Electronic medical records (EMR) are steadily gaining a foothold in the medical practices of our insured physicians. As with any new technology, there is a learning curve that includes how risk management systems are affected by EMR. Over the past few years, we have seen some new twists to the traditional risk management concerns as they relate to the use of EMR by our insureds.

**Mandatory Means Mandatory**

Mandatory fields in EMR can be a mixed blessing. They remind staff and physicians to document important medical information; but to busy physicians and their staff, these reminders are like spam that slow up the schedule. Patient safety means taking that extra minute to fill in a field in order to store vital information. For example, when physicians and staff complete the mandatory allergy field and update it regularly, everyone is aware of a patient’s allergies and can use that information. Mandatory fields also feed into drug interaction programs and help prevent medication errors. Take time to decide on mandatory fields that are important in your practice, require their use by everyone, and do not have an EMR system that allows anyone to bypass or disable these fields.

**Avoid Nonstandard Medical Abbreviations**

In a busy physician’s office there is a temptation to use electronic shorthand like that used in cell phone text messaging. It is much easier to type a group of letters instead of complete words or sentences. For example, LMOVM (left message on voice mail), skin-wdgt (skin - warm, dry, good turgor), and DM 101 (send patient to Diabetic Educational Program).

Although you and your staff may know the meaning of the nonstandard medical abbreviations, their use hinders good communication and creates inaccurate records. Other physicians in and outside of your practice may not be able to decipher their meaning. Use the power of the computer to develop templates that will write out frequent entries with a stroke of the key. Do not shortchange your patient by using nonstandard medical shorthand.

**Templates Are Not The Complete Answer**

We are finding that a major advantage of EMR can also be its biggest weakness – the overuse of templates. EMR is ideal to document routine information such as review of systems or physical examination. Unfortunately, a patient’s medical condition does not always fit neatly into a standardized category; The EMR should allow you to define and explain abnormal examinations, review of systems, and medical histories. Use of templates without supplemental notes causes the medical record to lose that *warm and fuzzy factor*. You should document patient and family conversations and instructions so that the record is unique to the patient. When you are involved with situations that templates do not address, go to the narrative mode to tell the story. These include emergency situations, noncompliant patients, and complicated medical or social problems.

**EMR Should Simplify, Not Complicate**

EMR offer the ability to gather a great deal of information about patients; however, you should decide what information is important to your medical practice. When presented with too much information, our minds tend to *tune-out* and we overlook that which is important. When designing your templates, concentrate on the important areas in your medical practice. For example, when gathering family medical history, it is more important to specify the types of cancers that can have familial consequences rather than asking for every cancer history for all relatives. Work with vendors on systems that highlight abnormals and other important information, both on the screen and on the printout. Use the power of EMR to simplify, not complicate, the exchange of medical information.

Electronic medical records (EMR) continued on page 7
Maples’ Musings

by Michael D. Maples, M.D., Medical Director

Electronic Medical Records: Is There a Human Patient in There?

With the government and insurance companies promoting electronic medical records (EMR), can it be a good thing? Have you read the medical records from the VA?

It is hard to believe that the taking of narrative histories by physicians and nurses for thousands of years will become an obsolete art. On the other hand, EMR has the potential to record large amounts of data in a concise form that is easily retrievable.

Our experience at MACM has been that it can markedly improve the medical records of those physicians who are poor history takers, and it dumbs down those physicians who have traditionally done a great job in their record keeping. I suppose it is moving everyone toward the middle. The Risk Management team at MACM can help you tailor your EMR system to distinguish you and your practice from the middle and hopefully provide better patient care. The narrative history is not dead but it will require some adaptation to the electronic world. Our Risk Management Consultants can be a valuable resource to you and your office.

The Importance of Training and Education for Office Staff Employees

by Beth Womack Easley, RHIA, Senior Risk Management Consultant

As a risk management consultant for the past nine years, I have had an amazing opportunity to work with many medical offices and clinics in varied specialties across the state. One recurring issue that clinic managers express is the importance of continuing education of their staff. This need applies to all employees regardless of their position (i.e. office manager, nurses, receptionist, medical records clerk). While physicians understand the necessity of their own continuing education, they may not appreciate the importance of it for their staff.

This article spotlights one of the offices that I have had the privilege of working with closely, Don Simpson, M.D., FACOG, in Corinth, Mississippi. Dr. Simpson received his ABOG certification in 1996. I believe Dr. Simpson’s commitment to his staff’s education comes from his own emphasis on education throughout the years.

Over the years, Dr. Simpson has earned a B.S. in Aerospace Engineering/ Nuclear Engineering, an M.S. in Aerospace Engineering, and a B.S. in Biological Sciences. He completed medical school at the University of Texas Medical Branch in Galveston, Texas.

Dr. Simpson opened the Magnolia Women’s Clinic in Corinth in 1993 with only two employees. He says that he decided to become a physician because he “wanted the opportunity to more directly have a positive effect on peoples’ daily lives,” while he admits that he still embraces engineering as a hobby. Additionally, Dr. Simpson says that he “enjoys sharing positive outcomes with the patient and their family; whether resolving chronic pain, incontinence, dysplasia, delivering a baby or confirming well-being.”

One of the two original employees is Vickie Hopkins, who is the current Clinic Manager. Vickie is a Certified Medical Assistant who has completed numerous continuing education courses and has been recognized for her outstanding work as a medical office manager. Vickie truly realizes the magnitude, value and worth of training and education of her office staff.

Vickie’s philosophy of management includes using all available resources (MACM Risk Management presentations and newsletters, magazine articles, and other means of instruction) to educate the clinic staff to enhance their performance. She has found that by improving employee performance, employee satisfaction improves. Vickie knows that it is always an asset to a business (medically related or other) when employees can better understand their jobs and what’s expected of them. In her words, “better trained staff makes for better patient care. My goal is to have the best trained staff by focusing on four key areas: OSHA, HIPAA, Risk Management, and Magnolia Women’s Clinic Training. The clinic training consists of written job descriptions and how each employee will participate as a team member following OSHA, HIPAA, and Risk Management standards.”

Vickie keeps a training manual for each of Dr. Simpson’s employees. It is updated concurrently as training and education occur. Each employee validates her individual manual with her signature after attending the training session or after reading the printed material sent to her for review. This helps to verify proper guidance of quality, skilled employees.

Some of the added values of appropriately trained staff include improved patient satisfaction, improved patient safety, and a reduction of situations that create increased liability. Another benefit is that the training and education helps to facilitate discussions between the staff and the physician.

Both Dr. Simpson and Clinic Manager Vickie Hopkins know the benefits of training and education. Remember that continuing education isn’t exclusively for physicians. Not only will the physician reap the benefits of a better-educated staff, the patients will too.
Mandatory Orientation Program for New Physicians

NEW physicians whose policy inception was on or after August 1, 2006 are required to attend. Failure to attend one of the programs scheduled in 2007 will result in a 5% premium surcharge or $1000, whichever is greater. Continued failure to attend through the next policy period will result in a 10% surcharge or $1000, whichever is greater. If the requirement is not met within the third policy period, the physician will be considered for non-renewal.

CME Credit

Medical Assurance Company of Mississippi (MACM) is accredited by the Mississippi State Medical Association to provide CME for physicians. MACM takes full responsibility for the content, quality, and scientific integrity of this activity. MACM accepts no commercial support for its CME activities.

Medical Assurance Company of Mississippi designates the Risk Management portion of this educational activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

At the conclusion of this two-hour program, the physician will:

- Review the history, philosophy, and organization of the Company
- Gain underwriting information pertinent to the physician’s coverage
- Discuss Claims Department procedures/reporting of claims and incidents
- Develop an understanding of the importance of risk management in reducing claims (CME content)
- Participate in a review of selected cases designed to illustrate basic risk management principles (CME content)

Additional Needs

If you require assistance due to a disability, please call Medical Assurance Company of Mississippi’s Risk Management Department. MACM recognizes the rights of those with disabilities to participate in the programs, activities, or other beneficial services as identified by the Americans with Disabilities Act. If you require special dietary considerations, please notify the Risk Management Department and we will do our best to accommodate your needs.

N7-1 April 19, 2007 5:30 pm-8:00 pm Jackson St. Dominic Hospital
N7-2 July 19, 2007 11:30 am-2:00 pm Jackson University of Mississippi Medical Center
N7-3 August 16, 2007 5:30 pm-8:00 pm Tupelo North Mississippi Medical Center
N7-4 August 28, 2007 5:30 pm-8:00 pm Biloxi Biloxi Regional Medical Center
N7-5 September 11, 2007 5:30 pm-8:00 pm Hattiesburg Forrest General Hospital
N7-6 September 20, 2007 5:30 pm-8:00 pm Oxford Baptist Cancer Center
N7-7 October 25, 2007 5:30 pm-8:00 pm Jackson Mississippi Baptist Medical Center

To Receive Credit for Attendance, Physicians Must Be Present For Entire Two-Hour Program

IF YOU DO NOT RECEIVE A FAX/E-MAIL CONFIRMATION WITHIN TWO WEEKS OF YOUR REGISTRATION, PLEASE RESUBMIT.

Name:________________________________________
Physician/Clinic Address:________________________________________
Phone:____________________ Fax:____________________ E-mail:____________________
I wish to register for Program #:______ Place:____________________ Program Date:____________

A FAX/E-MAIL REMINDER WILL BE SENT TO YOU APPROXIMATELY TWO WEEKS BEFORE EACH PROGRAM.

Medical Assurance Company of Mississippi
Attn: Risk Management Department
404 West Parkway Place, Ridgeland, MS 39157
Fax: (601) 605-8849
Stories of Life After Hurricane Katrina Prove Valuable Realization

The FedEx delivery person; the food court inside a hospital; and an unused Sunday School room at a local church. Blessings come in many disguises after a tragedy like Hurricane Katrina, one of most devastating hurricanes in the history of the United States. The Category 3 storm destroyed buildings and shattered lives the days and weeks after making landfall on the morning of August 29, 2005. It is estimated that the storm caused over $81 billion in damage.

Today, almost two years later, the effects of Hurricane Katrina are still evident along the Mississippi Gulf Coast. But, much progress has been made and continues to be accomplished each day. For three Medical Assurance Company of Mississippi insureds, the daily focus has shifted somewhat. Shortly after Hurricane Katrina, each day was about cleaning up their practices and rebuilding their lives. Today, more effort is given to what can be learned from a tragedy of this magnitude and how this knowledge can help prepare for a future disaster.

**Established relationships prove beneficial after tragedy**

For the physicians, and staff at The Medical Oncology Group in Gulfport, the aftermath of Hurricane Katrina was not as bad as it could have been. They still had a building in which to work.

On August 30, 2005, the day after Hurricane Katrina devastated the Southern half of Mississippi, Practice Manager Nick Foto attempted to make his usual morning drive. He was headed in to work to check on the status of the clinic where he has been administrator for almost four years, but there was nothing usual about this morning.

“There were no street signs,” Foto said. “You couldn’t drive anywhere. The roads were covered with debris, and the landmarks that you use to get around town were gone. It was a challenge to drive. You quickly realized that you shouldn’t take the simple things in life for granted.”

When he finally made it to the clinic, located less than a mile from the beach on Broad Avenue, Foto could not believe his eyes. Every other building that close to the beach had been destroyed, but somehow the building that housed his clinic had survived with only minor, cosmetic damage. Over the next few days, other staff began to show up, and they removed debris and restored the clinic as best as they could. However, with no water and no electricity, there was no way the physicians could treat patients.

On Wednesday, September 8, less than two weeks after the storm, the Medical Oncology Group’s office reopened with working electricity, but still no water or sewage services. The physicians continued to treat patients at nearby Memorial Hospital. Once the clinic received water on September 12, patients could be seen again.

One of many lessons learned by Foto and the clinic staff as a result of Katrina was the critical need to establish good-standing relationships with people, especially with those individuals who contribute to the success of the business, in this case, the FedEx lady.

One morning, Foto and several members of the staff were clearing away debris from the parking lot and around the office when the FedEx truck drove by. The truck stopped, turned around, and pulled into the parking lot. The clinic’s regular delivery person, the one that they saw on a daily basis, got out of the truck and asked if the clinic was open.

“Because she knew that we were ready to open, she was able to get our deliveries for us out of the distribution center in Mobile,” Foto said. “According to the FedEx website, nothing could be shipped to the Coast. But, because of our relationship, we were able to get supplies and medications, which allowed us to re-open earlier than planned.”

The main priority for the physicians and staff at the Medical Oncology Group has always been the patient. And, in order to help their patients, each person knew that the clinic had to get open again as soon as possible.

“Once we knew that the building was structurally OK, we had to get re-opened. The cosmetic damage could be fixed later, but we had patients depending on us,” Foto said. “Many patients came to the building as soon as they could looking for their physicians. When you know that people are depending on you – both patients and employees – you do what you can to get up and going.”

In addition to those patients who remained on the Coast and needed their help, the patients that left the area before the storm needed their medical histories and information to continue their treatment elsewhere. The clinic had to be ready to provide that. Because the building remained intact, Medical Oncology did not lose any of its patient files. That was not the case for many other clinics on the Coast.

“With electronic medical records, it would be so easy to download everything and take it with you. EMR would have proved its worth in a tragedy such as this,” Foto said. “We were lucky that we didn’t lose patient files. Everything else, all the physical things, can be replaced, but how do you replace years’ worth of work?”

One challenge was notifying patients that the clinic was open and that the physicians were seeing patients. Many of the clinic’s patients were going to the hospital in search of their physicians.

“Another lesson we learned was that it would have been good to have media contacts,” Foto said. “We were one of hundreds of organizations trying to get the word out that we were open. It was impossible to get through on the TV or radio. Finally, we had to just rely on word of mouth and hope that our patients would try to contact us.”

Being a part of a trade organization like the Medical Group Managers Association definitely proved beneficial to Foto. Through a forum on the MGMA of Mississippi website, he was able to post that the clinic was open and that the staff was alive. One of the clinic’s vendors in California saw that posting and was able to get in touch with Foto and get needed supplies to him.
In addition to preparing a clinic for a tragedy, Foto recommends allowing employees plenty of time to get their personal business in order as well. Employees must have time to prepare and evacuate at home as well as at work.

Once a tragedy has come and gone, Foto also suggests that a physician know where his staff is physically located. “We thought that exchanging cell phone numbers would be enough. What we couldn’t imagine is that the cell phone network would be destroyed and that there was no way to get in contact. If I had known landline numbers for the locations where our employees were going, that would have been so much better.”

Foto advises to always have a back up plan for the worst case scenario. “Even though you never think it will happen to you, the potential is there. You can never be over-prepared.”

Detailed, written disaster plan is critical before tragedy

While watching Hurricane Katrina approach the Mississippi Gulf Coast, Buck Franklin, MD, a physician with the Medical Foundation of South Mississippi, knew that it would be devastating. But, as he and other physicians waited at Memorial Hospital in Gulfport, they had no idea how stressful their next few days would be.

On the Sunday prior to Hurricane Katrina, the beaches along the Mississippi Gulf Coast were quiet and calm. Dr. Franklin evacuated his family and headed to the hospital to prepare for what he thought would be a couple of days. Before Hurricane Katrina, the volunteer staff that remained behind during a storm had never been required to stay for more than 24 hours. This time, Dr. Franklin spent eight straight days and nights working at the hospital.

“You truly have to have a strong personal faith to get through a tragedy like this,” Dr. Franklin said. “You have to live minute to minute and not look past the moment. It’s OK to laugh and cry if that’s what it takes to keep your focus.”

During the height of the storm, the hospital and staff were fine but with pure apprehension, they watched the storm roll in. After the storm came through, the hospital started losing gas, electricity and phone service. There was no way to contact another hospital much less the family and friends that had left the Coast for safety.

In order to manage the situation, the hospital staff and physicians formed a village in the food court of Memorial Hospital. This area was used to shelter those patients who could be discharged, but had no where to go. And, it became the clearing house for volunteers, food, water, drugs, and medical supplies. “When volunteers were finally able to get to the Coast, we had a place for them,” Dr. Franklin said.

When facing a tragedy of any kind, Dr. Franklin advises to stay flexible, remain calm and to prioritize your family first. In preparing, Dr. Franklin recommends a written plan that assumes the worst case scenario and is tested regularly. This plan must be flexible and ready for implementation at a moment’s notice.

This written plan should include allowances and directions for mobile clinics. “If you have no building in which to practice, having the resources and contacts in place to arrange for a mobile clinic can help get you back to your practice a lot faster,” Dr. Franklin said.

Providing for staffing in necessary critical areas of the hospital is also needed in the written plan and not just relying on volunteers to staff these areas. “Before and during Katrina, we used volunteers to staff the hospital for a storm,” Dr. Franklin said. “Now, we have a plan in place that requires certain staff members to be present during a storm or risk their hospital privileges. This plan also provides for relief physicians, nurses, and staff be available as well.”

Since Hurricane Katrina, Memorial Hospital has purchased cell phones with plans based out of the Coastal area. “We found out quickly that cell phone towers were gone and there was no service,” Dr. Franklin said. “If we had phones with other home locations, they would have worked for us. Thankfully, text messages and e-mails did work after a couple of days, and we were able to use these to communicate.”

Today along the Mississippi Gulf Coast, Dr. Franklin still sees much depression and anxiety resulting from the storm. Support groups are now an important part of many lives. “You have to rely on family and friends after a tragedy and need to know that it is OK to do that. As a physician, you are no good to your patients if you are worried. You can’t work,” he said. “The easy thing to do would be to focus on what has been lost, but you must stay positive about what you still have. That’s the only way to survive.”

Learning to adapt is key to survival post-tragedy

The exam rooms that Ben Kitchings, MD now uses at his practice in Long Beach are unused Sunday School rooms, and his office inside Long Beach Community Church is not too far from the sanctuary. His clinic and building that were destroyed during Hurricane Camille were again totally destroyed during Hurricane Katrina, and the church now houses his medical practice.

“We thought we knew what was going to happen,” Dr. Kitchings said. “We went through the usual process of boarding up the house and the clinic and taking the back up tapes, but assumed we would be back up and going in a few days.” Instead, Dr. Kitchings and his wife found themselves living with their daughter in Woodway, Texas for seven weeks.

After living through two hurricanes, Dr. Kitchings has much advice to give in preparation for a tragedy. The key is to plan ahead, always be prepared, and to heed any advance warnings that may be given. After that, having a week’s worth of supplies on-hand at all times is also a benefit.
2007 Risk Management Update for Office Staff

Make plans now to join your fellow contestants and office staff for an update on the status of medical malpractice in Mississippi as we play **Who Will Be A Millionaire?** Using actual MACM cases, we will learn the do’s and don’ts of patient safety and risk management. Participants will help determine the main issues in each case and what could have been done differently to change the outcome. You will also have the opportunity to guess which claimant will become a millionaire as a result of the claim or lawsuit.

This program is designed for those individuals working in an office setting.

**Objectives:**
By the end of the program, attendees will be able to:

- Recognize the impact of medical malpractice claims and lawsuits on a medical practice.
- Identify specific contributing factors in actual MACM cases.
- Describe unusual situations encountered and identify methods to deal with them.
- Identify risk management systems/actions that may be used to mitigate risk.

**Meeting Date Schedule:**

<table>
<thead>
<tr>
<th>Program</th>
<th>Location</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>S7-1</td>
<td>Pascagoula Singing River Hospital</td>
<td>Wednesday, April 11</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-2</td>
<td>Oxford Baptist Memorial Hospital</td>
<td>Thursday, April 26</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-3</td>
<td>Meridian Jeff Anderson Medical Center</td>
<td>Tuesday, May 8</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-4</td>
<td>Jackson Central Mississippi Medical Center</td>
<td>Tuesday, June 12</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-5</td>
<td>Gulfport Holiday Inn - Airport</td>
<td>Tuesday, July 17</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-6</td>
<td>Greenwood Greenwood Leflore Hospital</td>
<td>Wednesday, July 25</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-7</td>
<td>Tupelo Quality Inn</td>
<td>Wednesday, August 22</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-8</td>
<td>Hattiesburg Holiday Inn - University</td>
<td>Thursday, September 27</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
<tr>
<td>S7-9</td>
<td>Jackson Mississippi Ag &amp; Forestry Museum</td>
<td>Tuesday, November 6</td>
<td>11 a.m. – 1 p.m.</td>
</tr>
</tbody>
</table>

**Lunch will be provided at all programs.**

**Registration Form**

**IF YOU DO NOT RECEIVE A FAX/E-MAIL CONFIRMATION WITHIN TWO WEEKS OF YOUR REGISTRATION, PLEASE RESUBMIT.**

Name/Title:________________________________________________________

Office/Clinic Address:________________________________________________

Phone:____________________ Fax:____________________ E-mail:____________________

I wish to register for Program #:______ Place:____________________ Program Date:____________________

A FAX/E-MAIL REMINDER WILL BE SENT TO YOU APPROXIMATELY TWO WEEKS BEFORE EACH PROGRAM.

Medical Assurance Company of Mississippi  Attn: Risk Management Department
404 West Parkway Place, Ridgeland, MS 39157  Fax: (601) 605-8849

---

6
Everyone Has To Take The Plunge

When an EMR is first proposed, there is sometimes resistance by some staff members or physicians. As you phase in the system, the goal should be universal usage. Establish a timetable that will allow everyone to become comfortable with all aspects of the system, make everyone aware of this deadline, and then enforce it. An EMR used by some but not all physicians is a danger to patient safety. Everyone in your practice should be completely electronic or completely paper. You must sell the physicians and staff on the benefits of EMR before installing the system, or you will create a disaster waiting to happen.

The Best Computer Is Still Your Brain

EMR artificial intelligence is meant to be a tool to enhance but not take the place of your clinical judgment. Look at clinical situations and make decisions based on your findings, not simply branching logic. We are aware of an instance where a computer program led a physician to conclude that a dizzy patient was suffering from inner ear problems when the cause was really neurological. Remember that medical conditions in your patient sometimes defy conventional medical wisdom. The art of medicine is recognizing that and a computer program can only assist you.

Spring Cleaning? Learn How to Appropriately Dispose of Medical Records

On a regular basis, the M ACM Risk Management Department receives phone calls, e-mails, and questions about the proper destruction of medical records. While our first bit of advice would be to keep all records indefinitely, we understand that may not always be feasible. So, in an effort to assist with your spring cleaning following are our guidelines for medical record destruction.

Over the course of a medical practice, due to storage or fiscal restraints, or the sale of a practice, it may become necessary to destroy inactive patient files. It is best, however, to keep records indefinitely, if at all possible. This is true since, unlike hospital records, there are no regulations covering retention and destruction of office records in clinics. Destruction of inactive files of office patients must be undertaken in a methodical manner, as the Mississippi Statute of Limitations for bringing a course of action against the physician has changed over the years. Also, the statute has been interpreted very liberally in many instances.

The following guidelines may be helpful to the physician and office manager in deciding the disposition of records:

I. Draft a written policy regarding the retention and destruction of patient records. Do not deviate from the policy, as deviation from your normal way of doing things brings your entire policy into question.

II. An acceptable policy for destruction of inactive files may include the following: (Remember, however, this is only a suggestion and does not guarantee that certain records won’t be the subject of future litigation.)

A. May destroy records of patients who have been deceased for 10 or more years.
B. May destroy all adult patient records that have been inactive for 15 or more years.
C. Obstetrical records and minor patients (less than 21 years old); inactive records:
   1. Last visit prior to July 1, 1983 - may destroy.
   2. Last visit between July 1, 1983 and July 1, 1989 - may destroy after 18 years of inactivity.
   3. Last visit after July 1, 1989 - may destroy after 15 years inactivity.
   4. For minors, may destroy three years after date of death.

All information contained is provided by Medical Assurance Company of Mississippi for the sole purpose of risk management. It is not intended and should not be construed to be or to establish the standard of care applicable to physicians practicing in Mississippi. This information should not be regarded as legal advice. We encourage physicians to seek the advice of their own legal counsel.

For additional information on this subject, please contact the Risk Management Department at rkmgt@macm.net.

Electronic Medical Records continued from page 1

Make Your Data Count

It is very discouraging to rely on a computer program believing that data are being stored safely only to later discover that your trust was misplaced. We are aware of an instance where a medical clinic believed that data were being backed-up, and then discovered that the system was not functioning properly. No one ever monitored the quality of back-up by checking its operation, and as a result, primary data were lost. Know your system’s backup capabilities and, if it is done offsite, have a contract to ensure against data loss.

Remember!
The most expansive, technologically dazzling EMR system will not help your medical practice if it is not well designed and used properly. The EMR should incorporate good risk management systems, follow basic documentation rules, and be used by all physicians and staff.
While in Texas, Dr. Kitchings awoke one morning with the idea of setting up his clinic inside the church. The congregation agreed, and, on October 24, 2005, the clinic reopened inside the community church. One advantage for Dr. Kitchings is that he serves the church dually in the role of pastor. So far, many of Dr. Kitchings patients like the idea of seeing their physician inside a church.

“Everything just seems more open,” Dr. Kitchings said. “Everyone has a story to tell about Hurricane Katrina and coming to the church to see their physician just seems like a natural thing these days.

So many people have sent supplies and shared their compassion with us,” Dr. Kitchings continued. “It has been very rewarding to see that people do care about their fellow man.”

Most of the patients that come to see Dr. Kitchings now are still dealing with the emotions and trauma associated with the Hurricane.

“So many people are still emotionally distraught and traumatized from the hurricane,” Dr. Kitchings said. “The severity of the emotional trauma is now surfacing more than ever before. As a physician, you have to understand and be prepared for that part of the healing.”

After practicing in Long Beach for over 47 years and surviving two of Mississippi’s most devastating hurricanes, Dr. Kitchings could retire and pack up and move somewhere with fewer hurricanes. But, he remains loyal to his patients and to the Gulf Coast.

“As long as I am physically able, I’ll be in practice,” Dr. Kitchings said. “I was here before Katrina and I’m here now. I enjoy what I do and I know I can still help people.”

Maryann Wee, RN, BSN has been named Assistant Director of Risk Management. In this position, she will continue to work with the Company’s insureds in their risk management and education efforts. Maryann’s clinical experience is in neurological/neurosurgical ICU nursing, ICU in-service education, and stroke research. She has previous experience as a hospital risk management consultant and has been employed with Medical Assurance Company of Mississippi since 1989.