

## Nurse practitioners and medical malpractice: A case study

In this case, the pediatric nurse practitioner (defendant) was employed by a pediatrician to render care and treatment to patients in his private office practice. The infant patient (plaintiff) was born with no complications 21 days prior to his first well-baby examination by the defendant's physician employer (codefendant). The codefendant identified mild jaundice and a possible diagnosis of failure to thrive... To read the full case with risk management recommendations, go to [www.nso.com/case-studies/casestudy-article/321.jsp](http://www.nso.com/case-studies/casestudy-article/321.jsp).

## Nurses Service Organization

## Risk Advisor for Advanced Practice Nurses

### How did I make that mistake?

Using an electronic prescription system, an advanced practice nurse (APN) orders penicillamine for a 9-year-old patient with a positive test for *Streptococcus*. The APN meant to order penicillin, the antibiotic, not penicillamine, the chelating agent. The error wasn't caught for 2 days when it was noticed the patient wasn't improving.

This true example could easily occur with a busy APN. An example of one way it might have happened is that when the APN reviewed the order before signing off, he or she misread the name of the drug. In that case, a likely contributing factor might have been "inattention blindness," which refers to the failure to see something that is unexpected. In the penicillin example, the APN wasn't expecting an incorrect drug name, so didn't see it.

It's challenging to reduce the risk of inattention blindness because it tends to be involuntary, but knowing that it can happen and addressing factors that contribute to it could keep you from making an error that results in your being sued and, more important, avoids patient harm.

#### The "invisible gorilla"

In a classic 1999 experiment of inattention blindness, researchers asked students to watch a video of two teams passing basketballs. The students had to silently count the number of passes made by members of the team dressed in white shirts and ignore the number of passes made by those in black shirts. Halfway through the 1-minute video, a student wearing a gorilla suit walks into the scene, stops in the middle of the players, faces the camera, and thumps her chest before walking off. Amazingly, about half of the students failed to see the gorilla. They were concentrating on their task—to count the number of passes made by those in white shirts—and missed the

unexpected appearance of a gorilla. Furthermore, the students couldn't believe they missed the gorilla, expressing amazement when they saw the video again. (To see the invisible gorilla video, go to [www.theinvisiblegorilla.com/videos.html](http://www.theinvisiblegorilla.com/videos.html).)

In a recent variation of this study, radiologists viewed computed tomography (CT) scans of five patients to screen them for lung cancer. The first four patients' scans (about 1,000) were normal. But in 239 images from the fifth patient, researchers had embedded consecutive scans where a cartoon gorilla gradually appeared and then disappeared. Only 4 of the 24 radiologists looking at the CT scans noticed the gorilla.

What happened to the students and radiologists? The problem is that we're confident we'll notice unexpected events even when we are concentrating on something else. The gorilla studies illustrate what researchers Christopher Chabris and Daniel Simons call the "illusion of attention." In essence, we don't process as much of what we experience as we think we do.

Think of inattention blindness another way: We see what we expect to see. Consider the APN who examines a patient who frequently comes to the clinic with physiological complaints that seem to be based more on an overactive imagination than any real physical changes. The APN listens to the patient's heart and lungs, fully expecting to hear no problems, as has been the case for the past year. Unfortunately, this time the patient has a slight heart murmur that the APN overlooked because he wasn't expecting it. Another example is selecting a protocol that brings up the wrong dose of a drug. The APN expects to see the correct dose, so that's what she sees.

Awareness of what factors contribute to inattention blindness is a first step toward reducing

it. Researchers who focus on the impact of human factors on errors point to four factors: capacity, conspicuity, expectation, and mental workload. Here's a closer look at each of these, including how healthcare professionals like you might use them to reduce errors.

**Capacity.** Drugs, alcohol, fatigue, stress, and age can affect your capacity to pay attention and notice important events. In a healthcare system where sleep deprivation among APNs is common, fatigue is a particularly important consideration. It's one of the primary arguments *against* mandatory overtime and one of the primary arguments *for* taking care of yourself by eating healthy and getting enough sleep.

**Conspicuity.** The two types of conspicuity are sensory and cognitive. *Sensory* conspicuity refers to the physical properties of an object, with the most important being contrast of the object to the background. We also notice objects that flicker or move, such as a railroad crossing sign. Drug labels that provide clear contrast between the important information, such as doses, and the background help key information "stand out" and reduce errors. Another example is the use of "Tall Man" lettering to distinguish drug names; that may have helped avoid the penicillamine order error.

*Cognitive* conspicuity refers to how you notice something that has relevance to you. A simple example is how you will overhear your name being mentioned by someone else, even in the middle of a noisy room. You can avoid this type of distraction by examining patients and ordering medications and treatments in quiet areas where you won't hear background discussions.

**Expectation.** Our past experiences play a role in what we notice. Equipment alarm fatigue, for instance, is a safety challenge for APNs who work in acute care. In this case, too many times alarms sound when nothing is actually wrong, so there is a tendency to start to ignore them.

Even our expertise can sometimes work against us when it comes to expectations. For example, an APN may become highly accomplished at using a particular electronic prescribing system. When a new system appears, the APN might inadvertently fail to double-check the selected drug and dosage, missing an error that occurred when changing to the new system.

## Avoiding gorillas in healthcare

The problem of inattention blindness still occurs even when people are cognizant of it, but by taking these actions, based on contributing factors, you can help protect yourself and your patients.

- Be alert for drug labels that look similar. Notify the pharmacy and drug manufacturers of potential problems.
- Lower the noise level to reduce distractions.
- Consider putting in place a system to avoid interruptions when you are doing key tasks such as ordering tests and medications.
- Take special care with what you consider "routine" procedures and assessments. Keep in mind that errors tend to occur when new or unusual combinations of circumstances occur in a familiar setting.
- Increase your critical thinking skills by taking a class or reading about it. Critical thinking can help you avoid confirmation bias.
- Don't ignore technology such as automatic warnings on documentation systems, but don't over-rely on technology, either. Technology is not a panacea for stopping either inattention blindness or medical errors.

Another example is ordering antibiotics. An experienced APN in family practice routinely sees patients with acute bronchitis respond well to antibiotics that he or she might miss an unusual patient reaction that a novice APN might pick up because the novice APN, who is less familiar with the expected patient outcome, is paying more attention to details.

Confirmation bias is another aspect of expectations. We are drawn to evidence that supports a belief or expectation and tend to ignore or dismiss one that doesn't. If you have grabbed a particular type of drug sample for a patient from the second desk drawer four times in the past week, you might not notice when the fifth time you grab the drug sample, it's the wrong one—someone reorganized the samples without telling you.

**Mental workload.** You are more vulnerable to inattention blindness if your attention is diverted to a secondary task. For example, you may be talking

to a radiologist on the phone and fail to notice your patient is looking about the exam room in a confused manner.

Like most APNs, your day is probably filled with multiple tasks that need attention. Our profession—like our society—highly values the ability to multitask. Yet studies show you are more effective and efficient if you sequentially focus on one task at a time. When you perform that complex assessment, for example, focus on what you are doing and not on the list of tasks yet to be accomplished. Interestingly, inactivity, a problem not many APNs encounter, can contribute to inattention blindness because we tend not to pay attention to routine tasks in this situation.

### “Invisible gorillas” in healthcare

You can help protect your patients from errors and yourself from litigation by considering factors that

contribute to inattention blindness. Being aware of this risk can help you minimize errors and increase patient safety.

#### RESOURCES

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## How to prepare for a deposition

Your worst nightmare has come true: You have been subpoenaed to give a deposition as part of a lawsuit. The patient is a 24-year-old woman who came to your clinic complaining of fatigue and aching in her joints. Her temperature was 102° F, her lungs were clear, and there was no cough or evidence of meningitis. You sent her home, telling her to be alert to problems such as vomiting. Subsequently, the woman developed meningitis and now claims you didn't diagnose her properly when you first saw her in the clinic.

It's not surprising that this case involved a diagnosis: the study *Nurse Practitioner 2012 Liability Update: A Three-part Approach* found that diagnosis-related allegations are the most common reasons for malpractice claims, with an average paid indemnity for injury of over \$250,000. That's of little comfort to you, however, as you face your first experience in giving a deposition. How can you cope with the knots in your stomach and mental anxiety? (See *What to do in case of legal action*.)

When you know you will be examining a patient who has a comorbid condition unfamiliar to you, you prepare beforehand. For example, you might not

To help you better understand the deposition process, CNA, the insurance carrier for the NSO program, has created a video, *Preparing for a Deposition*. Visit [www.nso.com/nursing-resources/deposition-preparation-video.jsp](http://www.nso.com/nursing-resources/deposition-preparation-video.jsp).

have seen a patient with hemophilia in your practice before, so you look up the disease online to gain knowledge. Or, you might consult with a colleague who has experience in this area.

Likewise, you need to prepare for a deposition so you can feel confident in your ability to be an effective witness. If you aren't well prepared for your deposition, the plaintiff's (opposing) attorney could easily challenge the legal defense your attorney has crafted for you. In fact, a poor showing at a deposition is the most common reason for an unsuccessful defense. You can take several steps to prepare yourself, beginning with understanding the nature of a deposition.

### What is a deposition?

A deposition is a legal proceeding for gathering information from someone named in a lawsuit or who is a witness in a lawsuit. Depositions occur in the *discov-*

ery phase of a lawsuit—the investigative process that takes place after the complaint is filed and before the trial.

Depositions are key in a jury trial. Juries in medical malpractice trials want to hear the defendant describe what happened. Furthermore, during the trial you will be held to the facts you gave at your deposition. Any discrepancies will not reflect well on you or your defense.

During a deposition, which usually takes place in the plaintiff attorney's office, you will testify under oath. A court reporter will record your testimony verbatim by a court reporter, and you may be videotaped.

### What to do if you are subpoenaed

Be sure to notify NSO, your professional liability insurance provider, that you have received a subpoena to provide a deposition. You should also notify your supervisor or practice partners, depending on your clinical setting.

### What to do in case of legal action

Here's a summary of points to keep in mind should you become involved in a lawsuit. Remember that all possible defendants are named when the lawsuit is filed because names can't be added later. Some defendants may be dropped from a case, so just because you give a deposition doesn't mean you'll necessarily appear in court.

- Contact NSO if you receive a subpoena to testify in a deposition or trial. Also contact your provider if you suspect there may be a lawsuit filed.
- Don't discuss the case with anyone except your attorney, your NSO representative, and your CNA claims consultant.
- Don't accept or sign any documents related to the claim from anyone without obtaining approval from your CNA claims consultant.
- Avoid discussing, commenting upon, or taking issue with any information you receive regarding judicial or administrative proceedings.
- Don't admit to liability, consent to any arbitration or judgment, or agree to any settlement proposal.
- Promptly return calls from your defense attorney and CNA claims consultant.
- Contact your attorney or CNA claims consultant before responding to calls or emails from other parties involved in the case.
- Report any communication you receive from the patient, patient's attorney, or any state or federal administrative agency, licensing or regulatory authority, immediately to your CNA claims consultant.

## What is the plaintiff attorney's goal?

The plaintiff's attorney will try to restrict you to one version of the incident or facts so your trial testimony is consistent with what you said during the deposition. The plaintiff's attorney may also try to maneuver you into testifying inconsistently by rattling you or undermining your credibility, while assessing your strengths and weaknesses as a witness. For example, the attorney may point out inconsistencies in your testimony when compared to other witnesses. It's important to not take the "bait," but rather remain calm. You'll learn more about how to conduct yourself at the preparation meeting with your attorney assigned to you by CNA, the insurance underwriting company for the NSO program.

## What should I do before the preparation meeting?

The most important step to prepare for the deposition is to meet with your assigned attorney. Usually, the preparation meeting is held about a month ahead of the deposition and follows at least one face-to-face meeting where you learn about the details of the lawsuit, including the specific allegations being made.

Before the preparation meeting with your attorney, thoroughly review the medical record. Consider all aspects, including your notes, diagnosis, and the treatment plan. It may help to develop a timeline showing the chronology of what happened each time you saw the patient. Determine how what you have found compares to the allegations. To the best of your recollection, discuss with your attorney what you recall of the incident. If there are problems, you'll want to bring them to your attorney's attention.

## What happens during the preparation meeting?

Your attorney will work with you to create a "theme" for your defense. For example, if you failed to document that you checked for meningeal irritation in the meningitis example, the theme might be that even though the paperwork may have suffered, care to the patient did not. You will want to keep that theme in mind at all times during the deposition so the plaintiff's attorney doesn't pressure you into making statements that don't support your case. If you have made mistakes, admit it with contrition, but return to the theme.

## 12 tips for giving a deposition

Even with proper preparation, giving a deposition is usually uncomfortable for most people. Yet, your attitude and responses should portray you as someone who is confident. Following these tips should help.

- Listen carefully and think before you speak. Don't be pressured into rushing a reply.
- Speak slowly and clearly and answer courteously.
- If you need to consult the medical record, ask to do so.
- If your attorney objects, stop speaking.
- Don't look at your attorney when a question is asked; this is your testimony.
- If you don't know the answer to a question, say so instead of guessing.
- If you don't remember something, say so.
- If you don't understand a question or word being used, don't answer; ask for clarification or rephrasing.
- Answer only the question asked; don't anticipate further questions.
- Understand the theme of your case: You should know every allegation being made against you and the best responses to be made for the defense.
- Be confident and self-assured. If you need a break or drink of water, ask for it.
- Tell the truth.

This meeting is also a time when your attorney can help prepare you by discussing questions the plaintiff's attorney will likely ask and your possible responses. Finally, your attorney will review guidelines you should adhere to when you give your deposition (see *12 tips for giving a deposition*). Keep in mind that your role is to only answer the questions you are asked; do not explain or volunteer information. If your attorney objects, stop speaking.

You will also meet with your attorney the day of the deposition to touch base and discuss any last-minute concerns. Your attorney will be with you through the entire deposition. Remember to dress professionally because first impressions count.



## What is a license defense?

Another instance where you will need to prepare with an attorney is to defend yourself when someone files a complaint against your license. License defense is needed when someone (patient, patient's family, colleague, or employer) files a complaint with a board of nursing against an APN's license. According to the *Nurse Practitioner 2012 Liability Update* study, the average cost to defend such a complaint is \$4,441.

An action taken against an APN's license differs from a professional liability claim in that it may or may not—as in the case of professional misconduct—involve allegations related to patient care. In addition, payments made as a result of a claim cover defense attorney costs, as opposed to being part of a settlement payment to a plaintiff. License protection ensures you have coverage for legal representation for defending yourself against allegations that could lead to revocation of your license.

## You are an expert

Remember that advanced practice nurses are considered experts. To give a deposition like an expert, you must prepare like an expert. It may help you avoid a trial and give you peace of mind.

### RESOURCES

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# Excellent diagnostic skills protect APNs against litigation

Failing to establish a timely, accurate diagnosis can put advanced practice nurses (APNs) at risk for a lawsuit should a patient suffer harm because of your mistake. Even if you conscientiously conduct regular and thorough assessments, consider all test results, and refer patients as needed, you could still find yourself in court as a defendant if you fail to document your findings, diagnoses, and actions. In fact, the study *Nurse Practitioner 2012 Liability Update: A Three-part Approach* found that failure to diagnose and delay in making the correct diagnosis were the most frequent allegations in APN claims. It's important to understand the risks of not making a correct diagnosis, skimpy documentation, or lack of follow-up and take steps to mitigate your risk of being named in a lawsuit.

## A common claim

The *Nurse Practitioner 2012 Liability Update*, which examined paid insurance claims, revealed the importance of a prompt and accurate diagnosis. Consider these facts:

- Diagnosis-related claims accounted for 43% of all paid claims (30% failure to diagnose plus 13% delay in establishing a diagnosis).
- Diagnosis-related allegations were most likely to involve failure to diagnose or delay in the diagnosis of infections, abscesses, sepsis, and cancer. In fact, these allegations accounted for more than half of the failure to diagnose claims.
- The most common causes for diagnosis-related allegations were failure to order appropriate tests to establish a diagnosis, failure to obtain needed consultations, failure or delay in obtaining and addressing diagnostic test results, and failure to refer patients for emergency treatment.

Clearly, making the correct diagnosis, including obtaining appropriate consults and ordering needed tests, as well as analyzing the results and making referrals as needed, are essential to patient safety. You can take the initiative to prevent yourself from becoming a statistic by following these guidelines.

## Know expectations

You can't meet expectations if you don't know what they are. You should be aware of expectations from the nurse practice act in the state where you practice, facility policies and procedures, and national standards.

Your state's nurse practice act will provide parameters for the scope of your responsibility as an APN. This includes any requirements related to physician collaboration and supervision. Review practice agreements with physicians at least annually and ensure they provide appropriate support for the services you provide. You should also annually review federal regulations related to APNs.

Your facility's policies, procedures, and protocols will also guide you as you assess and diagnose patients. Policies are typically based on requirements from accrediting bodies such as The Joint Commission and from government agencies such as the Centers for Medicare & Medicaid Services, as well as state regulations. Procedures and protocols typically incorporate current evidence from the literature, so it's important to follow them and to document completely and if for some reason you decide not to, document why you deviated from the standard. You should also read and understand your job description.

In a legal case, you will be held to standards from the American Nurses Association (ANA) and other national associations. Review ANA standards and ensure you comply with them. You should also review and comply with standards from APN professional, specialty, or state associations.

According to the ANA, the APN:

- systematically compares and contrasts clinical findings with normal and abnormal variations and developmental events in formulating a differential diagnosis.
- uses complex data and information obtained during interview, examination, and diagnostic processes in identifying diagnoses.
- assists staff in developing and maintaining competency in the diagnostic process.

In addition, APNs must adhere to standards from professional associations such as the American Association of Nurse Practitioners (AANP). AANP standards state that the APN makes a diagnosis by:

- using critical thinking in the diagnostic process.
- Signs and symptoms for different medical condi-

tions come in all forms and combinations, making it sometimes difficult to pin down a diagnosis. Is that dry, hacking cough a sign of bronchitis or lung cancer? Is the oddly colored mole benign or a sign of melanoma? Results from history taking, physical assessment, and diagnostic tests help in making a diagnosis, but you also must have excellent critical thinking skills. For more information, see *Critical thinking: An essential skill*.

- synthesizing and analyzing the collected data.
- establishing priorities to meet the health and medical needs of the individual, family, or community.

The standards also state the APN needs to maintain accurate, legible, and confidential records. You may need to adhere to additional standards depending on where you work and the types of patients in your practice. For example, the American Association of Critical-Care Nurses (AACN) has standards for acute-care APNs.

## Questions to assess your risk for litigation from a delayed or missed diagnosis

Answer these questions to evaluate your skills related to diagnosis in terms of risk for litigation:

- Do you use an objective, evidence-based approach, applying approved clinical guidelines and standards of care, to timely and accurately determine the patient's differential diagnosis?
- Do you consider the findings of the patient's assessment, history, and physical examination, as well as the patient's expressed concerns, in establishing the diagnosis and document your findings?
- Do you order and timely obtain results of appropriate diagnostic testing before determining the diagnosis, and document ordered tests and results?
- Do you consult with your collaborating/supervising physician, as required, to establish the diagnosis and treatment plan, and document these encounters?
- Do you request, facilitate, and obtain other appropriate consultations as necessary?
- When establishing the diagnosis, do you comply with the standard of care, as well as your facility's policies, procedures, and clinical and documentation protocols?
- Do you refer unstable patients to hospital emergency care and facilitate the process as necessary?
- Do you conduct and document informed consent discussions with patients who require a diagnostic test or procedure that involves risk, and obtain a witnessed consent?
- Do you proactively gather, document, and respond to results of diagnostic tests and procedures and provide necessary orders?
- Do you obtain, document, and respond to the results of diagnostic consultations with physicians and other healthcare providers?
- Do you discuss clinical findings, diagnostic test/procedure results, consultant findings, diagnosis, the proposed treatment plan, and reasonable expectations for a desired outcome with patients and document the process, including the patient's response?
- Do you counsel the patient about the risks of not complying with diagnostic testing, treatment and consultation recommendations, and document the discussions? If recurrent nonadherence is affecting the safety of the patient and counseling has been ineffective, do you consider discharging the patient from the practice?
- Do you refer patients who are uninsured or unable to afford needed diagnostic tests, procedures, and consultations for financial assistance, payment counseling, and/or free or low-cost alternatives? Do you document you have done so?
- If you work in a state with autonomous nurse practitioner authority, do you regularly seek peer review to assess your diagnostic skills and expertise and to identify opportunities for improvement?

Assessment of your diagnostic skills and processes is just one component of what you should consider when analyzing your potential risk for litigation. Other self-assessment categories include clinical specialty, scope of practice and scope of services, assessment, treatment and care, medication prescribing, competencies, patient care equipment and supplies, professional conduct, and general documentation practices. For an easy-to-use checklist for addressing each of these areas go to <http://bit.ly/ZwpjpG>.

## Ensure your diagnostic skills are current

You have a duty to obtain the information and education you need to keep your practice skills current, including your diagnostic skills. Participate in live and online continuing education programs and read professional journals such as *The Nurse Practitioner* to keep abreast of new developments.

Your diagnosis may be faulty if you fail to conduct a proper assessment. Keep in mind areas that are frequently missed, such as asking patients about

any herbs and supplements they take. Protocols can help ensure your assessment is correct and thorough. For example, when assessing a patient who may have been a victim of sexual assault while under the influence of drugs, collect data in accordance with protocols to help ensure you have what you need to make a correct diagnosis.

Use of standard order sets can help ensure you don't miss ordering a necessary diagnostic test. Remember to check the results of all tests you order. This is com-



mon sense, but it's easy to forget when you are busy and when a patient requires multiple tests. You might want to develop a paper or online "tickler file" by date to remind yourself of tests that are due back.

Be alert for diagnoses that are more likely to be missed such as infection and cancer. Maintain a high index of suspicion for diseases with high morbidity and mortality such as heart disease, hypertension, and diabetes. Consider the patient's family members and significant others as sources of information; they likely know the patient better than you do, particularly if the patient is cognitively impaired. Finally, and most importantly, use evidence-based clinical practice guidelines and protocols when establishing a diagnosis.

### Refer as needed and follow up

Know when you need outside help, whether it's informal consultation with your colleagues or a referral to a specialist. Indications that you need a referral include when patients with recurring signs and symptoms aren't responding to prescribed treatments. After you make the referral, follow up to ensure the patient was seen and to review results.

Refer patients who are unstable or have acute symptoms to emergency care. Provide an oral and written report on the patient's condition to the clinician to ensure information is not lost during transfer and that you have documentation supporting your actions.

### Establish a partnership with your patients

You need to know patients' preferred languages and their cultural backgrounds to establish an effective working relationship. You should also let patients know that you expect them to be active participants in their care. That includes sharing information with you, even if it might be embarrassing. Tell patients that you are not going to judge them in discussions on sensitive topics such as sexual behaviors or alcohol intake. The more patients feel free to speak up, the more likely they will share what you need to know to make the correct diagnosis.

Maintaining a good working relationship with patients includes keeping them informed of test results, diagnoses, and the treatment plan. This is not only good patient care; it also can help you avoid litigation. For example, if you tell a patient when test results are expected back, he or she is likely to call

### Critical thinking: An essential skill

To be a good critical thinker, you need to be creative, inquisitive, flexible, open-minded, and diligent in seeking relevant information. You also must be aware of the danger of making decisions based on emotion rather than reasoning. Here are some other tips for thinking critically when making a diagnosis.

- Be aware of possible bias when analyzing data; we tend to give more weight to facts that support our views and less to those that don't.
- Set aside any preconceived ideas you have about what the diagnosis will be and start with an open mind.
- Don't make assumptions about the person or the data you have collected.
- Put the data in context. For example, an emotional divorce in a patient's life may affect how he or she responds to some history-taking questions.
- Identify all the possible options and determine what supports and doesn't support each.
- Test your diagnosis by ordering the appropriate treatment and then evaluating its effect.

you if you fail to call, thereby catching your mistake in not checking a lab result. In addition to prompt notification of diagnostic tests, schedule follow-up appointments without delay.

### Document, document, document

The classic dictum you learned in nursing—and nurse practitioner—school, "If it wasn't documented, it wasn't done," still applies. Documentation needs to be complete, timely, legible, and accurate. Whether you are using paper or electronic patient records, keep in mind that a complete health information record is the best legal defense. Examples of what you should document related to diagnosis include:

- in-person and telephone discussions with the patient or appropriate party about normal and abnormal diagnostic tests as well as recommendations for continued treatment and patient responses
- informed consent for diagnostic tests associated with risks

- rationale for any deviation in practice from established clinical protocols
- dated and signed referrals and consultations, including follow-up educational materials given to the patient
- counseling of patients who are nonadherent (e.g., when the patient refuses a recommended test).

Documentation should follow standards established by professional nursing associations and federal and state regulations, as well as comply with your facility's guidelines. The latter is particularly important in the case of late entries and corrections. Juries may view these as evidence of that you weren't thorough in caring for the patient, so you need to strictly follow procedures. In addition, never alter the medical record and never include subjective opinions. If you have any questions about documentation, contact your facility's risk manager.

## Helping you and your patients

Remember that taking the steps you need to make an accurate diagnosis not only protects you from litigation, it also protects your patients from harm.

### RESOURCES

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