

Risk Management Self-Review Checklist

The following checklist helps evaluate a practice for its medical malpractice potential. Negative responses point to areas in which a practice can improve its risk exposure.

Introduction

The preceding chapter discussed tactics to minimize the odds of facing a medical malpractice claim. This chapter takes a more specific focus and provides a tool for assessing a practice for medical malpractice potential.

The following self-diagnostic checklist is adapted from the booklet, Risk Management Principles & Commentaries for the Medical Office. It will be beneficial to set aside some time to work through this checklist and to follow through on those areas needing strengthening. Any “No” answers are red lights on one’s medical malpractice risk management dashboard.

Loss Prevention Questionnaire

Documentation and Patient Medical Records

Do you periodically review and assess patient office records for...

Accuracy?

Yes____ No____ Unknown____

Objectivity?

Yes____ No____ Unknown____

Legibility?

Yes____ No____ Unknown____

Timeliness?

Yes____ No____ Unknown____

Comprehensiveness?

Yes____ No____ Unknown____

Alterations?

Yes____ No____ Unknown____

Do you keep original medical records in your possession?

Yes____ No____ Unknown____

Do you provide patients with access to their medial records, subject to provisions of your state’s relevant law?

Yes____ No____ Unknown____

Do you document in the record when you give appropriate post-treatment and continuing care instructions to patients?

Yes____ No____ Unknown____

Informed Consent

Do you (the physician-NOT a delegated surrogate) discuss with each patient:

The risks and benefits of any proposed treatment or procedure?

Yes____ No____ Unknown____

Alternative to the proposed treatment or procedure?

Yes____ No____ Unknown____

The risks and benefits of the alternative treatments or procedure?

Yes____ No____ Unknown____

The risks and benefits of doing nothing?

Yes____ No____ Unknown____

Do you inform patients of medically appropriate treatment options, regardless of their cost or the extent to which the options are covered by the patient's health insurance plan?

Yes____ No____ Unknown____

Do you obtain patient informed consent for elective procedures at the earliest opportunity?

Yes____ No____ Unknown____

For non-English speaking patients, do you provide informed consent information in the patient's primary language?

Yes____ No____ Unknown____

Do you document situations when a patient declines to undergo a recommended treatment or procedure?

Yes____ No____ Unknown____

During the informed consent process, do you discuss with the patient....

Proper use and potential adverse effects of prescribed drugs?

Yes____ No____ Unknown____

Potential adverse effects of not using the prescribed drug or not using the drug as prescribed?

Yes____ No____ Unknown____

The proper use and potential adverse effects of medical device to be used by on the patient?

Yes____ No____ Unknown____

Do you document all discussions and decisions with patients regarding prescribed drugs and medical devices?

Yes____ No____ Unknown_____

Do you obtain specific informed consent for HIV testing?

Yes____ No____ Unknown____

During this process, do you explain to patients their rights concerning HIV testing and disclosure of information related to that testing, including the limits of a doctor's ability to protect this information's confidentiality?

Yes____ No____ Unknown____

In a medical emergency where a patient is incapacitated or unable to give consent and no relative or responsible person is available, do you document clearly the circumstances necessitating proceeding without the patient's consent? Specifically do you provide...

A chronology of what occurred?

Yes____ No____ Unknown____

Objective indications of the emergency, including physical findings and ancillary test results?

Yes____ No____ Unknown____

The diagnosis and explanation for performing the emergency procedure or treatment?

Yes____ No____ Unknown____

An explanation as to why you took action without informed consent?

Yes____ No____ Unknown____

A description of attempts to obtain consent from the patient or other responsible parties?

Yes____ No____ Unknown____

The results of the procedure or treatment and possible results if action was delayed?

Yes____ No____ Unknown____

When treating minors and when another adult acts in place of a parent or child, do you document the situation in the medical record, including your attempts to get a parent's written or verbal consent?

Yes____ No____ Unknown____

Are you aware of and do you follow federal and state laws regarding conflicts of interest regarding referring patients to other medical providers, labs, or other vendors that provide services or equipment recommended by you?

Yes____ No____ Unknown____

Have you incorporated into your office systems a way to ensure compliance with requirement for patient disclosure and billing practices?

Yes____ No____ Unknown____

Information Flow

Does your office system ensure efficient and appropriate processing and follow-up of clinical information, including....

Ways to ensure that lab results, consultation reports, and other relevant documents are seen promptly by the treating/attending doctor before filing?

Yes____ No____ Unknown____

Reminder systems to ensure appropriate follow-up with the patient in a prompt manner?

Yes____ No____ Unknown____

Ways to document these processes (for instance, by having doctors date and initial test results and consent reports to show that they have been reviewed)?

Yes____ No____ Unknown____

Processes for periodically reviewing the adequacy of these systems and refining them to attain the highest level of performance?

Yes____ No____ Unknown____

Does your office follow-up system track when patients miss or cancel appointments, or fail to schedule or keep recommended appointments for diagnostic testing or specialty consultations?

Yes____ No____ Unknown____

Do these follow-up systems include:

Processes for determining whether or not a patient has completed a recommended referral for testing or consultation?

Yes____ No____ Unknown____

Processes for tracking tests and consultation reports and following up on those that are not received when expected?

Yes____ No____ Unknown____

Processes for following up with patients who miss or cancel appointments or referrals for testing or consultation that have been recommended by a physician and that are medically important?

Yes____ No____ Unknown____

When you are the consulting physician, do you personally report to the requesting physician the results of studies that are adverse and which require immediate attention?

Yes____ No____ Unknown____

Consultations

In recognizing that some patient's clinical problems will be beyond your expertise, have you developed and do you use a policy for using consultants in such cases?

Yes____ No____ Unknown____

If you are contracted with a managed care plan, have you reviewed the plan's policy regarding using consultants to ensure consistency between your policy and the health plan's?

Yes____ No____ Unknown____

When you are the referring physician, do you verify that the patient was seen by the consulting physician?

Yes____ No____ Unknown____

When you are the consulting physician, do you keep the referring doctor fully informed regarding the patient's course of treatment?

Yes____ No____ Unknown____

When you are either a referring physician or a consulting physician, do you...
Develop a plan for coordinating total patient care?

Yes____ No____ Unknown____

Agree on who has primary responsibility for total patient care, adjusting primary responsibility as the patient's condition warrants?

Yes____ No____ Unknown____

Agree on who has primary responsibility for providing the patient and family with information?

Yes____ No____ Unknown____

Keep the patient fully informed about all the preceding items?

Yes____ No____ Unknown____

Practice Coverage

Do you and all the physicians in your practice have coverage arrangements for times when you are unavailable?

Yes____ No____ Unknown____

Do all physicians in your practice have secondary coverage arrangements for time when the primary covering physician is also unavailable?

Yes____ No____ Unknown____

Are covering physicians of the same medical specialty as the treating/attending physician?

Yes____ No____ Unknown____

Do covering physicians have privileges at the same hospital as the treating/attending physician?

Yes____ No____ Unknown____

As a treating/attending physician, do you determine whether the covering physician has professional liability insurance and the extent of such coverage?

Yes____ No____ Unknown____

Do you inform all hospitalized patients of the coverage arrangements you have made? And where possible, introduce the covering physician(s) to them?

Yes____ No____ Unknown____

As a treating/attending physician, do you advise the hospital and answering service of any dates when you will be absent or unavailable?

Yes____ No____ Unknown____

As a covering physician do you advise the treating/attending physician about patient's course of treatment during the coverage and document that?

Yes____ No____ Unknown____

Do your coverage arrangements with other physicians include an understanding about which doctor bills the patient and do you inform the patient of this?

Yes____ No____ Unknown____

Patient Relations

Do you actively listen as well as thoroughly question when communicating with patients? Are you on "receive" mode as well as "send"?

Yes____ No____ Unknown____

When treating patients, do you use language appropriate to the patient's level of understanding?

Yes____ No____ Unknown____

Where appropriate, do you involve the family or other appropriate individuals as a support mechanism for the patient?

Yes____ No____ Unknown____

Do you determine in advance the person whom the patient wants to receive information on his or her condition?

Yes____ No____ Unknown____

If you treat adolescents, do you....

Become familiar with confidentiality issues in adolescent health care and relevant laws and regulations?

Yes____ No____ Unknown____

Encourage your adolescent patients to involve their parents in addressing their health care needs?

Yes____ No____ Unknown____

Give special attention to communicating with both parents and their adolescent children about an adolescent's confidentiality rights and the legal/regulatory limitations on those rights?

Yes____ No____ Unknown____

Do you provide special attention and emotional support to patients experiencing complications?

Yes____ No____ Unknown____

When a complicating or iatrogenic injury occurs, do you promptly inform patients, accurately presenting the facts of the situation, but not drawing conclusions of liability or fault?

Yes____ No____ Unknown____

When a patient asks about the appropriateness of care from a previous physician or health care provider...

Does your staff refer these questions to you?

Yes____ No____ Unknown____

Do you encourage the patient to speak directly with the previous health care provider?

Yes____ No____ Unknown____

Do you limit discussions with the patient and documentation in the patient's record to findings and diagnoses supported by objective data?

Yes____ No____ Unknown____

Do you omit speculation about the treatment of other providers?

Yes____ No____ Unknown____

When documenting the patient's impressions and comments, do you distinguish them by using quotation marks?

Yes____ No____ Unknown____

Are you aware of the legal and ethical pitfalls of advertisement used to solicit or promote physician services?

Yes____ No____ Unknown____

Do you review or pre-view advertisements prior to dissemination to ensure that all statements are true and substantiate, and that essential or material facts are included?

Yes____ No____ Unknown____

When, for whatever reason, you cannot continue a doctor-patient relationship...

Do you seek advice on state legal requirements so that termination of the relationship will be accomplished appropriately?

Yes____ No____ Unknown____

Are you aware of managed care contact provisions affecting the terminating process, such as

Notifying patients in writing, preferably by return receipt mail?

Yes____ No____ Unknown____

Giving the parent the reason for the termination?

Yes____ No____ Unknown____

Agreeing to continue as the patient's treating doctor for a reasonable time period, such as 30 days, until a patient can arrange for another physician's services?

Yes____ No____ Unknown____

Stating clearly on the date on which the termination will be effective?

Yes____ No____ Unknown____

Providing information about resources, such as the medical society or local medical center, which could help identify other physician specialists?

Yes____ No____ Unknown____

Offering to transfer records to the new physician after receiving a signed authorization to do so?

Yes____ No____ Unknown____

Including the preceding items in letters notifying patients of termination?

Yes____ No____ Unknown____

Managed Care

Do you carefully review contracts with managed care plans before signing them?

Yes____ No____ Unknown____

Are you alert to managed care contract provisions which may change or interfere with patient care protocols, including...

“Hold harmless” or indemnification clauses that shift liability from the managed care plan to the doctor?

Yes____ No____ Unknown____

Do you carefully review contracts with managed care plans before signing them?

Yes____ No____ Unknown____

Do you consult with your liability insurer before signing such contracts or agreeing to such provisions?

Yes____ No____ Unknown____

Do you know and exhaust all of a managed care plan’s procedures for appealing disputed treatment decisions, including speaking to the plan’s medical director?

Yes____ No____ Unknown____

Do you communicate with patients about a plan’s determinations, the medical recommendations and other treatment and /or funding options, if any?

Yes____ No____ Unknown____

Do you document the special efforts and results achieved, including a careful and complete documentation in the medical record of a patient’s decision to forgo treatment for any reason, including cost factors?

Yes____ No____ Unknown____

Do you disclose any financial inducements or contractual agreements that may tend to limit diagnostic or therapeutic alternatives offered to patients or restrict referral/treatment options?

Yes____ No____ Unknown____

Do you check to see if managed care plan makes adequate disclosure of these features to patients enrolled in a plan?

Yes____ No____ Unknown____

Do you inform your patients of medically appropriate treatment options, regardless of their cost or the extent of their coverage?

Yes____ No____ Unknown____

If you are a primary care physician coordinating patient care in a managed care plan, do you make sure that you do not provide care beyond your scope of practice, experience, or training?

Yes____ No____ Unknown____

Preventive Care

If your practice provides screening and preventive services to patients...

Is your practice expected to do so as part of its relationship with a managed care plan or network?

Yes____ No____ Unknown____

Do you have in place a system that includes reminders and tracking mechanisms to provide recommended services to all patients and /or refer patients to other sources for services our practice does not provide?

Yes____ No____ Unknown____

For screening and prevention programs, have you identified guidelines for services that our practice will offer by patient age and gender?

Yes____ No____ Unknown____

Do you update your program as new screening and prevention techniques and recommendations emerge?

Yes____ No____ Unknown____

Have you developed office systems to facilitate implementation of the screening and preventative guidelines your practice adopts?

Yes____ No____ Unknown____

Do these systems include mechanisms for patient tracking and reminders, test reporting, follow-up, and periodic quality review of all laboratory and testing service and vendors your practice uses?

Yes____ No____ Unknown____

Have you developed methods in your practice to educate patients routinely about recommended screening and prevention, including the benefits and limitations?

Yes____ No____ Unknown____

Do you convey questionable and/or abnormal findings empathetically and confidentially?

Yes____ No____ Unknown____

Do you provide needed emotional support when screening leads to a diagnosis of significant disease?

Yes____ No____ Unknown____

Do you document provisions of preventative services in the medical record, including....

Informed consent or refusal of preventative care?

Yes____ No____ Unknown____

Patient reminders?

Yes____ No____ Unknown____

Follow-ups on missed or cancelled appointments?

Yes____ No____ Unknown____

Patient discussions regarding preventative care and compliance problems?

Yes____ No____ Unknown____

Plans for follow-up on questionable or abnormal findings, including the rationale for “watchful waiting”?

Yes____ No____ Unknown____

Do you document any patient’s informed refusal when he or she opts not to proceed with recommended preventative care for any reason, including when an insurer declines payment for it and a patient does not want to pay?

Yes____ No____ Unknown____

Appointments and Scheduling

Do you calculate the number of office appointments to let you maintain a realistic schedule which minimizes patient wait time?

Yes____ No____ Unknown____

Do you or your staff book office appointments to let you maintain a realistic schedule which minimizes patient wait time?

Yes____ No____ Unknown____

Do you or your staff book office appointments to allow adequate time during the day for emergency appointments and “work-ins”?

Yes____ No____ Unknown____

Does your appointment schedule allot extra time for a patient’s initial visit?

Yes____ No____ Unknown____

When delays occur, does your staff promptly advise patients?

Yes____ No____ Unknown____

When delays occur, do you acknowledge and apologize for this delay when you see the patient?

Yes____ No____ Unknown____

Do you document and where appropriate, follow up on missed or cancelled appointments?

Yes____ No____ Unknown____

Do you document the results of such follow-up in the patient's record?

Yes____ No____ Unknown____

If the patient was referred, do you notify the referring physician of the missed appointment?

Yes____ No____ Unknown____

Does your office staff erase or over-write cancellations and no-shows in your daily log?

Yes____ No____ Unknown____

Electronic Communications

Do you respond to patient telephone calls within a reasonable time period?

Yes____ No____ Unknown____

When possible, do you or your office staff tell patients who call the approximate time the call will be returned and/or direct them to a suitable alternative resource for urgent services?

Yes____ No____ Unknown____

Has your office staff been trained to know which calls should be referred to you immediately?

Yes____ No____ Unknown____

Do you document all telephone contracts?

Yes____ No____ Unknown____

In particular, do you document clinically-related information in the patient's record?

Yes____ No____ Unknown____

Do you periodically evaluate your office's answering services and devices?

Yes____ No____ Unknown____

Do you or your office manager appraise the answering service staff for courtesy, accuracy, and record keeping?

Yes____ No____ Unknown____

Do you spot-check answering devices periodically to make sure they are functioning properly?

Yes____ No____ Unknown____

Do you take care to protect the confidentiality of communications when leaving phone messages for patients with other individuals or answering machines?

Yes____ No____ Unknown____

Do you take care to protect confidential information which you transmit through fax machines?

Yes____ No____ Unknown____

Billing and Collection

Does your billing system identify situations meriting review and consideration for special payment arrangements?

Yes____ No____ Unknown____

Do you consider special payment arrangements when possible for patients with true financial hardship?

Yes____ No____ Unknown____

When a complication arises from a medical procedure, does your billing system let you identify that part of the total fee relating to the repair or treatment of any complication?

Yes____ No____ Unknown____

Do you seek legal advice or consultation with your insurance carrier before waiving or reducing a fee?

Yes____ No____ Unknown____

Do you give special attention to billing procedures when you perform any service to repair or treat an iatrogenic injury?

Yes____ No____ Unknown____

Before initiating collections procedures, do you personally review each patient bill or file?

Yes____ No____ Unknown____

Do you periodically evaluate the practices of the collection agency that you or your practice utilize?

Yes____ No____ Unknown____

Allied Health Personnel and Risk Identification

Do you periodically ensure that all your employees and allied health personnel are properly trained and/or credentialed?

Yes____ No____ Unknown____

Do you designate a reviewer (such as an office manager or group practice manager) to give periodic performance reviews to employees and allied health personnel to identify and discuss strengths and weaknesses?

Yes____ No____ Unknown____

Have you developed and implemented a risk management/quality improvement program in your office or group practice setting?

Yes____ No____ Unknown____

Does the program include...

A system to identify incidents and adverse occurrences arising in an office or a practice setting?

Yes____ No____ Unknown____

A system to periodically assess the quality of services through retrospective and concurrent review of patient records?

Yes____ No____ Unknown____

Designating an individual to assume the risk management/quality review function, with responsibility for assessing and prioritizing identified problems and for coordinating the development, implementation, and evaluation of corrective action?

Yes____ No____ Unknown____

Do you, your employees and allied health personnel periodically receive training and education in risk management and loss prevention through in-service programs or outside seminars?

Yes____ No____ Unknown____

Do allied health personnel and professional employees, including employed physicians excluded by your professional liability coverage show evidence (at least annually) of adequate insurance coverage?

Yes____ No____ Unknown____

Do you require that such insurers give at least 30 days written notice of cancellation of any independent policy covering allied health care personnel and professional employees?

Yes____ No____ Unknown____

Medical Equipment and Drugs

Do you, or someone on your behalf carefully monitor the selection, inspection, and maintenance of medical office equipment and devices?

Yes____ No____ Unknown____

Do you maintain professional literature and references on all drugs prescribed in the office practice?

Yes____ No____ Unknown____

Do you keep literature up to date and make it readily accessible to all health care providers in your practice?

Yes____ No____ Unknown____

When drugs are prescribed in ways different from a manufacturer's intended use, do you inform the patient and document the reasons for the decisions?

Yes____ No____ Unknown____

Do you discuss with patients the risks and benefits to prescribed drugs, along with alternatives to such drugs and note this in the patient's record?

Yes____ No____ Unknown____

Do you obtain and appropriately document a thorough patient history in order to avoid prescribing contraindicated drugs?

Yes____ No____ Unknown____

Do you establish and periodically evaluate systems for ordering, storing, and dispensing controlled substances to ensure the physical security of these substances and the safety of personnel?

Yes____ No____ Unknown____

Does your policy on drug dispensing and prescriptions include...

Procedures for the control and security of prescription pads, product samples, and drug I.D. control numbers?

Yes____ No____ Unknown____

Policies specifically prohibiting use of pre-signed and/or post-date prescription forms?

Yes____ No____ Unknown____

Do you review all written documents regarding the purchase and use of any medical product, device, or drug for any language adverse to your interests in maintaining patient safety and reducing liability exposures?

Yes____ No____ Unknown____

Do you use new medical devices only after receiving thorough instructions on their proper use, maintenance and contraindications?

Yes____ No____ Unknown____

Do you have a way to learn of recalls initiated by medical device companies or pharmaceutical firms whose products you use in your practice?

Yes____ No____ Unknown____

Do you seek indemnification agreements with medical device companies or Pharmaceutical firms in case there are claims from patients due to a device malfunction or adverse drug reaction?

Yes____ No____ Unknown____

If you perform ambulatory surgery or other invasive procedures in non-hospital settings, do you review and comply with all appropriate federal, state, and private regulatory standards regarding physical facilities, equipment, and staff required for performing such procedures?

Yes____ No____ Unknown____

Reception Areas, Grounds and Facilities

Does your reception area have comfortable and sufficient seating, with reading material of general interest to patients?

Yes____ No____ Unknown____

Does your receptionist courteously greet all patients when they arrive?

Yes____ No____ Unknown____

Are current patient medical education materials available in your patient waiting area?

Yes____ No____ Unknown____

Have you taken steps to ensure that patients and visitors in reception areas cannot overhear discussions of confidential patient matters or other inter-office business?

Yes____ No____ Unknown____

Is your receptionist seated and positioned to allow visual monitoring of your reception area?

Yes____ No____ Unknown____

Have you attempted to ensure that the building and parking lot for patients and staff are adequately lighted and free of potential hazards?

Yes____ No____ Unknown____

Is your staff trained in emergency procedures in case of fire or other emergency?

Yes____ No____ Unknown____

Do you ensure that your office practices comply with all relevant local, state, and federal regulations?

Yes____ No____ Unknown____