

Difficult Patients: When and How To Dismiss Them

Your patient just won't follow the agreed-upon treatment plan. She skips appointments, doesn't do all her exercises, then complains because she's not getting better. Should you tell her good-bye?

Only if you've run out of other options. Dismissing your patient could injure her and put you at legal risk. True, you're less likely than a physician to face charges of discrimination and/or abandonment. But that doesn't mean you can't be sued.

Before you do anything, evaluate the situation objectively. Is the patient really noncompliant or is something else—like a personality conflict—the true culprit? How many other personal obligations is the patient juggling? Does he or she simply have no time for therapy?

Perhaps the patient won't cooperate because she doesn't know why the therapy is necessary or she misunderstood your directions. Prior to treatment, it is up to you to clearly explain the reasons for each exercise. Have the patient repeat your instructions back to you so you can evaluate his or her understanding of them. Also, make sure no physical or cognitive limitations prevent the patient from following the care plan.

If problems continue, it's time for a heart-to-heart talk. "Sometimes you can win a patient over just by showing a real personal interest and making a slight change that suits her better," said D. Kathleen Lewis, PT, JD, a physical therapist and attorney in Wichita, KS. You may learn something from the discussion that will lead to a different solution. If the patient hasn't bought a necessary piece of equipment, for instance, you may find out she

can't afford to buy it. Instead of dismissing the patient, consider referring her to a social worker, or try to suggest a substitute for the costly equipment. If insufficient time is the issue, you may be able to suggest a way for the patient to juggle her schedule.

When you have no choice

If you can't win over a difficult patient, dismissal may be your best option. But be sure you handle it the right way by taking steps to transfer the patient's care to another provider.¹ If a physician referred the patient to you, update that practitioner on the outcome.

Consider these steps to limit your potential legal risk when ending your relationship with a patient:

- ▶ Inform the patient properly. Tell him in person (if you haven't already) and in writing

that he must find a new PT, and why. Stick to objective statements and facts that would support your action if you were sued.

- ▶ Offer to help the patient choose someone else. Give him a reasonable amount of time—about two weeks—to schedule an appointment with another PT. "You might also want to give him a list of PTs in his area," said Jonathan M. Cooperman, PT, DPT, MS, JD, president of the Ohio Physical Therapy Association. Or, suggest that he call his managed care plan for a list of candidates.

- ▶ Continue to see the patient during the transition period. Monitor all progress as you would any other patient's.



In This Issue ...

Lessons from Court	2
Coverage Corner	3
Caring for the Elderly	4
Coping with Short-Staffing	6
HIPAA Security Regulations.....	7
Questions & Answers.....	8

Endorsed by:



▶ Contact the patient's primary care practitioner (PCP), if necessary. You might do this if the two-week period has ended, the patient has an unstable condition, and he hasn't found another PT, said Lewis. While the patient is in your office, you could offer to call his PCP and make an appointment for him to see the practitioner, she suggested. "This way, the patient is more likely to follow through."

Keep a complete record

To protect yourself, you must objectively document everything that happens throughout the patient-therapist relationship. Note the patient's condition before, during and after each treatment. Include all comments about the patient's progress, as well as your own observations. Record any missed visits and appointments she failed to schedule. Note any directions that were ignored.

If you told the patient that she still needed further care, explain what could happen if your medical advice isn't followed. But avoid using the word "noncompliant," said Cooperman, which presumes that the patient is wrong.

Dismissing a patient should be your last resort. If you can't avoid it, do it by the book to protect yourself and your patient.

REFERENCE

1. American Physical Therapy Association. Code of Ethics. www.apta.org (Sept. 29, 2005).

Did you know...

... that you should call HPSO

immediately if you receive a letter from any state or federal administrative agency, or a licensing or regulatory authority, because your license or certification is protected by the policy offered through HPSO?

A significant risk that many healthcare professionals could face is the suspension or withdrawal of their license or certification. Without your license or certification, you lose your ability to work, which can be devastating. If you are summoned to appear before a licensing or disciplinary board regarding your professional activities or conduct arising out of a covered medical or non-medical incident, your policy will provide you with a means to secure experienced legal representation and reimbursement of out-of-pocket expenses. Employers rarely provide license protection; however, your policy will provide up to \$10,000 per proceeding, for your legal defense coverage. Just be sure to contact us right away!

... that you should also call HPSO

immediately if you are deposed?

In almost all cases, there will be court proceedings prior to the actual malpractice trial. A deposition, which can be part of "the discovery phase," is a court sanctioned hearing in which all parties participate in a formal question and answer session to find out information relevant to the lawsuit. Whether you have been called to testify at a deposition or are named in a covered lawsuit as a defendant, CNA, the underwriter of the HPSO program, will ensure that you are prepared for the discovery phase of the suit by assigning a claim consultant and an attorney, when necessary, to represent you at the deposition.

It is important to be properly prepared even if you are deposed for a suit against your employer or a co-worker. Without proper guidance, you run the risk of incriminating yourself and being named in a lawsuit as well.

LESSONS

FROM COURT

Stress fracture during therapy

A 67-year-old woman sued a hospital, claiming that a physical therapist dropped her during an exercise session. The incident left her with a fractured pelvis, requiring two lengthy stays in the hospital and at two different convalescent homes. The plaintiff claimed that this medical care was necessary because the fracture did not heal, as evidenced by a large bruise on her hip and a radiology report of a comminuted fracture of the pubic bone. The woman also claimed that she could no longer walk without a walker or engage in conjugal activities and that she required continuous narcotics for pain.

The hospital denied that the plaintiff was dropped or suffered any type of traumatic injury. It argued that the injury was likely a stress fracture that coincidentally occurred during physical therapy. A jury found in favor of the defendant.

Staff. (2002). *Verdicts, Settlements & Tactics*, 22(12), 545.

Advice from the expert:

This case demonstrates that physical therapists can be sued at any time. The best way to shield yourself against allegations of malpractice is to ensure that your documentation is in order.

Always document the care you provide and the patient's response in the medical record; be accurate, objective and thorough. If a patient is injured during therapy, follow your facility's procedures for documenting it in an incident report. (Incident reports are kept separate from, and should not be mentioned in, the medical record.) Although the criteria for filling out an incident report may vary by facility, the report should include a description of the incident, including accounts by the patient and other witnesses. It should also have the time, place and date of the occurrence; the names of the patient and witnesses; and, your assessment and actions, along with any other relevant facts.

Jonathan M. Cooperman, PT, DPT, MS, JD
Akron, OH

HPSO Risk Advisor is intended to inform Affinity Insurance Services, Inc. customers of potential liability in their practice. It reflects general principles only. It is not intended to offer legal advice or to establish appropriate or acceptable standards of professional conduct. Readers should consult with a lawyer if they have specific concerns. Neither Affinity Insurance Services, Inc., HPSO Risk Advisor nor CNA assumes any liability for how this information is applied in practice or for the accuracy of this information.

The professional liability insurance policy is underwritten by American Casualty Company of Reading, PA, a CNA company. CNA is a service mark and trade name registered with the U.S. Patent and Trademark Office.

HPSO Risk Advisor is published by Affinity Insurance Services, Inc., with headquarters at 159 East County Line Road, Hatboro, PA 19040-1218. Phone: (215) 773-4600. ©2006 Affinity Insurance Services, Inc. All world rights reserved. Reproduction without permission is prohibited.

EDITORIAL INFORMATION:

Send comments and questions c/o HPSO Risk Advisor at 159 East County Line Road, Hatboro, PA 19040-1218. Due to space limitations, all editorial sources and references may not be listed, but may be available on request.

SPECIAL THANKS TO:

Margaret Amatayakul • Marie Bracki, PsychD.
• Jonathan M. Cooperman, PT, MS, JD • Lisa Culver, PT, MBA • D. Kathleen Lewis, PT, JD
• Paul Nelson, CPCU • Karen Stavenjord • Gayle H. Sullivan, RN, JD

EDITOR-IN-CHIEF

Michael J. Loughran

EXECUTIVE EDITOR

Dolores A. Hunsberger

SENIOR MANAGING EDITOR

Diane Widdop

MANAGING EDITOR

Alicia R. D'Onofrio

EDITOR

Marian Freedman

ART DIRECTOR

Anne Pompeo

ASSISTANT ART DIRECTOR

Rona S. Fogel

DESIGNER

Mary Asterita

PUBLISHER

HPSO

PUBLISHER'S REPRESENTATIVE

Alicia R. D'Onofrio

For questions about this newsletter, send an email to news@hpso.com.

EVERYONE NEEDS HEALTH INSURANCE

HPSO has partnered with eHealthInsurance, the nation's #1 online source for health insurance, to help you find the right plan. We serve individuals, families and small business owners.

To get a free quote from the nation's top health insurance companies and to learn more about the plans available in your area, visit www.hpso.com/health for more information.

Moving into management: Responsibilities and risks

Moving into management is a great way to advance your career, but it's not without risk. If you decide to take the next step in your career, make sure you understand what new responsibilities this will entail. Review the job description and required qualifications for the management position. Determine whether your skills can support these new duties.

Also, make sure your training and education reflect the needs of the job. In-service training may be required, or you may choose to take managerial training courses on your own to fill in your back-



ground. Remember, performing tasks that are beyond your scope of practice or your job responsibilities can pose a liability risk.

If you will be supervising others, become familiar with the competencies and assigned duties of each member of your staff. To help protect everyone from liability, review their job descriptions and what procedures their licenses allow them to perform. Consider making necessary changes to protect you, the staff and the facility from a potential lawsuit.

Both you and your staff also should be familiar with the chain of command and where you fit into it. If problems occur or questions arise, you and those you supervise should know where to turn.

Finally, know your facility's policies and procedures and be aware that violating them can have consequences. Become familiar with employment and practice laws in your state, as well as your employer's policies. If you will have hiring and firing authority, for example, you'll have to under-

stand how to properly maintain employee files and what you can and cannot say when interviewing potential staff or terminating a subordinate.

If you're asked to be an expert witness

The role of an expert witness is important: He or she helps jurors determine if a defendant maintained the standard of care or acted in the same way a reasonable and prudent healthcare professional with a similar background in similar circumstances would have acted. But before you agree to testify as an expert witness in a malpractice case, make sure you understand what is expected of you.

If you decide that you may want to offer your services, ask yourself these questions: Am I qualified? Do I feel comfortable with the attorney handling the case? Am I sure I have no conflicts of interest—such as having worked previously with the defendant—that would make me a less-than-ideal witness? Am I well versed in my specialty's standards of care?

If you answered “yes” to these questions, you may be well suited to be an expert witness. You will be asked to review copies of medical records and other documents relevant to the case, and provide an opinion about if and how a standard of care was met, as well as other related matters. If your opinion supports the attorney's position, you most likely will be asked to testify as an expert witness in court.

If you do serve as an expert witness, practice your testimony with the attorney before getting on the witness stand. Avoid looking too rehearsed, which could jeopardize your credibility. Answer questions objectively, honestly and succinctly. Do not volunteer information or provide testimony outside your area of expertise. Speak firmly and, whenever possible, try to use language that laypeople in the courtroom will understand and explain any medical terms. Above all, make sure your professional liability insurance includes a consulting services endorsement, which provides protection if your testimony results in a claim being brought against you. If you need to add this endorsement to your policy, call 1-800-982-9491.

STUDENT ALERT!

Keep Your Professional Liability Coverage Active After You Graduate

One of the most frequently asked questions HPSO receives is: Why do I need my own professional liability insurance if my employer already covers me?

You may already understand that your own policy offers coverage that will protect you against allegations of malpractice while you are working on your degree or certification, but you also want to make certain that you have sufficient protection in the event you are named in a lawsuit or need legal defense to respond to a complaint against you with the licensing board or ethics committee, even after you graduate.

While your employer may provide coverage for you, it may not cover you in all cases. You need to be clear about how your employer's coverage protects you. Often, an employer's policy is designed to protect its interests first. If you have your own policy, you will have the benefit of your own representation that is focused on your interests in the event of a lawsuit.

Some healthcare professionals avoid purchasing or continuing their own policy because they may have been told, “having your own insurance will make you a more likely target for a lawsuit.” This couldn't be further from the truth. A person can sue you anytime, for any reason. If a patient or client perceives he or she has been injured and perceives that this injury is the result of your providing, or failing to provide, adequate professional services, that patient could sue. This doesn't mean that you have been negligent. It means that the patient or client perceives negligence. Also, no one can know whether you have your own policy, unless you tell someone. In fact, if you are involved in a lawsuit, this information typically won't be uncovered until the “discovery phase.” At that point, you will already have been named in the suit.

By continuing your coverage as a professional, you can feel comfortable knowing that if something happens on or off the job, 24/7, you can rely on your own policy to protect you against allegations of professional malpractice.

Meeting the Needs of the

Barriers, compliance and more.

“Education is an essential aspect of caregiving for all elderly patients, but make sure you tailor the message to meet individual needs.”

Throughout most of the 20th century, elderly Americans were the fastest growing segment of the population. As you care for these sometimes frail and medically needy individuals, you must pay special attention to their needs—and your own liability risks. Many of the youngest elderly (age 65 - 75) are healthy and hearty, not fully retired, and enjoying a busy and active “early” old age, though they may have chronic illnesses such as arthritis and diabetes.

Those in the intermediate group (75 - 85) are more likely to have several chronic illnesses and may need to depend on others for at least some of their care. Individuals in the eldest group (over 85) are more often frail and in poor health, and may no longer be able to live independently.

Despite their differences, most elderly patients have a common need for assistance in one or more of the following areas: accessing care, comprehending patient education materials, complying with complex medical regimens, receiving appropriate screening, following good health practices, and steering clear of the potential perils of polypharmacy.

Common barriers to care

Limited finances are a significant barrier to care for many elderly patients. According to a 1995 Medicare benefits survey, elderly Americans spent 19% of their income on out-of-pocket healthcare expenses. Additional barriers may include lack of transportation, especially since some elderly no longer drive or have access to public transportation. Many elderly patients don't know how to tap into the healthcare system or negotiate the complicated process of applying for benefits like the new Medicare Part D (Rx) program. Elderly patients facing such difficulties may skip appointments, cut back on medications, or go without expensive devices not covered by insurance, such as hearing aids or eyeglasses. Healthcare providers can play a crucial role in helping patients access the services they need.

Patient education is a must

Education is an essential aspect of caregiving for all elderly

patients, but make sure you tailor the message to meet individual needs. Counselors assisting younger, generally healthy clients, for example, may need to offer information on planning for and



adjusting to retirement or staying vigorous by adhering to appropriate diet and exercise routines.¹ Getting health messages across to someone older than 75 often presents special difficulties because this population generally knows less about staying healthy than younger, Internet-savvy individuals. In addition, language barriers, poor eyesight or hearing, and cognitive impairments may diminish understanding.

Surmount such limitations by asking the patient's caregiver to attend appointments so she can reinforce your message at home. Use foreign-language interpreters as needed, speak slowly, avoid professional jargon, and provide large-type educational materials. Be sensitive to cultural and generational differences.

Fostering compliance

Elderly patients often need to follow complex medical regimens in managing chronic conditions or are

Elderly—and Avoiding Risk

engaged in long recovery programs—from a stroke or broken hip—making compliance a significant concern.

A variety of tactics can ease these difficulties. Telephone reminders cut down on missed appointments, for instance; so does enlisting the cooperation of a family mem-



ber or friend. PTs, for example, working with patients who aren't following exercise regimens might devise solutions that better meet their preferences: encouraging exercising during commercial breaks in TV programs, for example, or varying routines. Similarly, the healthcare team can collaborate to help patients manage complicated medication regimens, with pharmacists following drug utilization review or disease management protocols, tracking compliance with asthma or diabetes regimens and informing the prescriber.²

Screening—protection for you and your patient

Screening for conditions that are prevalent among the elderly is crucial to protect your patient from harm and to protect you from liability. Check vital signs before, midway and after a therapy session in frail patients and in those with heart disease or chronic obstructive pulmonary disease. Therapists who treat patients at home should check for hazards like throw rugs, wobbly banis-

ters or slippery surfaces.

Because elderly patients typically take multiple medications, conduct a thorough drug review, with an eye toward adverse drug interactions and serious adverse effects. Find out, too, if your patient has had the immunizations recommended for the elderly, such as a yearly flu shot and the pneumococcal vaccine; if not, direct him to a primary care practitioner or ensure that the vaccines are given before the patient leaves the facility.

Counselors—indeed, all providers—“should be alert for signs of depression and suicidal ideation in elderly clients, the age group with the highest rate of completed suicide in the population,” said Marie Bracki, public policy chair for the Association for Adult Development and Aging, a division of the American Counseling Association. The PROSPECT (Prevention of Suicide in Primary Care Elderly: Collaborative Trial) study, she noted, found that suicide rates were substantially lower in primary care practices that used nurses, social workers or master's-prepared psychologists to screen for and treat depression.

Every practitioner should screen for and report elder abuse, as well. In fact, most providers in almost every state have a mandate to do so. The standard for reporting is simply a reasonable suspicion that the individual has been abused; it is not necessary to be able to prove that the abuse occurred. The vast majority of states grant immunity from liability to clinicians who act on such a belief. But in a questionable situation, it may be wise to consult an attorney.

When screening for abuse, be on the lookout for physical signs, such as untreated pressure sores, urine burns and bruises or broken bones not likely to have been caused by falls. Counselors are especially likely to detect signs of emotional or financial abuse or neglect, which has the same reporting requirements as physical abuse.

Be alert to legal pitfalls

To work successfully with elderly patients, many of whom are lonely and emotionally needy, it is crucial to develop warm relationships. But this presents a danger—the temptation to become involved with the individual in ways that cross professional boundaries. This so-called dual relationship opens the door to accusations of harming or exploiting the patient, raising the prospect of a lawsuit or discipline by your state licensing board or professional organization. According to Paul Nelson, executive director of the American Counseling Association Insurance Trust, dual relationships are the number one issue in risk management. “There is a thin line between helpfulness and involvement in a personal relationship....too many practitioners give in to temptations or good intentions and find they have crossed over that thin line,” he said.

As a healthcare professional, you understand that every elderly patient has unique needs. In trying to meet those needs, keeping patients safe must be your top priority, but avoiding legal risk should remain a concern as well.

REFERENCES

1. Thomas MC. Using new attitudes and technology to change the developmental counseling focus for older populations. *Counseling and Human Development* 2003, www.findarticles.com/p/articles/mi_qa3934/is_200304/ai_n9216837/print (Oct. 1, 2005).
2. Monane M, Cataldi LA. Safe Prescribing: Interdisciplinary Solutions. *Geriatric Times* 2000. www.geriatrictimes.com/g000632.html. (Oct. 1, 2005).

To read about polypharmacy in the elderly, see the Web Flash in the newsletter section of www.hpso.com



Visit the HPSO web Site
at www.hpso.com
for the latest news and updates
HPSO NEWS

Let Us Know

To report a change of address or to tell us what's on your mind, call HPSO at (800) 982-9491 or write to us at HPSO Risk Advisor, 159 E. County Line Road, Hatboro, PA 19040-1218, e-mail us at service@hpso.com.

You can also change your address on line via the **VCSR (Virtual Customer Service Representative)**. Log on to www.hpso.com and click the Customer Service button, then click Service Your Account.

Occurrence and claims-made: What are the differences?

In the world of professional liability insurance, there are two types of policies, occurrence and claims-made. It's important to understand the difference between the two coverages.

An occurrence policy, like the one currently offered by Healthcare Providers Service Organization (HPSO), covers you for any incident that occurs during the policy term, regardless of when the claim is filed. As long as the incident occurred during the term that the policy was active, regardless of when you were named in a lawsuit, you are covered.

A claims-made policy also provides coverage for an incident that occurs during an active policy period, but only if the claim is also filed during that active policy period. In other words, if you are named in a lawsuit, the lawsuit must be filed during the policy period when the incident occurred or the policy will not protect you.

What's key with a claims-made policy is that you run the risk of not being covered for a claim discovered after the policy has expired. Therefore, if you decide to terminate a claims-made policy, you will need to purchase tail coverage to continue to protect yourself. This will extend the time that a claim can be reported, but the incident still needs to occur while the policy was active, or you won't be covered.

Also, a claims-made policy can typically cost less than an occurrence policy for the first three to six years (the premium can increase up to 30% a year). It may seem that there is a big difference in price; however, by purchasing a claims-made policy and tail coverage, you can end up spending as much as or possibly a little more than by purchasing an occurrence policy.

The bottom line is, learn the details of your coverage so you are not caught unawares. You may be shocked how policies differ from one another.

find out more @ www.hpso.com

& Conferences

Seminars

We would like to meet you. Please make sure that you stop by our booth and receive a free gift.

For the latest convention schedule, please go to:

www.hpso.com/convention

Coping with Short-Staffing

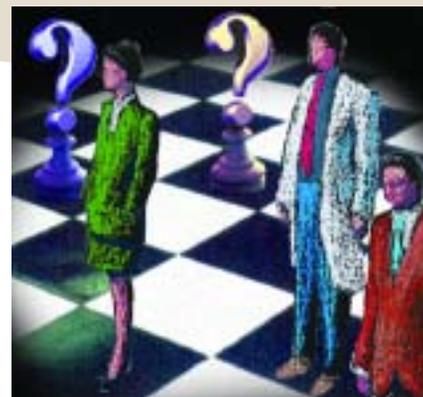
Staffing shortages are becoming more common in all clinical specialties, making it increasingly likely that you'll be asked to take on more patients or clients than usual, or to assume the duties of an absent coworker. Either situation can hinder your ability to care for patients or clients properly, increasing your risk of a malpractice lawsuit. The key to protecting yourself is to know what to do when you feel overwhelmed.

Determining the best action to take depends on the circumstances. If the short-staffing results in mandatory overtime, evaluate whether you feel able to provide safe patient or client care. If not, you can refuse the assignment. Notify your supervisor and draft a memo documenting the specific reasons. Keep a copy of the memo for your records.

During a department shortage, you may also be reassigned without warning and/or given duties you do not normally perform. If, for example, you are an occupational

therapist assistant and are asked to support an OT you don't typically work with, you may want to prepare yourself for the assignment by questioning the OT about any special patient needs. Don't hesitate to ask for help, or even direct supervision, if you are asked to perform a task with which you have limited experience.

Whatever the circumstances, your primary concern must be patient or client safety. If you feel you cannot provide adequate care, notify your supervisor at once. If nothing is done to remedy the situation, document the specific problems in an internal memo—not in the medical record. Include the date and time, number of staff and patients or clients on the unit, the circumstances surrounding each patient involved,



whom you notified and any action that was taken. Keep a copy of the memo for your records.

If short-staffing is a chronic problem at your facility and you are considering finding a better-

staffed position, be sure to follow your facility's procedures for resigning. No matter how frustrated you feel, never leave in the middle of a shift, which could result in a charge of patient abandonment.

It can be exasperating when you're faced with a staff shortage. Sometimes it's necessary to elevate the issue so management takes notice. Taking action can be intimidating, but keeping quiet belies your position as a patient advocate and can leave you open to a malpractice charge.

Complying with HIPAA Security Regulations

The Health Insurance Portability & Accountability Act (HIPAA) was signed into law a decade ago. But HIPAA's privacy rules, which govern the use and disclosure of patients' protected health information, were effective in April 2003, and the security standards, which protect electronic patient information, took effect in April 2005. Facilities were quick to meet the compliance deadlines; however, the privacy and security provisions still call for constant diligence.

Under the privacy rules, a health-care provider can use a patient's medical information for reasons related to his or her care, as well as for reimbursement and for healthcare operations of their business. The security standards are designed to ensure the availability, integrity and confidentiality of protected health information stored or transmitted electronically

through the use of administrative, physical and technical safeguards.

Technical safeguards, which HIPAA does not specify, might include installing up-to-date virus protection software, firewalls and encryption devices, in addition to using IDs, passwords, and/or other forms of identification to restrict computer access. Decidedly low-tech physical solutions include simple measures like installing a lock on the door of the room or closet where the office server and fax machine are located, and storing back-up tapes and files in a secure off-site location so data cannot be lost in the event of a theft or fire.

The security standards are not prescriptive, however, and specific strategies are not spelled out. So institutions need to conduct a risk analysis to see where security is lacking—and to craft policies and procedures that specify

how they will maintain HIPAA's requirements, Karen Stavenjord, associate director of federal affairs for the American Physical Therapy Association, said.

Stavenjord emphasized, too, that compliance with the privacy and security rules is not a one-shot deal. Employers need to provide staff training and compliance reviews on an ongoing basis. Healthcare providers who improperly use or disclose protected health information or have lax security measures could face civil sanctions. This could include substantial fines, as well as possible criminal charges and lawsuits for breach of privacy.

Protect yourself and your institution by making the most of the training you are offered and taking common-sense precautions to secure patients' protected health information.



www.apta.org
Address for Success

Click on **www.apta.org** today and let APTA help you:

- Ensure Quality Practice
 - Standards of Practice and the Criteria
 - Risk Management Resources
 - Guidelines for PT Documentation
- Occupational Health Guidelines
- Directory of State Practice Acts
- Standards of Practice and the Criteria
- Hooked on Evidence
- Code of Ethics

Click on **www.apta.org** and get the most from your membership!

APTA
American Physical Therapy Association
The Science of Healing. The Art of Caring.

Margaret Huck, PT, EDD • APTA Member Since 1976

Special thanks to The George Washington School of Medicine and Health Sciences Program in Physical Therapy for use of its facilities for this photoshoot.

- ▶ What are the risks of moving into management?
See page 3
- ▶ How can I meet the needs of geriatric patients—safely?
See page 4
- ▶ What do I need to know about HIPAA security regulations?
See page 7

ICN 501351

Service your account, day or night, with the VCSR!
Check it out at www.hpso.com

PRINTED ON RECYCLED PAPER

Q&As

Addressing your concerns about Professional Liability

Q. I'm interested in volunteering at events in my community. As a physical therapist, what are my liability risks? – M.N., Connecticut

A. That depends on the activities you perform. If you provide first aid during an athletic event, your risks are likely to be minimal. If you perform physical therapy activities at the event, however, your risks are higher. To reduce the likelihood that charges of negligence are successfully made against you, your actions must reflect the current standard of care for physical therapists, and you must adhere to the rules and regulations of your state Physical Therapy Practice Act. During emergency situations, though, you may be covered by your state's Good Samaritan laws, which generally provide immunity to healthcare providers who come to the aid of victims under exigent circumstances (situations on or off the job where there is no patient/therapist relationship).

Whatever volunteer work you perform, be sure to keep your individual insurance policy active. If

you are sued because of care you provided when volunteering, your employer's malpractice policy—which usually protects you only for acts or omissions that occur during the course of your employment—most likely will not cover you.

Q. I am a licensed physical therapist, but I'm also a self-employed certified personal trainer and do some personal training on the side. Can my policy cover me for both jobs? – B.Q., Washington

A. Yes. The policy available through HPSO can cover you as a licensed physical therapist and a certified personal trainer under one policy. If your policy does not now list you for both professions, you need to call HPSO at 1-800-982-9491 to change your status. Because rates for each profession are different, you'll need to pay the higher of the two to be covered for both professions. In this case, the higher rate is attached to the personal trainer policy.