of the emergency room encounter to the PCP prior to the patient’s follow-up appointment with the PCP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. The discharge summary includes medications, timing of follow-up, laboratory and other tests that may be required, and any pending laboratory or other pending results.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. If there is reinterpretation of test results by a specialist consulting on the case, the information is provided to the PCP.
16. Someone follows up with the patient to ensure that he or she:				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. understands the discharge instructions,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. is aware of any test results not available before discharge,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. has procured and is correctly using the prescribed medications,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. has undergone or scheduled follow-up tests and procedures, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. has seen or scheduled a visit with his or her PCP.
CO-MANAGEMENT				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17. You see the patient if a private physician does not arrive in the emergency medicine department (EMD) to see his or her patient within the required time frame dictated by hospital policy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18. You follow protocol to resolve any difference in opinion between you and the attending physician regarding patient disposition.

Coordination of Care: Lab Tests, Procedures, Results, Referrals to Admitting Physicians, Specialists, and Primary Care Physicians

Always/ Yes	Sometimes	Never/ No	N/A	
				19. There is a system in place for managing obstetrical patients that includes:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. who sees the patient (EMD, labor and delivery [L&D], or both),
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. who does the medical screening examination (MSE),
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. what assessment is to be recorded (e.g., fetal heart tone),
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. use of consultants, L&D RNs, or ob/gyn,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. trauma cases,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. nonlabor medical care, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. referral or discharge.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. There is a system in place for managing patients who are waiting in the EMD for admission to the hospital, or those who are under observation status, or outpatients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. When managing a patient's care with other specialists or physicians, there is a system in place for co-managing lab test results, and actions to take based on test results.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. The system for co-managing test results includes how to resolve issues or conflicts in actions to take based on the test results.

TIPS

- Make a reasonable attempt to facilitate patient follow-up.
- Follow the hospital policy guiding the follow up of laboratory, imaging, and pathology reports.
- Always review and initial laboratory test results.
- Find out if the hospital has a reminder process for any tests, procedures, or requested consultations that will not be completed prior to discharge.
- Follow the hospital's process for informing the patient of test results.
- Document the record with patient notification of test results.
- Clarify your role with other care providers to avoid confusion regarding specific components of a patient's care.

Additional information at www.thedoctors.com/interactiveem:

Curbside Consultations

Medical Records

A complete and accurate 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. Appropriate record keeping helps to ensure that all members of the health care team provide continuity and high-quality care. A good record should reflect the care provided and the rationale behind the medical decisions when indicated. It should also 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 by documenting the standards and patterns of care of the practitioner and providing 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, and
- facilitate research and education.

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

Always/ Sometimes Never/ N/A
Yes No

PERSONAL HEALTH INFORMATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. The history and physical includes at least the minimal content as specified in medical staff bylaws and rules and regulations. |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

PATIENT EDUCATION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Patient education is documented. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Discharge instructions are documented. |

CONTINUITY OF CARE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. The assessment is supported with objective and subjective observations. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. There is a documented treatment plan. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. An expert reviewer would be able to follow your medical judgment and support it. |

Medical Records

Always/
Yes Sometimes Never/
No N/A

Always/ Yes	Sometimes	Never/ No	N/A	
				DOCUMENTATION
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. An off-service note is written to include “if this occurs, then do this” or other planning as necessary.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Your notes are legible.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. You document the patient’s condition on discharge.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. If an electronic health record is available, you have been oriented to IT security requirements, and you have had training on how to use it.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Your history and physical exam, consultations, progress notes, and discharge summaries are signed and dated within the time frames dictated by the Medical Staff Rules and Regulations or Medicare/Medicaid Conditions of Participation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You follow hospital rules and regulations on documentation timeliness, e.g., signing verbal/telephone orders, progress notes, history and physicals, and discharge summaries.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Pain assessments, pain monitoring, effectiveness of interventions, and a plan for pain management are performed and documented by you and the nurses per hospital protocol.

TIPS

- If it is not documented in the medical record, it did not happen.
- Do not write “error” when making a correction. Line through the entry, then date it and initial it. The corrected entry should be added as the next entry and should have the current date.
- Review and initial or sign your dictated reports before they are filed as part of the medical record.

Additional information:

Explore our articles on record keeping at www.thedoctors.com/psarticles.

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.¹ 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.

Patient education regarding medications is vital. Taking the time to ensure that the patient understands what the medication is, how to take it, which symptoms to report, and how often to check with the prescriber regarding continued administration are essential to safe medication practice.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You include the reason or indication on prn medication orders, e.g., “for pain” or “for nausea” when a drug has multiple uses.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. There is a diagnosis, condition, or indication in the chart for each medication you order.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Patients are instructed on the rationale for medications.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. The patient’s allergy status is checked before prescribing.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Before prescribing a new medication, you have reviewed the patient’s most recent prescribed medications, herbal products, and over-the-counter drugs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. You use the computerized physician order entry per hospital policy.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. You require read back of verbal and telephone medication orders to assure that the orders are complete and accurate.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. You have access to Epocrates or a current edition of the <i>Physicians’ Desk Reference</i> .
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. You were oriented to the hospital’s medication management system.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. You ensure that medication reconciliation takes place prior to discharge.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. You use a written protocol for pain management.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You use a written protocol for narcotic use.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You have registered with the PDR Alert Network (formerly the Health Care Notification Network) to receive electronic drug alerts, and you review alerts as they are received.

Medication Management

TIPS

- Obtain a patient's medication history, and enter it into the chart. Include prescription medications, over-the-counter medications, vitamins, herbal products, dietary supplements, alternative medicines, and homeopathic medications.
- Ensure that the patient receives an up-to-date list of medications at discharge.
- Provide medication counseling to the patient or caregiver in a way that he or she can understand, and document your discussions.
- 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 information on the signs and symptoms of untoward reactions with instructions on when to call and whom to call. Document this information.
- Involve the patient as an active participant in his or her own medication treatment.

Additional information at www.thedoctors.com/interactiveem:

Medication Safety

Reference:

¹Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err Is Human: Building a Safer Health System*. Committee on Quality of Health Care in America, Institute of Medicine. Washington, DC: National Academies Press: 2000.

Physician/Patient/Staff Relationships

Openness, honesty, and empathy are fundamental components of health care relationships among 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.

Always/
Yes

Sometimes

Never/
No

N/A

PATIENT SATISFACTION

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. You have received orientation from the hospital describing the patient complaint or grievance process and the role you play. |
|--------------------------|--------------------------|--------------------------|--------------------------|---|

TEAMWORK

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Physicians and staff treat one another in a courteous manner. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Physicians encourage questions and calls from staff members. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. You use a communication protocol, such as SBAR, to enhance communication between you and the nursing staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. You have attended team training, such as TeamSTEPPS or Crew Resource Management. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. You know the names of the people you work with. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. You share your plan for patient care with residents, nurses, and support staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. You solicit input, listen to, and respond to suggestions from nursing or other clinical staff. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. You praise good work and success. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You debrief the health care team after significant patient events that affect the care and treatment of the patient. |

Physician/Patient/Staff Relationships

Always/
Yes

Sometimes

Never/
No

N/A

PATIENT INTERACTIONS

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. You educate your patient regarding your role and function. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. You use the teach-back or repeat-back method to ensure patient understanding. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. When handoffs occur, you inform the patient of who will be taking over his or her care. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. You ensure that your patient understands the discharge instructions regarding follow-up appointments, medications, and self-care. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. You check the status of pending test results at the time of discharge. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. If there are pending test results, you have a process to ensure that you review and communicate the results to the follow-up physician and to the patient. |

TIPS

- Teamwork is the most effective way of catching individual errors before they occur and of mitigating system failures.
- Teams are better equipped to handle challenges within a department, and decisions made through teamwork are significantly better than the decisions of an individual.
- Encourage communication with your patient and other health care team members by telling them, “If you see, suspect, or feel that something is not right, please speak up.”

Additional information at www.thedoctors.com/interactiveem:

Shared Responsibility for Preventing Malpractice Suits—Patient Interactions

Emergency Medical Treatment and Labor Act (EMTALA)

EMTALA’s original intent was to combat the discriminatory practice of some hospitals in transferring, discharging, or refusing to treat indigent patients coming to the emergency medicine department because of the high cost associated with diagnosing and treating these patients with emergency medical conditions. While the act applies to all Medicare-participating hospitals, it protects anyone coming to a hospital seeking emergency medical services—not just Medicare beneficiaries. The act imposes three primary requirements on Medicare-participating hospitals that provide emergency medical services:

- The hospital must provide an appropriate medical screening exam to anyone coming to the EMD seeking medical care.
- If the hospital determines that an individual who comes to the hospital has an emergency medical condition, the hospital must treat and stabilize the condition or transfer the individual.
- The hospital must not transfer an individual with an emergency medical condition who has not been stabilized unless several conditions are met that include effecting an appropriate transfer.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You know the obligations of EMTALA and its associated documentation requirements.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. You know EMTALA’s scope regarding individuals who present at any hospital department or facility that meets the regulatory definition of a “dedicated EMD.”
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. You keep up-to-date on the latest EMTALA obligations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. You follow the hospital’s policies and procedures that comply with EMTALA, including:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. requirements for medical screening examinations,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. requirements for stabilizing treatment,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. transfer of patients to another facility,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. patient refusal of recommended transfer, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. acceptance of transfers from another facility.

Emergency Medical Treatment and Labor Act (EMTALA)

TIPS

- Include time/dating of notes and response time in the patient's medical record and all communications with on-call coverage physician and specialist and/or receiving hospital physician.
- If the patient chooses to depart prior to the screening or medical care or refuses to be transferred to another facility, document the refusal, including education provided to the patient regarding risk/benefits, and provide the patient with directions for follow-up care.
- Ensure that you review and sign the approved transfer forms when sending a patient to another facility.
- Ensure that patients suspected of having a heart attack are evaluated within 10 minutes of EMD arrival, in accordance with guidelines from the American Heart Association and the American College of Cardiology.

Informed Consent and Refusal

Informed consent to medical treatment is based on the following beliefs:

- 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.

Always/ Yes	Sometimes	Never/ No	N/A
----------------	-----------	--------------	-----

CONSENT AND REFUSAL

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. If you believe that the patient lacks capacity to provide consent and if the patient's clinical circumstances permit, you make every effort to obtain express consent from the nearest relative or other surrogate decision maker. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. You use the hospital's consent form for invasive treatments or procedures. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. The consent form includes a description of the treatment or procedure in nonmedical terms that the patient can understand. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Copies of signed consent forms are maintained in the medical record. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. The informed consent discussion is documented in the notes. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. The informed consent discussion includes risks, benefits, and alternatives. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Educational tools, such as pamphlets or videos, are used to reinforce the patient's understanding. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. You use the interpretation services provided by the hospital. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. When the patient requires an interpreter, the name of the interpreter appears on the consent form. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. You use the hospital's informed refusal form for patients who decide to leave against medical advice (AMA) or decline a recommended procedure or treatment. |

ADVANCE DIRECTIVES

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. You follow the hospital's policies on advance directives, forgoing or withdrawing life-sustaining treatment, and withholding resuscitative services. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. You document end-of-life symptoms in the medical record. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. If available, you request a palliative care consultation. |

Informed Consent and Refusal

TIPS

- The process of obtaining informed consent (not merely signing a form) is the physician's responsibility and cannot be delegated.
- When documenting informed consent or informed refusal, do not use abbreviations.
- Use hospital-approved informed consent forms, and follow the hospital's rules and regulations on informed consent and refusal.
- 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* (using the word, not an abbreviation) on the form and in your documentation.
- When a competent adult patient refuses treatment, document his or her decision in the medical record, including the patient's acknowledgment of the risks of refusal.
- Date and time all entries in the medical record regarding informed consent and informed refusal.
- Ensure that patients have enough information to make informed decisions. Explain to the patient how to contact you if he or she thinks of other questions.
- To be effective, the information given to the patient must be appropriate to the literacy level and language of the patient.
- Follow hospital policies and procedures on advance directives.

Additional information:

Explore our articles on informed consent at www.thedoctors.com/psarticles and our resource center on informed consent documentation at www.thedoctors.com/consent.

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 material in any form, such as written materials and electronically stored data.

Privacy and confidentiality must also be respected when others might hear you discussing a patient, such as in the hospital’s elevators, the hallways, or on the phone at the nurses’ station.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You knock before entering the patient’s room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. You are careful not to discuss a patient within earshot of another patient or a visitor.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. You have been oriented by the hospital about HIPAA requirements and its policies and procedures.

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, make sure you know the identity of the person, 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.

Emergency Procedures

The hospital should orient you to its emergency procedures. Additionally, you should clearly understand your responsibilities in the event of an emergency from a natural or man-made disaster in which you would possibly be deployed to an area other than the EMD. You should also make sure you are familiar with the hospital's fire safety program.

Additionally, the hospital should provide you with information about whether it uses rapid response teams and outline your responsibilities in the event the team is initiated.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. You have been oriented to the hospital's procedures and protocols related to medical emergencies, such as initiating a rapid response team.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. You participate in periodic drills on how to deal with the following emergencies:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. unanticipated patient behaviors,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. tornados, hurricanes, flooding, mass casualty incidents,
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. fires, and
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. hazardous materials.

TIPS

- Familiarize yourself with medical emergency procedures and protocols, including the use of rapid response teams.
- Understand your responsibilities during hospital disasters and recovery operations.

Credentialing and Staffing

The hospital and your practice group should identify appropriate credentialing methods to ensure that qualified personnel are available. The EM physicians should complete a hospital orientation and, if applicable, a group practice orientation.

Always/ Yes	Sometimes	Never/ No	N/A	
NEW HIRE ORIENTATION				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. The hospital provides orientation on hospital policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. If you are part of an EM group, the group provides orientation on its policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. If applicable, all physician assistants in your group have a written and signed supervision protocol.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. If applicable, all nurse practitioners in your group have standardized procedures.
WRITTEN POLICIES				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. You have an employee handbook.
SIGNED ACKNOWLEDGMENTS				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. You acknowledge in writing that you are aware of your employer's employment policies and procedures.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. You sign a confidentiality statement.
SUPPORT ISSUES				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. There is a program in place to provide backup assistance.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. You have a staffing plan that addresses staff illness, variability in census, seasonal variation, and acuity volume.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. The hospital or the group has established an ideal patient load and ceiling.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Identified or contractually committed backup providers are available by agreement and also by proximity and readiness to work.

Credentialing and Staffing

Always/
Yes

Sometimes

Never/
No

N/A

PERFORMANCE REVIEWS

- | Always/
Yes | Sometimes | Never/
No | N/A | |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Peer review is performed, and records are maintained appropriately. These include: |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. sentinel events (e.g., deaths in the EMD, medication errors, suicide attempts while in the EMD), |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. transfers, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. patients returning to the EMD within 72 hours, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. patients returning to the EMD within 72 hours/same condition, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. dead on arrival (DOA), |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. patients who left against medical advice (AMA) or left without being seen (LWBS), |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. treatment/procedure errors, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h. x-ray/lab discrepancies, |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i. complaints, and |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j. death of a patient within 24 hours of being seen in the EMD. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. EM physicians' credentialing and privileging files are reviewed by the hospital medical staff office at least once every two years. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Patient safety and quality of care are included in the evaluation criteria. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Patient satisfaction/rapport is included in the evaluation. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Professional/medical licensure renewal is verified with the licensing agency. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. EM physicians are current with CPR, ACLS, NALS, and PALS certification. Physicians in trauma centers also have ATLS certification. |

SCOPE OF PRACTICE

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. It is clear which diagnostic and/or therapeutic procedures the EM physician is expected to perform. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Diagnostic and/or therapeutic procedures are performed only by licensed or certified EM physicians who are credentialed and privileged for those procedures. |

Credentialing and Staffing

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Training guidelines and peer oversight are provided if you are expected to perform procedures that are not normally part of an EM physician's duties.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. If you are expected to care for patients with specialized needs, such as obstetrics or pediatrics, you are qualified with credentials and privileges to do so.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. If yes to 21, there is an appropriate ongoing professional practice evaluation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Prescribing practices are addressed in written job descriptions/ protocols for nurse practitioners and physician assistants employed by your group.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. You attend hospital medical staff meetings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. You attend your EM group meetings.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. You participate in medical staff committees and other hospital committees.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. You periodically attend skill enhancement or educational programs.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. You attend annual educational sessions on risk management and patient safety.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. The hospital provides training on preventing harassment and sexual harassment in the workplace.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. The hospital and EM group administration have provided a list of procedures that EM physicians will be expected to perform.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. You refuse to perform duties outside of your personal comfort zone or professional practice scope.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	32. The EM group has defined the types of patients and procedures the group will manage.

TIPS

- Follow the privileging requirements and medical staff bylaws and rules and regulations of the hospital in which you practice.
- Initiate your chain of command if the hospital asks you to practice outside the scope of your privileges.

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.

Other system factors, such as a hospital's culture, can prevent people from speaking up when they see things aren't going well or make them afraid to report errors. Understanding the interplay between human beings and the systems they work in reveals weaknesses that may be corrected.

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. All diagnostic radiology discrepancies are periodically reviewed and evaluated by a quality assurance committee to identify trends and patterns that may require additional attention.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. There is a process in place for handling large volumes of patients and critically ill patients.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. There is a feedback mechanism in place to provide the EM physician with information to improve systems and processes, e.g., monthly quality improvement (QI) meetings and discussions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. There are methods in place for the hospital to elicit EM physicians' feedback and to respond to concerns and suggestions.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. EM physicians are kept informed of changes in the workplace.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. You are actively involved in QI activities within your EM group.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. The QI activities are coordinated between the hospital and your group, and/or your group participates in the hospital QI program.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. You promote an environment in which staff can report errors without fear of reprisal.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. You have implemented the use of checklists, written reminders, and technology, such as calculators or personal data assistants (PDAs), to reduce the reliance on memory.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Schedules are conducive to a safe work environment, such as limiting the number of consecutive shifts to reduce the chance of fatigue.

Building Reliable Systems to Reduce the Impact of Human Factors

TIPS

- Build healthy relationships with hospital physicians and staff so that questions and interactions are encouraged.
- Find out from the hospital the types of decision support tools that are available to you, such as checklists or PDAs.
- Encourage your group to seek your input related to your schedule.

Additional information:

See the AHRQ Survey on Patient Safety Culture at www.ahrq.gov/qual/patientsafetyculture/hospindex.htm.

National Patient Safety Goals

The Joint Commission National Patient Safety Goals highlight problematic areas in health care and describe evidence and expert-based consensus on solutions to these problems. “Recognizing that sound system design is intrinsic to the delivery of safe, high-quality health care, these goals generally focus on system-wide solutions, whenever possible.”¹

Always/ Yes	Sometimes	Never/ No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. When receiving critical test results, you write the results down and read them back.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. The patient is identified using the hospital’s two established patient identifiers, and the site of the treatment is verified before the start of procedures or other treatments.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. You require the nurse to read back your verbal orders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. You confirm that the read-back orders or test results are correct.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. You eliminate the “Do Not Use” abbreviations from your orders or medication-related documentation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. You have been oriented to the critical test results policy of the hospital.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. There is a mechanism in place for you to provide feedback to the hospital if you have specific requests related to critical test results.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. You review each patient’s medication list before writing new medication orders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Where appropriate, your patients receive anticoagulation management.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. You consistently wash/disinfect your hands before and after each patient contact.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. You follow protocols to prevent the transmission of multidrug-resistant organisms.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. You follow protocols to prevent central line infections.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. You are involved in the medication reconciliation process for patients who are admitted to the hospital or before they are discharged.

Additional information:

www.jointcommission.org/standards_information/npsgs.aspx

Reference:

¹2011 *Hospital Accreditation Standards*. Oakbrook Terrace, IL: Joint Commission Resources; 2011:221.