

## Documentation is Your Best Defense

As a PT, you know you're responsible for assessing a patient at every visit. But did you know that if the patient's overall health condition or functional status has worsened, you must report it to the physician or healthcare provider in charge of the patient's medical treatment? Failure to do so leaves you open to possible legal action for professional negligence.

A recent report published by CNA, the underwriter of your policy through HPSO, found that of the 1,464 claims studied from 1993-2006, the most severe claims involved the PT's alleged failure to properly report a patient's condition.<sup>1</sup> It's not enough simply to make a phone call. You need to back it up with accurate, timely, and complete documentation.

### Creating the paper trail

When reporting a patient's clinical condition, document the observations that prompted you to contact the healthcare team member, such as skin color or pulse rate. Remember the basics of good documentation, such as not leaving blank spaces in the form.<sup>2</sup>

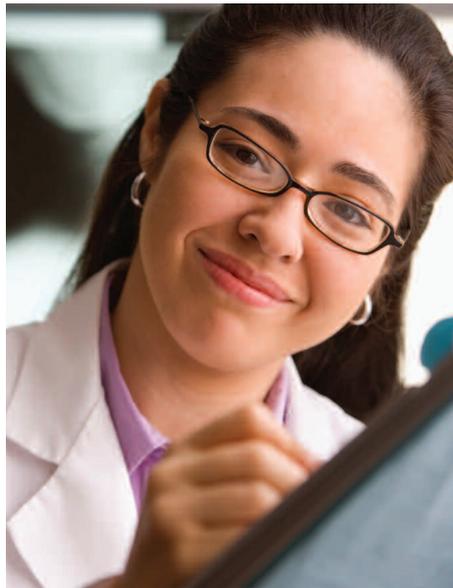
Use the patient's own words, in quotations, to describe the discomfort or further limited range of motion. Include when (date and time), how, and to whom (by name) you spoke with when giving this updated report. Document any return communication.

Here's a sample entry:

*2/12/08 2:45 p.m. Dr. Ronald Smith returned my 2:00 pm call. Ordered no further PT until he sees patient. Informed me he would see patient around 4:00 pm today. Verbally told Mary Green, RN, patient's primary nurse, of Dr. Smith's order. Patient also informed of physician's order. Patient stated "OK" and when asked if he was in any pain, said "No".  
James Jones, PT*

### Show persistence

If you can't reach the healthcare provider, leave a message, and call again if you don't receive a return call within one week. If you still don't receive a response, follow your employer's policy as to what to do next. This usually lists the next person to



contact, for example, the head of the physical therapy department or the administrator of a long-term care facility. If you're self-employed, try sharing your concerns with the physician with whom you work, if applicable. Remember to document all of your actions.

### Protect your patients and yourself

Making the right call at the right time to report a change in condition, and recording your actions, can help protect you from being named in a lawsuit. But, if you are sued, it establishes a foundation for your defense.

Even more importantly, your actions help the healthcare team make the right treat-

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### Follow the Guidelines

The American Physical Therapy Association (APTA) has developed documentation guidelines for PTs. Here is what the APTA says you should document at each visit.

- Patient self-report
- Specific interventions provided, including frequency, intensity, and duration
- Changes in the patient's impairment, functional limitation, and disability status as they relate to the plan of care
- Response to interventions, including adverse reactions
- Factors that affect the frequency or intensity of intervention and progression goals, including the patient's adherence to instructions
- Communication with providers, patient, family, and significant others
- Documentation of a plan for ongoing provision of services for the next visit(s), which is suggested to include, but should not be limited to, the interventions with objectives, progression parameters, and precautions

Source: <http://www.apta.org>. Accessed June 2, 2008.

ment decisions. That makes for better patient care—and better outcomes.

### REFERENCES

1. Physical Therapy Claims Study. Chicago, IL: CNA Health Pro; 23. 2006
2. American Physical Therapy Association. Guidelines: Physical Therapy Documentation Of Patient/Client Management. Available at [www.apta.org](http://www.apta.org). (Clinician Resources Link). Accessed April 23, 2008.

# Why Incident Reports Are Important

When is it important to file incident reports with HPSO? An incident report should be filed whenever an unexpected event occurs. Any time a patient or client makes a complaint, a medication error occurs, a device malfunctions, or anyone—patient, staff member, or visitor—is injured or involved in a situation with the potential for injury, an incident report should be filed, and right away.

You may be concerned about filing an incident report. But an incident report, in and of itself, will not necessarily have any negative impact on your policy. Remember, a claim could be filed against you years after an event, and you will be responsible for recreating the event for your attorney if a lawsuit is filed against you. You may not be able to rely on memory to recall facts pertinent to the incident, but you can refer back to the incident report for those details.

## How to report an incident

HPSO makes it easy and convenient to submit incident reports. You can call us at (800) 982-9491 to provide the information

over the phone, or use the on-line incident report available at [www.hpso.com/incident-report](http://www.hpso.com/incident-report). This report can be submitted electronically, or a printed copy can be faxed or mailed.

To complete an incident report, you'll need:

- Your policy number
- Your telephone number and best time you can be reached
- An address where you can receive mail
- The date of the incident
- A brief description of the facts of the incident (if available)
- The injured party's name (if available).

Remember to also complete an incident report at your facility, following policies and procedures, and file it with your risk manager. Don't make reference to it or put it in the patient's medical record. This could allow a potential plaintiff's attorney to obtain the report.

For more information about incident reporting, visit the FAQs in the Customer Service section of the HPSO Web site at [www.hpso.com/faqclaims](http://www.hpso.com/faqclaims).

# Speak up to avoid liability risks

Many lawsuits brought against healthcare organizations and providers have their roots in poor communication. And, if you witness inappropriate care and fail to speak up, you, too, could be held liable.

## Address the right problem

Before taking action, think carefully about the problem you witnessed, the action or lack of action by your co-worker, and what behavior or solution should have occurred. Let the person who committed the inappropriate care know exactly what was expected and what was observed. Then end with a question that invites the other person to respond ("What happened?").

People can become defensive when confronted, so make sure you create an environment of safety. Do this by sharing your good intentions and seeking common ground. Let the person know why you're bringing the



problem up and that you want to be a part of the solution.

Learning to speak up and confront problems effectively takes time, but the good news is that it can be learned. While some people may be naturally competent at confronting problems, the rest of us can become proficient at the skills to do so.

## REFERENCE

1. Patterson K, Grenny J, McMillan R, Switzler A. *Crucial Confrontations: Tools for Resolving Broken Promises, Violated Expectations, and Bad Behavior*. New York, NY: McGraw-Hill; 2005.

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# Guard Against Lifting Injuries

Moving patients is a routine part of your job as a PT, making lifting injuries a serious occupational hazard. Whether you're in a management or staff role, you're responsible for keeping patients safe. Putting specific patient handling policies in place (and following those policies) could help you achieve your safety goals as well as protect yourself from a liability claim should a patient injury occur.

## Pitching the case for safety

If you're a manager, you may be facing resistance to implementing safe patient handling policies in your organization. After all, there's a significant initial cost to implementing these policies, mainly from developing the infrastructure and purchasing equipment such as patient hoists. But, the potential benefits far outweigh the initial cost.

According to numerous studies, manual handling incidents and employee lost work-days decrease after safe patient handling policies are implemented. These policies

also improve staff morale, yield cost savings for healthcare facilities, and most importantly, provide better care and a safer environment for patients.

Indirect cost savings include fewer injured employees, fewer employees on restricted work duties, less time and resources spent to investigate injury incidents, and reduced liability costs from patient injuries.

## The follow through

Lifting policies can't be effective if they aren't implemented. If you're involved in direct patient care, take the time to assess patients before lifting them and use assistive devices when needed. An excellent resource is the Patient Care Ergonomics Resource Guide: Safe Patient Handling and Movement, VA Hospital, Tampa, Fla., and Department of Defense, 2001. Revised August 31, 2005. You can download a copy for free at <http://www.visn8.med.va.gov/patientsafetycenter/resguide/ErgoGuidePtOne.pdf>.

The guide has an entire chapter on patient

assessment and care planning, and outlines specific criteria and processes. The chapter includes several algorithms that step you through the decision on how to best transfer a patient.

Above all, don't say, "I'm too busy" to lift safely. Taking careful time upfront helps avoid loss of time from injury to you or your patient, or from appearances in court to defend yourself against a lawsuit.

## MOVING?

Have you changed your e-mail address? Have you moved or are you planning to move? Report your new e-mail address or change of mailing address by e-mailing us at [service@hpso.com](mailto:service@hpso.com), writing to us at HPSO Risk Advisor, 159 E. County Line Road, Hatboro, PA 19040-1218, or calling HPSO at 800-982-9491. You can also change your address online via the Virtual Customer Service Representative (VCSR) by logging on [www.hpso.com](http://www.hpso.com) and clicking the My Account button.

# How to Overcome EHR Concerns

Implementing an electronic health record (EHR) system is a time-consuming process which impacts clinical workflow and carries a huge learning curve. However, when PTs participate in building the EHR and commit to using it, these systems can improve efficiency, communication, and accuracy and make it easier to incorporate evidence into practice. Despite these benefits, however, PTs often have their doubts about EHR implementation.

## How much time?

It takes time to build the EHR and to train clinicians on its use. But this time commitment is extremely important if you want the EHR to meet your needs. "Successful EHR implementations in PT practice have attributed their success to including end-users, especially clinicians, in the entire development and implementation process," said

Daniel J. Vreeman, PT, DPT, MSc, research scientist at the Regenstrief Institute, Inc, home of one of the world's largest and oldest EHR systems.

## Enough flexibility?

PTs often use narrative in documentation, so how can a standardized system reflect the individuality of patients and their treatments? Again, investing the time in building and/or customizing the EHR will ensure the system will meet PTs' needs despite standardized data collection. "When the clinical team feels the content reflects their needs, they will be more apt to buy in," noted Barbara K. Smith, MPT, MHS, a research assistant at the University of Florida who helped implement an EHR system at a community hospital.



## Impact on patient care?

PTs may worry that focusing on the electronic system will impact their interaction with patients, but adequate training and incorporation of workflow considerations into the system can overcome these concerns. Smith found at her community hospital

that after clinicians became comfortable with the system, documentation time decreased.

In fact, EHRs can help improve patient care by putting clinical evidence at PTs' fingertips and making outcomes tracking easy. An added benefit is that the documentation EHRs foster can lay a foundation for your defense against a liability claim.

## REFERENCES

Vreeman, DJ, et al. Evidence for electronic health record systems in physical therapy. *Phys Ther.* 2006;86(3):434-449.

### HPSO Helps the Environment

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## LESSONS FROM COURT

### Knee replacement fracture during home exercise

In her home, a woman in her 50s performed a balance exercise that a PT had taught her to strengthen her knee after knee replacement surgery. During the exercise, the prosthesis ruptured and penetrated the skin. The components were repaired, and the woman was hospitalized for 10 days. The plaintiff claimed she lost range of motion in the knee and suffered serious emotional distress. The plaintiff alleged she was not told the exercise had to be supervised and wasn't to be performed at home. She also claimed the exercise was contraindicated due to her knee weakness and a past ankle surgery. The defendant argued that the exercise was appropriate, the woman was performing the exercise properly in the clinical setting, and the woman's injury could have occurred for multiple reasons. A verdict for the defense was returned.

Staff. (2008). *Medical Malpractice Verdicts, Settlements & Experts*, 24(1), 41.

#### Advice from the expert:

*Liability for the PT depends on two factors: (1) whether the exercise was in fact the cause of the ruptured prosthesis, and if it was, (2) whether the exercise was appropriate, in other words, would other PTs in a similar situation prescribe the same exercise for the rehabilitation of this type of total knee replacement. Documentation of the exercise that was taught with its specific exercise prescription (mode, frequency, duration, and intensity), as well as what precautions to take, if any, would support the defense. Additional types of documentation that would support the defense include documenting the patient's compliance with performing the exercise, the patient's safety with performing the exercise and that there were no complications during the performance of the exercise. Additionally, documentation*

*that the physician (surgeon) agreed with this particular exercise or that it was part of the surgeon's rehabilitation protocol would also enhance the defense.*

Sheila K. Nicholson, Esq., MBA, MA, PT; Quintairo, Prieto, Wood & Boyer, P.A.; Tampa, Florida.

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