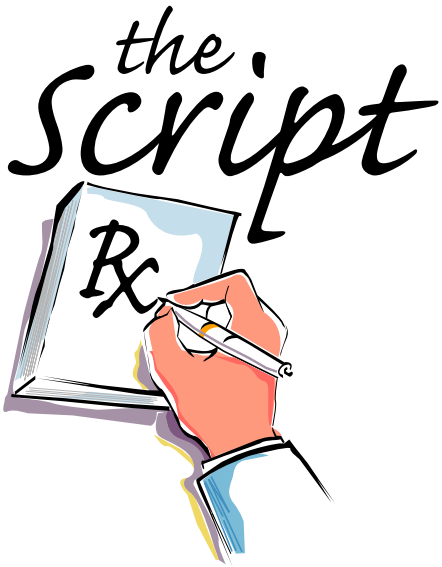


ISSUE NO. 02 January 2007

Star Medical Professional Liability

Risk Management Newsletter

PLEASE READ AS DIRECTED

Thought of the Day:

"Lawsuits often start from varied emotions, not the greed emotion" Quoted from Stephen Frew, J.D.

Something has caused them to become angry, sad, hurt, etc., what can you do when you see these various emotions surfacing?

Spread the word, not the infection!

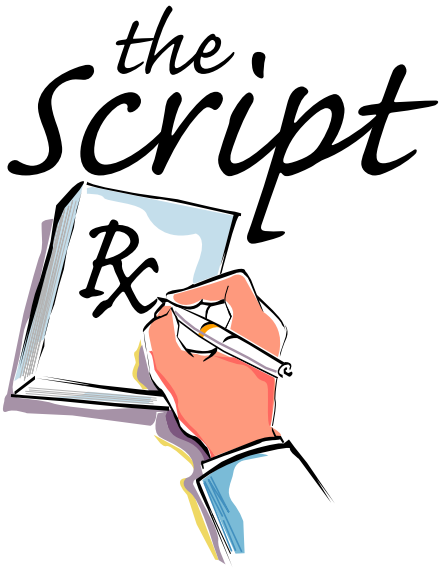
Many of us have just returned from spending time with family and friends over the holidays, sitting and entertaining in very close and varied locations. As we return to our routines and begin to hear the sounds of the winter, with sneezing and coughing, we must begin to monitor our offices as the flu season now kicks into high gear. Take the time to look within the 4 walls of your organization to evaluate "how clean is your work area"? If you were to randomly ask your patients about the cleanliness of your office, what would they say? We want to give the impression that we are dedicated to lessening the spread of germs. Risk management relates to how well we take a proactive approach in lessening potential problems. Our risk assessment must include the monitoring of the spread of infection in our clinical arenas.

As practitioners encourage vaccines and flu shots in a proactive approach for dealing with germs. CDC guidelines mandate hand washing, yet the statistics continue to show a high occurrence of community and hospital acquired infections. The transparency of those statistics is becoming part of the norm for the patients to review. Patients can make decisions on where to have services performed based on infection rates posted for their review. I once overhead a conversation in the market with two people talking about a certain physician practice, they liked the practitioner, yet they felt that the office was dirty. Yikes, I thought to myself. I wanted to run right to the phone to help this practice out. Good practitioners yet a dirty office in appearance for the patients. What to do!

Spread the word:

Monitor the staff – Do they wash their hands appropriately?
Gloves – Are they being worn for tasks appropriate for protection?
Quality of environment – Are waste receptacles covered, is cleaning done in a consistent manner, are cleaning fluids all marked along with policies to support practice?
Detection – Assessment for potential problem situations with patients, failure to diagnosis/recognize is a problem for the spread of germs
Quality monitoring – How do you know policy is being followed?
Education – Is it available for both employees, patients and their families?

The patients are watching you; they have read the statistics about community and hospital spread infections. While waiting in your offices they can see that others are visibly sick. Take the time to educate and lessen the spread of infection. As we look at the statistics related to Methicillin-Resistant Staphylococcus aureus (MRSA), the numbers are escalating everyday. Do you know what to look



ISSUE NO. 02 January 2007

Star Medical Professional Liability
Risk Management Newsletter

for in potential patients being seen in your practice? Staph-aureus is found on the skin of nearly 20% of the healthy population, yet it can change into MRSA and that is where the problem begins.

MRSA can be seen in a number of forms:

- cellulitis
- impetigo
- folliculitis
- furunculosis
- abscess
- infected laceration
- misdiagnosed "spider bites"

Take time to share the guidelines for hand hygiene put out by the Center for Disease Control (www.cdc.gov). Include in your physician systems, a section on the assessment form to skin conditions to help diagnosis potential MRSA infections.

As we continue to see our patients in our busy day to day routine, find the time to assess your infection control policies. Look to incorporate walk around evaluations and educate members of the health care team. As with any patient dissatisfaction issue, the root cause of many problems is often easy to fix: hand washing is an easy task that can bring about positive outcomes. Patients want/need to feel safe while in your care. Take the time to start change that encouraging meticulous hand washing. Change those infection rate statistics and create an environment ripe for healing and protecting others.

Our Risk Management systems will be benefited if we practiced in a:

- proactive manner
- systematic manner – review of potential problem spots, think about assigning walk around evaluations for potential problem areas
- methodical manner – collect data and allow for review and change
- review our connectivity to our intervention and policies – does what we do make a difference
- educate those in the community: schools, workplaces, travel occurrences, varied sports related outbreaks and health care settings

As 2007 begins, we have reminders from 2006 with a continuing of MRSA infections, the outbreaks of norovirus on the cruise ships, the problems associated with Taco Bell and the spinach scare. Education is at the core of how we can improve outcomes. You, as health care providers, are excellent resources for sharing information. Take a forward step and allow for change to occur in your own work environment. Clean work environments are something to talk about!

Michigan House Bill No. 4504 – will require hospitals to report their numbers of hospital acquired infections and allocated to each department. The transparency of our outcomes is out there for the patients review.

AUTHOR: Lee Elston, BSN, MHL