THE DOCTORS COMPANY

PATIENT SAFETY

Interactive Guide for Office Practices

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

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 healthcare 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 identify 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 16 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.

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

Knowledge Center

Our extensive online library of articles at www.thedoctors.com/psarticles is considered to be the industry's definitive resource on today's most pressing patient safety/risk management and healthcare policy issues.

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 member physicians to implement risk management strategies tailored to their specialty and their 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.

FIRST IN PATIENT SAFETY
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Communication

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 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	
				ACCESS
☐	☐	☐	☐	1. There is an effective way for patients to reach the doctors in your practice after hours.
☐	☐	☐	☐	2. The telephone system automatically alerts staff when patients have been on hold for a specified period of time.
☐	☐	☐	☐	3. The after-hours answering machine message clearly states what the patient should do in an emergency.
☐	☐	☐	☐	4. Each medical record includes information about contacting the patient.
				TIMELINESS
☐	☐	☐	☐	5. The telephone is answered promptly.
☐	☐	☐	☐	6. The next available appointment is in less than two weeks.
☐	☐	☐	☐	7. When appointment delays occur, patients are informed and given rescheduling options.
				DIRECT COMMUNICATION
☐	☐	☐	☐	8. You sit at eye level when communicating with a patient.
☐	☐	☐	☐	9. You use active listening techniques.
☐	☐	☐	☐	10. When educating a patient about treatment plans, options, medications, or procedures, you use Ask Me 3 or the teach-back technique.
☐	☐	☐	☐	11. You and your staff are careful to treat patients' health concerns seriously.
☐	☐	☐	☐	12. Family involvement is encouraged.

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Communication

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	13. A healthy lifestyle is promoted.
☐	☐	☐	☐	14. There are established protocols of communication between the front office and the treatment area.
☐	☐	☐	☐	15. Staff members are instructed to consult a physician whenever they are in doubt about the correct answer.
☐	☐	☐	☐	16. Front office employees and medical assistants only provide information that is in compliance with written protocols or processes approved by the physician.
☐	☐	☐	☐	17. You brief covering physicians about any anticipated patient care problems and about hospitalized and acutely ill patients.
☐	☐	☐	☐	18. Covering physicians have access to patient records.

LIMITED ENGLISH PROFICIENCY (LEP) AND HEARING IMPAIRED PATIENTS

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	19. There is a plan for providing language interpreters if there is a significant (20 percent or greater) LEP population.
☐	☐	☐	☐	20. There is a policy in place that prohibits the use of family members as interpreters.
☐	☐	☐	☐	21. There is a plan for providing interpreters for hearing impaired patients if requested by the patient.
☐	☐	☐	☐	22. Printed patient education and informed consents are available in the patient's primary language.

Communication

Always/ Yes	Sometimes	Never/ No	N/A	
				ELECTRONIC COMMUNICATIONS
				23. If e-mail communication between the patient and practitioner on clinical matters is used:
☐	☐	☐	☐	a. There is a system in place to ensure that practitioner e-mails are reviewed in a timely manner when the provider is unavailable.
☐	☐	☐	☐	b. There is a disclaimer instructing patients about privacy concerns and directing them to go to the emergency room for all urgent matters.
☐	☐	☐	☐	c. There is a disclaimer instructing the patient to call the practitioner if a timely response is not received.

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 a delay in diagnosis and slow the patient's receipt of timely 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.

Always/Yes	Sometimes	Never/No	N/A	
☐	☐	☐	☐	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.
☐	☐	☐	☐	a. The system is not dependent on a return appointment or on holding the medical record.
☐	☐	☐	☐	b. The system includes verifying that the tests ordered were the tests completed.
☐	☐	☐	☐	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.
☐	☐	☐	☐	a. The system is not dependent on a return appointment or on holding the medical record.
☐	☐	☐	☐	b. The system includes verifying that the studies/diagnostic tests ordered were the studies/tests completed.
☐	☐	☐	☐	3. All test results, even those that are "normal," are provided to patients.
☐	☐	☐	☐	4. There is evidence that a practitioner has reviewed all test results (e.g., initials or an electronic signature).
☐	☐	☐	☐	5. The staff has been trained to never file or scan test results and reports without evidence of practitioner review.
☐	☐	☐	☐	6. There is a procedure for handling urgent test results when the ordering practitioner is absent.

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Lab Tests, Procedures, Referrals to Specialists, and Results

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	7. When there are abnormal findings, the follow-up plan established with the patient is documented, or, when appropriate, the patient's refusal to cooperate with the plan is documented.
☐	☐	☐	☐	8. Referrals indicate the reason for the consultation and outline who will be responsible for overall care, testing, treatment, and follow-up.
☐	☐	☐	☐	9. The staff makes appointments for consultations whenever possible.
☐	☐	☐	☐	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.
☐	☐	☐	☐	a. The system is not dependent on a return appointment or on holding the medical record.
☐	☐	☐	☐	b. The system includes verifying that the consults ordered were the consults completed.
☐	☐	☐	☐	11. There is a system in place to ensure that when a non-incidental consultation is ordered, a report is received. (A non-incidental consultation is one the physician needs in order to move forward with diagnosis and/or treatment.)
☐	☐	☐	☐	12. The system is not dependent on a return appointment or on holding the medical record.
☐	☐	☐	☐	13. There is a system in place to determine the urgency of/ prioritization of test results as they come in during the day.
☐	☐	☐	☐	14. There is a mechanism in place to give panic values or emergency results to a practitioner immediately.

Lab Tests, Procedures, Referrals to Specialists, and Results

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 licensed provider.

- If you use an electronic health record, make sure you use the electronic review process.

- Set up tickler files to track tests, procedures, and requested consultations ordered by the licensed provider.

- If you use an electronic health record, make sure you use the electronic tracking system.

- Develop a process for informing the patient of all test results.

- Document the notification of test results in the record.

- Document the medical record with patient nonadherence 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 require only 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 nonadherent with medical treatment poses a risk to himself or herself as well as to the physician.

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. There is a system in place for reminding patients of appointments.
☐	☐	☐	☐	2. A nurse or practitioner reviews all no-shows and canceled appointments to determine which require follow-up.
☐	☐	☐	☐	3. There is a recall system for patients who need to be seen on a regular basis.
☐	☐	☐	☐	4. There is a system for documenting canceled, missed, or no-show appointments.
☐	☐	☐	☐	5. Your office keeps copies of missed appointment follow-up letters in the patient's chart.
☐	☐	☐	☐	6. There is documentation in the patient's chart of follow-up efforts made on canceled, missed, or no-show appointments.
☐	☐	☐	☐	7. There is a process for dealing with nonadherent patients.
☐	☐	☐	☐	8. There is a process on how to determine which patients need to be seen urgently.
☐	☐	☐	☐	9. There is a process in place to provide reminders for age-, gender-, and comorbidity-specific testing (pertinent to the specialty).
☐	☐	☐	☐	10. There is a method to ensure adherence with specialty recommendations.

Scheduling and Follow-Up

Tips

• Always document missed or canceled appointments.

• Bring all missed and canceled appointments to the attention of the physician.

• Document patient nonadherence.

• Explain to the patient the health consequences of continued nonadherence.

• Note all actions, and keep copies of all letters sent to the patient in the patient's medical record.

Patient Self-Management/Health Literacy

The Institute of Medicine has recognized that patient self-management/literacy is "the systematic provision of education and supportive interventions by healthcare staff to increase patients' skills and confidence in managing their health problems, including regular assessment of progress and problems, goal-setting, and problem-solving support." Frequently, patient factors that include nonadherence with medical plans and treatment are an underlying cause of office-based physician claims. Patients in the ambulatory setting need to have a good understanding of how to manage their care.

Always/ Yes	Sometimes	Never/ No	N/A	
				1. The patient is periodically assessed for the following abilities:
☐	☐	☐	☐	a. Monitor signs and symptoms.
☐	☐	☐	☐	b. Conduct self-triage.
☐	☐	☐	☐	c. Seek care when needed.
☐	☐	☐	☐	d. Manage medications, wound care and healing, diet, rehabilitation, and exercise and wellness activities.
				2. The healthcare team:
☐	☐	☐	☐	a. Communicates and reinforces the patient's active and central role in managing the illness.
☐	☐	☐	☐	b. Makes regular use of standardized patient assessments.
☐	☐	☐	☐	c. Uses evidence-based programs to provide ongoing support.
☐	☐	☐	☐	d. Provides collaborative care planning and person-centered problem solving that result in an individualized care plan for each patient and team support when problems are encountered.
				3. Patients are able to articulate:
☐	☐	☐	☐	a. The importance of a lab test and when they should receive their test results.
☐	☐	☐	☐	b. What to do if they don't receive the lab test results.
☐	☐	☐	☐	c. How to arrange follow-up care.
☐	☐	☐	☐	4. There are templates for after-visit summaries that embed lab test results and provide instructions on what to do if results are not received and how to arrange care.

Patient Self-Management/Health Literacy

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	5. There is an assessment of the patient-caregiver relationship and the caregiver's needs to ensure well-being for both patient and caregiver.
☐	☐	☐	☐	6. Self-management education is given to reinforce education provided in the inpatient setting.
☐	☐	☐	☐	7. Barriers to patient self-management (such as financial issues or lack of social support) are assessed and addressed when possible.
☐	☐	☐	☐	8. Self-management support is tailored to the individual patient's health literacy, skills, and language.
☐	☐	☐	☐	9. Ask Me 3 and the teach-back technique are used when educating patients.
☐	☐	☐	☐	10. The ambulatory practice is aware of formal collaborative or referral relationships with organizations that provide services to help with patient self-management.
				11. The following tools are used to support patient self-management:
☐	☐	☐	☐	a. Care checklists.
☐	☐	☐	☐	b. Written protocols for care management contingencies likely to arise.
☐	☐	☐	☐	c. Red-flag lists for when to call a member of the practice team.
☐	☐	☐	☐	d. Automated reminders using e-mail, text messaging, phone calls, etc., for appointments and other self-management activities.
☐	☐	☐	☐	e. Picture-based instructions for medications.
☐	☐	☐	☐	12. High-risk patients (those with multiple conditions, more than four regularly scheduled medications, newly insured, behaviorally complex, etc.) receive heightened self-management support.

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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 healthcare team. One out of four malpractice cases is based on the medical record. A good record should reflect the care provided and the rationale behind the medical decisions when indicated, and it should be free of any alteration that gives the impression the record is incomplete or lacks credibility.

Medical records should fulfill many purposes, including the following:

- Describe the patient's health history.

- Document the diagnosis and treatment plan.

- Serve as a basis for communication among healthcare 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.

If your practice uses an electronic medical record (EMR), see our supplemental *Interactive Guide for Electronic Medical Records* to help you uncover areas of potential risk.

Always/ Yes	Sometimes	Never/ No	N/A	
				DEMOGRAPHICS AND AUTHORIZATIONS
☐	☐	☐	☐	1. You encourage your patients to complete an advanced directive.
☐	☐	☐	☐	2. A signed copy of the informed consent form is in the chart.
				PERSONAL HEALTH INFORMATION
☐	☐	☐	☐	3. A comprehensive health assessment is completed for each patient that includes patient life activities, behaviors and preferences that may influence the patient's health, functional assessment, psychological assessment, social resources, environmental assessment, and health literacy.

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Medical Records

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	4. Each new patient completes a history questionnaire that includes information on any alcohol use, tobacco use, substance abuse, over-the-counter (OTC) drugs, and herbal supplements.
☐	☐	☐	☐	5. The patient's history questionnaire is signed by the patient and initialed by the physician.
☐	☐	☐	☐	6. The history questionnaire is periodically updated by the patient.
☐	☐	☐	☐	7. The history questionnaire and comprehensive health assessment are present in the chart.
☐	☐	☐	☐	8. The patient's allergy status is prominently displayed, and allergy information appears in the same location on all medical records.

PATIENT EDUCATION

☐	☐	☐	☐	9. Patient education is documented.
☐	☐	☐	☐	10. Where applicable, pre- and postoperative instructions are noted in the record after they are communicated to the patient.
☐	☐	☐	☐	11. You provide the patient with a copy of the specialist referral letter.

CONTINUITY OF CARE

☐	☐	☐	☐	12. A problem list is used and then updated as issues are resolved.
☐	☐	☐	☐	13. There is a treatment plan.
☐	☐	☐	☐	14. The assessment is supported with objective and subjective observations.
☐	☐	☐	☐	15. An expert reviewer would be able to follow your medical judgment and support it.
☐	☐	☐	☐	16. Recommendations for follow-up visits are documented.
☐	☐	☐	☐	17. There is a system in place to track and document incoming telephone calls.

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Medical Records

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	18. There is a system in place to track and document after-hours telephone calls.
				19. The system is used when the following situations occur:
☐	☐	☐	☐	a. Prescribing or changing medications.
☐	☐	☐	☐	b. Making a diagnosis.
☐	☐	☐	☐	c. Directing treatment.
☐	☐	☐	☐	d. Directing a patient to another provider or facility.
☐	☐	☐	☐	20. The documentation reflects a standardized format that includes the date and time.
☐	☐	☐	☐	21. The documentation includes the nature of the call and the advice given.
☐	☐	☐	☐	22. The documentation includes the physician's instructions/involvement.

MEDICATIONS

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	23. There is a current medication list of all known and prescribed drugs and also herbal supplements and OTC drugs that the patient routinely takes.
☐	☐	☐	☐	24. The list is updated at every visit.

DIAGNOSTIC TEST RESULTS

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	25. Patient notification of diagnostic test results is documented in the medical record.
☐	☐	☐	☐	26. When panic values or emergency results are received, there is documentation in the medical record outlining the next step instructions provided to the patient.
☐	☐	☐	☐	27. When there are abnormal test results and the patient cannot be reached by telephone, the patient is notified using another method (e.g., mail, e-mail, personal contact), and the results are documented.

Medical Records

Always/ Yes	Sometimes	Never/ No	N/A	
				DOCUMENTATION
☐	☐	☐	☐	28. Your notes are legible.
☐	☐	☐	☐	29. All notes are signed and dated.
☐	☐	☐	☐	30. Corrections to the medical record are completed accurately.
				CHART MAINTENANCE
☐	☐	☐	☐	31. The files are organized with tabs.
☐	☐	☐	☐	32. All papers are secured in the file.
☐	☐	☐	☐	33. The patient's name appears on each page of the medical record.
☐	☐	☐	☐	34. Information related to HIV testing, mental health, and substance abuse is segregated within the record for a higher level of confidentiality protection.
☐	☐	☐	☐	35. Charts are periodically reviewed for completeness and accuracy.
				TRANSCRIPTION
☐	☐	☐	☐	36. Dictation is done in a timely manner.

Tips

- Be aware that if it is not documented, it did not happen.

- Do not write "error" when making a correction. Line through the entry and then date it 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.

- Use 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.

Patient education regarding medications is vital. Taking the time to ensure that the patient understands what the medication is, how to take it, 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		
☐	☐	☐	☐	1.	The following items are kept in a secure location:
☐	☐	☐	☐		a. Medication samples.
☐	☐	☐	☐		b. Medications.
☐	☐	☐	☐		c. Syringes.
☐	☐	☐	☐		d. Prescription pads.
☐	☐	☐	☐	2.	When the medication may have more than one indication, you include the medication's indication on the prescription, e.g., "for pain" or "for nausea."
				3.	If you perform injections:
☐	☐	☐	☐		a. The person who prepares a medication affixes a label to any syringes drawn but not immediately administered.
☐	☐	☐	☐		b. When opened, multi-dose vials are marked with the date when they should be discarded (28 days or sooner per manufacturer's instructions).
☐	☐	☐	☐	4.	You use a consent form/information form for vaccines.
☐	☐	☐	☐	5.	When a patient is given a sample medication, it is documented in the medical record.
☐	☐	☐	☐	6.	To document sample medications, you maintain a log that includes the lot number, the patient's name, and the date it was given to the patient.
☐	☐	☐	☐	7.	A copy of the prescription is kept in the medical record.
☐	☐	☐	☐	8.	When the patient's medication list is updated or reviewed, ensure that he or she is asked about side effects, problems, or concerns with the prescribed medications.

* Kohn 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.

Medication Management

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	9. Patients are instructed on the proper use of medications.
☐	☐	☐	☐	10. Policies prohibit the use of pre-signed and/or postdated prescription forms.
☐	☐	☐	☐	11. The patient's chart is reviewed before prescribing.
☐	☐	☐	☐	12. The patient's allergy status is checked before prescribing.
☐	☐	☐	☐	13. Before prescribing, you review the patient's most recent and known and prescribed medications, herbal supplements, and OTC drugs.
☐	☐	☐	☐	14. You set aside days ("brown bag days") for your patients to bring in their medications so you can check for contraindications.
☐	☐	☐	☐	15. You ensure that prescriptions are legible, and quantity and dosage notations are free of ambiguity.
☐	☐	☐	☐	16. You have guidelines assuring that prescriptions are written consistently throughout the practice.
☐	☐	☐	☐	17. You have a policy or follow a consistent process for any "high-alert" medications that you have in your practice.
☐	☐	☐	☐	18. When patients are prescribed a high-risk medication (e.g., warfarin), there is a system in place to provide notice to the patient for periodic testing and a review of results before the prescription is renewed.
☐	☐	☐	☐	19. Verbal orders are written down and read back to ensure that they are complete and accurate.
☐	☐	☐	☐	20. There are clear protocols for handling prescription refill requests.
☐	☐	☐	☐	21. Medications are stored in a "medication-only" refrigerator.
☐	☐	☐	☐	22. Controlled substances are periodically inventoried and their expiration dates checked.
☐	☐	☐	☐	23. You have access to Epocrates or to a current edition of the *Physicians' Desk Reference*.
☐	☐	☐	☐	24. All medications are inventoried and purged regularly.

Medication Management

Tips

- Obtain a medication history, and enter it into the patient's chart. Include prescription medications, OTC 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 comorbid 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) adjacent to each other that look alike or sound alike. 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. Maintain controlled substances in double-locked locations and count them 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 on 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.
- Demonstrating sensitivity to patients' cultural and ethnic diversity.

Always/ Yes	Sometimes	Never/ No	N/A	
				DIRECT INTERACTIONS
☐	☐	☐	☐	1. The staff is trained on telephone-answering protocol.
☐	☐	☐	☐	2. Callers are allowed to speak before being put on hold.
☐	☐	☐	☐	3. Callers are greeted by a friendly and helpful voice.
☐	☐	☐	☐	4. Everyone who enters the waiting room/reception area is acknowledged.
☐	☐	☐	☐	5. There is assigned responsibility for waiting room hospitality.
☐	☐	☐	☐	6. Making a good first impression is a priority.
☐	☐	☐	☐	7. Your furniture, including seating, is comfortable.
				TRAINING AND SUPERVISION
☐	☐	☐	☐	8. Nametags with titles are worn at all times when working.
☐	☐	☐	☐	9. All staff members are appropriately dressed for their position.
☐	☐	☐	☐	10. The dress standard is applied consistently.
☐	☐	☐	☐	11. Only licensed nurses are referred to as nurses.
☐	☐	☐	☐	12. Wait times are monitored and managed.
☐	☐	☐	☐	13. You and your staff have a chaperone in the room during examinations of intimate areas of the body.

Physician/Patient/Staff Relationships

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

PATIENT SATISFACTION

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

Tips

• Monitor and manage wait times carefully. 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 tenets:

- 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	
☐	☐	☐	☐	1. There is a separate consent form for invasive treatment or procedures.
☐	☐	☐	☐	2. The consent form includes a description of the treatment or procedure in nonmedical terms that the patient can understand.
☐	☐	☐	☐	3. Copies of signed consent forms are maintained in the medical record.
☐	☐	☐	☐	4. The informed consent discussion is documented in the notes.
☐	☐	☐	☐	5. The informed consent discussion includes the patient's needs and priorities when discussing the options, covers what the patient wants from the procedure, and allows the patient to express concerns about the procedure.
☐	☐	☐	☐	6. The discussion includes risks, benefits, and alternatives.
☐	☐	☐	☐	7. Educational tools, such as pamphlets or videos, are used to reinforce the patient's understanding.
☐	☐	☐	☐	8. When applicable, the name of the interpreter appears on the form.
☐	☐	☐	☐	9. You use an informed refusal form for patients who decline a recommended procedure or treatment, and you maintain a copy of the form in the medical record.

Informed Consent and Refusal

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, provide an interpreter.

- 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 patient's literacy level.

- 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.

Always/ Yes	Sometimes	Never/ No	N/A	
				IDENTIFICATION/VERIFICATION
☐	☐	☐	☐	1. The patient is identified and the site of the treatment is verified before the start of the procedure.
				RADIOLOGY
☐	☐	☐	☐	2. Diagnostic procedures are performed only after a practitioner's order is received.
☐	☐	☐	☐	3. A certified radiology technician is responsible for taking radiographs.
☐	☐	☐	☐	4. Signs in appropriate languages warn pregnant patients about radiation dangers.
☐	☐	☐	☐	5. Female patients are asked about their pregnancy status.
☐	☐	☐	☐	6. Patients are provided with appropriate protective shielding.
☐	☐	☐	☐	7. Patient identification information is written on the film or film jacket.
☐	☐	☐	☐	8. There is an established practice for signing out and returning original radiological films.
				LABORATORY
☐	☐	☐	☐	9. The laboratory is certified.
☐	☐	☐	☐	10. There are written procedures for all tests performed.
☐	☐	☐	☐	11. Staff is trained and evaluated on conducting tests.
☐	☐	☐	☐	12. Quality-control checks are performed and documented on a periodic basis.
				STRESS TESTS
☐	☐	☐	☐	13. Tests are performed only by qualified staff members who are trained in CPR.
☐	☐	☐	☐	14. Patients are given written after-care instructions.
☐	☐	☐	☐	15. A defibrillator is readily available and tested on a regular basis per manufacturer guidelines.

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Clinical Procedures

Always/Yes	Sometimes	Never/No	N/A	
				SEDATION/ANESTHESIA
☐	☐	☐	☐	16. 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.
☐	☐	☐	☐	17. Moderate sedation is administered only when two qualified staff members are in attendance—one who performs the procedure, and one who observes and monitors the patient.
☐	☐	☐	☐	18. Patients are monitored after sedation or anesthesia is administered.
☐	☐	☐	☐	19. Monitoring is performed by a licensed individual other than the individual performing the procedure.
☐	☐	☐	☐	20. No staff member, unless credentialed and qualified to do so, performs procedures.
☐	☐	☐	☐	21. No staff member is permitted to begin sedation or anesthesia before the physician sees the patient.
				PAIN MANAGEMENT
☐	☐	☐	☐	22. You document a patient's pain assessment.
☐	☐	☐	☐	23. You watch for signs of drug addiction or abuse in your patients.
☐	☐	☐	☐	24. Patient agreements are used for Schedule II drugs.
				OPERATIVE PROCEDURES
☐	☐	☐	☐	25. There are operative reports.
☐	☐	☐	☐	26. Operative reports are dictated within 24 hours.
☐	☐	☐	☐	27. The universal protocol for identifying the patient and side/site is followed.

Confidentiality and Privacy

Healthcare 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.

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

Confidentiality and Privacy

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 healthcare 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.

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

Tips

• Always alert the patient's physician and the risk manager to a disgruntled or hostile patient.

• Use 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 distinguishing your practice from others is the professionalism of the individuals running your office. Employees can be your greatest asset or biggest liability.

Always/ Yes	Sometimes	Never/ No	N/A	
				NEW HIRE ORIENTATION
☐	☐	☐	☐	1. New hires and temporary employees are oriented on the policies and procedures of the office.
☐	☐	☐	☐	2. All physician assistants have written and signed supervision protocols.
☐	☐	☐	☐	3. All licensed and unlicensed employees have current job descriptions.
☐	☐	☐	☐	4. All nurses and nurse practitioners have standardized procedures.
				WRITTEN POLICIES
☐	☐	☐	☐	5. You have an employee handbook.
				SIGNED ACKNOWLEDGMENTS
☐	☐	☐	☐	6. Employees acknowledge in writing their awareness of employment policies and procedures.
☐	☐	☐	☐	7. Employees sign a confidentiality statement.
				PARITY/EQUAL ENFORCEMENT
☐	☐	☐	☐	8. Policies, such as tardiness and lunch breaks, are enforced equally.
				ANNUAL PERFORMANCE REVIEWS
☐	☐	☐	☐	9. Employees are evaluated and given feedback annually.
☐	☐	☐	☐	10. Patient safety is included in the evaluation criteria.
☐	☐	☐	☐	11. Patient satisfaction/rapport is included in the evaluation.
☐	☐	☐	☐	12. Professional/medical licensure renewal is verified with the licensing agency.

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Credentialing and Staffing

Always/ Yes	Sometimes	Never/ No	N/A	
				SCOPE OF PRACTICE
☐	☐	☐	☐	13. Diagnostic or therapeutic procedures are performed only by appropriately licensed or certified staff.
☐	☐	☐	☐	14. Prescribing practices are addressed in written job descriptions/protocols for nurse practitioners and physician assistants.
☐	☐	☐	☐	15. You conduct pre-employment background checks.
☐	☐	☐	☐	16. You have regular staff meetings.
☐	☐	☐	☐	17. You periodically provide skill enhancement or educational programs.
☐	☐	☐	☐	18. There are annual educational sessions on risk management and patient safety.
☐	☐	☐	☐	19. Supervisory staff members, including physicians, are educated about preventing harassment and sexual harassment in the workplace.
				LICENSED INDIVIDUAL PRACTITIONERS AND PHYSICIANS
☐	☐	☐	☐	20. Covering physicians practice in the same specialty that you do, and they have a comparable scope of practice.
☐	☐	☐	☐	21. There is a process for verifying credentials prior to hire.
☐	☐	☐	☐	22. There is a mechanism to verify competencies prior to hire.
☐	☐	☐	☐	23. Physicians who interpret tests follow fundamentals of quality control regarding test interpretation:
☐	☐	☐	☐	a. Process standardization.
☐	☐	☐	☐	b. Mandatory self-assessment.
☐	☐	☐	☐	c. A comprehensive quality assurance monitoring process with results fed back to practitioners.

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.

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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.

Always/ Yes	Sometimes	Never/ No	N/A	
				SAFETY
☐	☐	☐	☐	1. Your waiting room is clean and well-lit.
☐	☐	☐	☐	2. Your furniture is free of sharp or pointed edges.
☐	☐	☐	☐	3. Safety rounds are made on a regular basis.
☐	☐	☐	☐	4. There are fall prevention protocols in place.
☐	☐	☐	☐	5. Everyone in the office is responsible for patient safety.
☐	☐	☐	☐	6. On a routine basis, staff members are required to wear dosimeters that are then checked by an outside expert.
☐	☐	☐	☐	7. Staff is provided with protective shielding to wear during radiological procedures.
				INFECTION CONTROL
☐	☐	☐	☐	8. Sharps containers are available, used appropriately, and not overfilled.
☐	☐	☐	☐	9. Staff members are educated on universal precautions.
☐	☐	☐	☐	10. Staff members wash their hands before and after each patient contact.
☐	☐	☐	☐	11. Sterilization equipment is periodically tested.
				SECURITY
☐	☐	☐	☐	12. There are security devices, such as monitors and buzzers.
				EQUIPMENT
☐	☐	☐	☐	13. Equipment is maintained in accordance with manufacturers' guidelines.

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The Work Environment

Tips

- Walk through the facility daily 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 Effect 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.

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	1. You ensure that physicians' schedules include time off and vacations.
☐	☐	☐	☐	2. You ensure that staff schedules include time off and vacations.
☐	☐	☐	☐	3. The patient load is equitably distributed among the physicians and staff.
☐	☐	☐	☐	4. There are methods in place to elicit employee feedback and to respond to concerns and suggestions.
☐	☐	☐	☐	5. Employees are kept informed of changes in the workplace.
☐	☐	☐	☐	6. You promote an environment in which staff can report errors without fear of reprisal.
☐	☐	☐	☐	7. You have implemented a staff attitude assessment to identify culture issues that may affect patient safety.
☐	☐	☐	☐	8. Staff is expected to report concerns about competency, carelessness, or disregard for policy.
☐	☐	☐	☐	9. You have implemented the use of a checklist, written reminders, and technology, such as calculators or PDAs, to reduce the reliance on memory.
☐	☐	☐	☐	10. Any "closing the loop" issue (e.g., a lost Pap result or a missed panic value) that results in patient harm is investigated with a root cause analysis, and systemic changes are aggressively pursued to prevent recurrence of a similar event to a different patient and practitioner.

Building Reliable Systems to Reduce the Effect of Human Factors

Always/ Yes	Sometimes	Never/ No	N/A	
☐	☐	☐	☐	11. Physicians receive education on the common pitfalls of clinical reasoning and the settings where problems commonly occur—including the influence of human factors on the physician's performance.
☐	☐	☐	☐	12. There are tools within the EMR (where available) triggered by common symptom constellations that remind clinicians of the relevant differential diagnosis and conditions not to be missed—such as subarachnoid hemorrhage with severe headaches and pregnancy in an ill woman of childbearing age.
☐	☐	☐	☐	13. Simulation exercises are used to allow physicians and mid-level practitioners to demonstrate competency in diagnosing difficult cases and to give them additional training as needed.
☐	☐	☐	☐	14. Structured diagnostic algorithms for a prioritized shortlist of problematic diagnoses have been developed, tested, and monitored for adherence. These protocols are triggered by specific symptoms (e.g., breast complaint, blood in stool, indications of sepsis, indications of PE/DVT) and designed to reduce reliance on memory, facilitate the delivery of evidence-based practices, and protect both the patient and the practitioner.

Tips

- Use the Agency for Healthcare Research and Quality (AHRQ) staff attitude assessment to determine the presence in the office of safety characteristics 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.

Additional information:
www.ahrq.gov/qual/patientsafetyculture/mosurvindex.htm

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.

Always/ Yes	Sometimes	Never/ No	N/A	
				PATIENT COMPLAINTS
☐	☐	☐	☐	1. The physician reviews the patient's chart before collection proceedings are initiated or when a patient is terminated for nonpayment.
☐	☐	☐	☐	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.
				PERIODIC REVIEW
☐	☐	☐	☐	3. Billing trends are statistically monitored for legal compliance.
				FINANCIAL HARDSHIP
☐	☐	☐	☐	4. Special billing arrangements are available for patients who may have experienced complications, injuries, or financial hardship while receiving care.
				TERMS AND CONDITIONS
☐	☐	☐	☐	5. The practice's payment policies are provided to patients in advance of receiving services.
☐	☐	☐	☐	6. Money-handling duties are kept separate from depositing and recording transactions.
				CORPORATE COMPLIANCE
☐	☐	☐	☐	7. Your billers have received ethics training.
☐	☐	☐	☐	8. The physicians have received billing compliance training.
☐	☐	☐	☐	9. Your employees are encouraged to report billing concerns to you or the office manager.

Business Operations

Always/ Yes	Sometimes	Never/ No	N/A	
				BACKUP SYSTEMS
☐	☐	☐	☐	10. There are backup safeguards for electronic records.
				E-MAIL
☐	☐	☐	☐	11. 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.
☐	☐	☐	☐	12. You provide e-mail advice only to patients located in states where you have a medical license.
☐	☐	☐	☐	13. Patients use a password to prevent unauthorized access to their e-mail communications.
☐	☐	☐	☐	14. You use a secure server for e-mail consultation.
				WIRELESS
☐	☐	☐	☐	15. Your wireless network communications are encrypted.
				COMPUTERS
☐	☐	☐	☐	16. You use password-protected screen savers on your computers.
☐	☐	☐	☐	17. Your computers are password-protected.
☐	☐	☐	☐	18. Passwords are changed frequently.
☐	☐	☐	☐	19. Passwords contain both alpha and numeric characters.
☐	☐	☐	☐	20. You use up-to-date spyware.
				INTERNET
☐	☐	☐	☐	21. You use a firewall complete with up-to-date antivirus programming.

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Business Operations

Always/ Yes	Sometimes	Never/ No	N/A	
				WEBSITE
☐	☐	☐	☐	22. You stay current with all security patches.
☐	☐	☐	☐	23. Your website content is reviewed regularly for accuracy and reliability.
				OTHER TYPES OF DEVICES
☐	☐	☐	☐	24. You effectively use the password security features on laptops, PDAs, and smartphones.

Tips

• Be sure all of your computers are password-protected to help prevent a breach of security.

• Do not share passwords.

• Do not bypass or override safety features.

• Review your website 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.

Always/ Yes	Sometimes	Never/ No	N/A	
				PATIENT TERMINATION
☐	☐	☐	☐	1. You have a policy or standard form letter for terminating a patient.
☐	☐	☐	☐	2. The letter indicates you will provide emergency care for a specified period, such as 15 to 30 days.
☐	☐	☐	☐	3. The letter gives generic advice about obtaining a new physician, such as looking in the Yellow Pages or using the local hospital physician referral line.
				CLAIMS MANAGEMENT
☐	☐	☐	☐	4. Someone in your practice is designated to coordinate and manage claims/litigation files.
☐	☐	☐	☐	5. Everyone knows they must not amend a patient's record after a claim is made.
☐	☐	☐	☐	6. Litigation and pre-litigation files are kept under lock and key.
☐	☐	☐	☐	7. Staff is reassured of the organization's support at the beginning and throughout the claims/litigation process.
				PATIENT COMPLAINT PROTOCOL
☐	☐	☐	☐	8. Your procedure for handling patient complaints includes a clear chain of command.
				INCIDENT REPORTING
☐	☐	☐	☐	9. You have means and methods for staff and physicians to report incidents.
				PHYSICIAN CHAMPION
☐	☐	☐	☐	10. There is a physician responsible for promoting loss prevention.
☐	☐	☐	☐	11. You attend medical-legal education programs and/or read loss prevention literature provided by your insurer and medical society.

Miscellaneous Risk and Loss Control Issues

Always/ Yes	Sometimes	Never/ No	N/A	
				MONITORING AND EVALUATION
☐	☐	☐	☐	12. You statistically monitor key operational aspects of your practice.
				CONTRACT MANAGEMENT
☐	☐	☐	☐	13. Contracts are reviewed annually for renewal purposes.
☐	☐	☐	☐	14. Legal counsel reviews contracts before you sign them.
☐	☐	☐	☐	15. Indemnification, or "hold harmless," clauses are stricken from contracts.
				ADVERTISING
☐	☐	☐	☐	16. You are careful to avoid superlatives in your marketing materials, such as "the newest technology" or "most highly experienced physicians."
☐	☐	☐	☐	17. You are careful to avoid making misleading statements about outcomes.

Tips

- It is essential to report an incident or a claim to The Doctors Company immediately.

- Report all claims, lawsuits, screening panel 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 or patient safety representative to discuss the matter.

- Once a report is made, keep the patient's medical record in a safe, secure place.

- Keep all correspondence in a safe place, separate from the patient's medical record.

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