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Advisory No. 13

Patient safety in a medical office practice

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Physicians and their staff can be held liable for failing to exercise ordinary or reasonable care to prevent personal injuries to patients and those who accompany them to the office. The law defines ordinary or reasonable care as “care which persons of ordinary prudence would use in order to avoid injury to themselves or others.” Remember that the first principle of medicine is to “do no harm.”

Create a safety plan

Take pro-active control of patient safety in your office practice:

_ Establish your staff as a safety team. Maximize teamwork by encouraging employees to work cooperatively and to communicate with one another effectively about patient safety. Regular staff meetings can facilitate communication. Remind the staff that the chain of patient safety is as strong as its weakest link.

_ Create a plan for patient safety. Discuss known risks and determine what is expected of each individual to prevent, minimize or handle these known risks. Encourage all staff to watch for situations that might expose patients to injury. Use those observations as opportunities to modify or expand the safety plan.

_ Ensure that everyone on the staff is an expert at establishing and maintaining patient safety within the scope of his or her duties. Provide information and training to prepare them for the job and to increase their competence and confidence about patient safety.

_ Teach the staff how to implement the plan by prioritizing actions and thinking about the consequences of each action.

_ Have staff demonstrate their knowledge of the patient safety plan.

_ Educate the staff about the internal and external resources available to them in as they prepare a patient safety plan. (e.g., MIEC’s Loss Prevention Department, local hospital risk manager, local fire department, etc.)

_ Periodically review the safety plan and re-prioritize goals and re-educate staff, if necessary, to ensure that all are working towards the same goals.

Begin with the basics

Consider the following steps as part of your safety plan to help prevent personal injuries in your office or clinic:

_ Identify patients who are “higher risk” for injury, such as children, the frail elderly, or the physically challenged. Assist these patients into treatment areas and help them get on and off exam tables.

_ Avoid leaving patients alone in exam rooms on treatment tables for long periods of time, especially “higher risk” patients. Provide patients left on exam tables with a chaperone, a means to call for assistance, or safe, sturdy supports for their use in the event they wish to get off the exam table.

_ Do not permit patients to sit on chairs or stools with wheels. Provide a sturdy four-legged chair for patient use in all treatment areas.

_ Periodically check office and exam rooms, furniture in all patient use areas, and equipment or devices patients may use for safety hazards or structural defects. Consider each area of patient use and care, and ask “What could be a hazard?” and correct those potential problem areas.

_ Don’t allow children to be left alone in the reception area and avoid leaving children alone in treatment areas. They may injure themselves by handling syringes, toxic substances, chemicals, discarded sharps or contaminated disposables. Pass responsibility to the adult with a child to watch the child and prevent the child from touching potentially harmful instruments or substances. Signage may indicate, “We welcome children in this office and we appreciate your close attention to their care and safety while they are here.”

_ Never leave prescription forms in treatment areas or on counters in patient access areas. Stolen blank prescription forms used to obtain drugs illegally can create a liability for the physician if the person consuming the drugs is injured or injures someone else. Some physicians have had to make time-consuming court appearances in cases involving the theft of their blank prescription pads.

_ Do not leave hazardous chemicals, specimen slides, unsecured sharps, syringes and other medical instruments on counter tops in treatment areas. If

this is unavoidable, warn patients not to touch.

_ Store medications, including medication samples, safely out of the reach of patients. Consider locking medication storage units to ensure patients do not have access to supplies. Monitor the expiration dates of medications and safely discard those which have expired; do not dispose of medications with regular office trash.

_ Do not leave machinery and equipment in the walkways of treatment areas. When not in use, equipment should be safely stored well out of walkways.

_ Check the flooring, carpets, linoleum, entryways, and thresholds to be sure that there are no defects or hazards. Provide doormats on wet weather days to ensure that patients have secure footing when entering the practice. You may wish to post signs to caution patients of slippery floors or steps.

_ Develop a natural disaster plan for earthquakes, hurricanes, fires and/or other types of catastrophes that might occur. All staff should be familiar with the plan, and know the nearest escape route from the building; these escape routes should remain clear at all times. Rehearse how to evacuate patients calmly and quickly in case of an emergency in your building.

_ Each member of the staff should know the location of fire extinguishers and how to use them. Fire extinguishers should be regularly monitored to avoid surpassing their expiration dates.

_ Know and implement all Occupational Safety and Health Administration (OSHA) guidelines applicable to your practice.

Get advice from MIEC

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