

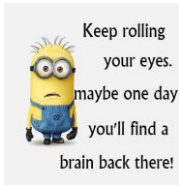
Can I Ask That ?



What Can I Do For You Today ?



NOT . . . "Why are you here?"



We are in a patient care field! If you don't "care" - here are some options



How To Talk With Your Patient

One of the most important "jobs" we have is performing a solid history describing **WHY** the patient is sitting in your office today. Whether they are there because "you sent me a reminder card" or because there is a problem with their eyes- we need to have **THEIR** input as to the "problem" they are having. **YOUR** problem is you have to rely on a non-medical person to give us medical information we need to do the exam!




Vision is unique to each patient. And...their **interpretation** of what they are seeing is also unique to them.




Is there a difference between "hazy" and "foggy" ? Is there a difference between "blurry" and "smeary" vision?


While a good deal of what we do deals with **listening** to the patient's interpretation of what they are seeing... "listening" to the patient is going to get you into trouble sooner or later.



Be prepared: There are patients that won't tell anyone besides the doctor their history. Your patient does NOT have to tell you anything...it's not personal!




Then there are patients that have family members or friends come with them to the exam - and that person contradicts everything the patient says. No matter how the patient responds, the other person will tell them they are wrong and give you the direct opposite information !



Does the Patient's Family or Friend Have the Right to Come In The Room With Them?


Learning everyone's identity not only gives a friendly, yet professional, way to address them, but it also provides you with information that may be essential for deciding on the best plan of care for a patient. Is the woman sitting in the chair a patient's sister or their spouse? Is the person with the patient a friend, spouse, care worker or ????????



"Can I buy a vowel, Pat?"

Can You Talk Freely With Someone Else In The Room ?

You need to establish the relationship between the patient and their companion to comply with HIPAA. You need to ask if the patient is OK with you asking personal questions, and/or performing an exam, in front of the others in the room. Just because someone is accompanying your patient to their doctor's appointment doesn't always mean that they wish to share all their medical information.



OOPS... we just assumed it was ok ...

Daughter who always comes with patient to her appointment called and rescheduled the mothers surgery because she didn't want the holidays disrupted. The mother called and was very mad because her daughter came to all the appointments not at the mothers request but because she was a "nosy, controlling daughter". Mother had not given written permission for us to talk to her !



When Your Health Information Can be Shared Under HIPAA

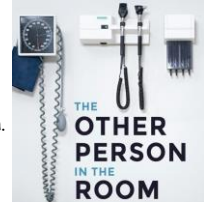
Your health care provider can share your information in person, over the phone, or in writing in the following situations:

- You give (written) your provider permission to share the information.
- You are present and do not object to sharing the information.
- You are *not* present, but the provider determines via professional judgment that it's in your best interest



office of civil rights.org

When patients have companions in the exam room, be sure to speak directly to the patient, avoid taking sides in any conflict, and evaluate all parties' understanding of the information and the management plan.



What About HIPAA.. Who Can I Talk To ????

What is HIPAA?

The **Health Insurance Portability and Accountability Act (HIPAA)** is a federal law that was passed in 1996. HIPAA required the Department of Health and Human Services (HHS) to create a federal "Privacy Rule" for health providers.

HIPAA basically says that "covered entities" must take certain steps to keep a person's health information confidential and secure. "Covered entities" means health providers, health insurers, and many other professionals (ex: insurance companies/business office) whose daily work involves the handling of individuals' medical information

HHS.gov

What information is protected by HIPAA?

HIPAA's Privacy Rule protects all individually identifiable health information held or transmitted by a covered entity, no matter what form it is in.

A person's health information is often referred to as PHI (protected health information.) This covers information that relates to:

- past, present or future physical or mental health
- any health care provided to a person (e.g. clinical notes or lab results related to a person's medical care)
- past, present, or future payments related to a person's health care (e.g. billing records)

HIPAA also covers demographic data and any information that can be used to identify a person, such as names and addresses.

If you are a **family caregiver**, remember that you are not a "covered entity" and you aren't responsible for protecting health information in the same way that your relative's doctor is.

Who Is Coming With Your Patients ?

Among 12,018 Medicare beneficiaries aged 65 and older surveyed in 2004, Wolff and Roter found that roughly 39 % reported regularly being accompanied to medical visits by:

- their spouse 53%
- grown children 32% followed by other relatives 7%
- roommates, friends or neighbors 5%
- non-relatives 3%
- nurses, nurse aides or legal or financial officers less than 1%



www.reuters.com

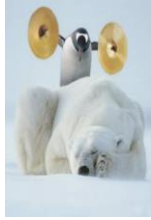
Patients call regarding their eyes....

so you will tell them they don't have to come in !!!

Think of it this way instead: the minute the patient tells you something, you need to manage the problem as if it started today



They will give you a number of reasons why they can't come in... "no bus", "no pain", "no money"



My favorite: "It's been going on for (3) months" so we allow the patient to tell us what to do, versus what we should do, because we agree to see them in a week because it is more convenient !

Be politely nosy....

Newspaper reporters and medical workers can ask pretty much any question because people feel they need/have to answer us truthfully !!!! Questions should be asked keeping the current complaint in sight so that you can gather enough information to get a "picture" of the patient.



These are items you should not include in your history process:

- Subjective opinions
- Speculations
- Blame of others or self-doubt
- Unprofessional or personal comments about the patient
- Derogatory comments about colleagues or their treatment of the patient you are in-taking

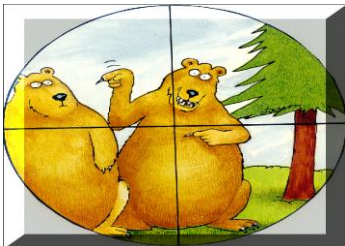
Be
Careful
with
your
Words

Pearls To Follow When Doing Your History

Ask specific questions in an orderly fashion.

- * Chief Complaint
- * History of the Chief Complaint
- * Medications & Allergies
- * Family History
- * Eye History
- * General Medical History

Do not copy forward !!!!



Copying information forward from a patient information form is NOT doing a history.

A history involves a discussion, between you and the patient, regarding the patients health and concerns.

Patients:

- * can
- * will be
- * are

very selective about what they put on the sheets!

When It's Medications...

Patient really allergic to
SEPTRA ...not SULFA.
Patient really allergic to
AMOXICILLIN – not ASA
Patient really allergic
to PREDNISONE – not PCN

Patient not allergic to that medicine at all!



Making mistakes with glasses almost always costs somebody money, in most cases, your office!
Prism errors are very expensive.
Your patient, and the doctor, and the optical staff will lose confidence in your abilities very quickly.



Copying Forward Information IS Dangerous !



When Charting...



- Never alter a patient's record - that is a criminal offense
- Don't use shorthand or abbreviations that aren't widely accepted
- Don't chart excuses, such as "Medication not administered because it wasn't available"
- Never chart what someone else said, heard, felt, or experienced unless the information is critical. If absolutely needed, use quotations and properly attribute the remarks
- **Never chart care ahead of time, as situations often change and charting care that has not been performed is considered fraud**

msb.com

Selective Information Giving

Example:

Patient presents with completed patient information sheet. *Does not* have any medications listed on her sheet.

On her last **clinic** exam sheet (dated one year ago), she had (6) medications listed. These included: insulin, prednisone, HCTZ, albuterol inhaler and premarin.

So I asked the patient..."Last year you were taking (listed medications). Do you still take those medicines?" " Yes - for my blood pressure and for my diabetes. Why are you asking me? I'm here for my eye exam not a general physical "



Moral of the Story

Patients will give you the information that they feel is important and necessary for their eye appointment .

They also will give you information that potentially leads to an outcome that they wish.



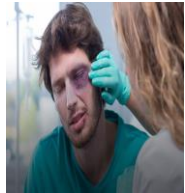
So...what can I talk about with the patient ?

Perhaps a better question is - what are you going to do with the information after the patient answers the question?

Example: A patient arrives in my office approx. every other month the first week of the month (when he receives his paycheck) and has an injury to their eye or area near his eye.

He states this happens at work.

When I push him - it is his wife that hits him. Do I have to report this and to whom?



Can I talk About: ASSAULT?... and When Do I Need To Report It ?

When a patient tells you they have been assaulted - there are things you should avoid doing:

- Don't say "I can't believe that person would do such a thing." It implies you do not believe the sexual assault occurred.
- Do not ask for details
- Don't try to "fix it"
- Don't minimize it
- Don't ask "why" questions. They are interpreted as blaming. Fear of being blamed is a huge part of why victims/survivors do not seek help.



Does Abuse Have To Be Reported?

All persons who are "mandated reporters" are required, by law, to report all known, or suspected, cases of **child abuse or neglect**.

"While those individuals mandated to report also vary by state, they generally include childcare providers, clergy, coaches, counselors, healthcare providers, law enforcement, principals, and teachers. In addition to their obligation to report mistreatment of vulnerable patients, healthcare professionals are also required to report certain infectious diseases deemed to be public health hazards to state and local authorities". (ncbi.nlm.nih.gov)

If a care provider suspects abuse or neglect, they should **first report it to a physician or physician assistant**.

Notifying a supervisor may also be required, depending on the workplace.

If the victim is with a suspected abuser, the exam should take place without that person in the room.



What is a "vulnerable adult" and what is maltreatment ?


A **vulnerable adult** can be anyone over age 18 who:

- Has a physical, mental or emotional disorder that makes it difficult for the person to care for themselves without help
- Is in a hospital, nursing home, transitional care unit, assisted living, housing with services, board and care, foster care or other licensed care facility
- Receives services such as home care, day services, personal care assistance or other licensed services.



Maltreatment includes:

- Abuse: including physical, emotional and sexual abuse, use of restraints, involuntary seclusion or punishment
- Neglect: including failure to provide food, shelter, clothing, health care or supervision necessary to maintain the person's health, safety, or comfort by a caregiver / service provider, or because the vulnerable adult cannot meet their own needs
- Financial exploitation, including theft or withholding of money or property and/or use of money or property not for the vulnerable adult's benefit.



Minnesota Department of Human Services



Careful of nursing home patients 😊

Common Types of Nursing Home Abuse

There are five common types of nursing home abuse, according to the *National Center on Elder Abuse (NCEA)*:

- physical abuse
- emotional abuse
- financial abuse
- sexual abuse
- neglect


Physical Signs of Elder Abuse



To learn more, visit ncea.acl.gov

DANGER: Do Not Document Openly In Chart

Place the information in a **protected area of the chart** that only staff can access. If the person is being abused or in a relationship with a controlling person, the abuser may, and probably does, have access to their chart and they will be able to read that the patient has reported potential abuse.



Adults that are mentally fit can refuse to have the abuse reported. That is their right to do so. Give them the numbers they need and then document that you have done so (see above). It is up to them to contact help.


Can you write: "patient is drunk?" or "patient is confused"?

NO... but you can use a "sticky note" to write: ? ETOH on breath

Let the doctor write their assessment on the chart.

Careful of "medical phrases" that may seem very innocent

patient....."confused", "aggressive" "disorientated"



What Causes A Patient To Appear Drunk Or Has "Alcohol" On Their Breath ?

Ataxia: People with this genetic disorder often seem drunk because the illness results in loss of body movement coordination and slurred speech. Eye movements can also be affected.

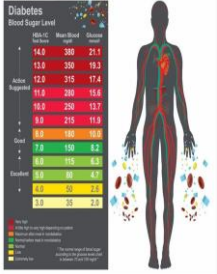
Diabetes: Some symptoms of diabetes can appear like intoxication, from combativeness to the smell of alcohol on a person's breath.



When your blood sugar is too high for too long, your body can release **ketones** causing your breath to smell like alcohol.

Fatigue: Overly tired people can also appear drunk and can have bloodshot eyes and difficulty concentrating. Their reflexes can be delayed and they may be more prone to making bad decisions.

summersfirm.com





Category	mg/dL	mmol/L	Diabetes
Normal	70-100	3.9-5.6	No
Pre-diabetes	100-125	5.6-6.9	No
Diabetes	126 or higher	7.0 or higher	Yes

Sad Story Time



Before You Talk - Ask Yourself - Does This Person "Need" To Know This Information To Do Their Job ?

Complaints are being aired for **analysis** NOT public consumption !


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