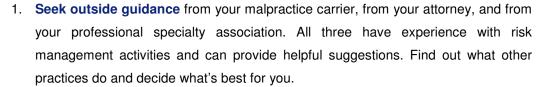


LATE SUMMER 2008 NEWSLETTER

WHAT ARE YOU DOING ABOUT RISK MANAGEMENT IN YOUR PRACTICE?

We're in the process of helping a dermatologist set up a new practice in Raleigh. Malpractice insurance is high on his list of priorities. He has two issues, choice of a carrier and steps that he can take to reduce the risk of patient errors and poor outcomes in his practice. Here are some suggestions for risk management that apply to all practices.





Margie Satinsky

- 2. Recruit and hire carefully. Check and validate the professional credentials, prior experience, and criminal background of your workforce. Make sure all clinicians remain up-to-date in meeting requirements for continued licensure.
- 3. Provide supervision for mid-level practitioners. If you employ mid-level practitioners in your practice, make sure a physician who is authorized as a supervising/collaborative physician provides supervision. Mid-levels should wear clear name badges so patients don't mistake them for physicians. Specify the types of medication that mid-level clinicians can provide and clarify their role in managing emergencies. As Mike Tekely from MAG Mutual suggests, "Make sure that your malpractice coverage and limits appropriately cover your mid-level employees."
- 4. **Develop a formal risk management program** for your practice, and designate a single person to collect information for legal counsel in case you need to do so.
- 5. Communicate your commitment to risk management to your entire workforce.
- 6. Identify specialty-specific risks so you can manage them. Here are two examples for dermatologists. If the practice provides laser treatments to patients, it must comply with the North Carolina Medical Board requirements regarding laser surgery and/or laser hair removal. The Board's position statement specifies who can perform the procedures, who must supervise, who is responsible for the procedure, patient examination prior to the procedure, and ready availability of the supervising physician. Dermatologists frequently see patients who ask them to "touch up a spot" or do something else that the dermatologist believes is unlikely to achieve the result the patient wants (i.e. perfect complexion!). In such instances, the physician should document in the medical record both the patient request and his/her recommendation.

- 7. **Develop a risk-management culture** that encourages people to identify processes and incidents that concern them. Employees who hesitate to mention problem areas won't tell you what you need to know so you can take corrective action.
- 8. **Use incident reports** to document concerns, educate staff, and help you make changes. A good incident report should contain the name of the party involved, the date and time of the occurrence, a description of the event, the involvement of any equipment, the names of those involved in the incident, and the names of witnesses. Examples of incidents are falls, medication-related problems, allergic reactions, equipment failures or misuse that results in injury, improper consent, lost or broken valuables, patient leaving or signing out against medical advice, unanticipated patient outcomes, misdiagnosis, treatment of the wrong patient, and performance of the wrong procedure.
- Know and comply with your state's reporting requirements for specific incidents such as death, brain or spinal damage, permanent disfigurement, fractures or dislocations, neurological deficits, and performance of procedures without informed consent.
- 10. **Document, document, and document.** If you already have electronic health records, take advantage of the many features that enable you to enter, organize, and review information.

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New Articles on the Satinsky Consulting Web Site

A three-part article series that appeared in **Skin and Aging** can be found at www.satinskyconsulting.com.

- Medical Practice Excellence in the 21st Century: Reaching This Goal in Your Practice, Issue 1, January 2008
- Medical Practice Excellence in the 21st Century: How to Improve Your Financial Skills in Five Key Areas, Issue 3, March 2008
- Medical Practice Excellence in the 21st Century: How to Assess Your Practice Before Choosing the Best Information, Issue 6, June 2008

Also available on the site from the May/June issue of **MGMA eConnexion**:

Fresh Start: Should a Practice Start-up Be in Your Career Plans?

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Upcoming Presentations

October 16, 2008 Effective Practice Management

Duke Medical School Residents and Fellows

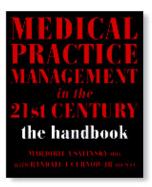
Durham, NC

December 12/13, 2008 Tips for Recruiting and Hiring the Right Staff

Tips for Retaining Great Employees

Cosmetic Surgery Bootcamp Las Vegas, NV

The Handbook for Medical Practice Management in the 21st Century by Marjorie A. Satinsky, M.B.A. with Randall T. Curnow, Jr., M.D., M.B.A. is available from Radcliffe Press. To order, call 800.247.6553 or visit www.radcliffe-oxford.com



 Here's what Dr. Robert S. Galvin, Director of Global Healthcare for General Electric (GE), says about the handbook:

"Medical Practice Management in the 21st Century is written for the busy practitioner – clear, concise, and practical without any wasted space. I wish I had had this resource when I was starting practice. It's the bible for practice management, just as the Washington Manual was in earlier years."

Dr. Mark A. Crissman of Crissman Family Practice in Graham, NC explains:

"What truly sets this book apart from other practice management books for physicians is that it does not stop with having developed a plan. It offers powerful, practical, and useful strategies for implementing a plan, even in established practices such as mine."

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