Choose Your Words Carefully: Medical Records and Provider Communication

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Activity Date: Sept 1, 2026

Activity Location: Live

Activity Time: 9:00 AM

Course Learning Objectives

- Articulate major patient safety and lawsuit risk areas that are affected by quality of documentation.
- Anticipate when more thorough documentation and direct communication with other providers may reduce adverse outcomes.
- Discuss how much documentation is enough for a given clinical encounter.
- Describe clinical situations where documentation may enhance physician-patient shared decision making to improve patient safety.

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For nursing the number of credits designated is the number of credits awarded

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In order to earn CNE credit learners should complete the evaluation questions that will assess if nurses have learned the most important recommendations and conclusions from this course. Each LIVE activity consists of the full participation of the learner, and a course evaluation. The evaluation will open after the learning activity is completed.

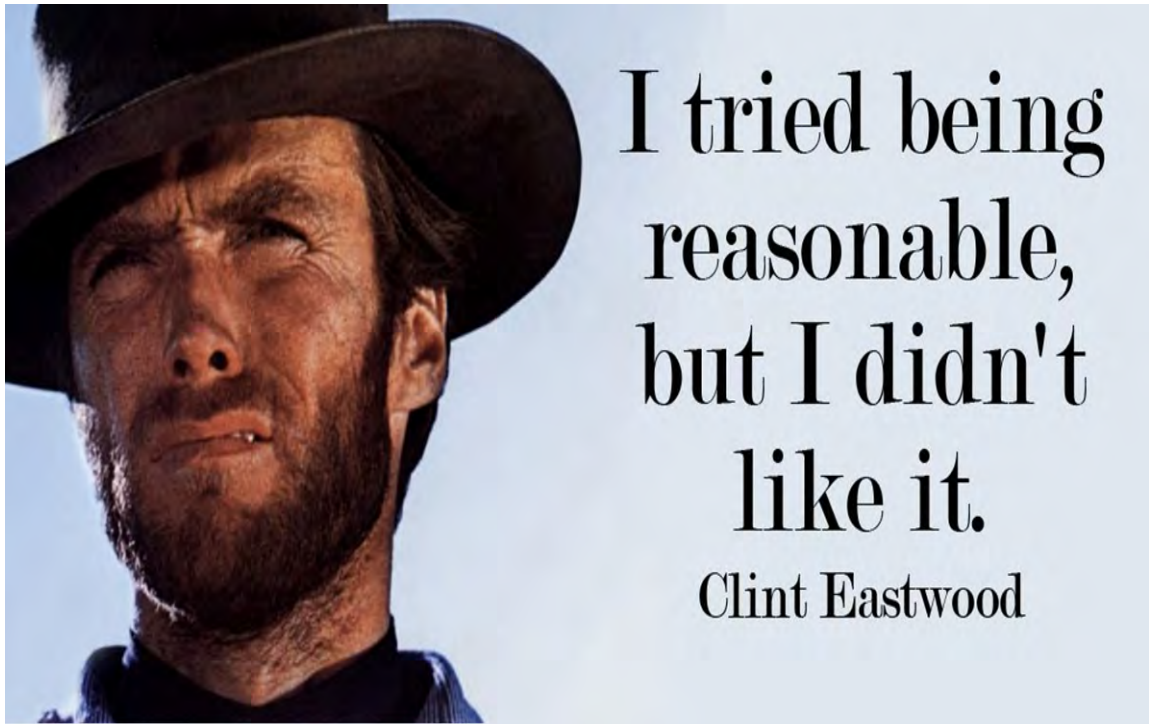
Process for Completing the Activity:

1. Read the target audience, learning objectives, and financial disclosures.
2. Complete the LIVE educational activity.
3. Complete the activity evaluation on Copic's LMS platform and/or Survey Monkey

It is estimated that this activity will take approximately X hours to complete.

Standard for Documentation

- **Range of Acceptable Practices**
  - Professional Peer
  - Reasonable and Realistic Documentation
  - Other Entities Affect This (?*ruin this*?)
    - Hospital Policies
    - Billing
    - Quality Metrics



How Do Charting Issues Affect Lawsuits?

- Odds of needing to make payment increase 140%*
- Severity: Average payment is 54% higher*.
- Nursing*:
  - 30% of all cases arise from documentation failures
  - 65% of documentation cases require payment

- *Source: 2024 Crico-Candello Documentation Liability Report

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What is the “Standard”?

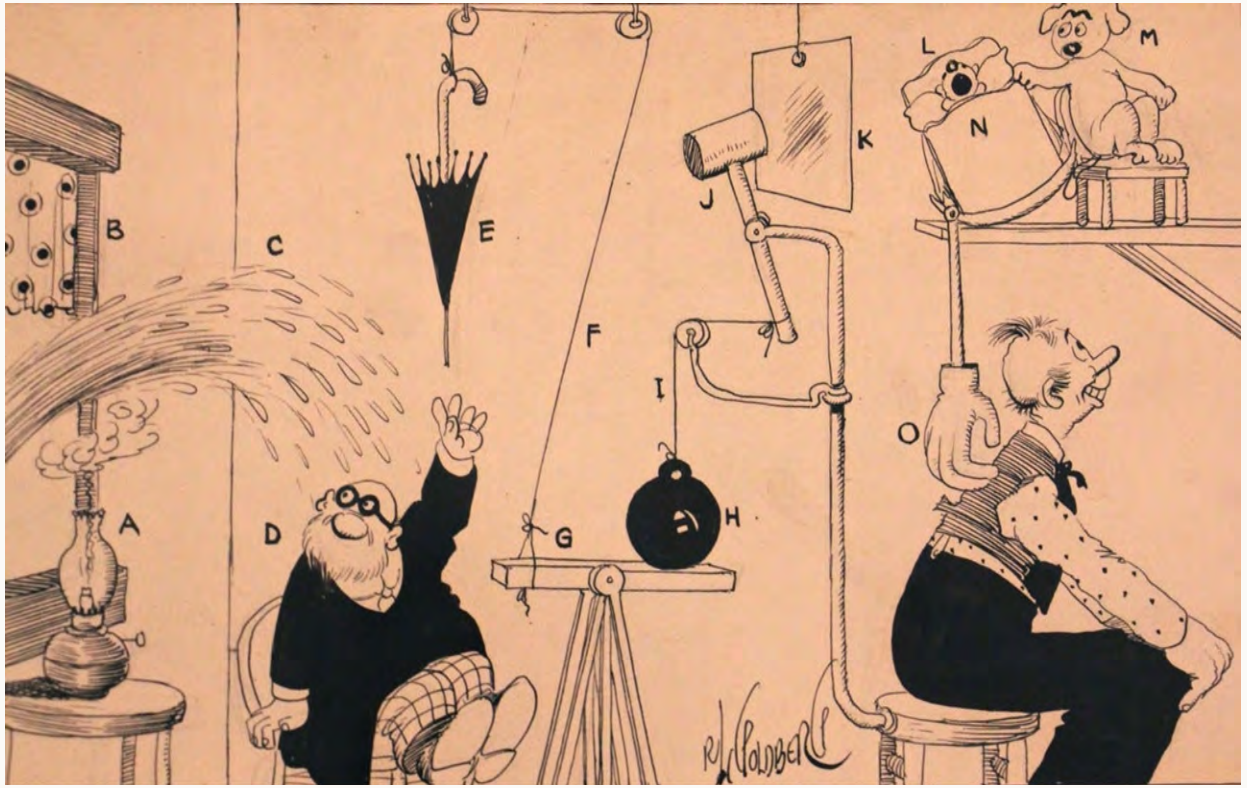
Who decides?

- Patient?
- Judge?
- Attorneys?

(*Hint: It’s All of the Above!)*

Thank God this is Automated….

- EHR’s have not made this easier.
- 4,000 clicks to complete a single EM shift.
- Significant noise is present in current documentation.

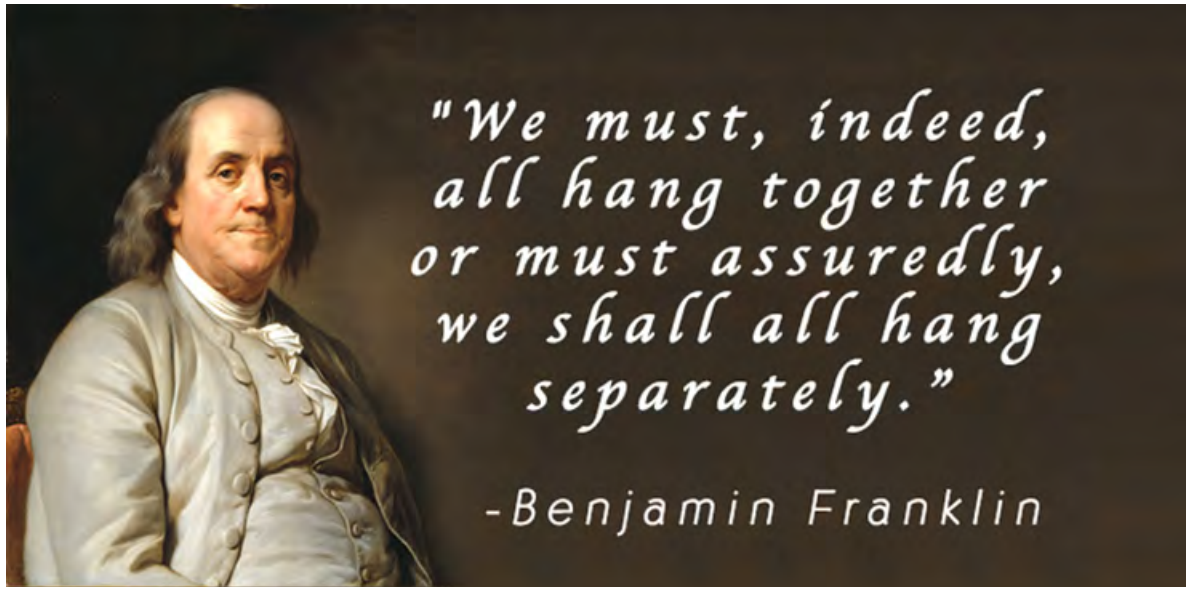


Pro Tips from Defense Attorneys

- **Favorable:**
  - Clear
  - Timely
  - Outline thought process
  - “Tight ship”
- **Unfavorable:**
  - Inaccurate
  - Speculation or jousting
  - Template-based without clarity

What Not to Chart – Jousting, Editorializing

- Result of Jousting:
  - Being named in a lawsuit
  - Impair Defensibility
  - Reputation w/ Colleagues
  - Eroding patient confidence



Check Boxes:

History (cont):

Times:
- ❑ Bad
- ☑ Best
- ❑ Better
- ❑ Good
- ❑ So-so
- ☑ Worst

Age of:
- ❑ Aquarius
- ☑ Foolishness
- ❑ Gilded
- ☑ Wisdom

Epoch:
- ☑ Belief
- ❑ Futility
- ☑ Incredulity

Season:
- ☑ Darkness
- ☑ Light
- ☑ Spring
  - ☑ Hope
  - ❑ Delight
- ❑ Summer
- ☑ Winter
  - ☑ Despair
  - ❑ Discontent

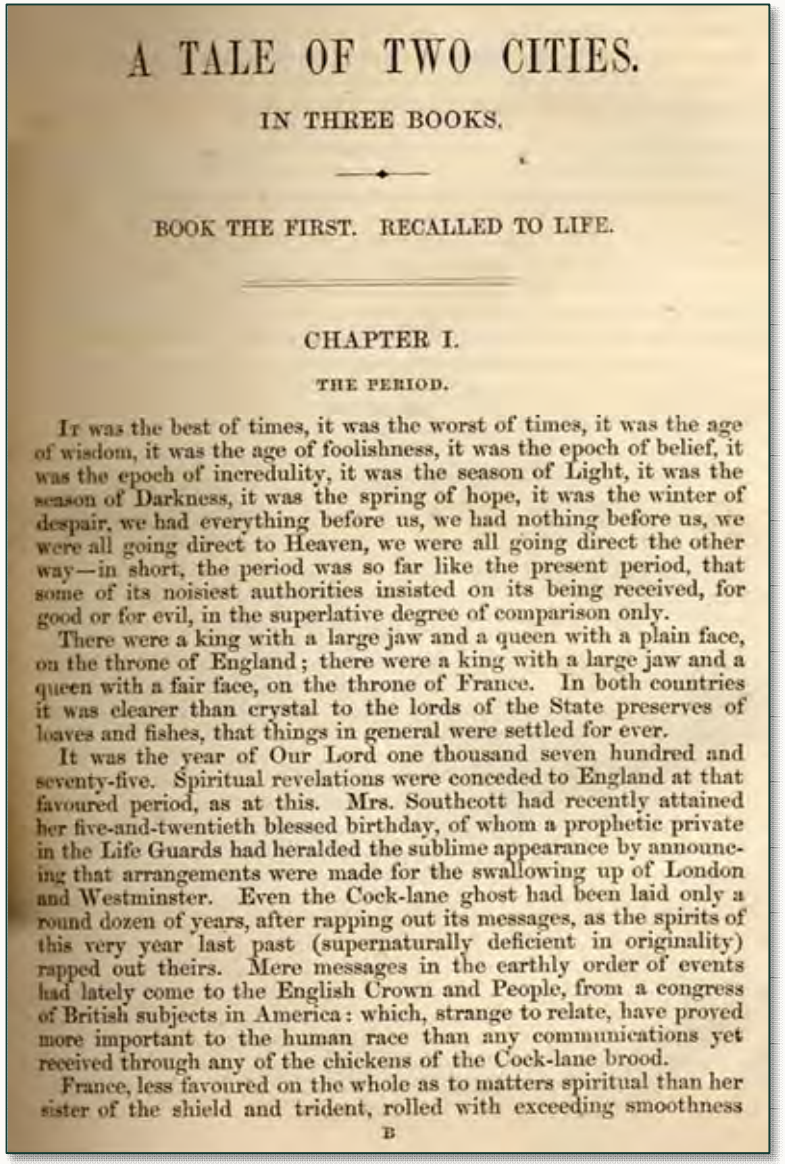
Assessment:

Before us:
- ☑ Everything
- ☑ Nothing
- ❑ Something

Plan:

We are all going
- ☑ Heaven
- ☑ Other

Free Text:



A TALE OF TWO CITIES.

IN THREE BOOKS.

BOOK THE FIRST. RECALLED TO LIFE.

CHAPTER I.

THE PERIOD.

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair, we had everything before us, we had nothing before us, we were all going direct to Heaven, we were all going direct the other way—in short, the period was so far like the present period, that some of its noisiest authorities insisted on its being received, for good or for evil, in the superlative degree of comparison only.

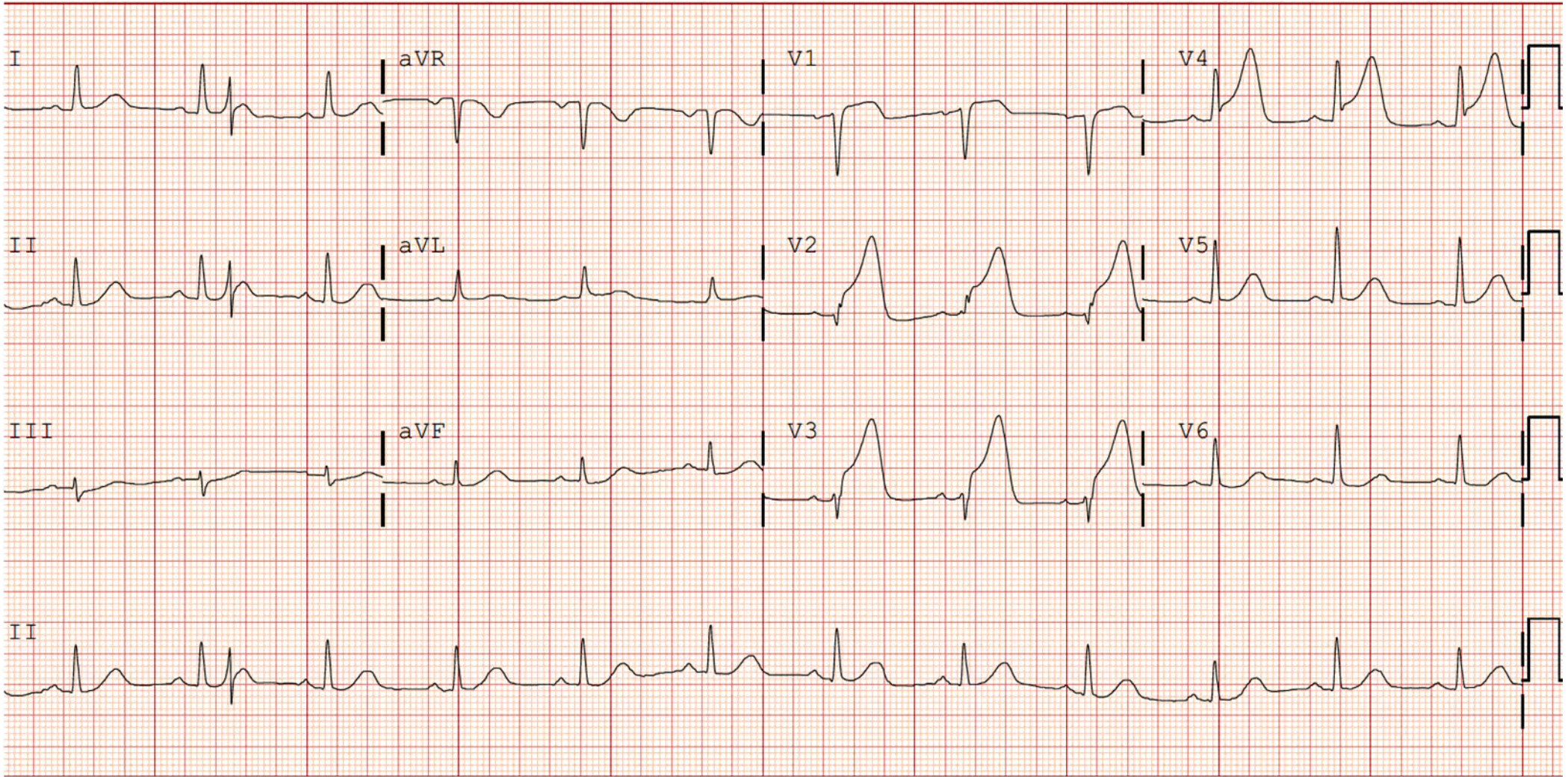
There were a king with a large jaw and a queen with a plain face, on the throne of England; there were a king with a large jaw and a queen with a fair face, on the throne of France. In both countries it was clearer than crystal to the lords of the State preserves of loaves and fishes, that things in general were settled for ever.

It was the year of Our Lord one thousand seven hundred and seventy-five. Spiritual revelations were conceded to England at that favoured period, as at this. Mrs. Southcott had recently attained her five-and-twentieth blessed birthday, of whom a prophetic private in the Life Guards had heralded the sublime appearance by announcing that arrangements were made for the swallowing up of London and Westminster. Even the Cock-lane ghost had been laid only a round dozen of years, after rapping out its messages, as the spirits of this very year last past (supernaturally deficient in originality) rapped out theirs. Mere messages in the earthly order of events had lately come to the English Crown and People, from a congress of British subjects in America: which, strange to relate, have proved more important to the human race than any communications yet received through any of the chickens of the Cock-lane brood.

France, less favoured on the whole as to matters spiritual than her sister of the shield and trident, rolled with exceeding smoothness

B

Auto-/Pre- Populated Template Example



Auto-/Pre- Populated Template Example

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is not ill-appearing, toxic-appearing or diaphoretic.
HENT:
Head: Normocephalic and atraumatic.
Nose: Nose normal.
Mouth/Throat:
Mouth: Mucous membranes are moist.
Eyes:
Pupils: Pupils are equal, round, and reactive to light.
Cardiovascular:
Rate and Rhythm: Normal rate.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Abdominal:
Palpations: Abdomen is soft.
Tenderness: There is no abdominal tenderness. There is no guarding.
Skin:
General: Skin is warm and dry.
Capillary Refill: Capillary refill takes less than 2 seconds.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.

Template Example: The Free Text Charting

Medical Decision Making:
Patient is BIBA as a cardiac alert and is A&Ox4, tachycardic, normotensive, diaphoretic and with chest pain on arrival. EKG with ST elevations in anterior and lateral leads with reciprocal ST depressions consistent with STEMI. Patient given 324 of aspirin by EMS prehospital. Patient received 3 doses of nitro and morphine for pain control. No evidence of pericardial effusion on bedside ultrasound. Considered aortic dissection however with clinical presentation and EKG changes, MI is more likely. Cardiology consulted and patient taken directly to Cath Lab for PCI.

Metadata- you can’t fool the EHR…

Your EHR is watching you…

- Every keystroke, mouse-click, screen viewed, record viewed
- With user ID and timestamp

Can support or impeach testimony

“How long did you spend?”

“When exactly did you review that?”

“Did you notify the lab?”

Correction Guidance

1. **Patients have the right to request amendments to their records.**
   - 60 days to comply
   - The patient must be informed when the change is made
   - Other recipients also need to be copied when a change is done at patient request
   - There can be a single 30-day extension with a written statement of the reason for delay

2. **OR—provide a written denial.**
   - The patient must be informed of the reason
   - The individual may file a statement of disagreement; or request the request for amendment become part of the record
   - The provider may file a rebuttal
   - Lots of documentation requirements

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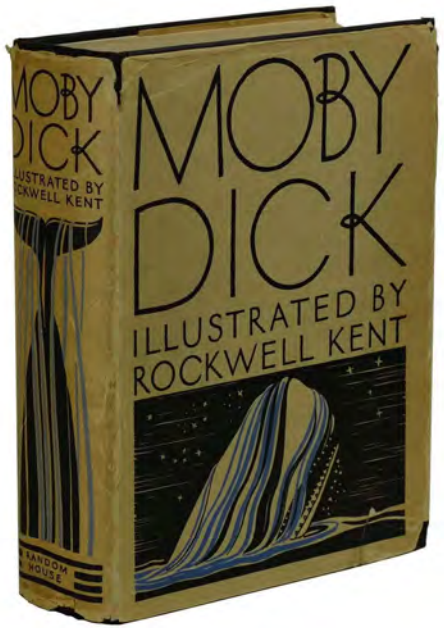
Mythology:

“If I write a really long note, then I’m covered for whatever happens.”



Mythology: Disclaimers Protect from Poor Documentation

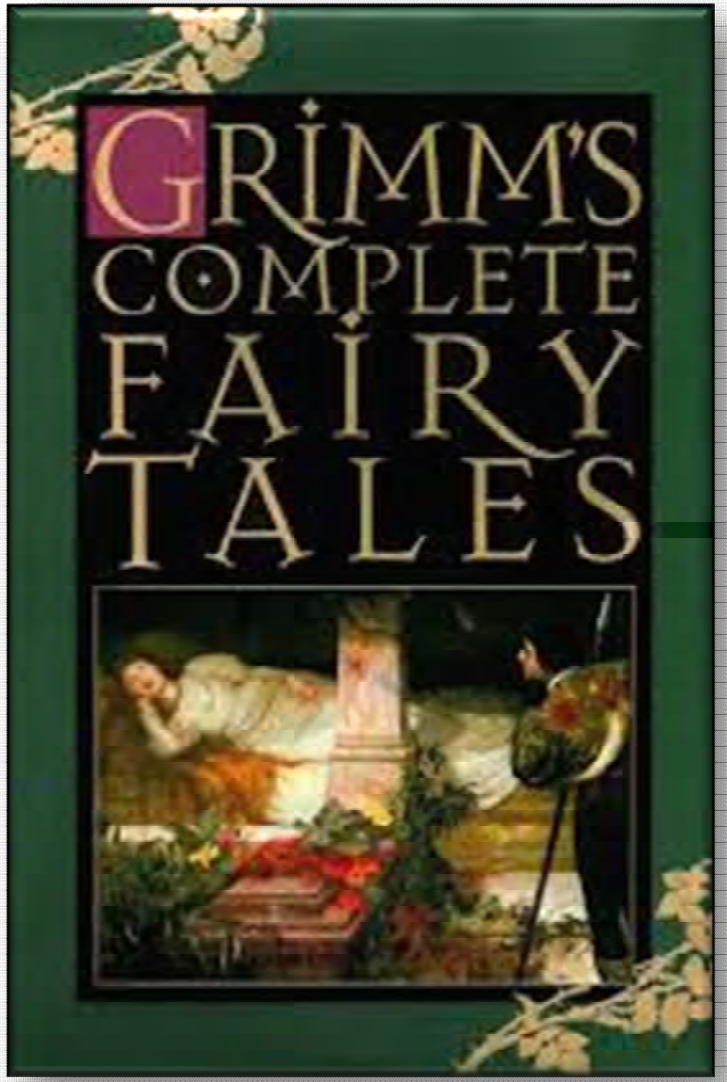
"*Dictated but not read*."

"This is a preliminary document subject to change"

Do Disclaimers “Protect” You?

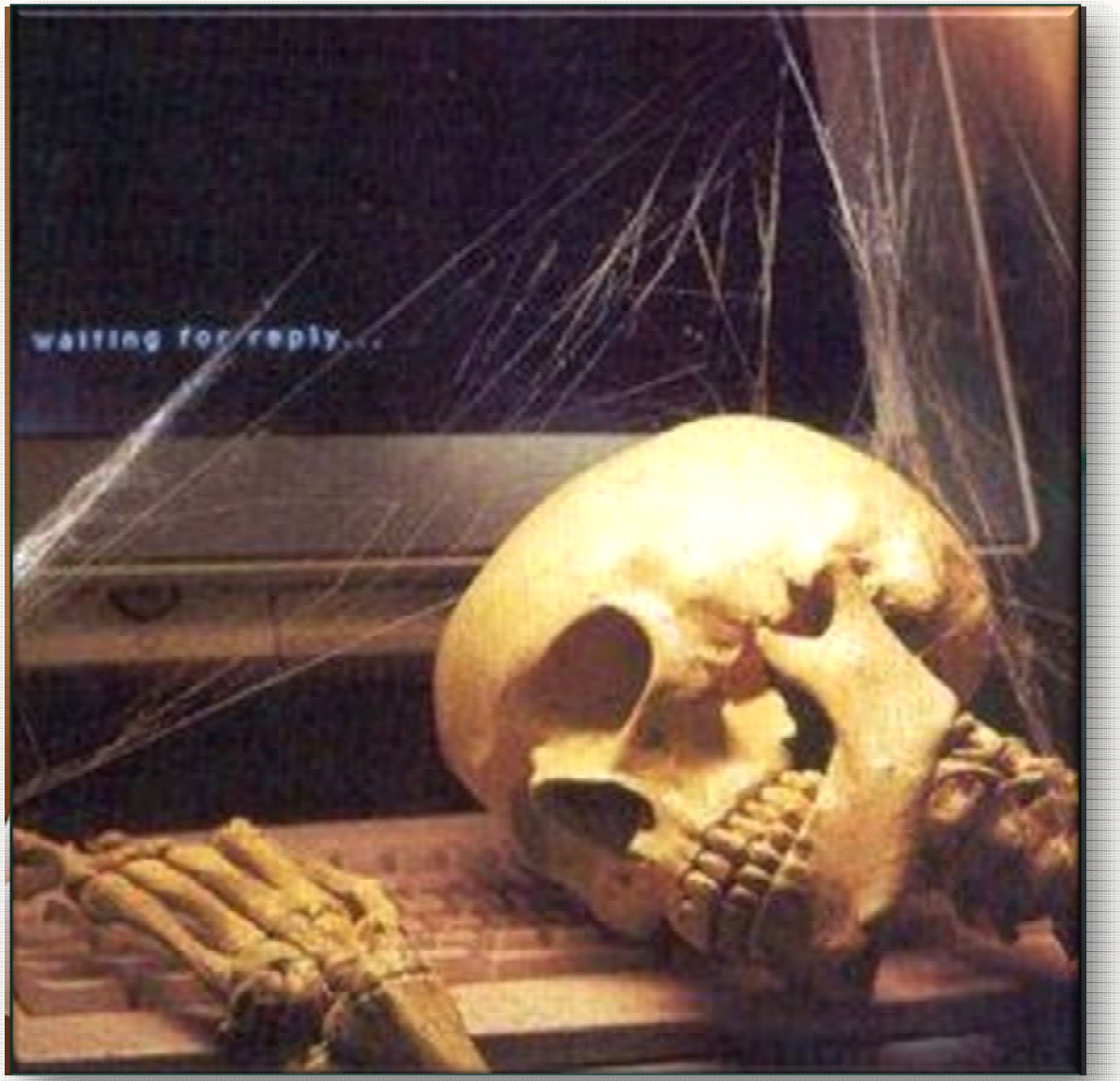
A. *“We aren’t responsible for anything that might be wrong in this report.”*

B. *“If you believe there are errors in this report, please contact your provider.”*



Late charting

- OK, stuff happens
- Transparency
- What occurred in the meantime?
  - The patient developed a complication
  - New data was delivered
  - The situation changed
  - You forgot something that was important at the time
- Information Blocking Rule…?
- Every hour increases the chance of intervening events



The “30-day Standard” is a Myth

- HIPAA ***never*** allowed a ***routine***, 30-day delay on record access:
  - *You were at risk of fines and jail on day 31*
  - *An additional 30-day extension was sometimes allowed, under certain circumstances*
- Now, the Information Blocking Rule states:

  “Without delay”

Clarity in Documentation that will be Shared

MRN: @MRN@ | PCP: @PCP@

Hospital: [DISCHARGE FACILITY :48395] | Code: @RRCODESTATUS@

Primary Diagnosis:	Other Hospital Problems:
@PRIMARYDIAGNOSIS@	@HPROBSHORT@

Brief Hospital Course:

@M@ @LNAME@ is a @AGE@ old @SEX@ who presented with ***

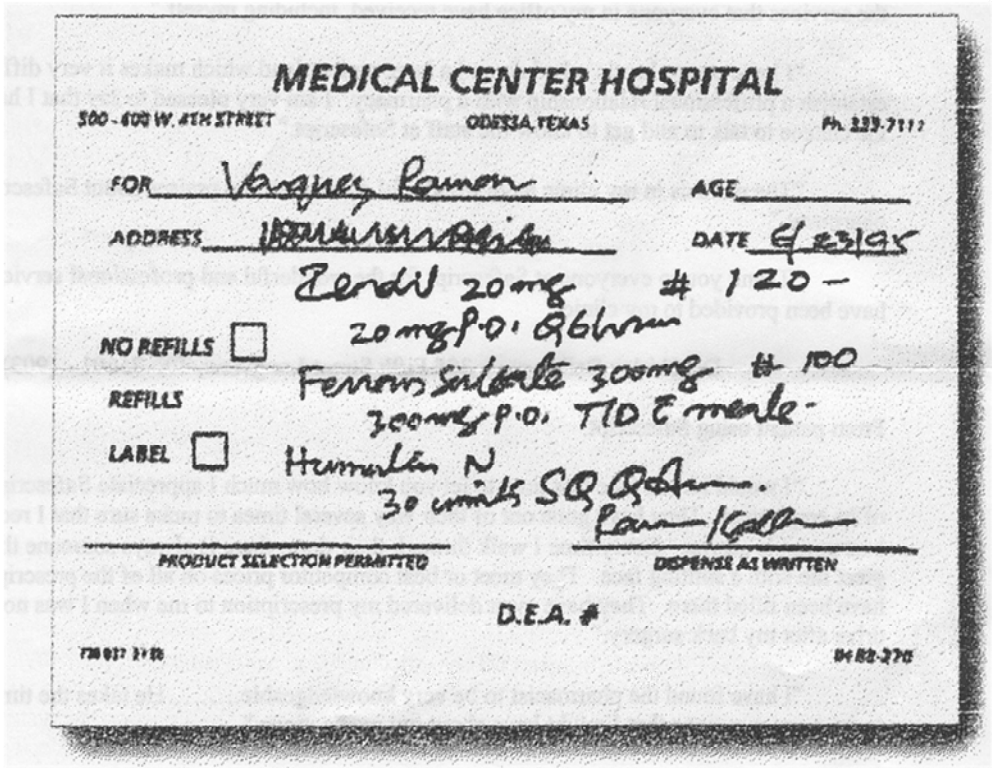
Patient seen and examined on the discharge date

RECOMMENDATIONS TO PCP:	FOLLOW-UP PLAN:
1. ***	@FOLLOWUPCARE@ ***

Discharge Metrics:

(DC Metrics MIM:43390)

Does Legibility = Clarity?



MEDICAL CENTER HOSPITAL

500 - 600 W. 4TH STREET ODESSA, TEXAS Ph. 333-7111

FOR Vasquez Ramon AGE

ADDRESS DATE 4/23/15

Zerdil 20mg # 120 –

20mg p.o. Q6hrs prn

NO REFILLS ☐ Ferrous Sulfate 300mg # 100

REFILLS 300mg p.o. TID c meals

LABEL ☐ Humulin N

30 units SQ QAM.

PRODUCT SELECTION PERMITTED DISPENSE AS WRITTEN

D.E.A. #

UP IN GC W/TT ATTACHED.
NO S/S DIST. NO C/O PAIN.
VSS. SKIN W/D. LSCTA. BS
PAL x 4 Q. BILATERAL PPP.

ALLERGY LIST

Substance: **meperidine** Recorded Date/Time	
4/21/2014 13:25 MST[C2]	**Allergy Type:** Intolerance; **Recorded On Behalf Of:** Jones, RN, Mary; **Reaction Status:** Active; **Reviewed Date/Time:** 2/4/2015 08:07 MDT; **Reviewed By:** Williams AG, Smith D; **Category** Drug; **Reaction Severity:** Unknown

C1: 4/21/2014 13:25 MST; Jones, RN Mary; Pt reports that it causes her to be highly uncomfortable.
C2: 4/21/2014 13:25 MST; Jones, RN Mary; Pt reports that it causes her to be highly uncomfortable.

Substance: **Latex** Recorded Date/Time	
11/7/2015 09:12 MST[C1]	**Allergy Type:** Allergy; **Recorded On Behalf Of:** Dawson, RN, Frank G; **Reaction Status:** Active; **Reviewed Date/Time:** 6/12/2015 11:26 MDT; **Reviewed By:** Nardek, Ali R; **Category** Other; **Reaction Severity:** Moderate
11/6/2015 12:31 MST	**Allergy Type:** Allergy; **Recorded On Behalf Of:** Dawson, RN, Frank G; **Reaction Status:** Active; **Reviewed Date/Time:** 11/6/2015 12:31 MST; **Reviewed By:** Rogers, Sally F, Marcus, Phyllis; **Category** Other; **Reaction Severity:** Unknown

C1: 11/7/2015 09:12 MST; Dawson, RN Frank, G; Pt states causes red spots on elbows

Substance: **Salmon** Recorded Date/Time	
11/7/2015 09:12 MST[C1]	**Allergy Type:** Allergy; **Reaction Symptom:** Anaphylactic reaction (Active), Burns (Active); **Recorded On Behalf Of:** Thompson, RN, Julie; **Reaction Status:** Active; **Reviewed Date/Time:** 6/12/2015 11:26 MDT; **Reviewed By:** Norbert, Ali R; **Category** Food; **Reaction Severity:** Severe
11/19/2015 12:31 MST[C2]	**Allergy Type:** Allergy; **Reaction Symptom:** Burns (Active); **Recorded On Behalf Of:** Thompson, RN, Julie; **Reaction Status:** Active; **Reviewed Date/Time:** 6/12/2015 11:26 MDT; **Reviewed By:** Simpson, Nella, Phillips, William; **Category** Food; **Reaction Severity:** Moderate

C1: 3/15/2014 15:01 MST; Lawrence, RN Terry; itching
C2: 3/15/2014 15:01 MST; Lawrence, RN Terry; itching

Copy / Paste May Save Time, but…

2.12.15 - Mr. Baggins is here today for his 3rd course of chemotherapy. He has had no significant

2.19.15 - Mr. Baggins is here today for his 3rd course of chemotherapy. He has had no significant

2.26.15 - Mr. Baggins is here today for his 3rd course of chemotherapy. He has had no significant

3.05.15 - Mr. Baggins is here today for his 3rd course of chemotherapy. He has had no significant

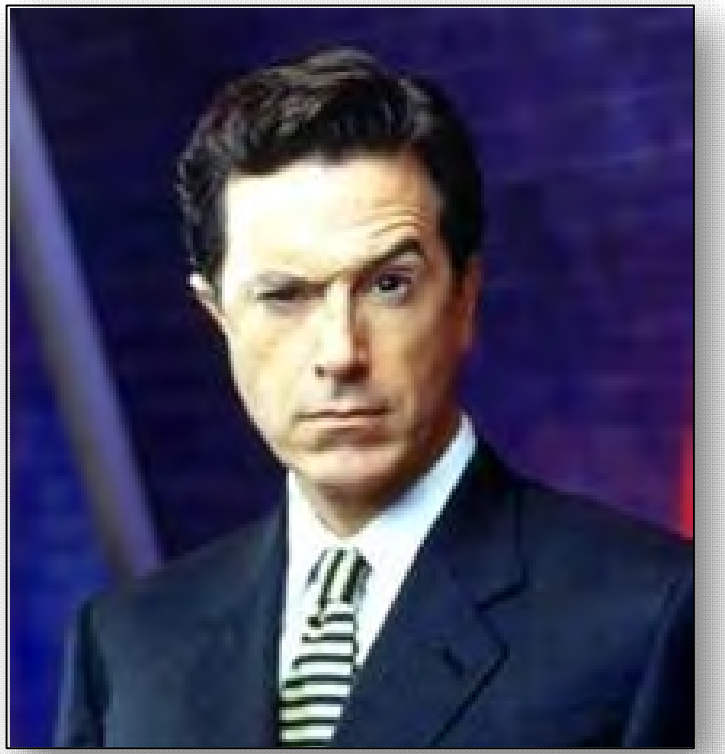
3.12.15 - Mr. Baggins is here today for his 3rd course of chemotherapy. He has had no significant

3.19.15 - Mr. Baggins is here today for his 3rd course of chemotherapy. He has had no significant

Mythology:

“If it wasn’t documented, it didn’t happen!”

…but, it was documented, so it must have happened…(remember metadata)



Pass the eyebrow test?

Patient is 54 years old. Marital status: M Last menses was 06/18/2008.
Gravida: 2, **Para:** Term 2, Pre-Term 0, Abortion 0, Living 2

Chief Complaint: 1. Kenalog injection
complains of LLQ incision still is indented.
Patient does not have any complaints today.
Additional Complaints: Kenalog injection.

Vital Signs:

Temp F	Pulse	Resp Rate	BP Systolic	BP Diastolic	Height in	Weight Lb
	76		132	86	66.00	158.00

Physical Exam:
General:
Tanner Stage: V.
The skin was normal, no acne, rashes or masses.
The eyes are normal, nonicteric or no conjunctivitis.
The ear, nose and throat were normal, no nasal congestion or pharyngitis.
The mouth was normal and no dentures.
The neck was normal, no adenopathy, tenderness, or masses.
The thyroid was normal and palpable, not enlarged, no masses were found.
The chest was normal, no pectus, scoliosis/kyphosis, or tenderness.
The lungs were normal, no decreased breath sounds, rales, rhonchi, or wheezing.
The heart was normal, no arrhythmia, murmur, or abnormal sounds heard.
The back was normal, no CVA tenderness, scars, scoliosis, or tenderness.
The abdomen examination found scar(s) and LUQ indented scar and injected with 3 cc of Kenalog and local mixed.
The extremities were normal, no edema, varicosities, arthritic deformity, or tenderness.
The neurologic assessment was normal, no disorientation, memory deficit, motor deficit, sensory deficit.
The right breast inspection was normal, no edema, dimpling, scar(s) or skin lesion.
The left breast inspection was normal, no edema, dimpling, scar(s) or skin lesion.
The right breast palpation exam was normal, no fibrocystic changes, mass(es), pitting, tenderness or thickening.
The left breast palpation exam was normal, no fibrocystic changes, mass(es), pitting, tenderness or thickening.
The right nipple was normal, no discharge or erythema.
The left nipple was normal, no discharge or erythema.
The right lymph nodes are normal, no tenderness and not enlarged.
The left lymph nodes are normal, no tenderness and not enlarged.

Assessment:
1. KELOID SCAR
Time spent with patient was 5 minutes.

Plan: Scar injected with steroid and local; will recheck in one mo. consider Retylane if continued indented scar.
Follow up :
Follow up for new complaints today: 1 Month

Template Example

Physical Exam
Constitutional: Well developed. Well nourished. No acute distress.
Head / Face: Facial features are symmetric. The skull is atraumatic (normalcephalic).
Ears: Right: Unremarkable to inspection. Canal normal in calliber, no excessive cerumen, no drainage. Normal tympanic membrane. Left: Unremarkable to inspection. Canal normal in calliber, no excessive cerumen, no drainage. Normal tympanic membrane.
Nose / Mouth / Throat: External Nose: is unremarkable. Right Nares: No discharge. Left Nares: No discharge. Nasal Mucosa: No mucosal abnormality. Lips/Teeth/Gums: Normal teeth and gums. Tongue: Normal tongue. Palate & Uvula: appear symmetric and normal. Oropharynx: No pharyngeal erythema or exudates or mucosal lesion.
Neck / Thyroid: Inspection reveals symmetry. Palpation reveals trachea appears midline and mobile. No thyromegaly or thyroid nodules detected. No cervical adenopathy.

Assessment/Plan
1. **Asthma exacerbation** (493.92)
2. **Cervical lymphadenitis** (289.3)
3. **Thyroid mass** (246.9)
4. **Chronic cough** (786.2)
5. **Anxiety** (300.00)

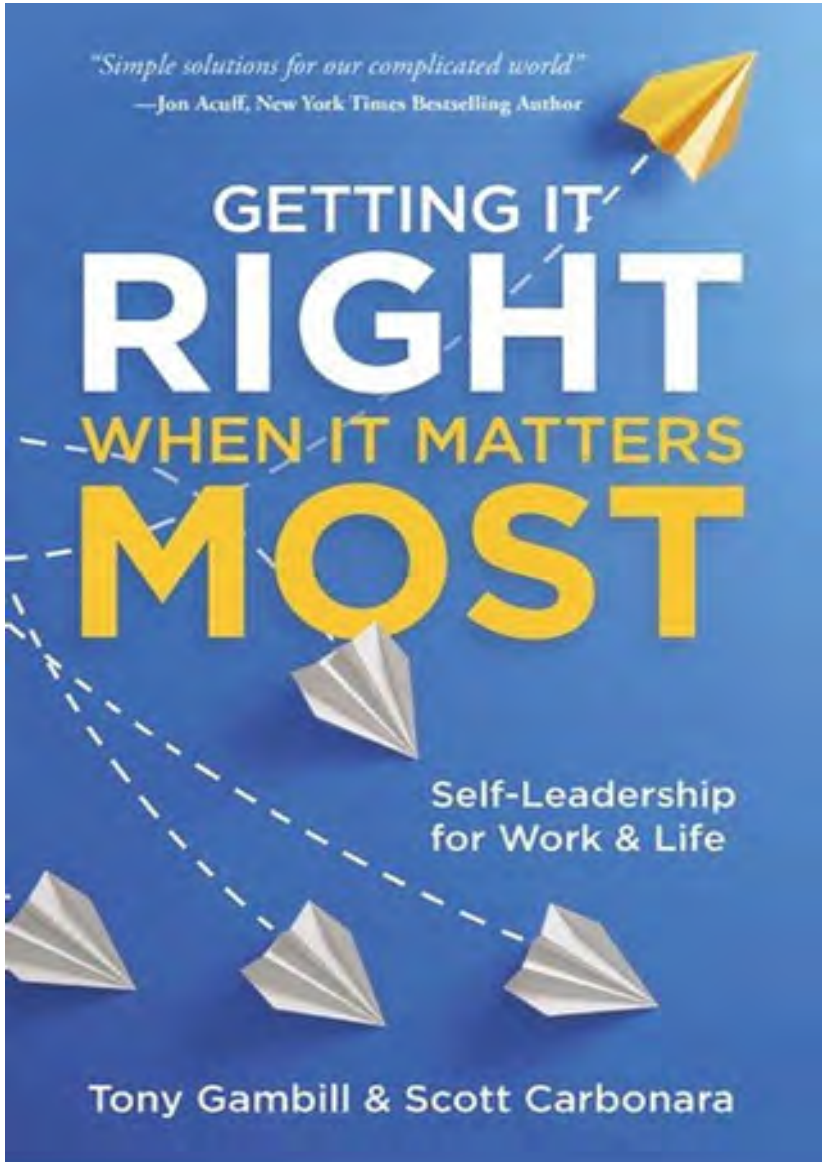
Assessment/Instructions
1. Asthma exacerbation
Finish the prednisone and zpack and get back into see Dr. Wear.

Documentation Matters when it Matters- Obvious in Retrospect!!

The vast majority of medical encounters are not risky about the standard of care.

Some are:

- Acute neurologic presentations,
- Chest pain,
- Acute surgical abdomen,
- Acute sepsis,
- High risk infections,
- High mechanism trauma



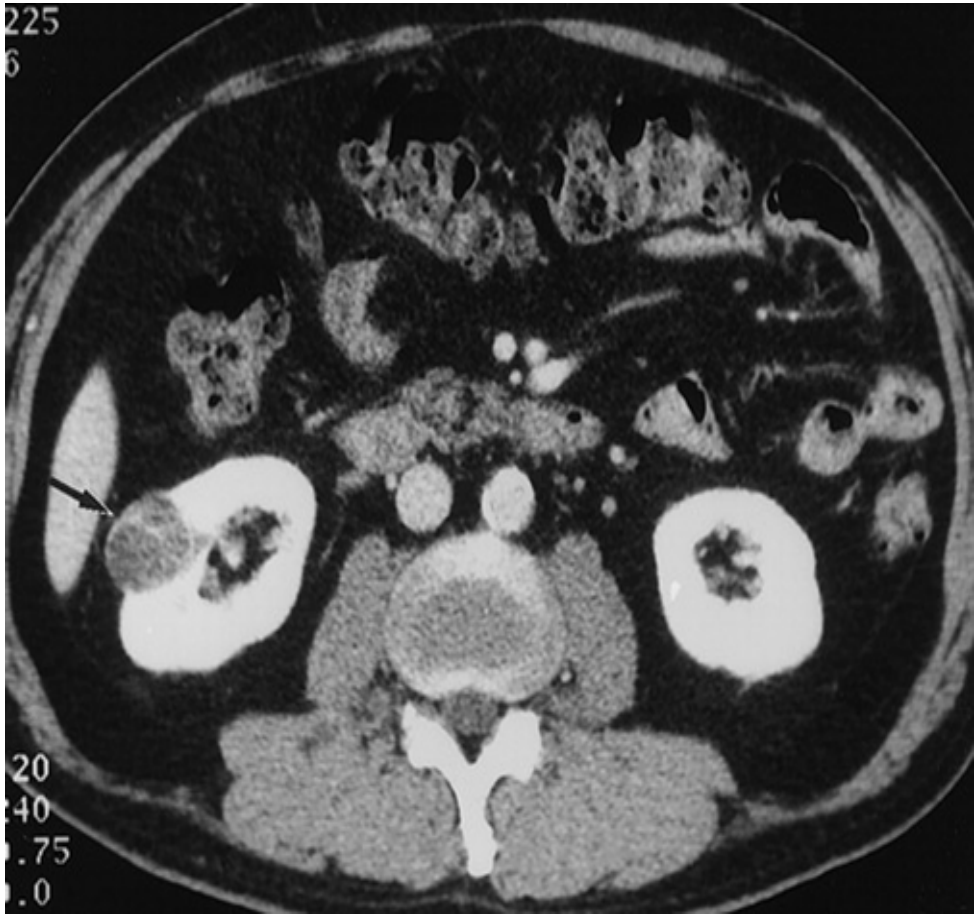
Pearls in Ortho Documentation:

- The **mechanism of injury** in the trauma, when known, drives the need for the complexity of the documentation.
- **Contemporaneous** findings and decision making in:
  - Vascular compromise,
  - Compartment syndromes
  - Serious complications in post procedure setting

Documenting the Dreaded “Incidental Finding”- How to Close the Loop

CASE:

- MVA to ER
- Abd CT-- neg (except for renal nodule)
- Ortho on-call took to OR; Admitted x 48hr
- D/C to f/u ortho clinic
- Three years later hematuria
- RCCa and mets



Case: Incidental Finding

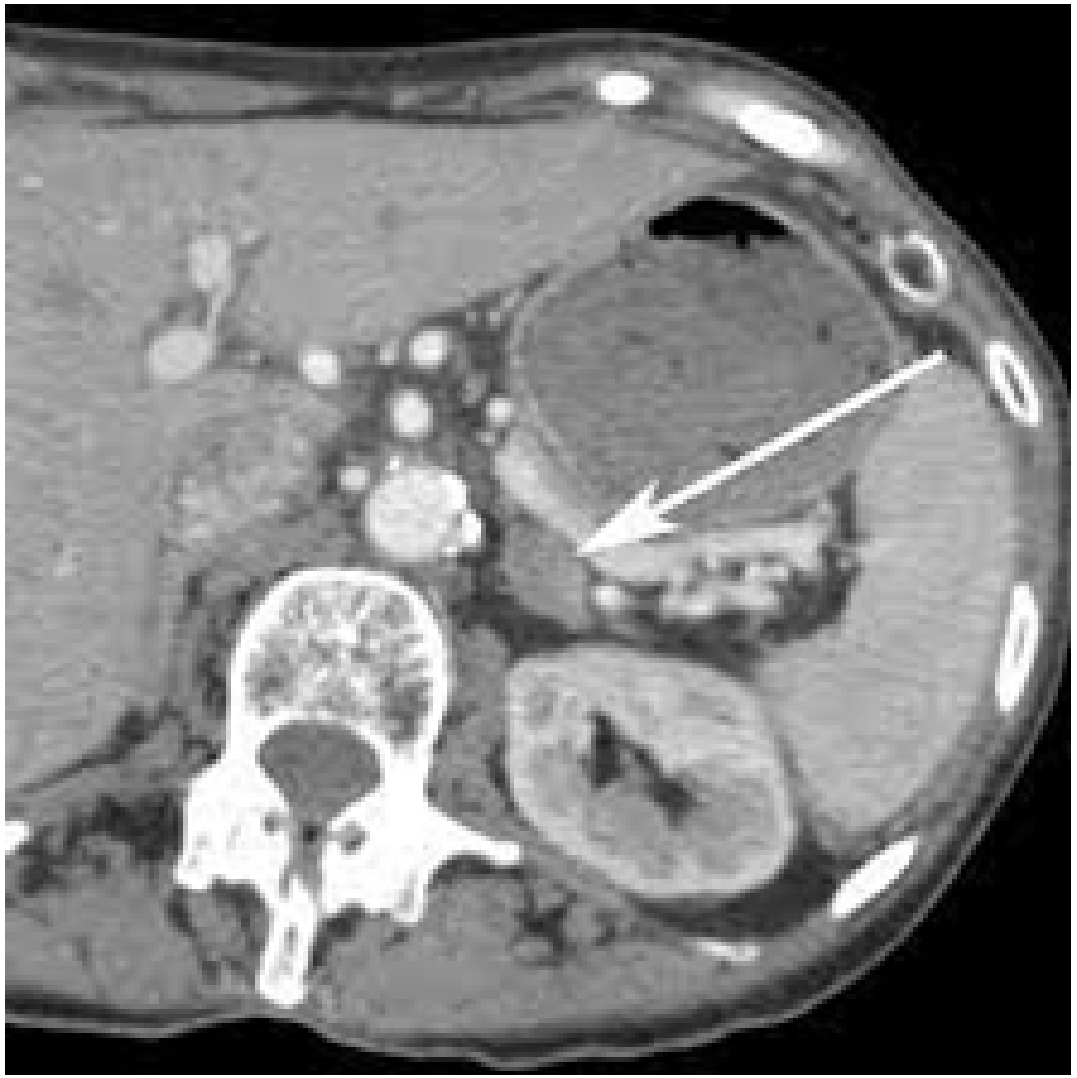
Out of town ER with stone, managed in-pt.

CT scan with adrenal nodule.

Note says “Follow up with local urology when home” No documentation pt told.

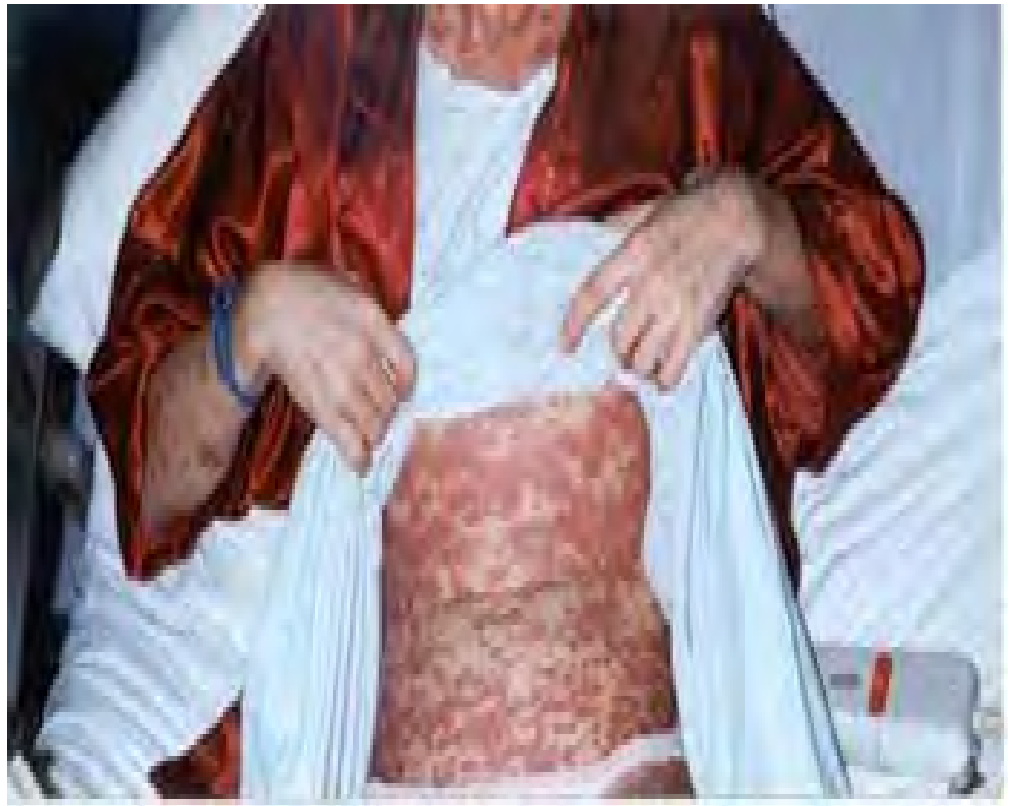
Stones managed;

Three years later metastatic cancer.



Case: Medication Complication Recognition

- Pt on TMP/SMX for prostatitis
- Referred to derm Day 5 for new rash skin and around mouth, “achy”
- MA told derm request- derm told MA to tell pt to go to ER as could be worrisome reaction.
- Pt did not go for 2 days.
- Dx SJS/TEN, Burn unit for 4 weeks
- Pt alleged derm office didn’t make clear that needed to “immediately go” to ER and didn’t make clear that life-threatening condition present.
- Telephone note only says “pt called for appt and advised ER would be better”
- Lawsuit!



Anesthesia- Enhanced Documentation

- Endoscopy in surgery centers
- Falls
- Fires
- Distractions
- Airway plans
- Teeth!!!!!!!

The EMR Problem List Makes it Clear What to Address…

Active Problems

1. Abdominal Pain 789.00
2. Acrochordon 701.9
3. History of Basal Cell Carcinoma Of The Skin
4. Basal Cell Carcinoma Of The Skin Of The Face 173.3
5. Basal Cell Carcinoma Of The Skin Of The Neck 173.4
6. Carotid Artery Plaque 433.10
7. Cervicalgia 723.1
8. Constipation 564.00
9. Dysplastic Nevus 238.2
10. History of Dysplastic Nevus 238.2
11. Fatigue 780.79
12. Flatus 787.3
13. Foot Pain (Soft Tissue) 729.5
14. Gout 274.9
15. Hemangioma Of The Skin 228.01
16. Hyperlipidemia 272.4
17. Hypertension 401.9
18. Immunology Studies Nonspecific Abnormal Findings 795.79
19. Inflamed Seborrheic Keratosis 702.11
20. Itching (Pruritus) 698.9
21. Joint Pain, Localized In The Knee 719.46
22. Keloid Scar 701.4
23. Lentigo 709.09
24. Limb Pain 729.5
25. Macules And Papules 709.8
26. Osteopenia 733.90
27. Paresthetic Notalgia 782.0
28. Peripheral Neuropathy 356.9
29. Preventive Medicine Estab Patient Checkup Adult Over 64 V70.0
30. Rosacea 695.3
31. Scar 709.2
32. Seborrheic Dermatitis 690.10
33. Seborrheic Dermatitis Of The Scalp 690.18
34. Seborrheic Keratosis 702.19
35. Skin Neoplasm Of Uncertain Behavior 238.2
36. Skin Neoplasm Of Uncertain Behavior 238.2
37. Skin: A Rash 782.1
38. Tear Duct Occlusion 375.56
39. Tinnitus 388.30
40. Urethritis 597.80
41. Urinary Frequency More Than Twice At Night (Nocturia) 788.43
42. Vaccines Prophylactic Need Against Influenza V04.81
43. Varicose Veins 454.9
44. Varicose Veins With Inflammation 454.1
45. Varicose Veins With Pain 454.8
46. Varicose Veins With Swelling 454.8
47. Visit For: Screening Exam Malignant Neoplasm Prostate V76.44
48. Visit For: Screening Malignant Neoplasm Colon V76.51
49. Vitamin D Deficiency 268.9
50. Xerosis Cutis 706.8

Past Medical History

1. History of Anxiety
2. History of Arthritis
3. History of Attention Deficit Disorder Without Hyperactivity 314.00
4. History of Basal Cell Carcinoma Of The Skin 173.9
5. History of Basal Cell Carcinoma Of The Skin
6. History of Benign Polyps Of The Large Intestine
7. History of Depression
8. History of Diverticulosis
9. History of Dysplastic Nevus 238.2
10. History of Gout
11. History of Hyperlipidemia
12. History of Hypertension
13. History of Obesity
14. History of Peripheral Neuropathy
15. Preventive Medicine Estab Patient Checkup Adult Over 64 V70.0
16. History of Prostate Cancer
17. History of Sleep Apnea
18. Vaccines Prophylactic Need Against Influenza V04.81

Surgical History

1. Arthroscopy Knee Right
2. History of Hand Incision Tendon Sheath Of A Finger
3. History of Hand Surgery
4. History of Neuroplasty Decompression Median Nerve At Carpal Tunnel
5. Tonsillectomy

Social History

1. Alcohol Use
2. Being A Social Drinker
3. Drug Use
4. Exercising Regularly
5. Former Smoker
6. Former Smoker V15.82
7. Sexual Orientation Same Sex

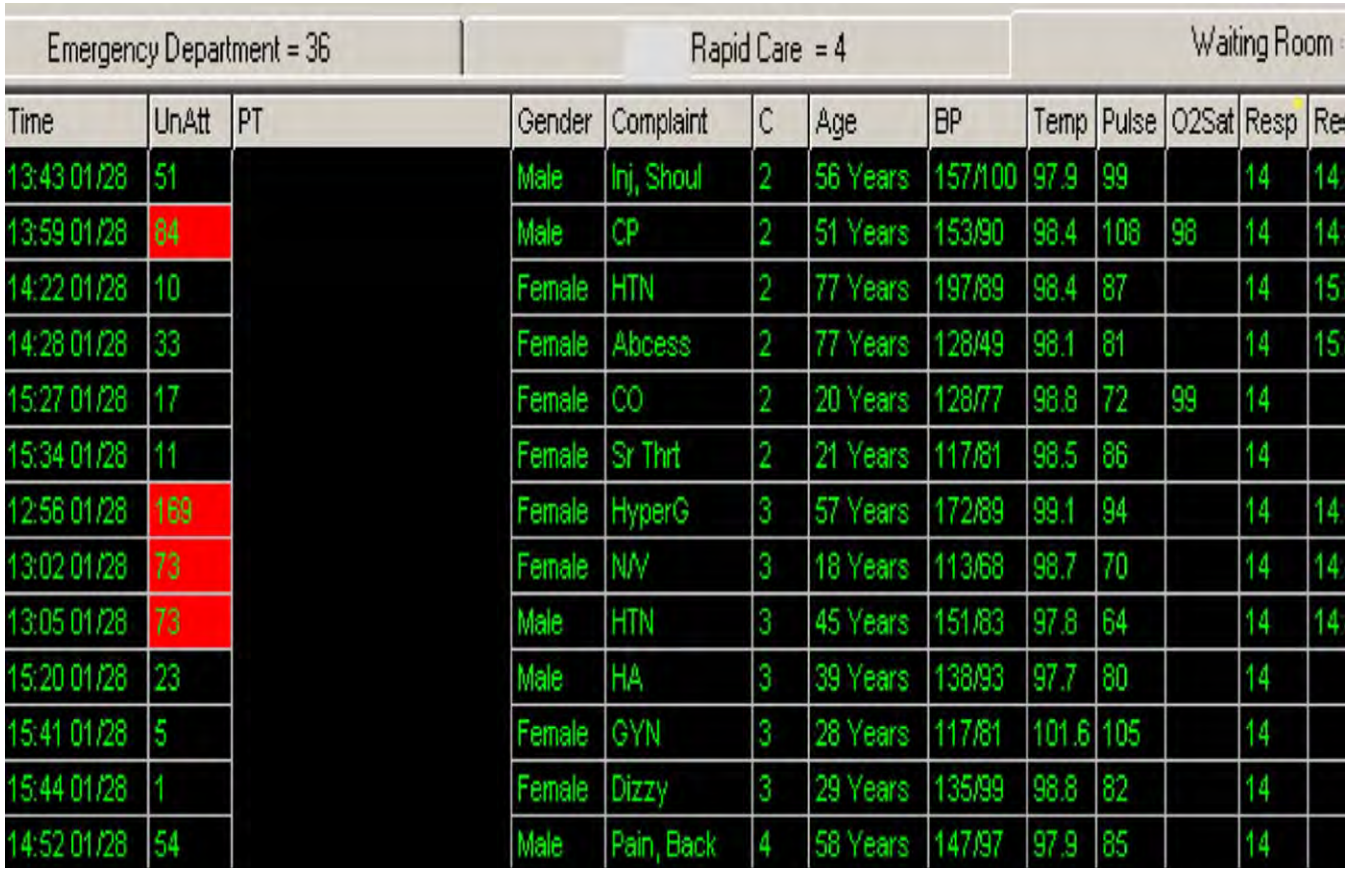
Denied

8. History of Tobacco Use

copic

Does documenting vital signs matter?

- Often incomplete or implausible.
- When abnormal, lack documentation of the thought processes for the etiology of the abnormalities.
- Repeating vitals, attention to discharge vitals, and shortening the window for re-evaluation are all strategies for the abnormal vitals.
- The respiratory rate is the vital sign most often absent, inaccurate or ignored.

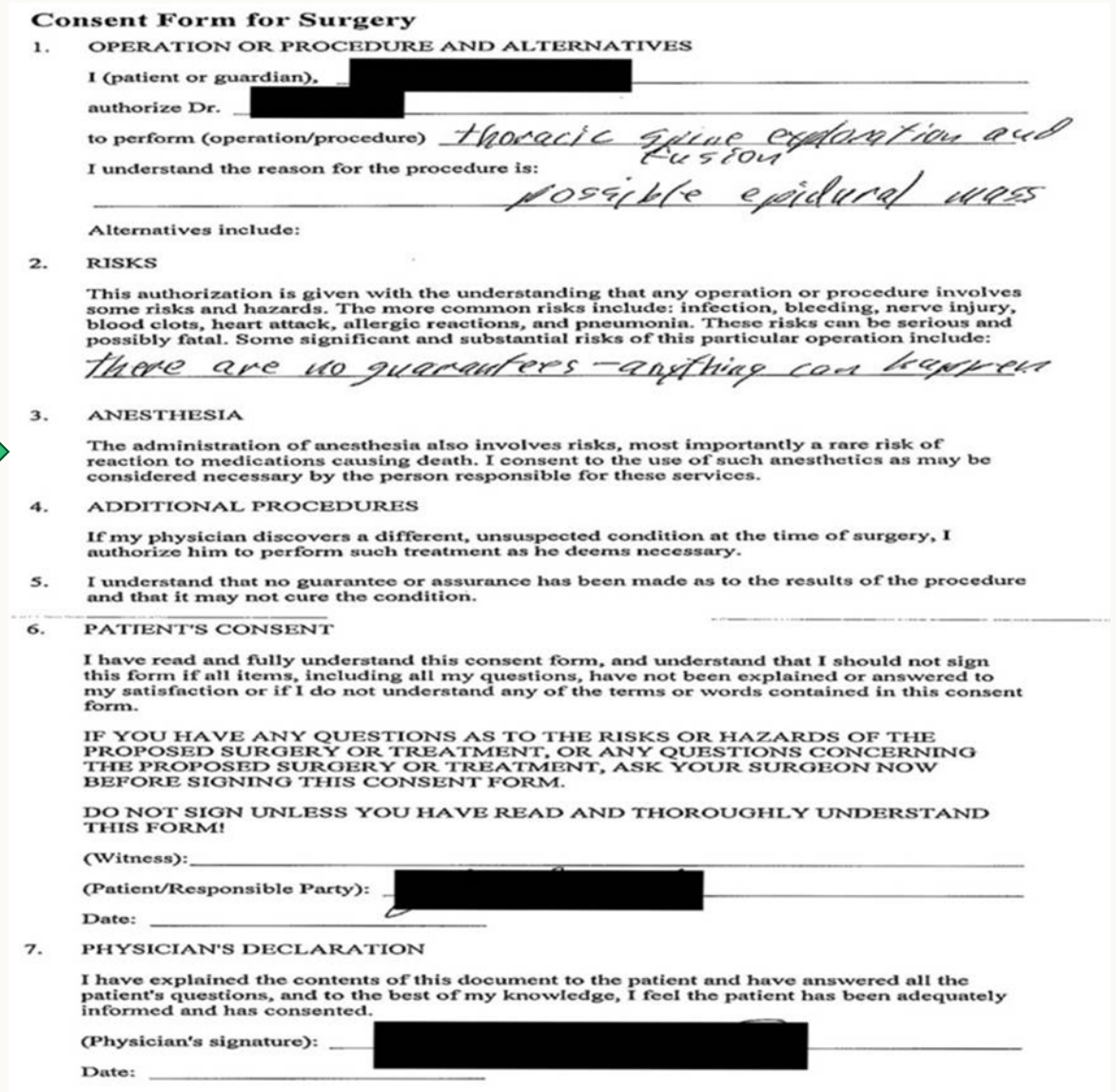


Emergency Department = 36 | Rapid Care = 4 | Waiting Room

Time	UnAtt	PT	Gender	Complaint	C	Age	BP	Temp	Pulse	O2Sat	Resp	Re
13:43 01/28	51		Male	Inj, Shoul	2	56 Years	157/100	97.9	99		14	14
13:59 01/28	84		Male	CP	2	51 Years	153/90	98.4	108	98	14	14
14:22 01/28	10		Female	HTN	2	77 Years	197/89	98.4	87		14	15
14:28 01/28	33		Female	Abcess	2	77 Years	128/49	98.1	81		14	15
15:27 01/28	17		Female	CO	2	20 Years	128/77	98.8	72	99	14	
15:34 01/28	11		Female	Sr Thrt	2	21 Years	117/81	98.5	86		14	
12:56 01/28	169		Female	HyperG	3	57 Years	172/89	99.1	94		14	14
13:02 01/28	73		Female	N/V	3	18 Years	113/68	98.7	70		14	14
13:05 01/28	73		Male	HTN	3	45 Years	151/83	97.8	64		14	14
15:20 01/28	23		Male	HA	3	39 Years	138/93	97.7	80		14	
15:41 01/28	5		Female	GYN	3	28 Years	117/81	101.6	105		14	
15:44 01/28	1		Female	Dizzy	3	29 Years	135/99	98.8	82		14	
14:52 01/28	54		Male	Pain, Back	4	58 Years	147/97	97.9	85		14	

The Consent for Spine Exploration and Fusion

There are no guarantees- anything can happen



Consent Form for Surgery

1. OPERATION OR PROCEDURE AND ALTERNATIVES

I (patient or guardian), [redacted]

authorize Dr. [redacted]

to perform (operation/procedure) Thoracic spine exploration and fusion

I understand the reason for the procedure is: possible epidural mass

Alternatives include:

2. RISKS

This authorization is given with the understanding that any operation or procedure involves some risks and hazards. The more common risks include: infection, bleeding, nerve injury, blood clots, heart attack, allergic reactions, and pneumonia. These risks can be serious and possibly fatal. Some significant and substantial risks of this particular operation include:

there are no guarantees - anything can happen

3. ANESTHESIA

The administration of anesthesia also involves risks, most importantly a rare risk of reaction to medications causing death. I consent to the use of such anesthetics as may be considered necessary by the person responsible for these services.

4. ADDITIONAL PROCEDURES

If my physician discovers a different, unsuspected condition at the time of surgery, I authorize him to perform such treatment as he deems necessary.

5. I understand that no guarantee or assurance has been made as to the results of the procedure and that it may not cure the condition.

6. PATIENT'S CONSENT

I have read and fully understand this consent form, and understand that I should not sign this form if all items, including all my questions, have not been explained or answered to my satisfaction or if I do not understand any of the terms or words contained in this consent form.

IF YOU HAVE ANY QUESTIONS AS TO THE RISKS OR HAZARDS OF THE PROPOSED SURGERY OR TREATMENT, OR ANY QUESTIONS CONCERNING THE PROPOSED SURGERY OR TREATMENT, ASK YOUR SURGEON NOW BEFORE SIGNING THIS CONSENT FORM.

DO NOT SIGN UNLESS YOU HAVE READ AND THOROUGHLY UNDERSTAND THIS FORM!

(Witness): _____

(Patient/Responsible Party): [redacted]

Date: _____

7. PHYSICIAN'S DECLARATION

I have explained the contents of this document to the patient and have answered all the patient's questions, and to the best of my knowledge, I feel the patient has been adequately informed and has consented.

(Physician's signature): [redacted]

Date: _____

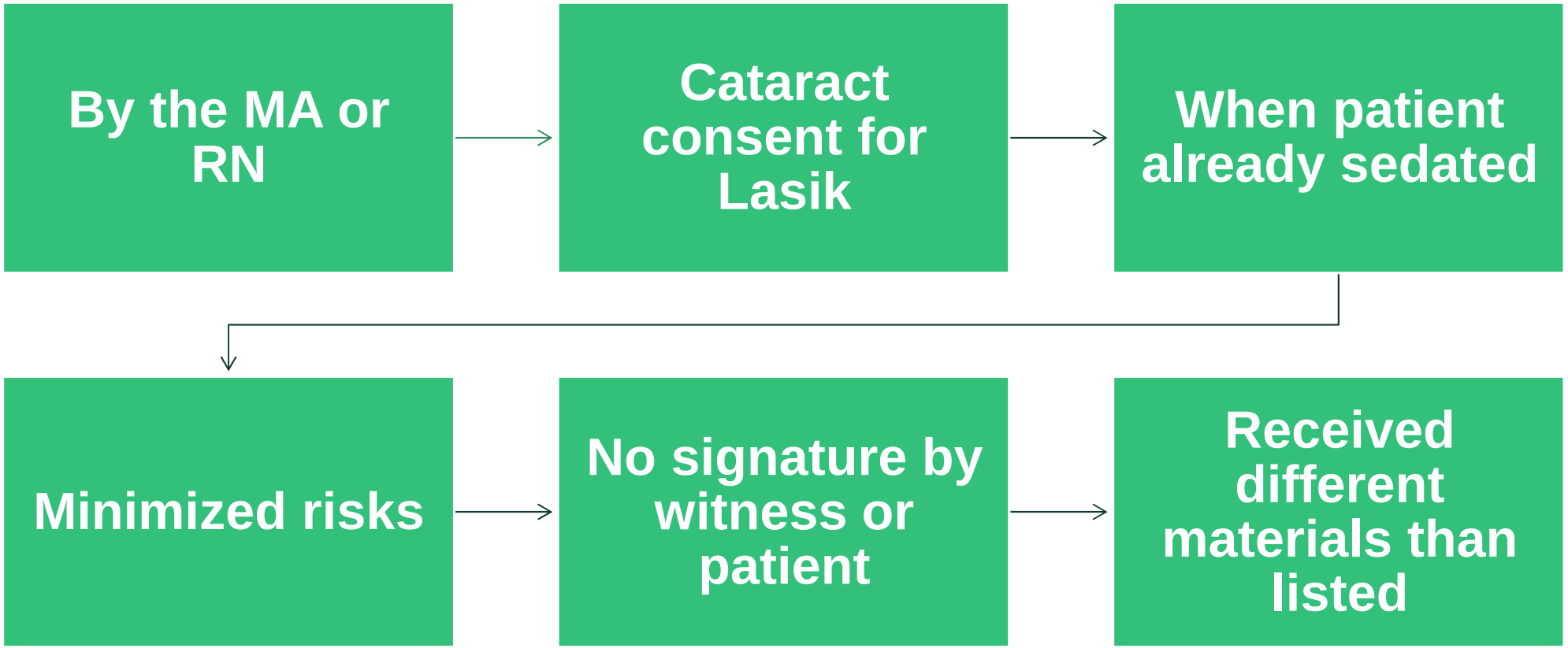
Subsequent newspaper headline:

- **“Denver jury awards paralyzed patient $5.8 million.”**
- **“The jury agreed that (M.D.) did not sufficiently inform (patient) of the risks of the surgery.”**

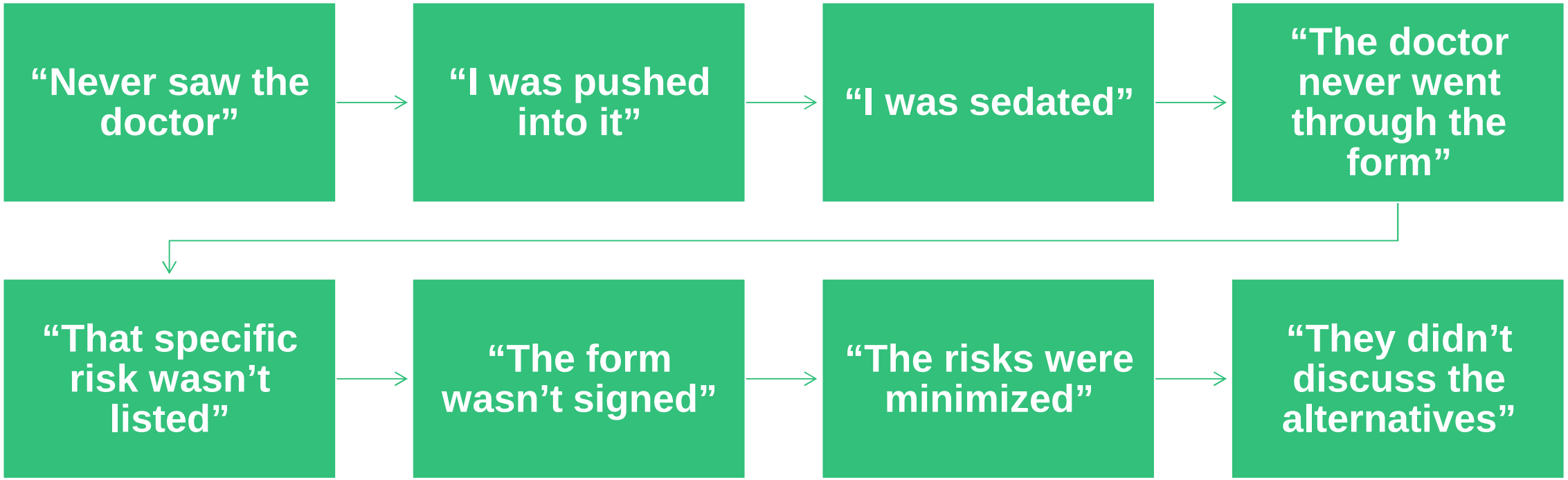
Why is informed consent important?

1. Legal requirement.
2. Better health outcomes with chronic illness.
3. Better surgical outcomes:
    a. Less pain medicine
    b. Decreased hospital stay
    c. Quicker recovery
4. Better compliance with treatment plans.
5. The Goal is “Shared decision making.”
6. Remember the process vs. the permit.

We've Seen Informed Consent……



Common Allegations



Documentation that matters- Procedural

- Timely
- Accurate- templates and copy/paste
- Consent and expectations
- Op notes
- Complications and Response
- Jousting management
- Informed refusal

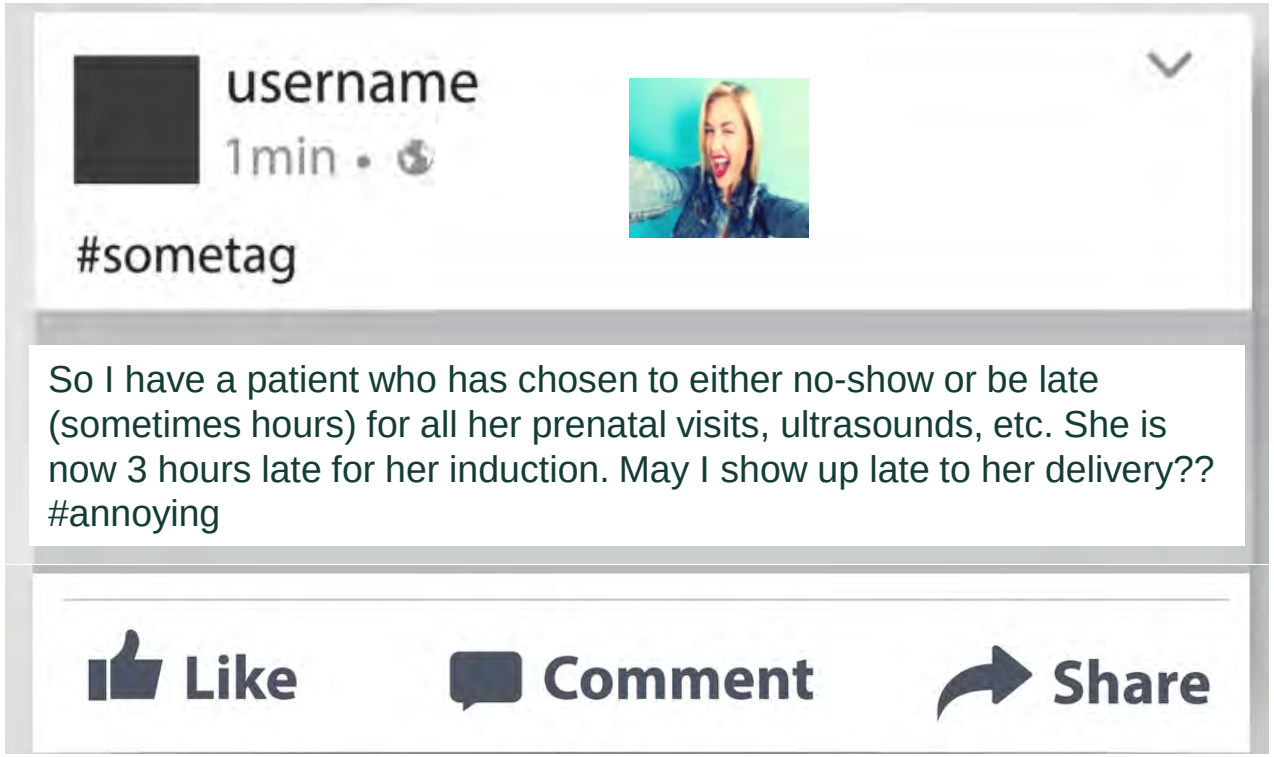
Medication Prescribing?

- Is consent required?
- Is documentation of consent required?
- What would be the benefits of an adequate informed process?

Informed Refusal

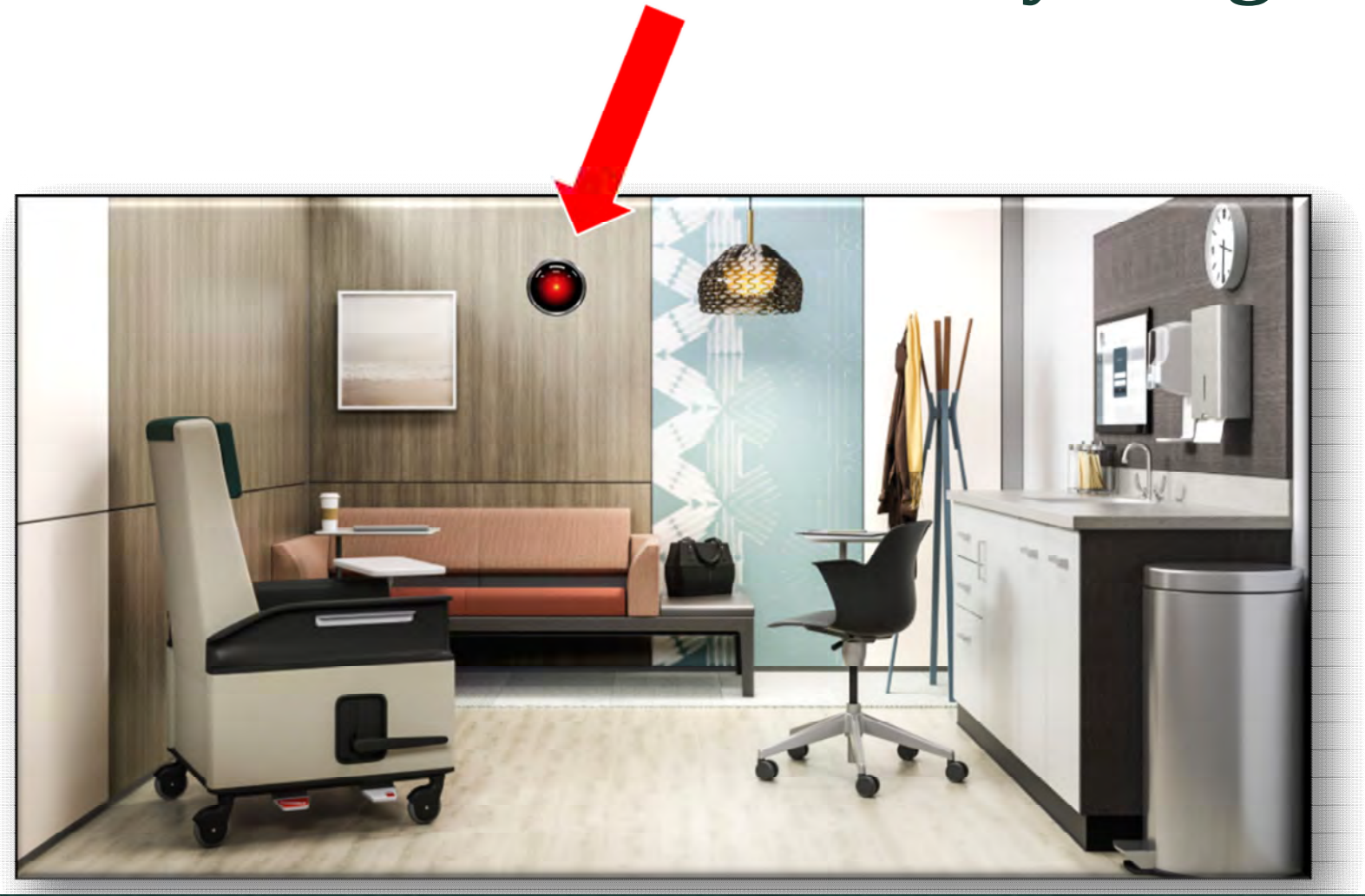
- Recommended procedures
- Recommended higher level of care – ER, hospital, specialist, etc.
- Note in chart vs. form

Social Media – NO!



$5.6M Award After PA Midwife Posts Botched Birth Photo Of Baby's 'Jellybean Head' On Instagram

Where are we headed? Will AI fix everything?



Specific Questions

- *What are the most common documentation mistakes you see in physician offices?*
- *How detailed is “detailed enough” when documenting a patient visit.*
- *What are the biggest documentation risks associated with copy-forward or templates?*
- *How can physicians effectively use templates without creating liability exposure?*
- *What are the essential elements that must be documented when pathology results are communicated to a patient by phone?*
- *How should corrections or addenda be handled properly in the EHR?*
- *Should I document when a patient is verbally abusive? What other times should I document a patient’s behavior?*
- *How do you document a patient’s bad behavior in their medical chart?*

Specific Questions

- *Do I really have to enter a chart note for every patient phone call?*
- *During a malpractice case, what part of the medical record is most heavily scrutinized?*
- *What documentation habits protect providers from liability?*
- *How should clinical reasoning and medical decision making be documented to reduce risk?*
- *How important is documenting follow up plans and return precautions?*
- *What is the best way to document patient noncompliance or missed appointments?*
- *How important is documenting patient education and understanding?*
- *What documentation responsibilities fall on providers vs clinical staff?*
- *What are the top three documentation changes a physician office can implement immediately to reduce malpractice risk?*

Thank You!

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