Objectives

• Recognize common documentation issues and opportunities to improve
• Recognize common medication and prescription issues and opportunities to improve
• Understand Tennessee laws related to prescribing which pertain to the non-physician
Why Discuss Documentation

“Medical record documentation posed the most frequent patient safety/risk management issue.”

2nd – lab test/referrals, scheduling and follow-up

Documentation – Common Issues

- After-hours calls
- EHRs
- Unsolicited test results
- Patient non-compliance
- Informed consent
- Abbreviations
After-Hours Calls

- At time of call
- Patient name
- Person calling
- Date
- Time
- Complaint
- Advice, prescription, referral
- Add to medical record
EHR Challenges

- Templates
- Cloned notes
- Over documentation
- Contradictions
Challenges of Utilizing Electronic Medical Records

Michael Geracioti, Esq.
Levine, Orr and Geracioti
EHR Solutions

- Verify identities
- One chart at a time
- Focus on design
- Train staff
- Monitor tasks
- Read what you wrote
- Chart audits
Final Thoughts from the Defense Attorney

Michael Geracioti, Esq.
Levine, Orr and Geracioti
Unsolicited Test Results

- Patient
  - Same as if ordered

- Non-patient
  - Contact source
    - Rule out errors
  - Accept the patient
    - Contact to schedule
  - Not accept the patient
    - Notify source, phone and writing
Patient Non-Compliance Challenges

- Missed appointments
- Missed referrals
- Incomplete forms
- Health literacy
Patient Non-Compliance Solutions

- Tracking
- Document recommendations
- Document follow-up efforts
- Combat health literacy
  - Teach back method
  - Alternative teaching resources
  - Plain language
  - Written materials, elementary level
  - Visit summary
How much is enough?

- Patient follow-up
  - Two documented calls
  - One letter
- Correspondence
  - Regular vs. return receipt
Informed Consent

- Benefits
- Risks
- Alternatives
- Consequences
- Layman’s terms
- Informed refusal
Can You Hear Me Now?
Correcting Documentation

- Cross it out
- Note the late entry
- Include date and signature
- Purpose of entry
- Retain original electronic entries
Documentation Do’s

- Update problem, medication lists
- Document consistently, same location
- Structure EHR prompts
- Write it out
- Use the patient’s own words
Documentation Don’ts

• Erase or destroy entries
• Copy and paste
• Use unapproved abbreviations
• Use sticky notes
Why Discuss Medication and Prescription Safety

• Patient errors – 3rd leading cause\(^1\)
• Tennessee prescription drug usage\(^2\)
  – 2nd highest opioid rate per capita
  – Unintentional overdose deaths grew 250% from 2001-2011
• Government oversight

Medication and Prescription Safety

- Wrong drug, dose, frequency
- High risk
- Allergies, contraindications
- Management, documentation
- Sound-alikes, auto population, data entry
- Refills
- Samples
- Tennessee Prescription Safety Act
Refills

• Refill vs. renewal
• Renewal guidelines
  – Delegate to prescriber
  – Check for refills at visit
  – Direct to pharmacy
  – Designate employee
  – Policy – info to gather
  – Same day sign off
Samples

- Locked
- Temperature controlled
- Expired medications
- Inventory log
- Dispensing
- Employees
- Document
Tennessee Prescription Safety Act

- Controlled Substance Monitoring Database (CSMD)
- Requires prescribers to register
- Doctor shopping
- Pain Management Clinics
- Health practitioner extender
Controlled Substance Monitoring Database

• Recommended
  – Schedule II-V

• Required
  – Opioid or benzodiazepine
  – Treatment longer than seven days
  – Annually if continued

• Professional responsibility
  – Suspicion of doctor shopping, diversion or misuse
CSMD Exceptions

- Seven day supply, no refill
- Hospice patient
- Non-refillable, surgical procedure, licensed facility
- Inpatient or residential treatment – hospital or nursing home
Doctor Shopping

• Violation to knowingly or intentionally deceive or fail to disclose
  – Same controlled substance
  – Previous 30 days
  – TennCare T.C.A. 71-5-2601(a)(1)(A)(iii)
  – Non-TennCare T.C.A. 53-11-402(a)(6)

• Actual knowledge
  – Knowingly, willfully and with intent

• Five days to report

• Post notice
Health Practitioner Extender

- Any licensed or registered healthcare professional
- Two unlicensed staff members
- Agents of prescriber
- CSMD login
- Current or prospective patients
- Is or considering prescribing
Other Considerations

- Tennessee Clinical Practice Guidelines
- CSMD Alerts – Clinical Notifications, Morphine Milligram Equivalents (MEDD)
- Urine drug screens
  - Considered
  - Guideline recommendations
    - 1-2 per year, low risk
    - 3-4 per year, moderate risk
    - 4-5 per year, high risk, over 120 MEDD
  - Medical necessity, billing
Private Investigator - Bad
Private Investigator - Good
Penalties

• CME/CE
  – 2 prescribing specific, 07.01.14
  – Civil penalty, $100/hour
  – Additional hours, 10/1

• Failure to comply
  – Disciplinary action and penalties

• Unauthorized CSMD Access
  – Class A Misdemeanor
Medication and Prescription Do’s

- Confirm orders
- Validate medications to patient
- Educate patients
- Current medication profile
- Notate CSMD review
- Revoke CSMD access, former employees
Medication and Prescription Don’ts

• Ignore EHR alerts
• Use unapproved abbreviations
• Dispense samples without documentation
• Draw injections in advance
• File or scan CSMD reports
• Share passwords
• “Investigate” inappropriately
• Choose “extender only”
Questions

Stephen Dickens, JD, FACMPE
Risk Management Specialist
steved@svmic.com
800.342.2239