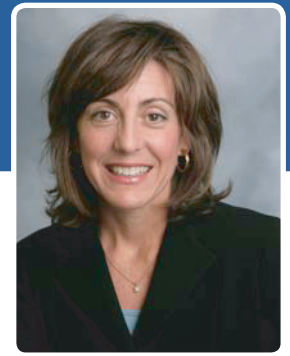




# Risk Manager's Notebook

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## BUILDING TRUST WITH PHYSICIANS AND NURSES -- WHY RISK MANAGEMENT IS CRITICAL

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What does risk management mean to the practicing physician, surgeon, and nurse? The concept is simple: know the risks you face, and take steps to deal with them head on.

Many of us in the medical profession from neurosurgeons to nurses take for granted that all will be well if we do our jobs in a professional manner. In today's complex healthcare system that's not enough. Every physician in individual practice, every group or clinic, every urgent care center or day surgery, every hospital needs a risk management program with a detailed plan of action, monitoring, and accountability.

Why? Three reasons: 1. A formal risk management program will build trust between the professional healthcare team, the patient, and the patient's family; 2. A formal risk management program will improve patient care; 3. A formal risk management program will reduce the incidence of medical malpractice that leads to claims and lawsuits.

In my 25 years as a critical care nurse, I've seen the benefits of risk management and the sometimes tragic consequences of failing to make formal risk management a priority. Since becoming responsible for risk management at insurers that provide medical malpractice coverage to physicians, surgeons, nurses, and allied healthcare professionals, I've visited hundreds of physicians' offices and other healthcare facilities.

Here are some of the lessons I've learned and how to incorporate them into a risk management program that works for

patients, physicians, and the entire healthcare team.

1. **Little things mean a lot** – When I visit a physician's office as a risk manager, what do I look at first? How are the patients greeted? Is the office clean, accessible, and comfortable? Is there appropriate reading material in the waiting area? How many times does the phone ring before it's answered? How long are callers kept on hold? The atmosphere in the office makes a lasting first impression.

2. **Starting off right** – Primary care physicians today serve large numbers of patients. Time is precious, but building trust will pay off later if problems arise in the patient relationship. In the initial visit, give patients time to tell all about their condition, the family's social history, personal daily stresses or life changes, current medications. Establish a base line for the medical record, and involve patients in the plan of care. Often, a brief conversation about the weather, traffic, or last night's football game will help break the ice. Patients can be uneasy on the first visit. A warm demeanor and an openly caring attitude will go a long way toward building trust.

3. **Stay positive with patients and staff** – Healthcare professionals today face daunting challenges: rising costs and constraints on reimbursements; the constant threat of litigation; demand for the latest expensive technology; and restrictive government regulations, among others. Remember that your greatest source of satisfaction is healing and caring for your patients. It's important in today's often stressful environment to project a positive attitude not only to your patients but to the nurses, receptionists, and other staff members.

4. **So little time to talk** – Having worked for many years in critical care, I feel strongly about the need for surgeons and pressured emergency room physicians to be backed up by



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a team that relieves patient anxiety. Patients are scared going into surgery or awaiting diagnosis in an emergency. The surgeon or emergency room physician may have only moments to communicate with the patient. That's why every other member of the team – floor nurse, pre-op nurse, anesthesiologist, recovery room and intensive care nurse—should reach out kindly to the patient at each stage of the process from admitting to the recovery room.

5. **Should you apologize?** – Mistakes happen. In today's world of open communication and transparency, some advise physicians to apologize to patients when things go wrong. This is a decision for the individual physician and may depend on the enormity of the mistake and the potential liability involved. However, there's some evidence that if you have built a trusting relationship with the patient, an apology may be accepted with understanding and it may stave off problems later.

6. **Don't leave anything out** – Always create a detailed record of treatment. Every office needs an effective tracking system. When claims arise, lawyers will look at every piece of documentation associated with the patient's diagnosis or treatment.

The best defense against an unfair claim is a detailed record of adherence to the patient's plan of care. Most claims are based on misdiagnosis or delayed diagnosis. Missed appointments should be documented and follow up calls made – three months after a patient skips an appointment and an x-ray shows lung cancer, you'll be glad you made a follow-up call. Simple things like making sure the patient's chart is legible and accurate; consent forms are signed; and every stage of treatment is documented protect you. Remember, the patient's record is subject to discovery in a lawsuit.

7. **Don't let a poor hospital environment rub off on you** – If you have built trust, patients are likely to discount a poor hospital environment, but don't put up with inadequate care or neglected surroundings for long. Complain to the Director of Nursing, the Operating Room Director, or the hospital Administrator. If you don't see improvement, seek privileges at another hospital where your patients will receive the care they deserve.

8. **It's not just the physician. Nurses are key to patient relations** – There's no doubt nurses who reach out to patients with caring hands and warm hearts help patients get better. At the same time, their professional training and advanced education in different specialties are essential to the treatment of growing patient case loads in physician's offices, clinics, and hospitals.

9. **Never stop learning** – Ongoing education is a must for physicians, surgeons, and nurses. All healthcare practitioners should commit to continuing education programs that keep them abreast of new developments, treatments, medications, and technology in their fields. The nursing profession continues to evolve giving nurses opportunities for specialized training that qualify them to take on more responsibility in



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the healthcare system. I advise my nurse friends to take advanced training for career development and the sense of fulfillment it will bring.

10. **It's all about teamwork** – Every job is important from the housekeeper to the surgeon. In my risk management work, I find that the most successful practices with the best outcomes are those that focus on each job and its role in serving patients. We strongly encourage physicians and surgeons insured by J. M. Woodworth RRG, Inc. to take advantage of the risk management programs we offer. Our web-based Electronic Legal Medical Exchange (ELM) program provides risk management guidance useful to every physician. It's easy to access, and you'll receive a five percent premium discount for participating. Our clinical nurse risk management specialists also are available to visit your office. The feedback we get from these visits is overwhelmingly positive.

Please give me a call with any questions (678-781-2425). I welcome the chance to chat with you.

