

Socioeconomic tips of the month

A risk management checklist: Part II

This article continues our effort to help individual practices identify early some of the regulatory stumbling blocks that may cause problems during an audit or a review. Good risk management means meeting and fulfilling reasonable expectations of adequate documentation, billing and collection guidelines, employee screening and training, patient and employee safety, and environmental comfort.

This is the second in a series of risk management checklists. (Part I appeared in the May 2002 *Bulletin*.)

Consent issues

Are the following consent-related issues addressed?

- Is there discussion of risks, benefits, and alternatives?
- Is there documentation of a refusal of any or all of the physician's recommendations and warnings from the physician?
- Is there documentation for statutory procedures to comply with state law?
- Are written consent forms used? Are they regularly reviewed?
- Is support staff involvement in the consent process, such as education efforts and witness of informed consent, documented?
- Are educational materials used in the consent process? Are they part of the record and archived when replaced or updated?
- Is the patient's ability to give informed consent indicated when appropriate?
- Is telephone consent documented?
- Is patient follow-up documented as routine, required, or required within a certain time frame?
- Is there written documentation of consent from third parties, such as custodial parents, legal guardians for incompetent adults, guardians, foster parents, courts, and so on?
- Is there documentation of consent discussions when an interpreter is required?

Billing and collections

- Is there documentation that the patient was informed about billing, insurance, and collection procedures?

Around the corner

June

- ACS-sponsored basic and advanced coding workshops for surgeons on June 20-21, 2002, in Atlanta, GA. Visit the ACS coding workshop Web page at <http://www.facs.org/dept/hpa/workshops/cdworkshop.html> to register.

July

- Quarterly update to 2002 Medicare fee schedule effective July 1.
- Quarterly update to 2002 correct coding edits effective July 1.
- ACS-sponsored practice management workshop for surgeons on July 13, 2002, in Chicago, IL. Visit the ACS practice management workshop Web site at <http://www.facs.org/dept/hpa/workshops/pmworkshop.html> to register.

- Is there documentation that the physician has reviewed the record before a patient's account is sent to collections?
- Are all claims for payment supported by adequate documentation in the medical record for the medical necessity of a particular level of service?
- Does the practice have a program for physicians and employees to make certain the practice is in full compliance with billing requirements?
- Is there a mechanism in place that allows employees to inform superiors about discrepancies in billing without fear of reprisal?

Employee files and training

- Is there documentation of an Illness and Injury Prevention Program for staff?
- Is there documentation in the employee's record on:
 - Continuing education?
 - Information on new licenses and renewals?
 - Certification in basic life support, if appropriate?

- Tuberculosis testing?
- Training in use of specialized equipment or protocols?
- Hepatitis vaccine offered? Documentation of refusal?
- Reference checks?
- Is there documentation of specialized training?
 - If drug screening is required, is prospective employee approval given in the application?
 - Are applications retained for at least one year or the statutory period?
 - Are employee and family medical records kept separate from other patient records?
 - For licensed employees, is there a copy of a current, valid license on file?
 - Are records maintained for required continuing education?
 - Is there a copy of the DEA certificate on file?
 - Is there a copy of the National Practitioner Data Bank report on file?
 - Are records maintained of staff meetings, decisions, action items, responsible parties, and so forth?
 - Are required notices displayed in employee lounge areas?
 - Are proper time records maintained for employees to comply with overtime requirements (federal and state)?

Practice environment

- Is the reception area clean and comfortable?
- Are educational materials available and up to date? Are they stamped with practice name and address?
 - What is the average patient waiting time in the reception area, the exam room, and so on?
 - If the patient schedule is modified, are the change and patient notification documented?
- Is staff instructed in activating an emergency response?
 - Are the emergency resuscitation equipment and medications checked frequently and documented?
 - Are medications checked at least monthly for expiration dates, or is there a list of emergency medications with expiration dates?
 - If a defibrillator is used, is it tested and documented regularly?

- Is emergency equipment and medication readily available and secure?
 - Are staff trained in using the equipment?
 - Can others overhear discussions with patients on clinical, personal or financial matters in the reception area?
 - Is there a private area for confidential discussions?
 - Are medication refrigerators separate from employee refrigerators?
 - Are all areas of the practice clean and free of debris?
 - Are biologics properly disposed, including appropriate containers for sharps?
 - Are hallways and patient care areas kept free of obstructions?
 - Are Occupational Safety and Health Administration requirements regarding hazardous substances followed, including all required logs?
 - Is the lab properly certified for the Clinical Laboratory Improvement Act, including all record keeping requirements, staff training, and supervision appropriate to the required level?
 - Are medical gases stored safely?

Better safe than sorry

Generally, well-run practices are performing these activities on a regular basis. If there is any problem at all, it tends to be with the documentation of the work being done and the timing. The best way to resolve these issues is to have a regular schedule for double-checking the items to see that each step is being done. It is also a good opportunity to delegate jobs to different people in the practice. Make sure the individual assigned is qualified to perform the evaluation, and then make sure they report on their findings, corrections, and recommendations.

Practices that make safety, security, and good documentation a part of regular patient care will minimize the risks faced by modern practices and create an excellent environment in which to work and be a patient. □

This information originally appeared in "Tips & Techniques," an Internet newsletter published by Economedix, LLC. Tom Loughrey of Economedix provides individual practice management consultations to ACS Fellows during the ACS Clinical Congress. All information is © Economedix, LLC, 2002. All rights reserved.