

Vital Sounds

A Newsletter for Health Care Professionals and Facilities

KaMMCO

Kansas Medical Mutual Insurance Company

www.KaMMCO.com

The Benefits of Membership

KaMMCO Board Renews Loyalty Award Dividend Program

KaMMCO is excited to announce the Board of Directors voted unanimously to continue the Loyalty Award Dividend Program in 2018. KaMMCO's success over the years is, in no small measure, attributable to the loyalty it has enjoyed from the members of the Kansas Medical Society and the Kansas Hospital Association. Full program details can be found at www.KaMMCO.com.

ELM Exchange is now Med-IQ; online education use high in 2017

ELM Exchange, KaMMCO's risk management online education partner, is now part of Med-IQ. While the educational program has not changed, KaMMCO members may notice the new name and branding. The online education content and site functionality remains the same.

In 2017, nearly 300 KaMMCO members completed their first online course, and nearly 600 took two or more courses. The user-friendly courses can be accessed 24/7 from any computer (or mobile device) with internet capability. Courses completed by September 30, 2017, offered participants a 2 percent premium credit toward 2018 policy renewal, as well as CME.

Watch for all new courses coming in early 2018!

KaMMCO Fall Loss Prevention Participation High

For 2016 Fall Loss Prevention, KaMMCO changed from its past practice of offering presentations in 8-10 locations across the state on as many different dates. Instead, KaMMCO offered members a live presentation by a national speaker, and video-streamed the live presentation to four locations across the state. Participants were also given the opportunity to attend the presentation via webinar from their own office or home.

Regardless of how members chose to access the programming, the new format as well as the topic were well-received. Nearly 1,600 healthcare professionals attended or tuned-in on September 12 to the "How to Love Medicine Again" presentation by Starla Fitch, MD. More than 200 members chose to participate via webinar; 167 members joined team viewing events in their offices; and more than 600 members chose to view the recorded event on the KaMMCO website by Sept. 30.

All viewing options allowed members to receive a 5 percent policy premium discount on their 2018 renewal.

"How to Love Medicine Again" recording available

Members who may have missed KaMMCO's Fall Loss Prevention speaker Starla Fitch, MD, and her presentation on "How to Love Medicine Again," now have the opportunity to watch the presentation on KaMMCO's website. Beginning January 1, the recording will be available on the website for a limited time for members who sign-in with their username and password.

Watch the video here: www.kammco.com/Media/Multimedia-Center/Loss-Prevention/Loss-Prevention-2017.aspx?tab=1&VideoID=330



Charging Interest on Medical Bills

By Yolanda Sims, JD, MHA

Loss Prevention & Risk Management Advisor

Is your practice considering charging interest on medical bills in 2018? If so, patients receiving medical services must be given proper notice before interest or finance charges can be assessed on a delinquent account. The requirement for notification comes from the Federal Truth in Lending Act and it ensures consumers are being treated fairly by businesses in the marketplace.

The American Medical Association (AMA) also provides an ethical opinion addressing interest and finance charges. The Code of Medical Ethics Opinion 11.3.3. states to preserve patients' dignity and help sustain the patient-physician relationship, physicians should be candid about financial matters and:

- (a) Clearly notify patients in advance about policy and practice with respect to delinquent accounts, including under what circumstances:
 - Payment will be requested at the time of service.
 - Interest or finance charges may be levied.
 - A past due account will be sent to a collection agency.
- (b) Ensure that no bills are sent to collection without the physician's knowledge.
- (c) Use discretion and compassion in hardship cases, in keeping with ethics guidance regarding financial barriers to healthcare access.

Before charging interest on delinquent patient accounts, keep the AMA's guidance and the following tips in mind:

- Make sure all policies and procedures used for collections are in compliance with state and federal laws. Please note that Medicare and some government funded accounts may not be charged a finance fee.
- Provide written disclosures to patients concerning finance charges and other fees that may be assessed to their account.
- Consider payment arrangements. Charging interest on medical bills may not yield the result intended which is prompt payment. This is especially true, if the patient does not have the financial means to pay.
- Do not be quick to judge. A patient's account may become delinquent for a variety of reasons including a simple oversight.

Telemedicine Services – What to know before you begin

By Connie Christian, MBA, CPHRM

Facility Risk Management and Patient Safety Advisor

Part I:

Telemedicine services and tools continue to increase rapidly. In a 2017 survey Accenture notes of the American respondents, 21% had used telemedicine services or tools and 78% would like to use telemedicine services and tools to track health indicators such as blood pressure, pulse and glucose levels with technology, to use telemedicine for follow-up appointments, and to be remotely examined for non-urgent health concerns.¹ The continued increases in



¹ <http://www.mobihealthnews.com>, Jonah Comstock, Feb. 9, 2017

Strategies provided in this article are adapted from ASHRM Annual conference program provided by Emily Clegg, JD, MBA, Senior Risk and Patient Safety Consultant, UMIA Insurance Inc.

telemedicine use can be attributed to the benefits it brings in access to care, specialized services unavailable in the local area, and decreased travel time and stress to patients.

A prominent question from healthcare providers across the nation is whether telemedicine will increase exposure to professional liability events. Currently it is difficult to determine how a provider's liability exposure will be affected due to minimal claims data in this area. As with any new service, research will be vital to success. Below are a few loss prevention strategies that should be considered prior to implementing a telemedicine/e-visit service.

- Is licensure appropriate?
 - Regulations are changing rapidly regarding out-of-state telemedicine medical licensure. Some states require full licensure, while others offer a telemedicine only license, and some are silent on the issue. It is imperative to keep up to date on the regulations of the state(s) you are considering offering telemedicine services.
 - Are patients asked where they are located?
 - Has licensure been verified for patient locations?
 - Are there local prescribing rules?
 - Has the credentialing process been included in the plan?
- Will a patient-provider relationship be created?
 - Definitions differ at the state level as to when a patient-provider relationship is created. Researching the distant site state(s) standards will be necessary to determine if there is a duty to treat under the standard of care.
 - Is there a patient/provider relationship?
 - If no patient/provider relationship has been created - is that clear to the patient?
 - Is the patient educated on continuity of care?
 - Are protocols in place for tracking orders and follow up plans?
- Are patients and conditions appropriate for telemedicine/e-visits?
 - Not all patients and conditions are appropriate for the telemedicine/e-visit environment or a specific provider or group's speciality. Realistic patient selection will provide the best experience for both the patient and the provider.
 - Are standards in place for patient selection?
 - Are guidelines in place for appropriate conditions?
 - Is a policy in place to terminate a visit outside the provider's telemedicine expertise or comfort level?
 - Is there a plan for emergencies?

Watch Vital Sounds February 2018 issue for Part II of this article, including additional loss prevention strategies and online links.

Tips from the Trenches: Claims Update

By Cristy Anderson, JD

KaMMCO Vice President Claims

Specialty: Hospital

Procedure: Just after 11 a.m., the visitor/claimant parked in the back of the hospital and went to have lunch with a hospital employee. After lunch, the claimant left the hospital from the same door she originally entered and slipped and fell on the sidewalk, fracturing her ankle. Unable to get up, the claimant yelled for help and two facility staff assisted her into a wheelchair and took her to the emergency room. Staff noticed when they were helping the claimant into a wheelchair that her ankle was “mangled.” The weather the day of the incident was freezing rain throughout the day. The facility staff had treated the walkway in the area where the claimant fell at 8 a.m., just before lunch at 11 a.m. and another treatment was to be applied around the time of the fall. When the area was treated at 11 a.m., the area was ice free. The claimant’s ankle was properly treated including surgery. She made a full recovery. The treatment of her ankle was not in question.

Allegations: The claimant alleged the hospital was negligent in failing to keep the walkway free of hazardous conditions.

Resolution: This claim was denied.

Cost of Defense: \$611

Risk Management Tips:

- Just because someone falls on the facility premises doesn’t mean the facility is automatically responsible for injuries.
- A facility must use reasonable care under the circumstance to keep those portions of the premises which can be expected to be used by invitees in a reasonably safe condition.
- The invitee must still prove the elements of negligence on the part of the facility:
 - That the facility owed the invitee a certain duty of care;
 - That the facility breached that duty in some way;
 - That the breach caused an injury;
 - That there is a link between the breach of duty and the injury (causation);
 - That there are compensable damages.
- In the claim described above, the facility was making reasonable to extreme effort to keep the sidewalk free from ice but the sleet was falling fast and their efforts could not completely eliminate the hazardous condition.
- Sometimes providing care to an invitee after a fall as a gesture of goodwill can reduce the possibility of a claim, however, if things start to escalate or if there is uncertainty as to whether the facility is responsible for the injury, contact KaMMCO for assistance.

Phillipsburg Clinic Helping Diabetic Patients Improve Their Health



More than half the diabetic patients of Phillips County Health Systems in Phillipsburg, Kansas participated in a successful program providing diabetic support and education.

In 2015, the first year of the program, 90 patients with chronic diabetic issues were referred to the Phillips County clinic. Of that number, 60 agreed to start the program.

The program started with the focus on patients who need intermediate diabetic care. “They were using hospital services frequently for diabetic-related concerns, and we wanted to shift them to routine visits for diabetic care, rather than emergency visits or intermediate needs,” said Jessica Hawkins, Infection Control Nurse and Diabetic Educator at Phillips County Health System.

The clinic’s diabetes education program, Healthy Grams and Strides Support Group, focuses on the American Association of Diabetic Educators’ seven requirements, with additional services such as medication and resource assistance and dietary counseling.

Twenty-two participating patients had an average baseline of 10.22 A1c levels when they started the program. A1c levels are results of a hemoglobin test which shows how well blood sugar levels are controlled. Normal A1c levels are below 5.7 percent; A1c levels of 8 or above are considered to be not under control. Following a year in the program, those 22 patients successfully lowered their A1c levels to an average of 7.4.

Located in north central Kansas, Phillips County Health Systems is a rural clinic offering total family healthcare from infants to geriatrics. The diabetes program includes 10 hours of education in the first year, and then two sessions per following year for as long as the patient needs it. There are currently 45 patients in the on-going program.

The clinic’s emphasis on diabetes education aligns with participation in the Kansas Healthcare Collaborative (KHC) Practice Transformation Network (PTN). KHC delivers hands-on support, coaching, education and technical assistance to Kansas clinicians as part of the CMS Innovation Center Program. Each participating clinic is assigned a quality improvement advisor who works with the staff to identify areas for improvement and selection of quality performance measures. The Phillips County clinic chose to concentrate on improving A1c levels in their diabetic population.

Josh Mosier, KHC Quality Improvement Advisor, worked with the clinic, helping them track the data. “As part of their participation in KHC’s PTN, the clinic’s data for diabetic patients shows great improvement in a relatively short span,” he said regarding the impact of the program. “Those who receive care from Phillips County Health Systems will likely continue to make great strides through this program.”

Call for Nominations: 2018 Leadership in Quality Award

The Kansas Healthcare Collaborative (KHC) is now accepting nominations for the 2018 KHC Leadership in Quality Award. The award will be presented at the 10th Annual Summit on Quality, jointly hosted by KHC and the Kansas Foundation for Medical Care, Inc., on May 4 in Wichita.

Sponsored by the KaMMCO (Kansas Medical Mutual Insurance Company) Foundation, the awards are presented annually to recognize leadership and innovation in quality improvement and patient safety. The grand prize winner will receive \$5,000. All Kansas healthcare professionals and organizations are eligible for the award.

The KaMMCO Foundation is an ardent supporter of initiatives that affect healthcare safety, reduce risk of harm, and focus on the patient as the center of care.

The nomination deadline is Friday, January 19, 2018.

More information is available online: www.khconline.org/events/summit-on-quality#Leadership.

Kansas Hospital Personnel Protecting Patients

Kansas hospital personnel are protecting themselves and their patients from the flu by stepping up and getting immunized. The annual Health Care Personnel (HCP) Influenza Immunization Survey, conducted by Kansas Healthcare Collaborative (KHC), found 93.6 percent of hospital personnel in Kansas received influenza vaccination during the 2016-17 flu season. The national average was 92.3 percent for hospital personnel immunization.

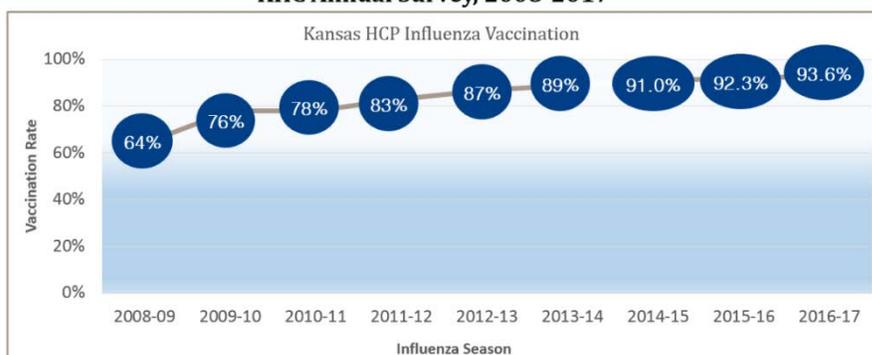
The immunization rate among Kansas hospital personnel has increased steadily each year since the first survey conducted in 2009 for the 2008-09 flu season. At that time, 64 percent received influenza immunization.

Ninety-eight percent of Kansas hospitals participated in this year's survey, with 138 of the 141 hospitals surveyed in the state responding. Survey findings also show that hospitals are achieving higher immunization rates by providing employee education on the health risks of the flu and the benefits of immunization, by aligning policies with national recommendations, and by making vaccination opportunities convenient for employees. Most hospitals provided on-site vaccination at no cost or low cost to increase influenza immunization coverage.

Education Opportunity for Long Term Care Facilities

KaMMCO/KaMMCO Casualty would like to share an educational opportunity from the Pioneer Health Network (PHN) specific to Kansas Long Term Care Facilities. This program is appropriate for those facilities attached to a hospital and those not attached/affiliated with a hospital.

Hospital Personnel Influenza Vaccination
KHC Annual Survey, 2008-2017



*The break after 2013-14 reflects a change in the scope of the survey. In 2008-09 to 2013-14, the survey included employees only. Since 2014-15 the scope now includes employees, licensed professionals, students, volunteers, and contractors.

PHN is pleased to offer “NEW CMS REQUIREMENTS: LTC Facility Rules of Participation.” This is part of the webinar series with Linda Farrar, RN/BSN/LNHA. Continuing education hours have been requested from Kansas Department for Aging and Disability Services for all sessions.

The three 2018 webinars are as follows:

- Session IV. Rules of Participation: Pharmacy Services, Drug Regimen Review, Diagnostic Services; Nursing Services & Competency-Based Staffing & Training Requirements; Infection Control & Antibiotic Stewardship
Tuesday, January 16 - 10:00-11:30am (CST)
- Session V. Rules of Participation: Quality of Care; Dental Services; Behavioral Health; Specialized Rehabilitation Services
Tuesday, February 13 - 10:00-11:30am (CST)
- Session VI: Rules of Participation: Food & Nutrition; Facility Assessment; Compliance & Ethics Programs
Tuesday, March 6 - 10:00-11:30am (CST)

Registration for PHN members is \$50/per session or \$120/all three sessions; Non-PHN members is \$70/per session or \$180/all three sessions. If you have questions or would like to register, please contact Mary Adam, PHN, 620-276-6100. Registrations are limited to one connection per facility.