



HOOT WHAT WHERE

WELCOME TO ANOTHER EDITION OF “HOOT WHAT WHERE,” a newsletter developed by Professional Risk Management Services® for the behavioral healthcare network of psychiatrists and mental health professionals. From risk management and claims advice to risk alerts, PRMS announcements, and events, this quarterly newsletter will share relevant news, useful tips, and important updates in the field of psychiatry to help keep you, your patients, and your practice safe.

WHAT YOU’LL FIND INSIDE:

TOP 10 MEDICATION
SAFETY TIPS

FACT OR FICTION

PRACTICAL POINTERS
WHILE ON VACATION

HAPPY HOLIDAYS!

PRMS IS SOCIAL!

Click the icons to follow PRMS for an inside look at the company, our travels, timely risk management alerts and helpful resources from our team of experts.



TOP 10 MEDICATION SAFETY TIPS

- 1 **Check your PDMP each time before you prescribe a controlled substance.** That's the law – and a great patient safety strategy. No matter how well you know your patient, you could always be surprised by what you find.
- 2 **Do not prescribe large amounts of medications solely because the patient gets better insurance benefits / pays less.** Bulk prescriptions may be fine for many patients, but are likely not appropriate for all. The standard of care is based on the patient's clinical needs, not insurance benefits.
- 3 **Check your e-prescriptions to ensure accuracy prior to sending.** Data entry errors, such as with drop down boxes, are common, and have the potential to cause patient harm.
- 4 **Read the FDA labels for the medications you prescribe.** Not only is this clinically useful, but if you are ever alleged to have been negligent in prescribing, you will almost certainly be asked if you have read the drug label. You want to be able to respond under oath in the affirmative.
- 5 **Sign up for [Medwatch](#) to get medication safety alerts from the FDA.** You may need to discuss the new safety information with the patient. This should be documented, along with any changes to medication monitoring that are needed, whether that's lab testing, more frequent visits, consults with another specialist, etc.
- 6 **Be alert to potential abuse and/or diversion.** An excellent resource from the DEA is [Recognizing the Abuser](#).
- 7 **When continuing a medication started by the patient's prior psychiatrist, get new informed consent.** You cannot rely on another prescriber's informed consent, or even presume that it actually was done.
- 8 **Alert patients to driving implications of a new medication, and document that was discussed.** You are not responsible for ensuring patients do not drive, but you are responsible for discussing the possible impact of the medication on driving as a risk in your informed consent discussions.
- 9 **Ensure any lab work you order, such as lithium levels, is done and reviewed by you.** Tracking of lab work, or more accurately failing to track, is not an uncommon fact in the lawsuits against psychiatrists.
- 10 **Never hesitate to seek consultation.** You have peers that are experts in psychopharmacology, such as for pregnant patients, that can assist with treatment questions, even if to confirm your approach is appropriate.

91,000+

PSYCHIATRY-SPECIFIC RISK
MANAGEMENT ISSUES ADDRESSED

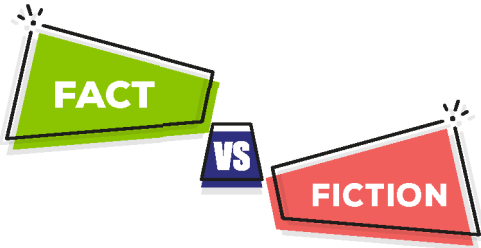
WE SUPPORT YOU

Having addressed more than 91,000 psychiatry-specific risk management issues on our Risk Management Consultation Service helpline since 1997, PRMS' experienced and knowledgeable team of in-house risk managers is committed to providing assistance when you need it most. Plus, our clients have complimentary access to a virtual library of risk management articles, online CME's and tutorials, and informative and timely resources.

CHARLES D. CASH, JD, LLM, ARM
ASSOCIATE DIRECTOR, RISK MANAGEMENT



Unparalleled risk management services are just one component of our comprehensive professional liability insurance program. When selecting a partner to protect you and your practice, consider the program that puts psychiatrists first. Contact us today.



WHAT DO YOU THINK - FACT OR FICTION?

FACT OR FICTION?

If there are any deficiencies in your records – such as failure to document a phone call or less than thorough documentation of a visit – it will be impossible to defend your care in a malpractice action.

What do you think - fact or fiction?

Fiction!

A psychiatric record does not have to be "perfect", but it should be "good enough." What does that mean? While the specific content of a psychiatric record may vary, the purpose of documentation remains constant. Remember, the primary purpose of documentation is to support continuity of care. A good record accomplishes several things: it substantiates your clinical judgment and choices, demonstrates the knowledge and skill you exercised during treatment, provides a contemporaneous assessment of the patient's needs and behaviors, and documents significant events, revisions to the treatment plan, and explanations of your decisions.

It is true that documentation plays a vital role in the defense of a malpractice lawsuit; without adequate documentation it may be very difficult to demonstrate that you provided appropriate care. However, an experienced defense attorney can work well with a cooperative physician and a "good enough" record. Plaintiffs' attorneys do not like care that is documented, as that precludes them from making up their own story about what happened in your treatment. And, under the professional judgment rule (a rule of evidence), courts give great deference to the treating physician, as long as there is something to base that deference on – such as a well-documented, contemporaneous treatment record.

There is one absolute with regard to records and professional liability . . . never alter a record. Altering

a record destroys your credibility in a lawsuit, could compromise your professional liability insurance coverage, could lead to sanctions from your licensing board, and could destroy your professional reputation. In addition, altering a record may be considered a criminal act.



refer a colleague

FOR EVERY
REFERRAL,

**WE DONATE TO
MENTAL HEALTH**

Refer a psychiatrist or behavioral healthcare group practice to PRMS, and we will make a donation to the mental health organization of your choice.

**HELP US TO ADVANCE ISSUES AND
AWARENESS IN THE FIELD
OF PSYCHIATRY**

START EARNING DONATIONS TODAY!

PRMS.com/Refer

PRACTICAL POINTERS WHILE ON VACATION OR AWAY FROM YOUR PRACTICE

The holidays are approaching, and you finally managed to clear your schedule long enough to take a much-deserved break. Unfortunately, unlike the case for many people, clearing your desk and leaving a message on your voicemail is not sufficient to prevent problems from occurring in your absence. Before taking time away from your practice, consider the following:

1. Make certain your staff has accurate telephone numbers and other contact information. Discuss with them situations in which you absolutely want to be contacted, which may include problems with specific patients. Remember, your staff knows how hard you work and may be reluctant to contact you on your vacation so clear guidance (preferably in writing) will take the burden off of them and ensure that you receive needed information.
2. Coverage instructions should include procedures for staff on how to deal with potentially or increasingly suicidal patients or those with other dangerous behaviors. After directing a patient per your coverage instruction, the staff should notify you immediately.
3. Leave specific instructions on your voicemail and/or your answering service as to how patients may be directed to services for assistance in your absence. Make sure the information includes instructions about where patients can access care in an emergency, including going to the patient's local emergency department.
4. Discuss with your partners, or other physicians who will be covering in your absence, those patients about whom you have particular concerns. Again, discuss with them those situations in which you will want to be consulted.
5. Get caught up on dictation (or EHR entry) and sign off on all transcription. If there are patients whom you suspect will need care in your absence, review their individual charts to ensure that someone stepping into your shoes will have the necessary information to maintain continuity of care. Remember, your colleague will not have the benefit of an already established relationship with your patient and may have to gain their trust. Do not put your colleague in the position of looking unsure or inept by leaving behind inadequate records.
6. Prepare patients for scheduled absences. Be specific about the length of time of the absence, and the actual dates of your departure and return.
7. If any of your patients are currently hospitalized, make certain the hospital knows of your absence and your plans for coverage. As necessary, also prepare these patients for your absence.
8. Instruct staff not to release confidential information to any person without your advance approval.

9. Be attentive to potential breaches of confidentiality when using mobile phones, laptops/computers, faxes, voicemail, etc. All the requirements to protect and secure confidential patient information must be maintained although you are away from your usual environment and routine.
10. If you are responsible for the supervision of a non-physician provider (NPP), determine who will act as the supervising physician in your absence and whether it is necessary to convey this information to the NPP's licensing board.
11. Maintain documentation of all calls to and from a patient and to and from a third party concerning a patient. If you use a paper chart, a form the size of an index card with an adhesive backing that easily fits into a pocket or purse can be used to document calls received outside of the office and can be readily filed in the medical record upon your return to the office.
12. Always lock up prescription pads.
13. Try to anticipate medication refills and determine which of those will require on-going monitoring during your absence.

WHEN COVERING FOR A COLLEAGUE . . .

1. Spend some time with your colleague to learn more about those patients who might require continued assistance during their psychiatrist's absence.
2. Find out, before your colleague leaves, how to gain access to pertinent medical information about patients during his absence.
3. Know exactly when you are covering and to which institutions your colleague refers patients for hospitalization/in-patient care. Do you have privileges there?
4. Determine whether you will be expected to act in the roll of supervising physician for NPPs that your colleague supervises. What obligations must you fulfill? Will this require notification to the NPP's board? Will this be covered under your malpractice policy?
5. If your colleague's practice includes managed care patients, will you be paid for covering these patients in his absence?
6. If your colleague will be away for an extended period (more than two weeks), who is expected to handle correspondence and non-medical requests?

Before leaving for that medical conference or a little R&R, remember that advance planning and some risk management steps will go a long way in ensuring your time spent away from the office is pleasurable rather than problematic.

HAPPY HOLIDAYS

This holiday season, PRMS is proud to support organizations working to support wellbeing and mental health in our local community and across the country. Join us in supporting: **Arlington Food Assistance Center**, which provides dignified access to free groceries and allows families to devote their limited financial resources to obligations such as housing, utilities, medication, and other basic needs in the Northern Virginia area; **Free2Talk**, whose mission is to provide financial assistance to Virginia kids and teens' families who are unable to afford and/or access speech and mental health therapy; **Give an Hour**, a national organization dedicated to transforming mental health by building strong and healthy individuals and communities; and **Child Mind Institute**, which is dedicated to transforming the lives of children struggling with mental health and learning disorders by providing evidence-based care and resources, training educators in underserved communities, and developing breakthrough treatments.

CONTACT US

(800) 245-3333

TheProgram@prms.com

PRMS.com



PRMS
the psychiatrists'
program

MORE THAN AN
INSURANCE POLICY

Professional Risk Management Services ("PRMS") provides the information contained in this article for general use and information. Information provided is intended to improve clarity on issues regarding psychiatry services and insurance coverage, and related issues regarding those services. This information is intended, but not promised or guaranteed, to be current, complete, or up-to-date. PRMS is neither a law firm nor a provider of professional medical services, and the materials in this article do not constitute legal, medical, or regulatory advice. You should not act or rely on any legal or medical information in this article without first seeking the advice of an attorney, physician, or other appropriate professional. PRMS, The Psychiatrists' Program and the PRMS Owl are registered Trademarks of Transatlantic Holdings, Inc., a parent company of Fair American Insurance and Reinsurance Company (FAIRCO).