


Let's Get Philosophical


- 👉 Why does your practice exist?

- 👉 What are your mission, vision and values?



PICA Mission

We exist to protect podiatric physicians.




PICA Vision

We will be the **best in the world** at understanding and providing solutions for our risks our customers encounter as **healers, innovators, employers, and professionals.**

Through an **integrated family of specialty companies**, products and services, we will be a **trusted partner** enabling those we serve to focus on their vital work.

As the employer of choice, we embrace every day as a singular opportunity to reach for **extraordinary outcomes**, build and deepen **superior relationships**, and accomplish your mission with **infectious enthusiasm** and **unbending integrity.**



PICA Values

Integrity

Leadership

Relationships

Enthusiasm



The Southwest Airlines Lesson



COMMUNICATION



Communication

- 👉 The primary purpose of communication is to send, receive, interpret and respond appropriately and clearly to a message.
- 👉 The primary goal of communication is a mutual understanding of the meaning of the message.



Realities

- 👉 Approximately **80%** of podiatric malpractice claims have communication, or the patient's perception of communication, as a central reason why the patient chose to sue.
- 👉 Many patients who file lawsuits report their healthcare providers:
 - 👉 Were uncaring
 - 👉 Made them feel rushed
 - 👉 Did not answer questions
- 👉 Patients less likely to sue:
 - 👉 Caregivers who communicate well with them.
 - 👉 Caregivers who provide good customer service.



Patient Interaction

- 👉 You may represent the first, last and most durable impression the patient has of the office and the doctor!
- 👉 Many patients place more weight on interpersonal skills than medical knowledge.
- 👉 Show patients respect by:
 - 👉 Immediately acknowledging upon arrival
 - 👉 Addressing them by how they prefer to be addressed (formal title, first name) – **Do you record this?**
 - 👉 Introducing yourself – **name badge**
 - 👉 Making eye contact
 - 👉 Letting them know if there will be extended wait time
 - 👉 Offer to reschedule or come back later
 - 👉 Providing assistance, if needed
 - 👉 Knocking before entering exam room
 - 👉 Explain what you are doing



Patient Complaints

- Opportunity to learn important information about the practice.
 - May point out a system weakness that can be corrected to prevent an adverse outcome
- Ignored complaints can become foundation for lawsuit.
- All complaints should receive courteous response at time presented.
 - Acknowledge complaint
 - Research complaint
 - Communicate findings
 - Attempt to resolve



Telephonic Communication

- Answer phone promptly and in courteous manner.
- Limit the use of hold; always ask caller for permission prior to putting on hold.
- Triage calls efficiently so caller is transferred to most appropriate person.
- Identify yourself and name of practice when answering phone.
- Use pleasant tone of voice; smile when you speak.
- Return calls promptly.



Automated Phone Systems

- Can be very frustrating to patients.
- Avoid long, detailed menu selection options.
- Give instructions for emergencies at the beginning of the message.
- Give caller option of speaking to a real person.



Assess Your Office Telephone Practices

- Is the automated system easy to understand and use?
- Is receptionist efficient in answering, screening and directing calls?
- Does answering service identify itself as such?
- Is the use of “hold” limited?
- Are people answering phone friendly, courteous and helpful?



Face-to-Face Communication

- Verbal and non-verbal
- Non-verbal communication includes:
 - Gestures, Facial Expressions, Tone of Voice
 - Physical appearance, Touch, Posture/Gait)
 - Constitutes approximately **85%** of all communication
- Non-verbal communication should provide same message as verbal communication
- Most important non-verbal communication:
 - **Smiling**
 - **Eye contact**



Tone of Voice

“Sure, I’ll do it.”




Body Language







Reinforce Oral Communication with Written Materials

- 👉 Patients will not remember all oral instructions
 - 👉 40-80% of Medical Information Forgotten **Immediately!**
 - *Journal of the Royal Society of Medicine (2003)*
- 👉 Allows a patient to review information as often as necessary
- 👉 Improves patient compliance



DOCUMENTATION



Why Are We Using EHRs?

- 👉 To be more efficient?
- 👉 To improve care?
- 👉 To be more cost effective?
- 👉 To improve billing?
- 👉 **No, because the government paid us to!**



But...Keep This in Mind

Poor documentation is the single greatest impediment to successfully defending you in a malpractice claim.



Who Should Document in the Medical Record?

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



Medical Record Documentation

- 👉 Documentation should pertain only to the direct care of the patient.
- 👉 No emotional feelings
- 👉 No statements that blame, accuse or compromise other caregivers, the patient or the patient's family.
- 👉 Entries should be made as soon as possible after an event or observation is made.
- 👉 **NEVER** speak poorly of another physician and **NEVER** offer an opinion or criticize previous care by another physician.
- 👉 All fields of checklists and forms should be completed.



What to Document

- 👉 All patient contacts (in person, telephone, e-mail, text)
 - 👉 Date and time
 - 👉 Mode (phone call, visit, electronic)
 - 👉 Reason for contact
 - 👉 Your actions and/or information/advice given
 - 👉 Outcome of contact
 - 👉 Plan for future care or follow-up, if applicable



What to Document

- 👉 Patient instructions/education
- 👉 Labs
- 👉 Tests
- 👉 Medications including why it was prescribed, risks, side affects and reasons to call the office
- 👉 Drug samples dispensed
- 👉 Patient non-compliance/non-adherence



Telephone Documentation

Telephone Calls

- An issue that many times becomes a credibility issue in a lawsuit is whether or not a phone call took place.
- MR documentation of phone calls should include:
 - Date and time of call
 - Clear indication of whether the call was received or made ("call to" or "call from")
 - Name of person to whom you are speaking
 - Name and title of staff member making/receiving call
 - Reason for call
 - Doctor's orders, if applicable
 - Advice or information given
 - Appointment offered and/or scheduled, if indicated

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



Prescription Documentation

Medications

- Eliminate dangerous abbreviations and dose expressions.
 - See Institute for Safe Medication Practices (ISMP) website at www.ismp.org/tools/errorproneabbreviations.pdf
- Pay special attention to decimal points and zeros to prevent overdoses.
 - Omit trailing zeros for whole numbers ("5 milligrams" instead of "5.0 milligrams" – 5.0 milligrams could be misinterpreted as 50 milligrams)
 - Utilize leading zeros for fractions of whole numbers ("0.5 milligrams" instead of ".5 milligrams" – .5 milligrams could be misinterpreted as 5 milligrams)
- At initial visit, document patient's allergies, weight, age, current prescriptions and over-the-counter medications, homeopathic remedies and herbals.
 - Update information at each subsequent visit.



Patient Education Documentation

Patient Education/Instructions

- Review instructions with patient/family and document each session.
- Ensure patient and/or the patient's caregiver comprehends the instructions.
 - Ask them to repeat or demonstrate the instructions.
 - Ask for and record any questions related to instructions.
- Instructions should be specific and individualized for the patient (wound care, limitation of activity, position or exercise, medication instruction, follow-up appointments, etc.).
- Supplement oral instructions with written instructions and place copy in the patient's MR
- Document titles of any supplemental educational materials used (written materials, videotapes, interactive computer instructional programs, etc.).
 - Be sure to maintain a copy of all educational resources used in case they are needed for future reference.



Patient Non-Compliance Documentation

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



Unusual Event Documentation

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



Unusual Event Documentation

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



Remember

From a malpractice perspective,
if it isn't documented,
it did not occur.



Takeaways

👉 *"You think we're fighting, I think we're finally talking!" – Cuba Gooding Jr. in Jerry Maguire*

👉 *"Take a Letter, Maria" – R.B. Greaves (1969)*



Questions?

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