OUS NEWS
Ohio Urological Society

President's Message

2013 Fall News
October, 2013

James F. Donovan, Jr., MD

I would like to congratulate Dr. Timothy Schuster, past president, and Dr. Bodo Knudsen, secretary and president-elect, for their efforts which made this year's annual OUS conference a success. This meeting returned to the Kalahari Resort in Sandusky, Ohio, providing a family destination and casual venue. Featured speakers included several of our Ohio Urological Society members presenting controversial clinical scenarios to panel members who provided animated point and counter point positions. In addition, Dr. Brian Eisner from Massachusetts General Hospital discussed radiation safety and Dr. John Wei presented evolving trends in the management of BPH/LUTS.

Dr. Manoj Monga, treasurer, has examined our society finances and, with the help of Pam Murphy, our liaison with WJ Weiser and Associates, and OUS board members including Drs. Knudsen, Riemenschneider and Schuster have realigned investments to provide greater security of society finances going forward. In addition, we have proposed that the OUS spring meeting be held in Columbus every other year and alternate years in Cincinnati and Cleveland.

We are currently in the process of planning the 2014 Ohio Urological Society meeting that will be held in Cincinnati. We are looking forward to welcoming you to the warm climate of southern Ohio on the banks of the Ohio River. As always, we appreciate suggestions for topics that interest you, and we would welcome input for future meeting topics. ▼

James F. Donovan, Jr., MD
University of Cincinnati College of Medicine
2013 – 2014 President, Ohio Urological Society

In This Issue

Secretary's Report

Edward E. Cherullo, MD

Congratulations to the organizers of the 2013 Ohio Urologic Society annual spring meeting for producing another outstanding event. The meeting was held this year at Ohio's Kalahari Resort & Conference Center in Sandusky, Ohio. As in past years, resident research was an important component to the meeting. Different this year was the display of the resident research through via poster with three outstanding projects having been selected for podium presentations.

The curriculum this year centered on Stones and Benign & Malignant Prostate Disease. The program included an expert lecture followed by case presentations from leaders in the field illustrating important and timely elements related to these disease processes. Speakers were from all areas of the state and both academic and private practice groups were represented.

Dr. Brian Eisner, from Massachusetts General Hospital, gave an outstanding lecture on radiation exposure during the diagnosis of renal and ureteral calculi and ways to reduce that exposure in the future with technology already available. This was followed by case presentations by Dr. James Donovan (University of Cincinnati) on obesity and stone disease, Dr. Manoj Monga (Cleveland Clinic) on stone disease in pregnancy, Dr. Brian Eisner on uric acid calculi and Dr. Bodo Knudsen (Ohio State University) on the management of stones in patients with complex anatomy.

Dr. Eric Klein, from the Cleveland Clinic, gave an outstanding overview of the PSA screening controversy and the new genomic and proteomic tools being developed to apply screening to appropriate patient populations with greater sensitivity and specificity. This outstanding presentation on the present and future of PSA screening for prostate cancer was followed by case presentations on treatment of localized prostate cancer by Dr. Ronney Abaza (Ohio State), the management of PSA recurrence by Dr. Robert Bahnson (Ohio State), the management of metastatic prostate cancer by Dr. Timothy Schuster (ProMedica Physicians Group) and the management of high risk prostate cancer by Dr. Eric Klein.

A lecture by Dr. John Wei (University of Michigan) on the evolving management options for benign prostatic enlargement and lower urinary tract symptoms began the third educational session. Case presentations and discussions were then given on BPH, elevated PSA and associated bladder calculi by Dr. Mark Stovsky (Cleveland Clinic), the management of BPH in patients with neurologic disease by Dr. Gregory Lowe (Ohio State), post-TUR incontinence by Dr. Carson Wong (Southwest Urology Group) and the surgical management of the very large prostate by Dr. John Wei.

Efforts were specifically made for the 2013 meeting to present relevant educational materials and include all representatives of the OUS' membership both academic and private. While planning for the 2014 meeting is underway, please don't hesitate to contact me with any ideas, topics or new formats you would like to see included. I can be reached directly at Edward.Cherullo@UHHospitals.org. ▼

Edward E. Cherullo, MD
2013 – 2014 Secretary, Ohio Urological Society

Treasurer's Report

Manoj Monga, MD

Treasurer, Dr. Monga reports on recent OUS funds:

The OUS fund balance as of December 31, 2012, totals $305,533 (compared to $284,986 in December, 2011) reflecting an operating surplus of ($17,548). Cash in checking is $40,175 and in Chase bank money account, $58,124. Investment holdings in UBS account is $203,544.

Revenue as of December 31, 2012, totaled $114,714 (compared to $78,739 in 2011) of which $23,400 was attributed to annual dues income, $82,500 to meeting income and $8,769 from interest and dividend income.

Discussions will be held with UBS for redistribution of our portfolio. The board of directors has proposed a new membership category for allied medical professionals (nurse practitioners, physicians' assistants, nurses, surgical techs, medical assistants). Please encourage your colleagues to join! We will be tailoring special sessions towards their educational needs at the annual meeting.

We are motivated to increase membership for the sake of the society in terms of representing the urologists of Ohio as well as attracting support of industry to sustain our educational and healthcare policy missions. ▼

Manoj Monga, MD
2013 – 2014 Treasurer, Ohio Urological Society

OSMA Delegate's Report

Mark Memo, DO

The Ohio State Medical Association meeting took place in Columbus this year, April 5 – 7. There were 45 resolutions presented to 118 of the 121 members in attendance. There were no specific resolutions for urology. The resolutions ranged from improving medical education quality to patient care, a list can be found on their web site; www.osma.org.

Carl Siro, MD, AMA trustee and OSMA member, gave a report to the assembly. He focused on the 130,000 physician shortage facing the country by the year 2025. He also touched on an emerging trend of unmatched medical student. In 2013, 1100 US medical students did not match. This number is up from 300 in 2012. These spots are being filled primarily by foreign medical grades and osteopathic students. The osteopathic student being produced has tripled in the last 10 years. Currently, there are 25,000 residency positions in the country and 99.4% of these positions are filled. The AMA is trying to address the needs of the country by focusing on post medical training and the country's future needs. This trend and the potential physician shortage are putting the focus on physician extenders. There is concern by the AMA to ensure the physician extenders are adequately supervised.

Other issues discussed by Dr. Siro were the reform of the SGR. Ohio is represented on the exploratory board to solve the SGR problem. He did discuss the AMA endorsement of the ACA. The AMA was trying for 10 years to get many of the proposals put forth by the ACA. They were able to get 6 of 10 core values addressed leading to the endorsement. Tort reform was not one of them. They do realize waning support by the medical community and are trying to address these issues as they present.

Lastly, our organization's sub-committee with the OSMA lobbyist Jeff Kasler continues to have monthly conference calls. Initially, this was with Jeff Smith. Jeff Smith left this position in 2012 for a new position in the OSMA. His new position is similar, but to work with hospital employed physicians. Currently, in the state of Ohio, 50% of physicians are now hospital employed. This number is growing 5% annually. Our greatest accomplishment to date is the PSA resolution, SCR 10, to be re-introduced this year by Senator David Burke (R - Marysville). We should be hearing more about this by the end of this month. ▼

Hope all remains well in your practices.

Mark Memo, DO
2013 – 2014 OSMA Delegate, Ohio Urological Society

Report of the Health Policy and Medicare Liaison Committees

Herbert W. Riemenschneider, MD

At the 2012 annual board meeting of the OUS, under the domain of Health Policy, **The State Government Affairs Monitoring Committee was created**. The committee utilizes access to legislative, regulatory activity and to legislators and administrators of regulatory agencies through the Ohio State Medical Association Lobbyists format.

Our current committee membership is: James F. Donovan, Jr., MD, Mark Memo, DO, Edward E. Cherullo, MD, James C. Ulchaker, MD, FACS, Richard A. Memo, MD, and Jeffrey R. Kasler of the OSMA. Ross E. Weber and Herbert W. Riemenschneider, MD are invited guests at each meeting. We meet the second Tuesday of each month unless otherwise notified and use a conference call line provided by the OUS through WJ Weiser and Associates.

We began our activity with a response to the US Preventative Services Task Force (USPSTF) actions in giving PSA a "D" rating. This was submitted as a resolution in the 130th Ohio General assembly. Although hearings were held the resolution was not adopted and is currently submitted to the 131st Ohio General Assembly (see attachment).

We have also developed a strategic plan.

Since the beginning of January we have been focused on strengthening our legislative ties and developed the concept of the OUS Legislative Day on June 5, 2013, which, although not well attended, was quite productive.

We recently have been focused on the Medicare **MEDICAID** Expansion proposed for Ohio by Gov. Kasich. It is not whether OUS supports this effort, the focus is that if it becomes law we feel that the physicians and particularly urologists should have been represented in a way that provides for reasonable payment to urologic providers for their service that makes this a viable and valuable extension of urologic service to this potential new influx of patients. Dr. Riemenschneider is working to arrange a Saturday meeting in Columbus in August with Representative Andrew Brenner and if possible other legislators to discuss the Medicaid expansion from the provider (physician urologist perspective).

We are also focusing on actions of the Pharmacy Board which is and will continue to impact many practicing urologists, particularly in the area of using compounded medications.

There were growing concerns discussed during the Ohio Legislative Day when we met with Robert Hackett State Representative, who is on the committee dealing with insurance. There clearly are **imaging issues** with the insurance companies not certifying these studies efficiently and clearly trying to redirect requests for imaging studies to **Less Costly Centers**. These delays are clearly interfering with efficient urologic practice and the decisions are made by personnel who do not have a sufficient understanding of clinical medicine and the net result is denigration/delay of patient care.

We are in our infancy and are looking for members to join this committee that are interested to trying to understand the forces that are shaping the practice of urology in Ohio and with the blessing of the OUS Board influence this activity. ▼

Respectfully Submitted,

Herb Riemenschneider, MD
Health Policy Coordinator & Medicare Liaison
Ohio Urological Society

Ohio Urological Society Government Affairs Strategic Plan 2013

Ohio Urological Society Government Affairs Committee – Strategic Plan for identifying advocacy interests, establishing priorities and undertaking initiatives

Over the past eight months, the OUS Government Affairs Committee (Committee) has been meeting monthly to discuss legislative, regulatory and political activities that impact the urology community at the state and federal level. The Committee discussions have been insightful and productive, however the discussions have lacked a plan to guide the Committee and its advocates as to the next steps for focusing on a multitude of issues that impact urologic care in Ohio.

In order to develop a plan for the Committee to help guide the OUS Board and membership in its advocacy activities, the Committee will adopt the following measures for policy identification, development and action.

Identifying Advocacy Interests

- OUS Government Affairs Monitoring Liaisons (Jeff Kasler and Jeff Smith - Liaisons) will provide an in depth analysis of the current legislative, regulatory and political environment in Ohio
- In addition, the Liaisons will provide insight to the Committee on the priority issues for policymakers
- The Committee members will identify advocacy items for the committee to discuss and recommend a position for the OUS Board

Establishing Priorities

- The Committee Chair will prepare an agenda for each monthly meeting
- At the meetings, the Committee will discuss the agenda items and make recommendations on priorities for the OUS
- In its discussions, the Committee will distinguish between issues that are a priority for the OUS and issues that it will continue to monitor
- The Committee Chair and Liaisons will prepare a report of the meetings and priorities for the OUS Board
- The Committee Chair will forward the report to the OUS Board for discussion and action

Undertaking Initiatives

- Based upon the OUS Board review of the Committee report, the Committee will prepare an action plan on initiatives that the OUS Board supports
- Depending on the issue, the action plan may include: continued monitoring, development of a discussion board with the OUS membership, public outreach, grassroots advocacy with the OUS membership, and enhanced advocacy engagement. ▼

Report to the American Urological Society Health Policy Council Actions of Health Policy at the North Central Section

The North Central Section Health Policy Committee has matured in a remarkable fashion, during the past five years. The political focus on healthcare is, in part, responsible; however, contributors to this success include Dennis Corcoran, MD; Peter Knapp, MD; Pat McKenna, MD; Jeffrey Kaufman, MD; and Mark Stovsky, MD, MBA, FACS.

The first highlighted agenda presence of health policy, at the 2010 annual meeting, featured a presentation by Congressman Dr. Phil Roe. Congressman Roe focused on the Affordable Care Act (ACA). Since that time, momentum has built and the health policy forum, at the North Central Section in 2012, at least in my opinion, is comparable to any of the other sections.

Our progress continues. Section leadership has set in place a restructuring for NCSHP. There will be two committee members appointed for each state, one located in the state capital and one at large. The goal is to work closely with the AACU to organize and coordinate the state and regional advocacy efforts, with particular focus on follow up of items generated through the Joint Advocacy Committee (JAC). The NCS Health Policy Forum will include traditional policy and socioeconomic themes and a new emphasis on technology and medical practice.

During the past year, there has been significant progress and positive change in the state of Ohio. The thoughtful action of the Ohio Urological Society board has led to the development of the **OUS Government Affairs Committee and strategic plan** to identify advocacy interests, establishing priorities and undertaking initiatives. An example of these activities is the resolution, currently in the Ohio State Senate, that deals with the PSA controversy and USPSTF recommendation against screening patients who are most at risk. This will establish the Ohio State General Assembly's position regarding withdrawal of this recommendation against PSA based screening for men in all age groups, as determined by the AUA and OUS.

Further, as you may know, there has been significant effort from Governor Kasich's administration to increase Medicaid eligibility to the **138% of poverty level**. This is aggressively promoted by the Ohio Hospital Association; however there is no mention of enhancing revenues of the physician providers. We are assured through the lobbying liaison of the Ohio State Medical Association, who is working with the OUS Government Affairs Monitoring Committee, that any support from the OSMA will include the position that reimbursement for physicians providing care for the Medicaid population will be increased in a manner that will allow coverage of the cost of service provision and a margin for profitable operation.

In summary, the North Central Section Health Policy Committee will present an organizational structure which we hope will result in the efforts of the state societies, the AACU and the AUA to exert a coordinated regional effect within the North Central Section and hopefully this will proliferate throughout the country. ▼

Respectfully,

Herbert W. Riemenschneider, MD
Health Policy Committee Representative
North Central Section

Congratulations to the Following Winners of the 2013 Ohio Urological Society Resident Contest:

Best Paper:
First Place Winner

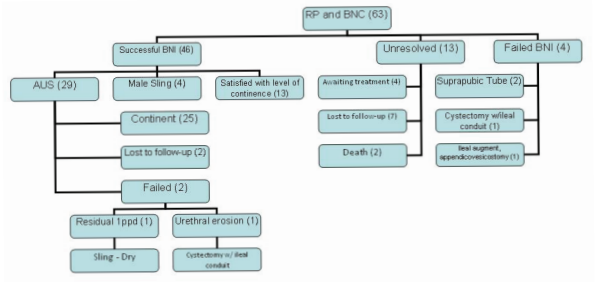
CONTINENCE OUTCOMES AFTER TREATMENT OF RECALCITRENT POSTPROSTATECTOMY BLADDER NECK CONTRACTURE

Christopher Brede, Hadley Wood, Kenneth Angermeier
(Presented by: Christopher Brede, Cleveland Clinic Foundation)

Receives: $1,000 plus travel to the NCS 2013 Annual Meeting

Introduction and Objectives: Postprostatectomy incontinence and bladder neck contracture (BNC) account for significant morbidity after radical prostatectomy (RP). Some can be managed with a single office dilation, but refractory contractures present as difficult reconstructive cases. We present our experience with a two-stage treatment protocol for recalcitrant BNC after RP.
Methods: A 15 year retrospective chart review was performed. Patients were identified as those referred to the Center for GU Reconstruction for BNC by CPT code or who underwent bladder neck incision (BNI) by ICD-9 code. BNC was defined by inability to pass a 17Fr flexible cystoscope. A two-stage treatment course was proposed consisting of deep cold-knife incision of the BNC followed by cystoscopy at 3-4 months. If stable and healed, an AMS-800 AUS was placed at the bulbar urethra and then activated 6 weeks postoperatively. Alternatively, patients were offered an AdVance male urethral sling if incontinence was mild. Recurrent BNC was treated with a second BNI if the BNC recurred at 3-month surveillance cystoscopy.
Results: 63 patients were referred after RP who had recalcitrant BNC. Mean age was 63.8 years (range 41-82) and BMI was 30.4 kg/m2 (range 21.9-64.8). Mean follow-up was 25 months (range 1-144). 17 (27%) underwent adjuvant XRT. Of the 46 patients who had successful management of the BNC, 91.3% were satisfied with level of continence after BNI alone, or with a single additional operation. Of the 33 patients who underwent AUS or sling, only 2 failures occurred, one ultimately required permanent urinary diversion and the other was satisfied with a secondary sling procedure. Four patients progressed to permanent urinary diversion. Taken together, a total of 5 (8%) patients either failed BNI (N=4) or secondary incontinence procedure (N=1) and required permanent urinary diversion. Nine patients had concurrent severe membranous strictures with no coaptation of the external urethral sphincter and were treated with DVIU and AUS and were continent.

Conclusions: This represents the largest known experience with BNC after RP. Patients can be managed with cold knife incision followed by AUS or sling with 66% achieving continence. The reconstructive urologist needs a wide armamentarium of surgical skills to optimally treat this heterogeneous group of patients.



Second Place Winner

COMPARISON OF RELIABILITY OF THE RENAL NEPHROMETRY SCORE BETWEEN RADIOLOGISTS AND UROLOGISTS

Natalie Singer, Samay Jain, Lena Gowharji, Robert Coombs, Haitham Elsamaloty, Terrence Lewis, Steven Selman, Khaled Shahrour
(Presented by: Justin Muskovich, University of Toledo – College of Medicine)

Receives: $500

Introduction and Objectives: The RENAL nephrometry score was developed to help categorize and standardize renal tumor complexity as seen on cross sectional imaging. For such scoring system to be useful, it not only needs to be simple but also reliable and reproducible. Previous studies have shown high reliability in assigning a RENAL score between urologists, but none have reported on the inter-observer reliability between urologists and radiologists. The purpose of this study was to test the hypothesis that the RENAL score is a reliable and reproducible measure between urologists and radiologists.
Methods: In this institutional review board-approved study, a retrospective review of computerized tomography (CT) scans of patients with renal masses who had presented to our institution within the past five years was reviewed. Masses were excluded in patients with congenital renal anomalies such as APCKD, horseshoe, etc. Masses on CT scans that met the inclusion criteria were assigned a RENAL nephrometry score by 5 full-time faculty members; 3 radiologists and 2 urologists. They were provided with a standardized description of the RENAL score and its application at the beginning of the study. Each observer documented detailed RENAL score for each mass independently using CT software (PACS, GE). The Krippendorff's alpha coefficient was used to detect inter-rater reliability of ratings done by the different examiners. Paired t-test was used to compare between radiologists and urologists groups.
Results: A total of 64 patients and 72 distinct renal tumors were analyzed in this study. Mean RENAL nephrometry score was 7.8±2.0 and 8.4±2.1 by the radiologists and urologists, respectively. Mean difference between both groups was 0.60 points ($p<0.05$, Confidence Interval 0.39-0.80). Reliability coefficient for each component of the RENAL score and total score were 0.89 (R), 0.41 (E), 0.58 (N), 0.43 (A), 0.65 (L), and 0.77 respectively. Reliability coefficients for both groups were high but that between radiologists was higher than that between urologists (0.81 vs. 0.73).
Conclusions: The RENAL nephrometry scoring system is a reliable tool that should be used by both urologists and radiologists when reporting renal masses found on CT. Higher interobserver correlation among radiologists than among urologists is evidence that adoption of such score by radiology is feasible as a means of standardizing the reporting of renal masses.
Source of Funding: none

Third Place Winner

APPLICATION OF COMPUTER-ENHANCED VISUAL LEARNING IN ROBOTIC-ASSISTED RADICAL PROSTATECTOMY

Zachary Gordon, Jordan Angell, Ronney Abaza
(Presented by: Zachary Gordon, Wexner Medical Center, The Ohio State University)
Receives: $250

Introduction: Historical methods for teaching surgical procedures rely largely on observation, clinical immersion, and the use of reference texts. Traditional methods may not be adequate in robotic surgery, which has a steep learning curve and lacks a universally accepted training protocol. There is an ongoing challenge facing urology residency programs to more efficiently train residents to develop not only satisfactory open and laparoscopic surgical technique, but a comparable robotic skill set as well. Computer-Enhanced Visual Learning (CEVL) (www.cevlforhealthcare.org) is a web-based education platform created to supplement traditional teaching methods and has been used since 2003. We applied the CEVL method to supplement urology resident teaching of robotic surgery, specifically robotic-assisted radical prostatectomy (RARP).
Methods: Using the CEVL method, the RARP procedure was divided into a series of 18 individual, compartmentalized steps. A CEVL module was then created to present these 18 components using intraoperative video and images, explanatory text, diagrams, and computer animations. All media used in the module was obtained with patient consent and was used without patient identifiers. Instructive annotations and voiceovers were created to highlight key concepts, anatomical landmarks, and technical pearls for each component of the procedure.
Results: The CEVL method allowed RARP to be broken down into easily digestible, discrete, teachable steps for resident learning with an accessible web-based platform. CEVL has been shown to be effective in facilitating resident acquisition of surgical skills, core knowledge and diagnostic skills for both open and endoscopic procedures. We applied this to robotic surgical training, specifically to teaching the cognitive elements necessary to perform RARP.
Conclusions: CEVL is an alternative to the traditional process of learning procedural skills simply by performing more cases, frequently without a defined training protocol. Using CEVL, residents can prepare for surgery by sequentially learning the details of each component of the procedure prior to entering the operating room. The sum of the components provides a framework to enable residents to both conceptualize a surgical procedure and to facilitate a discussion of surgical technique before proceeding to the operating room and during the operation. We believe that teaching robotic surgery using the CEVL method uses time in the operating room more efficiently and ultimately improves resident progress in mastering robotic surgical skills and technical knowledge.

Best Poster:
Poster #6

EVALUATION OF 16 NEW HOLMIUM: YAG LASER OPTICAL FIBERS FOR RETEROSCOPY

Erin Akar, Bodo Knudsen
(Presented by: Erin Akar, Wexner Medical Center, The Ohio State University)

Introduction: Several new holmium:YAG laser optical fiber designs have become commercially available. Prior studies have shown significant variability in performance amongst fibers. We test the performance of a new series of fibers and compare their performance to historical controls.
Materials and Methods: Fibers were tested in small (150 – 300 micron) and medium (365 micron) core sizes. All fibers were evaluated for flexibility, true diameter, and failure threshold. Flexibility was measure by maximally deflecting a Stryker U-500 ureteroscopy with the fiber in the working channel. The diameter was measured by digital micrometer. Failure threshold was determined by bending the fiber to 180 degrees, beginning with a radius of 1.25 cm. A 100 W holmium:YAG laser was operated at 1.2 J/10Hz for 30 seconds or until fiber fracture. The bend radius was decreased in 0.25 cm increments and testing repeated until a minimum bend radius 0.4 cm was attained or until the fiber fractured. Fibers from Bard, Boston Scientific, Cook and Storz were tested.
Results: For the small core sized fibers, the Cook HLF-S150had the smaller diameter (238 microns) and the Storz ScopeSafe 300 the largest (465 microns); the Cook HLF-S150 and HLF-S200 were the most flexible (254 degrees) and the Lumenis SlimLine EZ200 the least (218 degrees). The Slimline EZ200 and ScopeSafe 300 fibers failed at the largest bend radius (0.75 cm) while the ScopeSafe 200, Flexiva 200, and Flexiva TracTip 200 were the most resistant to failure.For the 365 micron core fibers, the Bard EndoBeam 365 had the smallest diameter (541 microns) and the Boston Scientific Flexiva 365 the largest (604 microns); the Flexiva 365 was the most flexible and the Slimline 365 the least; the Storz Scope Safe 365 failed at the largest best radius of 1.25 cm and the Flexiva 365 did not fail in 6 of 9 trials at the tightest bend radius.
Conclusion: The performance characters of the newly available holmium:YAG optical fibers differed significantly amongst the fibers but performance was on par or better than historical controls.

PLAN TO ATTEND

87th Annual Meeting of the North Central Section of the AUA, Inc.
October 8 – 13, 2013
Ritz Carlton Naples
Naples, Florida

2014 OUS Annual Spring Meeting
March 21 – 22, 2014
Cincinnati, Ohio

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Malpractice Claims Consume Years of a Physician's Career

On average, each physician spends 50.7 months, or approximately 11 percent of an average 40-year career, on resolving medical malpractice cases – the majority of which end up with no indemnity payment. That's the conclusion of a recent study[1] by the RAND Corporation based on data provided by The Doctors Company, the nation's largest medical malpractice insurer. Researchers found that 70 percent of the time physicians spend on claims is spent defending claims that end in no payment to the plaintiff.

Key findings of the study include:

- Physicians experience additional stress, work and reputational damage from the time spent defending claims.
- Fighting claims takes time away from practicing medicine and from the opportunity for the physician to learn from his or her medical errors.
- The lengthy time required to resolve claims also negatively impacts patients and their families.

The effect of malpractice claims on physicians' careers is discussed further by Richard E. Anderson, MD, FACP, chairman and CEO of The Doctors Company, in two short videos that can be viewed at www.youtube.com/doctorscompany.

To help prevent claims that can take up years of your career, follow these key tips to promote patient safety:

1. Communicate with Patients
   - Understand the new vital sign: health literacy.
   - Do not ask patients if they understand instead, ask them to repeat back the information.
   - Document patient understanding of instructions.
   - Provide the patient with written instructions.
   - Use a translator when necessary.
2. Document Carefully and Objectively
   - Do not point fingers at other staff or providers.
   - Do not impeach the integrity of medical record by altering it.
   - Use only approved abbreviations.
   - Review patient information that is automatically populated in the EMR.
3. Monitor Handoffs and Ensure Follow-ups
   - Establish a formal tracking system for missed appointments.
   - Follow up with patients to reschedule.
   - Document missed appointments in the patient record.
   - Send a letter to patients who repeatedly miss appointments.
   - Explain the importance of follow-up care.
   - Refer the patient to another physician, if necessary.
4. Avoid Medication Errors
   - Keep prescription pads secure.
   - Document samples in the medical record.
   - Check allergies at every visit and document in the same place in the record.
   - Review and reconcile medications at every patient visit.
   - Be aware of LASA (look-alike sound-alike) medications.
5. Follow HIPAA Regulations
   - Avoid unauthorized release or breaches of PHI (protected health information).
   - Safeguard against lost or stolen PHI through laptops or drives.
   - Examine office practices and layout that may compromise confidentiality.
   - Assess your methods to protect electronic communications.
   - Follow federal requirements and know your state regulations which may be stricter.

1. Seabury SA, Chandra A, Lakdawalla DN, Jena AB. On average, physicians spend nearly 11 percent of their 40-year careers with an open, unresolved malpractice claim. Health Affairs. 2013;32(1):1-9.

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

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