

Healthcare Providers Service Organization Risk Advisor for Healthcare Business Owners

In this issue

Medical emergency	1
Disabled patients	2
Telephone advice	4

Are you prepared for an office medical emergency?

It's 10:30 a.m. and the office is filled with clients. Suddenly, Mr. Smith grabs his chest and falls to the floor. Would your staff know what to do?

Be prepared

Being prepared will ensure your staff can respond quickly in an emergency to save lives and avoid lawsuits. Preparedness involves creating detailed policies to follow in the case of an emergency. They should include how to activate the emergency management system and a chain of command that delineates who is in charge. Each person's responsibilities should be listed. For instance, a physical therapist might be responsible for documenting what happened in a medical emergency, while the office secretary could be assigned to retrieve the patient's files and meet emergency personnel at the door to avoid delays.

Another key preparedness step is periodic medical emergency drills (both announced and unannounced) to give staff opportunities to practice their skills and handle equipment. Remind them that proper documentation of the specifics of what occurred and the response taken is essential. Be sure entries are timed, dated, and signed.

Make sure you regularly review and refresh your facility's emergency policies. In staff meetings, review policies so that staff is up-to-date if an emergency occurs.

Skilled staff

You may want to require professional staff to be competent in cardiopulmonary resuscitation (CPR), automated external defibrillators (AEDs), and/or first aid. If your staff requires education, you'll need to pay for the

Tips for managing a medical emergency

The following tips can help your staff react appropriately to a medical emergency:

- **Stay calm.** Calmness is particularly important if the event occurs in front of other patients.
- **Call for help immediately.** Don't try to handle the situation alone. Call 911, or, if you are attending to the patient and someone else is with you, assign that person to call 911. Ask the person to tell you when the call has been placed. (In an emergency, someone may panic and forget to call.)
- **Follow established procedures.** For example, know how to assess the patient to see if CPR is needed. Try to anticipate what you will need next.
- **Document what occurs.** Documentation serves two purposes. First, it helps you keep track of what was done and when it was done. This information is key for first responders to have. Second, it protects you in case of litigation by showing your actions fell within standards of care.
- **Debrief.** When the crisis has passed, talk about what occurred. In these emotional situations, staff need to have time to share their thoughts and feelings. At another meeting, talk about what was done well and what areas could be improved upon.

Are you prepared? *continued*

original training as well as updates, such as retraining in CPR. All education should be documented in personnel records along with a copy of any certifications received. Include documentation that staff was trained on emergency policies. Document when training was completed.

Office emergency kit

Create at least one emergency kit—you may need more than one depending on the size of your office. The kit might include a first aid kit, exam gloves, documentation forms, stethoscope, oxygen tank, and red hazardous materials bags for potential infectious

materials such as blood-soaked dressings. Include masks for administering breaths during CPR. Be sure the masks have one-way valves to protect staff from transmission of infection.

Your office should have at least one AED. Create a policy for routine checks and maintenance of the AED, and document your efforts. Establish expectations for checking expiration dates on, and functioning of, supplies and emergency equipment.

Save a life

Emergencies are unpredictable. That's why it's vital to put plans in place and periodically review and update them as needed. You might just save the life of someone like Mr. Smith.

Meeting disabled patients' needs

Revised general nondiscrimination requirements related to the Americans with Disabilities Act (ADA) went into effect on March 15, 2011. How can you ensure you're in compliance?

An ADA refresher

The ADA enacted in 1990, gives civil rights protection to people with disabilities similar to those given to

people on the basis of race, color, sex, national origin, age, and religion. It's intended to guarantee equal opportunity for individuals with disabilities in areas such as public accommodations, which includes businesses that provide products or services to the public.

Making accommodations

Here are some tips for ensuring you're meeting ADA requirements.

- Have policies in place that address accommodation.
- Provide options for those with communication impairments.
- Be sure the physical environment is in line with ADA requirements.
- If you provide transportation, be sure vehicles are accessible, or be able to provide an alternative.
- Educate staff on ADA requirements.

To help small businesses comply with the ADA, the Internal Revenue Service offers limited tax credits and deductions. Consult a tax expert to see if you qualify.

Reasonable modifications

The ADA general nondiscrimination requirements include the need for policies that allow a business to make "reasonable modifications" to meet disabled people's needs. For instance, you may have a "no pet" policy, but it should exempt service animals.

The general nondiscrimination requirements also address communication—an essential component of providing effective patient services. Be able to provide patient education materials in large-print, Braille, or audio format for patients who are visually impaired. For those who are hearing impaired, staff might exchange notes to communicate simple information. However, in the case of a complex conversation, you may need to provide a sign language or oral interpreter. This person might be accessed through a remote video feed from another location. If you're not able to provide an interpreter, you must document that it's an "undue burden" and provide another option, if possible.

Come right in

The 2010 Standards for Accessible Design, which include building requirements, don't go into effect until March 15, 2012, but it's not too early to start planning, particularly if a renovated or new facility is in your future.

Accommodation begins by providing access to your facility. The 2010 Standards are similar to those from 1991, but are applied differently depending on whether you're altering an existing building, building a new facility, or removing architectural barriers. See the Standards, available online at www.ada.gov/2010ADASTandards_index.htm, for more details.

Accommodation typically includes ramps for wheelchairs and elevators for those who can't climb steps. Parking should include designated spaces for the disabled. Doors should be wide enough for a

wheelchair and restrooms, light switches, and drinking fountains should be accessible.

Check with your landlord on your responsibility to perform modifications. If offering accommodation is "structurally impractical," you may be exempt from some of these requirements. However, the ADA website clearly indicates this should be a rare circumstance.

If your place of business is in compliance with the 1991 Standards, you don't need to take any action related to the 2010 Standards. Of course, if you make alterations, the 2010 Standards apply.

Making a difference

More than 50 million Americans—18% of our population—have disabilities. By making a few modifications, you can ensure disabled people have access to the services they need.

Aesthetic Procedures coverage now available!

Announcing the all-new Cosmetic Procedure Endorsement offered through Nurses Service Organization (NSO) and Healthcare Providers Service Organization (HPSO)!

If your firm is performing non-surgical aesthetic procedures or if your firm is thinking about getting into this booming business in the near future, please call NSO/HPSO to add this newly created endorsement to your firm's current professional liability policy so you are covered for any non-surgical aesthetic procedures you or your employees are performing.

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Visit our website for a full list of procedures: www.hpso.com/business-owners/aesthetics-details.jsp.

Protect your firm against suits of medical malpractice for all of the procedures on this list by calling NSO/HPSO at 1.888.288.3534.

Do you need a Business Owners Policy?

Protecting your business is important. HPSO can help by providing you with information about BOP insurance. A Business Owners Policy (BOP)* is a package designed to protect your clinic, office or facility for property and liability claims. BOP provides coverage for claims ranging from fire, theft, business income protection from interruption of utility service and other perils to defense against costly bodily injury and property damage lawsuits to workers' compensation. Learn more by accessing <http://tinyurl.com/HPSOBOP>.

*At the present time, Staffing Firms and Home Health Care Services are not eligible for coverage through the BOP program.

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Caution: Telephone advice

As a healthcare business owner, you or your employees may give telephone advice in a variety of settings. Whether it is responding to clients calling about their medical treatment or making an appointment, you're in a position to provide valuable information. But in your eagerness to help clients, you and your employees must be careful not to expose your healthcare business to legal risks. Here are some tips to protect yourself while providing clients with quality information.

Consistency counts

Consistency helps ensure that questions are answered completely and effectively. Algorithms, protocols, and responses to frequently asked questions are useful tools that also reduce legal risk. Tools should be predicated on current standards and evidence, so be sure to review them on a regular basis

and update as needed. Anyone who will be responding to questions should receive special training in how to speak with clients over the phone.

If it isn't written...

In the hectic rush of the day, it's easy to neglect documenting telephone calls. Treat each patient or client-related telephone call the same way you would a face-to-face visit: Document the conversation, the advice given, and any follow-up instructions. Regular review of documentation will help maintain quality and identify areas of improvement.

Building relationships

Remember that giving advice over the phone establishes a relationship with your clients. Keep your telephone skills sharp so the relationship yields positive results.