Kevin M. Klauer, DO, EJD, FACEP

Dr. Klauer is the Chief Medical Officer, Emergency Medicine, Chief Risk Officer and Executive Director of the Patient Safety Organization for TeamHealth. He is an Assistant Clinical Professor at Michigan State University College of Osteopathic Medicine.

Dr. Klauer serves as the Medical Editor-in-Chief for ACEP Now, ACEP's monthly publication, and as former Editor-in-Chief for Emergency Physicians Monthly publication. He is the Co-Author of three risk management books: Bouncebacks: Pediatrics, Emergency Medicine Bouncebacks: Medical and Legal and Risk Management and the Emergency Department: Executive Leadership for Protecting Patients and Hospitals.

Dr. Klauer also serves on the American College of Emergency Physicians Board of Directors. He has received the EMRA Robert Dougherty ACEP/EMF Teaching Fellowship and also the ACEP National Faculty Teaching Award. In 2014, he was the recipient of the American College of Emergency Physicians Honorable Mention Outstanding Speaker of the Year Award and was recognized by the Ohio Chapter of ACEP with the Bill Hall Award for service.

Dr. Klauer earned his Executive JD, with honors, from Concord Law School in 2011.

Does your system consist of:

a) "You want to interview, OK come see me during my shift tomorrow"
b) "Now that you have completed the tour, here is a copy of the chart. Good luck!"?

The presenter will describe the successful and effective recruitment and orientation processes to ensure success. Successful recruitment requires an elaborate organization of reviews and interviews and a thorough understanding of the candidate’s capacity and aspirations. Effective orientation incorporates substantial exposure to the EDs processes, policies, support systems, and operations prior to beginning clinical activities. The participant will be given a case study guidebook to help you develop orientation materials for your own emergency department.

Objectives:

- Develop and implement an effective recruitment process.
- List necessary recruitment reviews and interviews.
- Explore candidate’s capacity and aspirations.
- List necessary components of practitioner orientation.
- Design orientation checklists and materials.
- Define and give examples of physician orientation plans.

2/7/2017
9:15 AM-10:15 AM
TU-7
(+ No significant financial relationships to disclose
New Physician Recruiting and Orientation

Kevin M. Klauer, DO, EJD, FACEP
TEAMHealth
Chief Medical Officer, Emergency Medicine
Chief Risk Officer, Executive Director, PSO
ACEP Board of Directors
Medical Editor In Chief, ACEP Now
Asst. Clinical Professor, Michigan State University University College of Osteopathic Medicine
Recruitment

• The beginning of the relationship between employer and employee.
• Establishes the basis for employer and employee expectations.
• The critical piece and principle stakeholder is the Medical Director.
• Salesmanship is important. However, deception is unacceptable.
• A strong leader who is committed to the department's mission and instills confidence in their staff and potential candidates can always recruit.
The +1 theory

• “If you build it they will come.” First, define your mission and that of your department.
• Develop a plan to actualize the mission.
• Sell that vision to those who you interview.
• Never stop recruiting!
Promoting

- Word of mouth
- Advertising
- Exhibiting
Strategies/Steps

• Advertising/Promotion
  – Sourcing candidates Nationwide—Contacts with Residency & Fellowship programs, personal referrals, professional associations and Internet website activity. Timely follow-up to every inquiry.
  – Social media: Twitter, LinkedIn, Facebook.
Strategies/Steps

- Screening
- Pre-Interview
- Interview
- Closing the deal
Screening

- Usually a non-physician contact
- Locums?
Pre-Interview

- Medical Director
- Establish the fit
- Goals

Interview Cost Model

<table>
<thead>
<tr>
<th>Component</th>
<th>Cost (in $)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidates Interviewed × Visits per Candidate</td>
<td>3,116 × 3.1 × 1.7</td>
</tr>
<tr>
<td>Average Number of Interviews per Vacancy</td>
<td>5.3</td>
</tr>
<tr>
<td>Travel/Lodging + Entertainment</td>
<td>2,205 + 911</td>
</tr>
<tr>
<td>Average FTEs Involved × Projected Average Hourly Rate × 2 Hours</td>
<td>2,750</td>
</tr>
</tbody>
</table>

Average Cost per Interview | 5,866 |

Average Interview Cost per Vacancy | 31,090
Interview

- Confirm the fit
- Identify potential issues
- Don’t avoid the tough questions
- Selling to the wrong doc helps no one

The “Itinerary”

Are you Looking for Dale Irby?
Compliance

- Age
- Religion
- Race
- National origin
- Sexual orientation
- Disability
- Gender
Closing the Deal

“Speed Dating” to find Your Dream Employer

Recruiter  Job seeker
Negotiating the Deal

Establish the ground rules

- What are the non negotiables
- What is of critical importance to you
- What is of critical importance to the candidate
- Your limitations are often economic
- Provide alternative value in exchange for ...
- Sign on Bonuses: 28% (staff) 38% (Directors)
## Recruitment Checklist
### Recruitment & Retention Best Practices Model, 2005

#### Graphic Summary of the Recruitment Process

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Develop health professional plan</td>
<td>Identify new candidate</td>
<td>Provide description of opportunity (ies)</td>
<td>Provider sends CV</td>
<td>In-depth phone interview</td>
<td>Complete interviewing process</td>
<td>Regular communication before start date</td>
</tr>
<tr>
<td>Prepare practice assessment</td>
<td>Targeted direct mail</td>
<td>Determine interest/needs of providers</td>
<td>CV screened according to criteria</td>
<td>Prepare for site visit</td>
<td>Finalize contract negotiations</td>
<td>Professional orientation</td>
</tr>
<tr>
<td>Determine role of current professional staff</td>
<td>Display at professional assemblies</td>
<td>Follow-up with requested information</td>
<td>Candidate tracking &amp; referral system</td>
<td>Provide examination copy of contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine salary and benefits</td>
<td>Advertise</td>
<td></td>
<td></td>
<td></td>
<td>Personal follow-up with candidate</td>
<td></td>
</tr>
<tr>
<td>Develop in-house recruitment system</td>
<td>Marketing introduction to professional sites</td>
<td></td>
<td></td>
<td>Candidate tracking and referral system</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop promotional materials</td>
<td>Direct contacts (cold calls)</td>
<td></td>
<td></td>
<td>Reference &amp; credential check</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Draft specimen contract</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Determine selection criteria</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop recruitment plan</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Retention

• Retention is recruitment spelled differently!
• Develop your 3 year plan
  – Immediate
  – Year 2
  – Years 2 and 3
• Mentoring programs
• Satisfaction surveys
• “The most rewarding part of your job?”
  – Being very good at what I do: 40%

“Physicians are not pulled from their jobs. They’re pushed from them!”
Retention

- Importance
- Strategies
  - Walk the Walk
  - Cultivate relationships
  - Address concerns and needs
    - Physician
    - Family
  - Be creative
  - Get a commitment up front!
Retention Blunders

• Asking others to do what you haven’t already done yourself
• Top down management
• Failure to identify viral dysfunction
• Managing everyone the same way
• Managing through friendship
GUARANTEE SUCCESS

Set the bar as low as you can.
The Psychological Contract

- A plan for long-term retention
  - The Investment Model
  - Job commitment is the best predictor of turn-over.
  - Job satisfaction can only predict turn-over in 16%.
  - Job rewards - Job costs = Job commitment.
• We cannot afford to recruit and orient physicians for one or two years of employment.
• Early orientation has the greatest impact on employment longevity.
• Improved retention reduces organizational expense.
• The key to a solid psychological contract is not violating this unspoken agreement.
• Voluntary actions performed by the employee and the employer, anticipating unsolicited reciprocation from the other.
Psychological Contract Violations

- Failure to fulfill expectations, written or implied
- Bonus systems
- Partnership
- Promotion timelines
- Vesting schedules
- Scheduling
- "Special deals for special people"
Example 1

• Nine months after a physician began employment, another physician is hired for less clinical hours, making $25,000 more per year.
Revising the Psychological Contract

• Business imperatives may conflict with physician expectations.
• Changes in practice environment.
  – Increasing productivity to cover malpractice expenses.
  – Following clinical guidelines to meet quality indicators.
Example 2

• A physician is hired and is offered partnership in two years. Upon receipt of his partnership agreement, he realizes that the "buy-in" is too costly.
Orientation & Onboarding
“Organizational Socialization”

All Aboard!
Purpose of physician orientation

• Practice environment acclimatization
  – Decrease risk
  – Improved relationship with medical staff and essential services providers
  – Quality of care

• Physician Compliance
  – Departmental/Hospital policies
  – Group policies
- Regulatory agencies
- Performance improvement initiatives
  - Establishing employment expectations
    - Employer
    - Employee
  - Improve physician retention
  - Improve motivation
  - Improve physician satisfaction
Orientation
Essential Components

Group
- 1 week prior to departmental

Hospital
- 1 week prior to departmental

Department
- 1-2 weeks prior to FT
Corporate/Group Orientation

- Define the psychological contract
- Time frame
Corporate structure

- Define infrastructure
- Leadership introductions
- Reporting mechanisms
- Billing/Coding
- Credentialing
- Performance improvement
- Scheduling
- Risk management
- Compliance
- Payroll/Benefits
Example 3

• An emergency department contract was acquired and several of the physicians at the site were retained. Minimal orientation was provided. Although employment agreements were signed, one physician was delinquent with returning his employment paperwork.
<table>
<thead>
<tr>
<th>Item</th>
<th>Date</th>
<th>Verification Mechanism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practitioner:</td>
<td></td>
<td>Received:</td>
</tr>
<tr>
<td>Specialty:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Item</td>
<td>Date</td>
<td>Verification Mechanism</td>
</tr>
<tr>
<td>Identify Candidate</td>
<td>00/00/00</td>
<td>□ Copy of recruiter form or Practice Sights entry</td>
</tr>
<tr>
<td>Curriculum Vitae</td>
<td></td>
<td>□ Copy of curriculum vitae</td>
</tr>
<tr>
<td>Pre-credentialing info</td>
<td></td>
<td>□ Online licensure printout from issuing state board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ (Patient) AMA/AOA Profile internet printout</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ ABMS internet printout</td>
</tr>
<tr>
<td>Licensure</td>
<td></td>
<td>□ Licensure from the issuing state board (internet/letter/phone)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Verification signed &amp; dated by person verifying info</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Verify license sanctions directly with issuing board</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Copy of current license for state in which applying</td>
</tr>
<tr>
<td>Education &amp; Training</td>
<td></td>
<td>□ Verification of board certification</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ AMA/AOA Profile (MD, DO, PA)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Letter/phone Residency □ Internship □ Fellowship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Letter/phone Medical School □ ECFMG (if applicable)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Letter/phone Dental School □ Residency</td>
</tr>
<tr>
<td>Board Certification</td>
<td></td>
<td>□ AMA/AOA Profile</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ ABMS CertiFACTS □ ABMS Directory</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Letter of issuing board (one of the 24 ABMS boards)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ State Medical licensure board</td>
</tr>
<tr>
<td>NPB/HPDB</td>
<td></td>
<td>□ Copy of NPB/HPDB query or “self query”</td>
</tr>
<tr>
<td>Medicare/Medicaid Sanctions</td>
<td></td>
<td>□ NPBD report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ OIG report</td>
</tr>
<tr>
<td>FTCA/Malpractice</td>
<td></td>
<td>□ 5 year history □ NPBD Query</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Carrier claims history</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Explanation attached -litigation summary</td>
</tr>
<tr>
<td>Health Fitness</td>
<td></td>
<td>□ Candidate attestation signed and dated</td>
</tr>
<tr>
<td>Current Competence</td>
<td></td>
<td>□ Attestation from other clinical staff within 90 days</td>
</tr>
<tr>
<td>Current Experience</td>
<td></td>
<td>□ 3 Experience letters/telephone from Residency, former hospital chief/department head and other colleague</td>
</tr>
<tr>
<td>Government Picture ID</td>
<td></td>
<td>□ Birth Certificate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Passport</td>
</tr>
<tr>
<td>Background Check</td>
<td></td>
<td>□ Criminal background check from state criminal court (internet/phone/outside agency)</td>
</tr>
<tr>
<td>DEA Registration</td>
<td></td>
<td>□ Copy of valid/current DEA on file copied by HC</td>
</tr>
<tr>
<td>Hospital Admitting Privileges</td>
<td>staff</td>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
<td>-------</td>
<td></td>
</tr>
<tr>
<td>□ Copy date stamped and initialed upon receipt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ NTIS printout</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Letter/phone from primary facility verifying current clinical privileges (within 90 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Copy of delineation of privileges directly from primary facility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization &amp; PPD Status</td>
<td>□ Copy of immunization history</td>
<td></td>
</tr>
<tr>
<td>Life Support Training</td>
<td>□ Copy of CLS or ACLS certificate</td>
<td></td>
</tr>
</tbody>
</table>

File Reviewed by: ___________________________ Date: _______

Temporary Credentialing Approved by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

Initial Credentialing Approved by:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
</table>

Comments: __________________________________________

__________________________________________
Hospital

- Emergency Physician colleagues
- Medical staff office
- Hospital administration
- Physician leadership
- Essential support services
  - ED personnel
  - Non-ED personnel
• Medical staff
• Emergency Medical Services
• Community
  – Including medical community (i.e. medical societies, ACEP state chapter.
  – Press releases
Example 4

- A full-time physician who had been working in the department for one year was working when a staff member was brought to the Emergency Department with a self-inflicted GSW to the chest. Simultaneously, a local police officer was critically injured by multiple GSWs.....
Departmental/Clinical

• Orientation should be performed with increasing responsibility matched with departmental/system comfort.
• Orientation without clinical responsibilities is essential.
  – EMR competence
• Clinical work as a non-essential staffing element
• Compensated (?)
• The time line well defined
• Flexibility
• Who suffers from a lack of orientation?
• Performance and completion of orientation objectives should be monitored with objective measures.
### 1. Group/Corporate

<table>
<thead>
<tr>
<th>Orientation Item</th>
<th>Completed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review of signed contract</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corporate structure defined</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leadership introductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reporting relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Billing/Coding</td>
<td></td>
<td></td>
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<tr>
<td>Credentialing</td>
<td></td>
<td></td>
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<tr>
<td>Performance Improvement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scheduling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk management</td>
<td></td>
<td></td>
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<tr>
<td>Compliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll/Benefits</td>
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</tbody>
</table>

### 2. Hospital

<table>
<thead>
<tr>
<th>Orientation Item</th>
<th>Completed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emerg physician introductions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical staff office</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 3. Departmental/Clinical

<table>
<thead>
<tr>
<th>Orientation Item</th>
<th>Completed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation Item</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/peds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/airway</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/vascular access</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment/resuscitation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulary</td>
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</tbody>
</table>

This orientation checklist has been completed and the orienting physician has been provided with the necessary resources to begin clinical practice.

**Orientation Coordinator**

____________________________ Date __________

**Orienting Physician**

____________________________ Date __________

<table>
<thead>
<tr>
<th>Orientation Item</th>
<th>Completed</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pt. Flow/registration</td>
<td></td>
<td></td>
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<tr>
<td>Pt. Flow/triage</td>
<td></td>
<td></td>
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<tr>
<td>Pt. Flow/physician ordering</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pt. Flow/admit referrals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pt. Flow/discharge referrals</td>
<td></td>
<td></td>
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<tr>
<td>Pt. Flow/consultations</td>
<td></td>
<td></td>
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<tr>
<td>Pt. Flow/transfers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Essential services role</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-EM role in ED</td>
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<td></td>
</tr>
</tbody>
</table>
Example 5

- A new graduate began work with little orientation, excluding a tutorial on the department's EMR. The facility is high-volume, high acuity. The average patient's per hour is 2.1 patients/hr. The new physician, during his first several weeks was seeing 0.8 to 1 patient/hr.
• Flying solo before you're ready is a recipe for disaster.
Critical Components

- High risk entities
  - Pediatric procedures
  - Airway management
  - Central venous line placement
  - Resuscitation
Example 6

• A locum tenens physician started work upon arriving to the Emergency Department. He evaluated a patient with severe respiratory distress. The patient suffered a cardio-pulmonary arrest while the physician was looking for the appropriate airway equipment. Once the airway equipment was located, the patient was intubated. However, the patient could not be resuscitated and expired. All parties involved share liability.
(__________); however, she did become aggressive and violent in the emergency department again necessitating medication with Haldol and Ativan since she is allergic to Geodon, chloroform was the only thing that really works for her. Awaited for its arrival. She was given another 2 mg of Ativan. The patient's care was discussed with Dr.
Example 7

- A physician began work at a new facility two shifts before he needed to manage a patient in status epilepticus. The patient required rapid sequence intubation. The physician requested Etomidate as the induction agent. The nurses were not familiar with the medication.
EMERGENCY DEPARTMENT COURSE: Following history and physical exam, radiographs of the chest were obtained which revealed no acute process, per myself and [xxxxxxx], without benefit of radiology. At this point, it was felt safe to be discharged home. He was given a four pack of Vicodin and a prescription for Motrin. He was told to eat a big can of suck it up and to quit his whining and then he was instructed to followup with [xxxxxxx].

DIAGNOSIS:
1. Acute cervical strain.
2. Upper respiratory infection.
3. Tobacco abuse.
Policies

• Standard operating procedures
  – Process of radiographic clearance of c-spines
• Disaster planning
  – New physicians should participate in the next available disaster drill.
• Dress code
• Conduct
News

DOCTOR ACCUSED IN THEFT OF ROLEX APPEARS IN COURT

By Scott Smith
September 29, 2009
Record Staff Writer

June 1, 2009
St. Joseph’s Medical Center
Allegations

• Wrongful death, negligent hiring, negligent supervision, civil conspiracy and intentional infliction of emotional distress.
Follow up

• Exonerated from those charges!!
• Accused of lying to a hospital about his past criminal conviction
  – Accused of writing himself a Rx of stimulant
    CA medical board disciplinary action does not note this issue
• October 31, 2006: Convicted of alcohol related reckless driving

By Scott Smith, Record Staff Writer February 12, 2011 12:00 AM
“Freddy and 5 Finger Discount”

• Dr. A...
• Lifted a cadaver hand from UMDNJ in 2002
• Second degree theft
• Wrongful disposition of human remains
• $5,000 fine!!
Patient Flow

• Triage
  – Triage process
  – Criteria
  – Standing orders

• Registration
  – Registration process
  – Co-pay collection?
• Physician ordering process
• Admission referral process
• Consultation process
• Discharge referral process
• Transfer policies
Essential Provider Scope

- Nursing/Charge nurse
- Patient care assistants
- Orthopedic technicians
Outsiders

• Private outpatient visits/procedures
• In-patient procedures
• Medical staff scope of practice in the ED
  – sedation/analgesia
• Emergency medicine resident
• Off-service resident rotating in the ED
• Off-service resident consulting
• Intra-hospital responsibilities
  – Response to in-house emergencies
  – Writing admission orders
Example 8

- A part-time physician presented for his first shift. At approximately 0200, he was approached by the nursing supervisor to evaluate a patient in the psychiatric unit to verify the use of physical restraints.
ADDENDUM: Please see the previous dictation. A complaint was made by the patient and his wife who said that I was polite, but also disrespectful. They said that while I was going over the x-rays that I used profanity in front of their 8-year-old daughter, which I do not remember at all. It is possible I used a "hell or damn" but I do not remember specifically saying that. The wife also states that I misdiagnosed the patient with muscle spasm.
• Review any existing policies, regarding this provision.
• Define appropriate stabilization as meeting EMTALA guidelines.
• Address patients left without being treated or without completing treatment.
Example 9

• The Medical Director of the department received a radio report from EMS, regarding a psychiatric patient who wanted to go to another hospital.....
Example 10

• TAD
• A patient was accepted to a tertiary referral center from an outlying hospital at approximately 0700. The receiving physician was not aware that the cardio-thoracic surgeon on call did not operate on thoracic aortic dissections.
• Anti-discrimination legislation
  – Review associated operational issues such as providing translation services for non-English speaking patients and sign language services for those hearing-impaired.
• Consent
  – Define departmental and hospital policies on consent for treatment.
  – This should include refusals for consent and access to hospital General Counsel when necessary.
  – Define departmental and hospital policies on procedural consent.
ADDENDUM: The patient is a 44 year-old female, who is a patient I admitted to the Hospitalist Service with an upper GI bleed. I attempted a central line in the right femoral vein and for the first time in 22 years after many experiences putting in a central line, I actually punctured the bladder and aspirated urine from the needle that accepts the guidewire.

- Negligence
  - Review policies and procedures, regarding AMAs and patients left without being treated or completing treatment
  - Review documentation expectations
  - Emphasize absolute avoidance of AMAs/LWTs

I am adding to my diagnosis of iatrogenic bladder puncture, unintentional, under sterile conditions.
• Psychiatric patients
  – Review restraint and seclusion policies.
  – Emphasize the need for reassessment as defined by hospital policy, JCAHO and CMS.
• Patient confidentiality
  – New physicians must meet HIPAA requirements.
• Human resource issues
  – *Review sexual harassment policies and reporting procedures.*
  – Review staff substance abuse policies and reporting procedures.
Example 11

• Medical Director
  – Nursing complaints
  – Discussions about previous sexual experiences
  – Specific comments about a specific nurses anatomy
Social Media: Innocent fun?

- HIPAA-related Issues
  - Unauthorized disclosure of PHI
- Non-HIPAA-related Issues
  - Personal vs. Professional
  - Friending your patients?
  - ED Images
  - ED Videos
Facebook case RI

- Dr. A T
- Posted recounts of patient encounters on FB
- No intentional disclosure of PHI
- The events were specific and allowed for 3rd party identification
- Medical Board
  - Unprofessional Conduct
  - $500 fine
  - Reprimand
HIPAA: Case Presentation

• Huping Zhou: Chinese Cardiothoracic Surgeon
• Hired as a Researcher at UCLA
• Fired for poor job performance
• Accessed patient records: 323 times in 3 weeks
  – Supervisor, Co-workers and Celebrities
• April 27, 2010: Sentenced to 4-months in Federal Prison
JCAHO

- Review applicable point of care testing policies (i.e. hemoccult, wet prep/hanging drop).
- Charts signed and dated (include timed orders and time patient seen).
- No food or drink in the work area.
- Identification badge should be visible.
• Drug sampling program
• X-rays and medical records must be secured and not exposed.
• Computers signed off when not in use.
• Documentation of patients' pain and their response to treatment (don't delegate solely to nursing for documentation).
• Must be familiar with any clinical guidelines or pathways in place.
• Patient assessment and equipment requirements when using sedation/analgesia.
• Review Adverse Drug Event (ADEs) initiatives, including acceptable use of decimal points and acceptable abbreviations.
• Review patient restraint and seclusion policies.
Part-Timers?

Fugitive Doctor Found 6,000 Miles From Home

A Cleveland doctor wasn't on vacation when he was arrested in Cypress. Police say he was living the life of a fugitive after poisoning his wife with cyanide in February 2005. Now the fight begins to bring Dr. Yazeed Essa back to the United States for his day in court.
YAZED M. ESSA

5204 Northfield Rd
Maple Heights, Ohio 44137
(216) 835-2563  790-0000

OBJECTIVE: Superior and intense training in Emergency Medicine which will allow me to excel in either the academic or the private sector over the span of my career.

EDUCATION: M.D., Case Western Reserve University
School of Medicine
Cleveland, Ohio
August, 1990-May, 1994

B.A. Case Western Reserve University
Cleveland, Ohio
Major: Biology
Minor: Political Science
-Magna Cum Laude Graduate
-Member: Skydiving club
Tae Kwon Do club
Weightlifting Team
Film Society
Biology club
Child-Life Program
Volunteer Rainbow
Babies & Childrens
Hospital

Henry Ford College Dearborn,
Michigan
September, 1986-June, 1987
-Henry Ford Honorary Scholarship


Languages: Arabic (Fluent)

POST GRADUATE EMPLOYMENT: PGY 1 (July, 1994 - June, 1995)
Mt. Sinai Hospital -- Cleveland, Ohio
Transitional Medicine Program - Internship

PGY 2 (July, 1995 - June, 1996)
MetroHealth Medical Center
Cleveland, Ohio
Anesthesiology Program

ADDITIONAL EMPLOYMENT: During my undergraduate college and medical school years, I worked as manager of my family’s grocery store and delicatessen in Cleveland.

In May of 1994, my brother and I began a business of our own shortly before graduating from medical school. The business was centered around the pager and cellular phone arena. In a period of fifteen months, our business has grown from one storefront to a total of seven with plans for future franchising.

EXTRACURRICULAR ACTIVITIES: I established an inner-city basketball club (HOOPS!) designed to help neighborhood kids near our grocery store stay out of trouble and have fun too. The outdoor basketball court is used as a forum to bring neighborhood kids together and solve any conflicts that my have developed off the court. I have since extended this club to involve kids from several other neighborhoods.

REFERENCES: Excellent references furnished upon request.
Thank you!
Emergency Physician Orientation Checklist
Site: _______________________

1. Group/Corporate

<table>
<thead>
<tr>
<th>Orientation Item</th>
<th>Completed</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Review of signed contract</td>
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<tr>
<td>Corporate structure defined</td>
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<tr>
<td>Leadership introductions</td>
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<tr>
<td>Reporting relationships</td>
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<tr>
<td>Billing/Coding</td>
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<td>Credentialing</td>
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<td>Performance Improvement</td>
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<td>Risk management</td>
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<td>Compliance</td>
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<tr>
<td>Payroll/Benefits</td>
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2. Hospital

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<tr>
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<tbody>
<tr>
<td>Emerg physician introductions</td>
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<tr>
<td>Medical staff office</td>
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<td>Hospital administration</td>
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<td>Physician leadership</td>
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<tr>
<td>Essential support services</td>
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<td>Medical staff</td>
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<td>EMS</td>
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<td>Community</td>
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<td>Press release written</td>
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3. Departmental/Clinical

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<td>Equipment/airway</td>
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<td>Equipment/vascular access</td>
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<td>Equipment/resuscitation</td>
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<tr>
<td>Formulary</td>
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<td>Charting/required documentation</td>
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<td>Charting/chart flow</td>
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<td>Charting/compliance</td>
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<td>Policies/standard operating proc.</td>
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<td>Policies/disaster plan</td>
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<td>Policies/dress code</td>
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<td>Policies/conduct</td>
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<td>Pt. Flow/triage</td>
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<td>Pt. Flow/physician ordering</td>
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<td>Pt. Flow/transfers</td>
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<tr>
<td>Non-EM role in ED</td>
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This orientation checklist has been completed and the orienting physician has been provided with the necessary resources to begin clinical practice.

Orientation Coordinator  _____________________________  Date  _________________

Orienting Physician  _____________________________  Date  _________________