

No Hallway Medicine: Undocumented Request for Treatment



Presented by:

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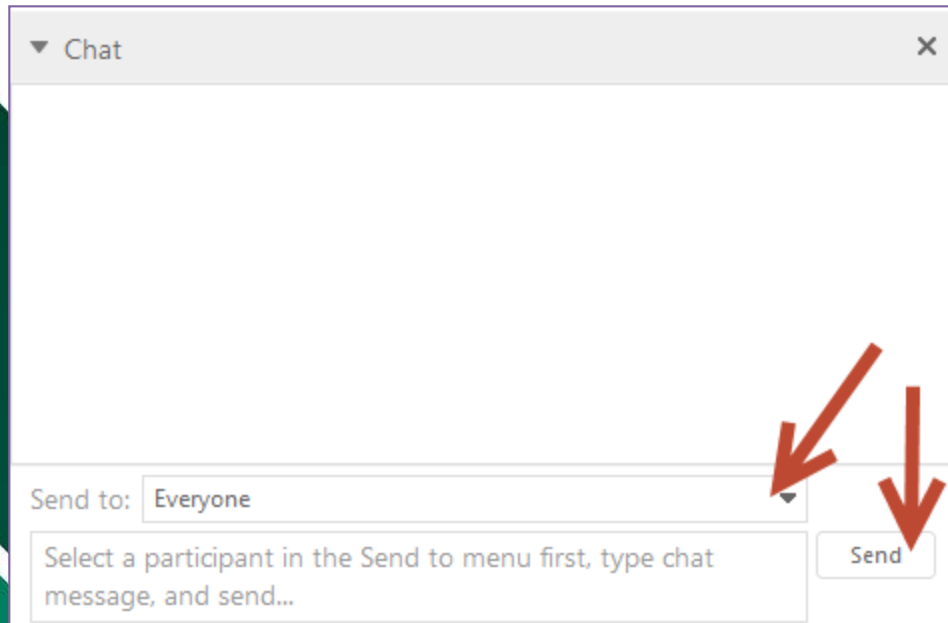
vCME & vCNE 12:00 p.m. – 1:00 p.m.

This session will be recorded and available via the Avera CE Portal on KnowledgeNet.

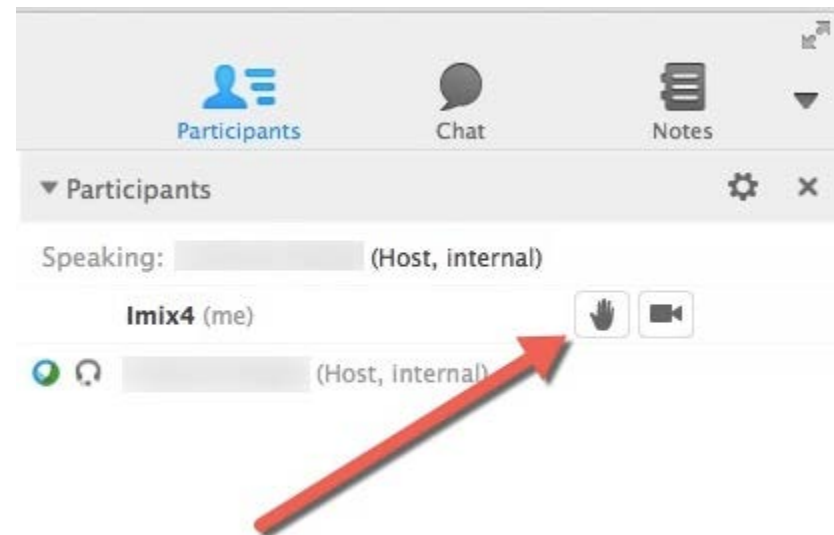
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Web-Ex Features

Chat



Raising Hand



To record attendance:

Texting to record attendance will be open all during and 2 hours after the education.

Step 1: Text your email address to **605-299-0525**.

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Hallway Medicine

-Requesting or receiving medical advice, treatment and or diagnostic tests through non-secure or inappropriate means.

- Background of informal requests for treatment
- Impact on patient care
- Ethical and legal implications
- Recommendations for avoiding hallway medicine
- Case study examples

Informal Requests for Treatment

- Requests from colleagues, family, and friends
- Requests range from offering advice to providing medical care

Informal Requests for Treatment

Reasons for informal requests vary

- Need for guidance
- Concern for a loved one
- Free advice
- Frustration with past care
- Second opinion
- Availability of care

Impact on Patient Care

- Practicing medicine in a formal setting gathers comprehensive patient information, whereas hallway medicine does not.

Risks to patient:

- Lack of information
- No follow-up
- Unclear of advice or treatment
- Need for specialized care

Ethical & Legal Considerations

- Colleagues, friends, and family members may still bring legal action against you
 - Protect your professional reputation

Avera Recommendations

- Communicate medical concerns verbally or via AveraChart.
- All appointments scheduled through reception
- All services provided in the clinic will go through the regular channels
- Results may be retrieved by using AveraChart or contacting the care team
- Medical records can be viewed through AveraChart or by contacting the health information department
- Staff should take time off for a medical appointment.
- Valid authorization is required to access a family member's medical record.

Additional Recommendations

- Treat all patients professionally
- Encourage patients to make an appointment
- Be mindful of HIPAA rules.

Case Studies

Case Study # 1

Casey, a LPN in the clinic, had surgery, and was given a prescription for a narcotic to cope with the pain post-surgery. Despite surgical intervention, Casey's condition causes her long term chronic pain.

Two months, post-surgery Casey approaches, Karen, her primary care physician in the hallway, Casey describes the pain she continues to have. Casey explains she thought about making an appointment with her surgeon but explains she is having financial difficulties with costs of her surgery and hospitalization and the lower income she received while out on medical leave.

Casey asks Karen to write her a prescription for a pain reliever.

Discussion questions:

If you were Karen, what would you do in this situation?

How do staff and physicians respond to inquiries for medical advice or treatment that are requested by patients outside the clinic setting?

Case Studies

Case Study # 2

Joe, a physician on a Saturday is at the park for a family reunion. Joe's niece, Kara, falls and has a large cut on her arm that requires sutures. The Joe offers to his sister, Dee, that they can take the Kara into the clinic and suture the cut.

They proceed to the clinic to do this. While at the clinic the Joe decides take an x-ray of Kara's arm to check to see if it is broken. The Joe determines the arm is not broken. On Monday the Clinic Manager, Derek, asked Joe how the familiar reunion was Joe casually shared he spent some time in the clinic with his niece and sister and explained the situation.

Derek asked Joe if had entered the encounter and information in the EMR, Joe explained he did not and was not intending to as he didn't want his sister to incur a charge.

Discussion question:

If you were the manager in this situation how would you advise and coach the physician?

Case Studies

Case Study # 3

Sarah, a RN, has a sore throat and has been running a high temperature and having chills. Sarah walks over to the work area of her primary physician to talk to the physician about running a strep test. Sarah learns that the physician is out for the day. Sally the patient flow coordinator offers to put the order in for the physician to approve when he returns and then gets a phone call from a patient.

Betty, the physician's nurse, swabs Sarah, her co-worker and sends the test to the lab. Later in the day Sarah goes to the lab to find out the result. Jodi, the Lab Tech explains there isn't an order in the system, Sarah explains the situation and the Lab Tech regarding the doctor being out of the office. Jodi runs the culture and the result is negative. Jodi shares this with Sarah. Sally forgets to put the order in the system for the doctor to approve.

The next day the physician notices the result of the strep test for Sarah and doesn't recall treating Sarah or writing an order and talks to his staff about the situation. They explain the circumstances, the physician explains to the staff that they operated outside of the scope of their position and talks to the clinic manager about what occurred. When the clinic manager talks to staff involved, several claim "this routinely happens in the clinic" and cited other similar examples.

Discussion questions on the next slide

Case Studies

Case Study # 3

Discussion questions:

What went wrong in this situation?

If you were the clinic manager what actions would you take?

What actions do you think the organization would recommend?

If you were the physician in this situation, how would you feel?

Review & Discussion

- Background of informal requests for treatment
- Impact on patient care
- Ethical and legal implications
- Recommendations for avoiding hallway medicine
- Case study examples

References

La Puma J, Stocking CB, LaVoie D, Darling CA. When physicians treat members of their own families: practices in a community hospital. N Engl J Med. 1991;325:1290–4.

Eastwood G. When relatives and friends ask physicians for medical advice: ethical, legal, and practical Considerations. J Gen Intern Med. 2009 Dec; 24(12) 1333-1335

For questions or concerns regarding hallway medicine contact:

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You may also contact your local CMO