

FOCUS ON RADIOLOGY

What Makes a Good Practice?

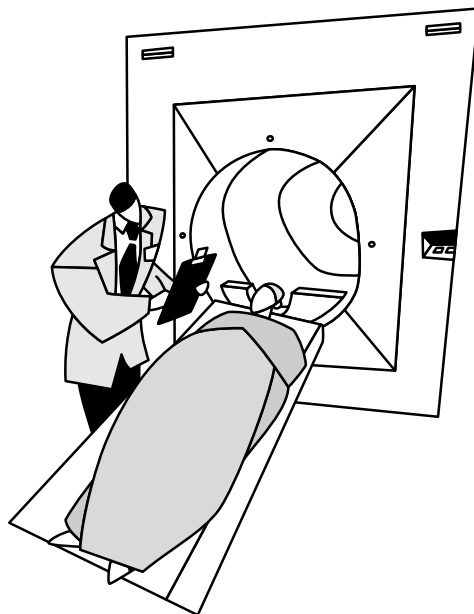
Action

Preventive

Defining a “good practice” can be purely subjective. To minimize the subjective and allow objective criteria to identify best practices, FPIC identified radiology groups who had the best loss histories. The loss histories are composed not only of amount of indemnities paid, but also of claims frequencies.

A resounding feature of FPIC’s stellar radiology groups is high standards in selection of group members. The chosen physicians have highly regarded training in their backgrounds including medical schools, residencies, and fellowships. Their reputations were a factor in some of the selections, especially for those physicians known by current group members through past affiliations.

The radiologists often rotate among several hospitals. Most find the change of location an element of keeping them fresh. The exception in the rotation is the specialists who tend to like the departments set up to their specific requirements for equipment and staff support.



A common characteristic is specialization among group members. This includes not only the interventionalists, but also physicians with special expertise in MRI, mammography, and CT scan interpretation. The generalists in the group also read outside the straight radiograph arena, but the specialists are available to consult or cross-read for quality assurance purposes.

Seek to reduce stress and fatigue as much as possible. Attention to these two aspects alone can greatly enhance quality of care and the doctor-patient relationship.

An open reading room that allows the group members to freely consult among colleagues as they interpret films is another common feature. In observing the activity in the reading rooms, it was noted that the readers passed films among themselves or stood in a group to render an interpretation of interesting films. The collegial atmosphere promotes minimization of egos and fine-tuning of skills for all participants.

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The
Quarterly Risk
Management
Newsletter for
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of FPIC

Spring
2000

A New Rule on Physician Office Incident Reporting: *KNOW THE DETAILS*

64B8-9.001 Physician Office Incident Reporting

(1) Definitions.

(a) "Adverse incident" for purposes of reporting to the department, is defined in Section 458.351 as an event over which the physician or other license could exercise control and which is associated in whole or in part with a medical intervention, rather than the condition for which such intervention occurred, and which results in the following patient injuries:

1. The death of a patient.
2. Brain or spinal damage to a patient.
3. The performance of a surgical procedure on the wrong patient.
4. The performance of a wrong-site surgical procedure; the performance of a wrong surgical procedure; or the surgical repair of damage to a patient resulting from a planned surgical procedure where the damage is not a recognized specific risk as disclosed to the patient and documented through the informed-consent process and if one of the listed procedures in this paragraph results in death, brain or spinal damage; permanent disfigurement not to include the incision scar, fracture or dislocation of bones or joints; a limitation of neurological, physical or sensory function; or any condition that required transfer of the patient.

5. A procedure to remove unplanned foreign objects remaining from a surgical procedure.
6. Any condition that required the transfer of a patient to a hospital licensed under Chapter 395, Florida Statutes, from any facility or any office maintained by a physician for the practice of medicine which is not licensed under Chapter 395, Florida Statutes.

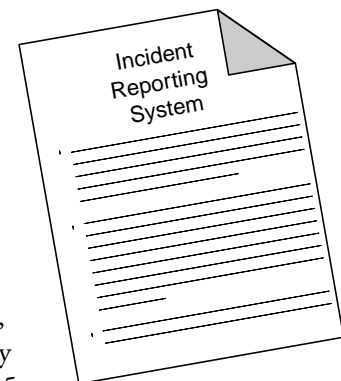
(b) "Licensee for purposes of this rule, includes a physician or physician assistant issued a license, registration, or certificate, for any period of time, pursuant to Chapter 458, Florida Statutes.

(c) "Office maintained by a physician" as that term is used in Section 458.351 (1) is defined as a business location where the physician delivers medical services regardless of whether other physicians are practicing at the same location or the business is non-physician owned.

(2) Incident Reporting System. An incident reporting system shall be established for each physician office.

(a) Incident Reports: The incident reporting system shall include the prompt, postmarked and sent by certified mail within 15 calendar days after the occurrence of the adverse incident, reporting of incidents to the Agency for Health Care Administration, Consumer Services unit, Post Office Box 14000, Tallahassee, Florida 32317-4000. The report shall be made on the Physician Office Adverse Incident Report. The report must be submitted by every licensee who was involved in the adverse incident. If multiple licensees are involved in the adverse incident, they may meet this requirement by signing off on one report; however, each signee is responsible for the accuracy of the report. This report shall contain the following information:

1. The patient's name, locating information, gender, age, diagnosis, date of visit, and purpose of office visit.



2. A clear and concise description of the incident including time, date, and exact location within the office.
3. A listing of all persons then known to be involved directly in the incident, including license numbers and locating information, and a description of the person's exact involvement and actions.
4. A listing of any witnesses not previously identified in 3.
5. The name, license number, locating information, and signature of the physician or licensee submitting the report, along with date and time that the report was completed.

(b) Incident Report Review and Analysis. Evidence of compliance with this paragraph will be considered in mitigation in the event the Board takes disciplinary action.

1. The physician shall be responsible for the regular and systematic reviewing of all incident reports filed by the physician or physician assistant under the physician's supervision, for the purpose of identifying factors that contributed to the adverse incident and identifying trends or patterns as to time, place, or persons. The physician shall implement corrective actions and incident prevention education and training indicated by the review of each adverse incident and upon emergence of any trend or pattern in incident occurrence.



2. Copies of incident reports shall be maintained in the physician's office.

(3) Death Reports. Notwithstanding the provisions of this rule and Section 458.351, Florida Statutes and adverse incident which results in death shall be reported immediately to the medical examiner pursuant to Section 406.12, Florida Statutes.

Specific Authority 458.309(i). –351 6)FS
 Law Implemented 458.351 Fs.
 History—New March 9, 2000

Is Cash Missing From Your Practice?

Employee theft in physician practices occurs more frequently than you may think because employees often have a ready opportunity to take money. Cash control efforts may prove helpful. The three major areas are:

1. **Cash Received at the Front Desk.** Give every patient who makes a payment a receipt at the time of service. Number the forms sequentially so missing receipts can be traced. Many practices incorporate the receipt as part of the superbill.

Reconcile payments daily. Retain file payments and their receipts in a designated location. At the end of the day, a different employee should verify the day's transactions, accounting for each receipt.



2. **Mail Receipts.** Mailed payments should be posted at the time of receipt. Prepare a list of checks and other types of payments by recording the name of the payer and the amount received. This employee may also prepare the bank deposit.
3. **Bank Deposits.** Ideally, a practice should deposit all money daily. If this is impractical, make deposits at least twice a week.

The key underlying principle in cash-control is segregating of duties. Build checks and balances into your control system.



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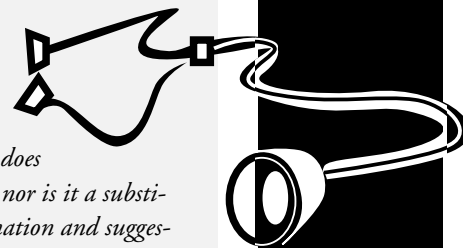
A resounding feature in the radiologists' satisfaction is adequate time off to enjoy their families and leisure activities. Physician fatigue is noted to be a significant factor in reading errors. A refreshed and non-stressed physician is less likely to make errors in interpretation. Additionally, sabbaticals are encouraged and financially supported.

No matter what the specialty, there are characteristics from the radiology groups surveyed that can carry over into other specialties. Specifically, attract and retain well-trained colleagues. Seek to reduce stress and fatigue as much as possible. Attention to these two aspects alone can greatly enhance quality of care and the doctor-patient relationship.

FPIC publishes Preventive Action on a quarterly basis as a service to its policyholders.

Information in this publication does not establish a standard of care, nor is it a substitute for legal advice. The information and suggestions contained in this newsletter are generalized and may not apply to all practice situations. FPIC recommends you obtain legal advice from a qualified attorney for a specific application to your practice. This information should be used as a reference guide only.

Editor: Margaret Douglass



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Risk Management Guides, Protocols & Surveys – All Are Free!

FPIC'S risk management guides are available for the asking, along with copies of all three of the early diagnosis protocols. These include:

Breast Abnormalities, Colorectal Conditions, and Unstable Angina/Acute MI.

They are obtainable by calling 800-741-3742, extension 3052.

The protocols are also available through the FPIC web site—FPIC.com. Select Florida Physicians Insurance Company, Inc., click on Risk Management, and the protocols can be downloaded.



FPIC offers risk management surveys free of charge to policyholders. An individual office takes two to four hours, depending upon the size and complexity of your practice. The review consists of an interview with the practice manager to discuss day-to-day procedures and office structure, a tour of the office, and a review of a sample of patient records. A written report noting strengths and opportunities to improve is provided following the survey. Call 800-741-3742, extension 3009 for Margaret Douglas, or extension 3263 for Sandra Strickland to schedule a survey or for more information.



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