Best Practice: Office Manager Forum

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Senior Patient Safety Risk Manager
Richard Cahill, Esq.
Vice President, Associate General Counsel

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Disclaimer

This program is being offered for informational and educational purposes only from a Patient Safety Risk Management perspective and does not constitute legal advice. Laws vary from state to state, actual clinical situations often involve subtle differences and nuances from program scenarios or recommendations, and the recommendations provided in this activity may not apply to all practice situations. In complex circumstances, which present significant potential for an adverse event or litigation, TDC and the faculty recommend you consult directly with your corporate or personal counsel for professional legal guidance.

Kathleen Stillwell, RN, MHSA, MPA, CPHRM
Senior Patient Safety Risk Manager

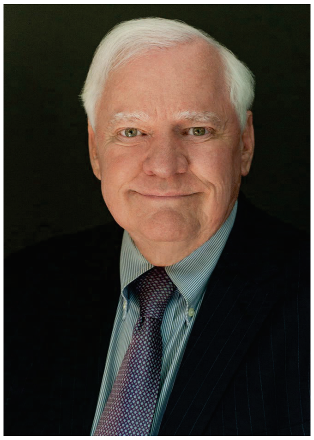
Kathleen Stillwell earned Master's Degrees in Public Administration and Health Services Administration. She is a registered nurse and Certified Professional Health Care Risk Manager (CPHRM). Ms. Stillwell is a nationally recognized expert in healthcare risk management with over 38 years of experience in clinical risk management, professional liability claims management, compliance, and high-risk underwriting. Her expertise includes hospitals, medical practices, and integrated healthcare organizations. She is a frequent speaker for conferences, and authors articles for TDC articles and health care publications.

Ms. Stillwell serves on Chapman University, Leadership Council for Crean College of Health and Behavioral Sciences in Irvine, CA. She also serves on the University of California Riverside Advisory Board for Women in Leadership Program. Kathleen is a member of Brandman University Nurse Advisory Board, and a volunteer coach for physicians and nurses for the California Medical Association Care 4 Caregivers program. She has served as faculty for the American Society for Healthcare Risk Management and is published in the American Hospital Society Risk Management Handbook for Healthcare Organizations.

Kathleen has held numerous leadership positions with national and state risk management and quality organizations, including past Board Member for the American Society for Quality (ASQ), Healthcare Division, President of the CA State Patient Care Assessment Council, Board member for the California League of Nursing, adjunct faculty for Woodbury University and the University of San Francisco. She served on the Advisory Board of King International, Inc., and is a Charter Member of the Business Renaissance Institute.

Richard Cahill, Esq.
Vice President and Associate General Counsel

Richard Cahill received his undergraduate degree (*summa cum laude)* from UCLA in 1975 and his Juris Doctorate from Notre Dame Law School in 1978. He served as a deputy district attorney in California at the outset of his career and was subsequently appointed as counsel on the Central Legal Staff of the Nevada Supreme Court before entering private practice in southern California.



Mr. Cahill has specialized in various facets of health care litigation for more than 40 years, including the defense of hospital and physician professional liability claims, managed care contract disputes, network privileges issues and related business torts. His principal clients included Cigna Health Plans, Kaiser-Permanente and Tenet HealthCare. He has completed in excess of 185 trials and binding arbitrations during his career with a combined win-rate of 92% and has been appointed as an arbitrator in more than 350 cases involving complex healthcare issues.

Mr. Cahill is currently Vice President and Associate General Counsel with The Doctors Company and provides legal support to the Claims and Patient Safety Departments, oversees company appellate litigation, researches and submits original content for publication and also lectures frequently around the country on topics related to the health care community. He has a preeminent rating with Martindale-Hubbell, the premiere peer-reviewed attorney rating service in the United States.

Your most unhappy customers are your greatest source of learning

Bill Gates
Co-founder Microsoft

Objectives

After completing this activity, you will be able to:

- Increase awareness of mandated training requirements for the medical and dental office
- Utilize strategies to support development of effective teamwork
- Assess your practice for opportunities to reduce risk and enhance business operations

Top Risk For Your Practice: Failing to Meet California Laws

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Requirements for Office Staff

- Credentialing
- Job description
- Personnel file
- Training
- Performance evaluation

Mandated By Law: Staff Training

- HIPAA training at time of hire, and an annual update
  - HIPAA training is required by federal law and by California's law, Confidentiality of Medical Information Act (CMIA)
  - Training covers cybersecurity best practices, the protection of electronic health information, and federal and state privacy rules
- Cybersecurity
  - California does not have a statewide mandate for general workplace cybersecurity training, but many specific sectors, such as state agencies, technology, and education, do.
  - California requires all employers to have a written workplace violence prevention plan and provide annual training for employees, which may include cybersecurity-related aspects like handling threats.

Mandated By Law: Safety Training

- OSHA workplace violence prevention plan and training
  - Senate Bill 553, effective July 1, 2024, requires employers with 5 employees, to implement a written workplace violence prevention plan
  - Law requires employer to provide workplace violence prevention training annually and thereafter when an employee changes roles
- Sexual harassment and abusive conduct prevention
  - California law applies to all employers with five or more employees, including full-time, part-time, seasonal, remote, and temporary workers
  - Training is mandatory and must be provided to all employees, including supervisors and nonsupervisory staff, and must be completed every two years

Mandated Safety Training

- Emergency Preparedness
  - California employers in medical offices are required to have an emergency preparedness plan, specifically an **Emergency Action Plan (EAP)**, under Cal/OSHA regulations (Title 8 CCR §3220)
  - EAP must be in writing, kept at the workplace, and available for employee review. However, if the employer has 10 or fewer employees, the plan may be communicated orally.
- Safety Data Sheets
  - Hazard Communication Standard (HCS) (29 CFR 1910.1200(g)), revised in 2012, requires chemical manufacturer, distributor, or importer provide Safety Data Sheets (SDSs) for each hazardous chemical to downstream users to communicate information on these hazards

Mandated Staff Training

- Universal Precautions
  - Handwashing
  - Personal protective equipment
  - Sharps disposal
  - Blood borne pathogens
- Infection Control
- Medical waste disposal
- Sharps disposal

Strategies for Team Success

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There are three types of workers:

1. Those who get things done,
2. Those who watch things get done,
3. Those who wonder how so much gets done.

Unknown

A Culture of Teamwork is Essential

Law of Significance

- One is too small a number to achieve greatness
- Nothing truly great can be accomplished alone
- Teamwork multiplies effectiveness and is crucial for achieving significant goals
- Nothing of significance is achieved by an individual acting alone
- It takes a team…learn about your team members

Maxwell JC. The 17 Indisputable Laws of Teamwork Workbook : Embrace Them and Empower Your Team. HarperCollins Christian Publishing; 2003

What Does A Team Member Want?

- Access
- Efficient use of time
- Professional response
- A good listener
- Confidence in expertise
- A safe environment to talk
- Honesty
- Clear directions

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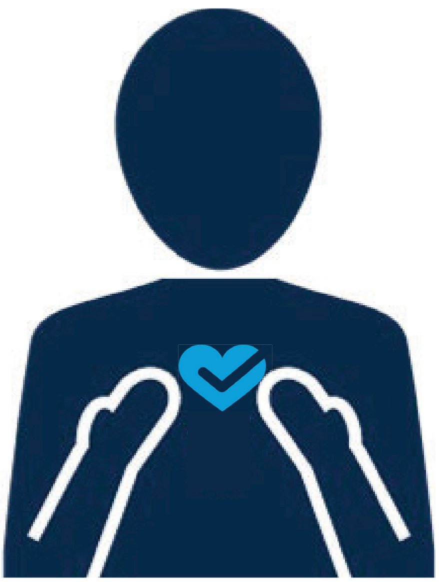
What's In It For The Practice?



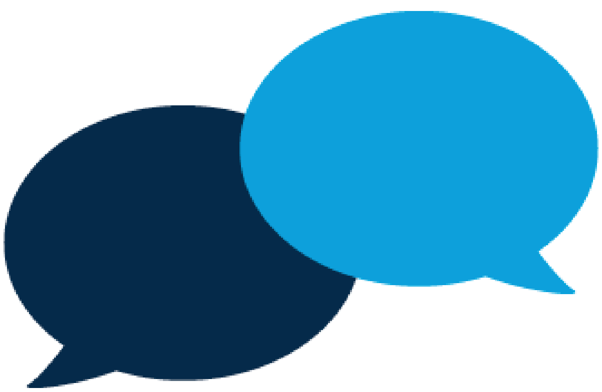
- Enhanced quality of care
- Improved continuity of care
- Enriched experience with caregivers
- Better outcomes
- Greater communication
- Higher patient and family satisfaction

The Communication of Highly Effective Teams

Seek to Understand

- Listen to understand
- Disagreeing is not necessarily a bad thing
- Communication is extremely important
- Listen with your heart and mind
- Understand team members' point before defending your own perspective

The Law of Communication

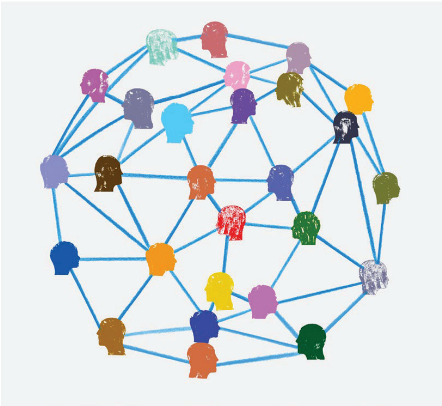


- Active listening
- Use more eye contact
- Positive body language
- Smile
- Empathic responses
- Reflective comments
- Show awareness of situation
- Do not overwhelm

Maxwell JC. The 17 Indisputable Laws of Teamwork Workbook : Embrace Them and Empower Your Team. HarperCollins Christian Publishing; 2003.

Top Five Characteristics of Highly Effective Team Members

- Skills/expertise
- Communication
  - *Written*
  - *Non-verbal*
  - *Listening*
  - *Oral*
- Reliability
- Commitment
- Trust



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Create A Team Wish List

- What do you wish you could change?
- What challenges would you like to overcome?
- What interests you the most?
- How can you bring your talent to the team?
- What does the team need to facilitate success?
- Ask what you can do for the team

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Ten Commandments for Team Members

- Be creative, exceed expectations
- Establish a plan
- Do your homework, be prepared
- Follow-up with others
- Strive to exceed expectations
- Never think you can develop relationships by email
- Never think you can develop relationships by voicemail, email, or texting
- Never forget to show your appreciation
- Never forget you are part of a team
- Never forget your goal, or your team's goal

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Understanding Insurance Strategies to Protect Your Medical Practice

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Andy Hawkins

Andy began working with The Doctors Company in July 1989. His insurance knowledge, expertise, and experience in Sales, Marketing and Underwriting, allows him to bring physicians solutions and resolution to medical practice insurance related issues. Since 2002, Andy has exclusively represented The Doctors Company as an agent and currently manages over 2,000 clients nationally.

In addition to being uniquely familiar with the operations of The Doctors Company, Andy represents other insurance markets for hard- to-place risks. Andy is customer centric in his focus to support physicians and identify customized solutions for physician practice insurance needs and concerns. Andy is a graduate of Virginia Tech and enjoys living with his family in Orange County.

Malpractice Insurance – What is It?

- Professional Liability Insurance protects healthcare professionals from liabilities arising from disputed services resulting in patient injury or death
- Medical liability insurance is required in almost all states and most medical systems as a requirement to practice medicine
  - Governed by facility bylaws
- Some malpractice policies have a “deductible” or “retention” amount
  - Difference between health insurance and malpractice: deductibles for malpractice are per claim instead for the policy year

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Important Malpractice Insurance Issues

- Amount paid per claim and per deductible
- Differs from state to state due to tort reforms and regulations
  - California standard liability limits are $1,000,000 per claim and $3,000,000 aggregate
- Policy Period: Effective date and expiration date of coverage
- Retroactive Date: How far back in time a loss can occur for your policy to cover your claim

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Components of Malpractice

- Named Insured
  - You are policy owner, or you are named insured under group policy
- Shared Liability Limit
  - You do not have separate liability limit naming you, you share a liability limit with either the named insured or a header under a group (per diem header, locum tenens header, a roster, etc.)
- Endorsements are a rider or amendment to insurance contract that changes terms of policy
  - Endorsements can be issued at time of purchase, mid-term, or renewal
  - It could adjust your premium

Claims Made Policy and Tail Coverage

- Policy provides coverage triggered when claim is made, notice of intent to sue is received (depending on the carrier) against insured during policy period or after policy period while in cancelled status if tail is purchased
- Tail coverage, also known as Extended Reporting Period, is offered on claims-made policies when policy is cancelled by request of the physician or the group
- Tail coverage is not offered if policy is terminated due to non-payment
  - Tail coverage extends reporting period after insurance policy ends
  - You have an indefinite reporting period or one through five-year reporting period depending on the carrier
  - There may be a cost for tail coverage

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Am I Covered?

If my malpractice is covered by the hospital or a medical group, can I use that coverage to work as an independent contractor outside the group?

No, although depending on circumstances, you could ask the group to cover a specific exposure or risk outside the group's purview.

This would require group approval, underwriting consideration, and insurance carrier approval

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If I want to create a group, can my entity be named or covered?

- For a solo or individual policy, your professional corporation is automatically covered, sharing your liability limits, if you are 100% owner
- Provide corporate paperwork to carrier so business name is on your file
- If a solo physician, or two physicians or less in your group policy, your corporation will share within your liability limits
- If your practice has 3 physicians or more, you may select to have your entity/corporation as a named insured
  - As named insured, entity would have its own set of liability limits

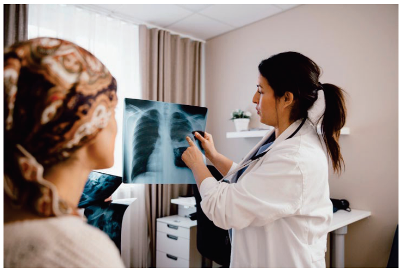
Other Lines of Insurance for a Medical Practice

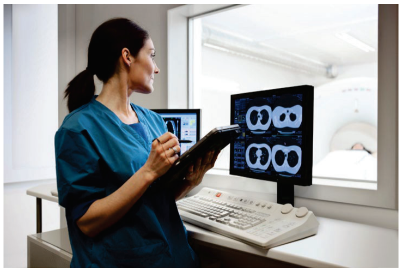
- Directors and Officers
- Business Owners Policy
- Workers Compensation
- Cyber Liability (Network and Security)
- Billing Fraud and Abuse
- Employee Practice Liability
- Crime Insurance

What Does Malpractice Insurance Cost?

It depends on several issues

- Type of practice
  - Diagnostic radiology
  - Interventional radiology
  - Therapeutic radiology
  - Nuclear medicine
- Years in practice
- Claims history





Q & A

Andy Hawkins

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Neil O’Connor, Partner, Roam Commercial Realty

Neil O'Connor brings a wealth of experience in real estate for healthcare business enabling him to offer a diverse range of expertise to support clients in all facets of their operations. He is an exceptional leader whose compassion and business knowledge resonates with clients at every stage of their careers. Neil offers valuable insights to support clients across various healthcare fields. Medical and dental clients are his special expertise.

As a tenant and buyer representative specializing in healthcare, his fiduciary responsibility is with you only. Neil’s focus on client success enables him to navigate the complexities of commercial real estate—from finding ideal locations to purchase or lease, startup medical offices, lease and contract negotiation, and successfully matching perspective part-time tenants in different cities or counties. Neil’s expertise positions him as a trusted partner dedicated to enhancing the operational success of healthcare organizations.

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Solutions to Commercial Real Estate

Neil O’Connor
ROAM Commercial Realty

Who

We won't get fooled again!

Neil O’Connor, ROAM Commercial Realty

- We are a commercial real estate broker with specialized expertise in the healthcare sector.

- **We are tenant-buyer only representatives;** we do not represent any landlords or sellers. **Our fiduciary responsibility is with you and only you**.

- Your primary clients are healthcare providers, including doctors, clinics, and medical groups

Opportunity vs Threat

ROAM was started as an alternative to traditional real estate firms that, all too often, tell clients “No” or “That’s not possible.”

We strive to remove limitations and explore the possibilities.

Our expertise comes from experience, and as a nation-wide collective of top producing healthcare real estate agents.

Services offered

Team of Experts

Lender

Designers

General Contractors

Attorney's

CPA's

Insurance

Marketing

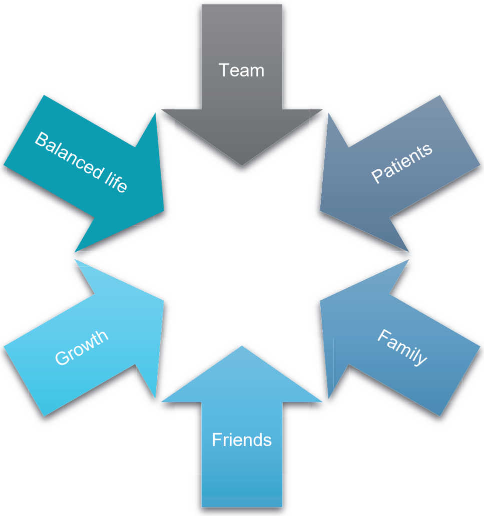
Medical Practice Brokers

Time? Money? Avoiding Bad Deals?


CONGRESS.
Declaration
LIFORNIA REP

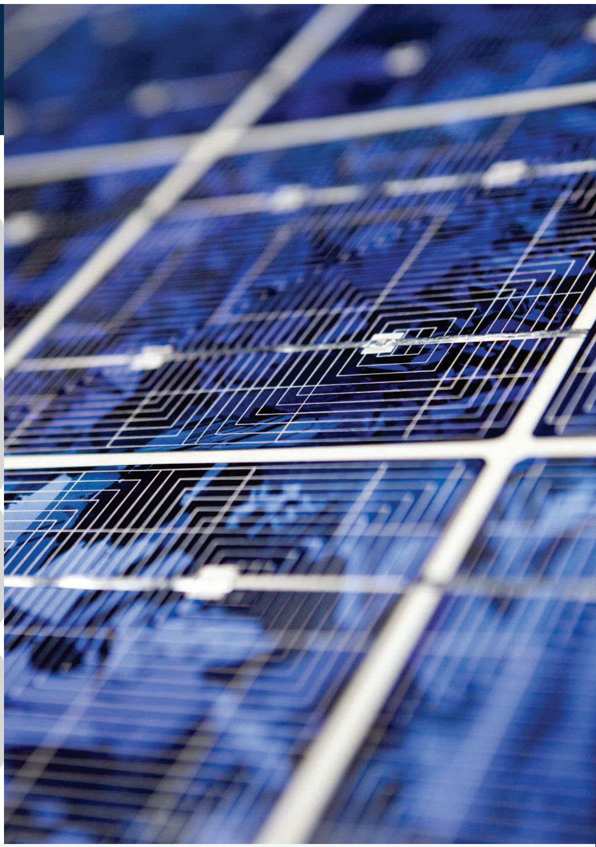

MONTANA
STATE OF OREGON
1859
WISCONSIN
1848
IOWA
ILLINOIS
CALIFORNIA REPUBLIC
KANSAS
OKLAHOMA
ARKANSAS

Let us focus on your commercial real estate so you can focus on



Your Biggest Questions Answered

- If I use a broker, that will cut into my deal?
- Why do most doctors have problems on lease renewals?
- If you have a million in revenues, lenders will fund up to 4 million for a purchase?
- If I hire a broker, will it make the landlord mad?



Benefits of Using ROAM Commercial Realty

Starting, buying, or expanding a practice can be intimidating as you try to navigate unfamiliar territory with sophisticated landlords and sellers.

ROAM was created to flip the script on traditional commercial real estate and ensure tenants and buyers always come first.

We are a collective of top-producing healthcare real estate agents in the nation, which gives our clients the opportunity to work with the very best in every market.

From dreaming big with startup clients, to lease vs purchase evaluations with established practices, we unveil a reality where your practice thrives at the highest level.

Thank you…

When others say it can't be done,
we make it happen!

Q & A

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Dealing With
Unhappy Patients

Managing Unhappy Patients

- **#1 Active listening: Allow patient to vent before responding**
- Stay calm and empathetic: Do not take anything personally
- Talk to patient in private
- Document interactions using quotes from patient
- Consider a "timeout" for a few minutes
- It is important to train and empower staff to identify potential issues and respond accordingly

The Unhappy Patient:
A Practice Management Perspective

Communication

We identify red flag patients that may have potential for being problematic

Benefit: Opportunity to be on alert for future interactions and helps us understand how to best customize our communication and interactions

Documentation

Staff is trained to document interactions with patients and to use quotation marks for rude, inappropriate or disruptive statements in the office or on the phone

Benefit: Helps us qualify patients if there is an issue, we have documentation for future communications, advice, defense and rebuttal documentation in the event of a problem or a complaint to health plan or Medical Board

People don't care how much you know until they know how much you care.

John Maxwell
International Author & Speaker

TDC Resources

https://www.thedoctors.com/patient-safety/resources-for-practice-managers/

https://www.thedoctors.com/patient-safety/exclusively-for-member-practices-risk-management-fundamentals-for-the-practice

Quick Check: Dissatisfied Patient Management

Improve how your practice identifies and manages dissatisfied patients.

Quick Check: Patient Dismissal Process

Improve your process for dismissing patients from your practice.

Quick Check: Informed Consent Process

Improve your informed consent process and documentation.

Quick Check: Telehealth Care

Minimize your potential liability risks associated with telehealth care.

Quick Check: Appointment Management

Improve your practice's appointment management process.

Office Manger Resources Workplace Violence Prevention Plan Resources

July 1, 2024, Workplace Violence Prevention Plan In Place
https://cjattorneys.com/july-1st-deadline-for-workplace-violence-prevention-plans

Combating Workplace Violence in the Healthcare Office Practice
https://www.thedoctors.com/the-doctors-advocate/first-quarter-2024/combating-workplace-violence-in-the-health

Occupational Safety and Health Administration: Workplace violence.
https://www.osha.gov/workplace-violence

Occupational Safety and Health Administration. Workplace violence in healthcare: understanding the challenge.
https://www.osha.gov/sites/default/files/OSHA3826.pdf

Proactively Manage Patient Expectations With a Conditions of Treatment Agreement
https://www.thedoctors.com/the-doctors-advocate/first-quarter-2024/proactively-manage-patient-expectations-with-a-conditions-of-treatment-agreement/

Our Mission is to Advance, Protect, and
Reward the Practice of Good Medicine.

Best Practice: Office Manager Forum

Thank you!

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