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:

- TELEPSYCHIATRY RESOURCES
- CROSSING THERAPUETIC BOUNDARIES
- VACATION ADVICE
- PATIENT SAFETY TIPS

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.

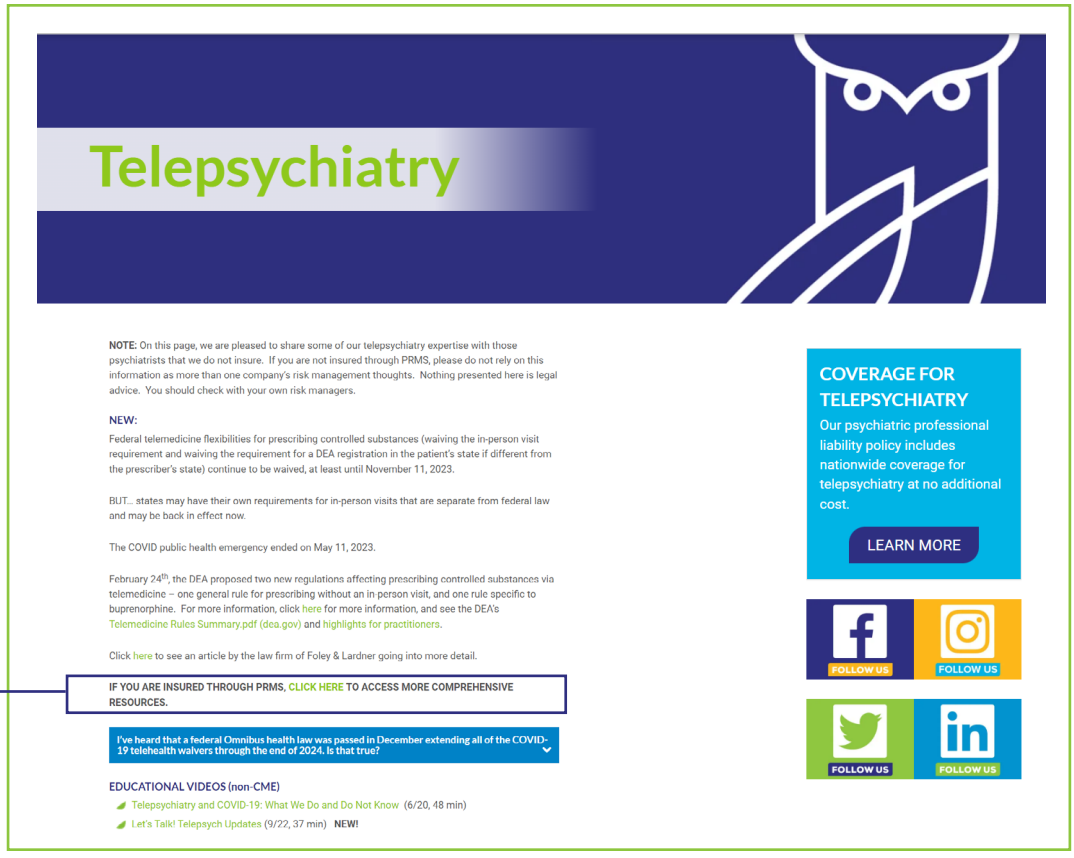
COMPLIMENTARY!

TELEPSYCHIATRY RESOURCES

PRMS® is pleased to share our telepsychiatry expertise with the greater mental healthcare community. Visit **PRMS.com/Telepsych** to access complimentary risk management resources, including:

- Educational content, including our new “Let’s Talk! Telepsych Updates” video
- COVID-related state licensure waivers
- Telepsychiatry Checklist
- And more!

PRMS clients: use this link to log in to My Program for additional resources



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ARE YOU CROSSING THERAPEUTIC BOUNDARIES?
12 DANGEROUS SIGNALS

1. You are spending a disproportionate amount of time with one patient.
2. You are with the patient when you are “off duty” (such as during your mealtime, after you’ve clocked out, or on the weekend when you are not working.
3. Your patient stays up to see you when you are on the night shift; he or she dresses in a particular fashion prior to seeing you.
4. You believe that you are the only one who understands the patient; other staff are critical of the patient; other staff are jealous of your relationship with the patient.
5. You tend to keep secrets with the patient; certain information is not charted or reported.
6. You tend to report and communicate only the negative or only the positive aspects of the patient’s behavior.
7. You are guarded and defensive when someone questions your interaction or relationship with the patients.
8. Your patient talks freely and spontaneously with you, especially in light, superficial conversation, and perhaps even with sexual overtones, but remains silent and defensive with or avoids other staff.
9. Your style of dressing for work has changed since you started woking wih this patient.
10. You receive gifts, cards, letter, and/or personal phone calls from the patient.
11. You view the patient as “your” patient in a possessive way.
12. You tend to not accept the fact that the patient is a patent.

PRACTICAL POINTERS WHILE ON VACATION OR AWAY FROM YOUR PRACTICE

It's summer, 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 the 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 convered 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.

PATIENT SAFETY TIPS

Many hear the term “patient safety” and think of initiatives by large health care systems that can prevent harm caused to patients by medical error. But in fact, patient safety is the responsibility of all healthcare providers at all levels of care. In recognition of Patient Safety Week, PRMS has compiled a list tips to help you consider the greatest sources of harm to your psychiatric patients, which will not only lower risk of harm to your patients, but also help to protect you from liability exposure – definitely a win-win for all!

Medication Safety

Do consider checking your state’s Prescription Drug Monitoring Program (PDMP) before prescribing controlled substances, even if not legally required to. Checking the PDMP database can greatly enhance patients’ safety.

Do not automatically renew prescriptions of prior treaters without your own thorough evaluation of your patient. Obtain your own informed consent prior to prescribing.

Do be explicit with instructions about dietary and/or activity restrictions such as driving.

Do warn patients about the signs and symptoms of medication reactions (such as developing a rash) and what to do if reactions occur.

Do set up a monitoring system to track patient’s use of medications to include such elements as:

- List of medications that routinely require blood levels monitored, a schedule for frequency of testing, list of testing to be done.
- List of medications and patient conditions that require baseline and ongoing laboratory tests.
- Procedure for the timely review and response to results of lab testing.
- Documentation of instructions to patients to obtain lab testing and documentation that testing was done. If patients refuse or are unable to obtain lab testing, documentation of response and plan to manage this situation.
- Information and instructions to patients (and families when appropriate) about why monitoring is needed.
- Periodic review, and documentation, of the efficacy of medications and adjustments made as a result of information obtained (change in dosage, change in route, change in time of administration of medication, etc.).
- Side-effects and adjustments made as a result of information obtained and documentation of same.

Patients at Risk for Suicide

Do specifically explore suicidal potential in examinations at the outset of treatment and at other points of decision during treatment. When treating patients with suicidal behavior, ensure that an adequate risk assessment is done - and documented. Consider utilizing a tool to ensure that nothing is missed and consistent evaluation over time. One such tool is the SAFE-T Protocol.

Do ensure that you have your patient's current contact information, including telephone number and address.

Do insist on having an emergency contact for each patient.

Do not ignore offers of information from family members or close friends that might be relevant to a patient's safety. It is not a HIPAA violation to listen.

Do address the need for a safe environment for patients with suicidal behaviors. The accessibility of firearms or other weapons should be assessed and an appropriate plan for safety should be instituted, including getting information from and instructing family/significant others about this issue.

Do not rely solely on "no-harm" contracts as a guarantee of patient safety. These "contracts" have no legal force and cannot take the place of an adequate suicide risk assessment. It may be appropriate for a "no-harm" contract to be one part of a comprehensive treatment plan but it is the clinician's responsibility to evaluate the patient's overall suicide risk and ability to participate in the overall treatment plan.

Do consider alerting family members to the risk of outpatient suicide even without patient consent when:

- the risk is significant,
- the family members do not seem to be aware of the risk, AND
- the family might contribute to the patient's safety.

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