

FAQ

July 2016

Our providers want to implement a process to “flag” a patient’s chart to alert staff when a patient has certain high risk clinical needs and/or behavioral problems. Is this an acceptable practice?

From a risk management perspective, it would be acceptable to adopt a system to “flag” a patient’s medical record, as long as this is done to enhance patient and staff safety, and procedures are in place that protect the patient from discrimination. For example, if a patient has a pain contract for prescription narcotics, it would be reasonable to have an indicator/flag displayed on the medical record to bring this to the attention of providers in order to facilitate safe treatment of the patient. If a patient has a history of violence or making verbal or physical threats to staff, it would be beneficial for the staff to have knowledge of the patient’s previous behavior so staff is prepared to handle a possible unsafe environment.

If used, indicators should be developed by the hospital in conjunction with the medical staff. An indicator can be displayed as a phrase in the medical record and highlighted, such as, “**pain contract**” or it could be a code system such as a purple border indicating a history of violence. The indicators should be limited to problems or risks that can affect the safety of the patient and staff, or that threaten the safe delivery of patient care. Judgmental or subjective labels, such as “drug seeker,” “frequent flyer,” “complainer,” or other negative statements should be avoided.

Hospital policy should define the purpose of a “flagging” system in a patient’s medical record. The policy should address the type of clinical or behavioral needs allowed to be flagged in a medical record, the process for approving placement of the indicator in a patient’s record, a requirement to review the indicator at least annually or automatic removal from the record, and the process utilized to implement the alert.

Staff should be educated as to how and when the indicators are to be used. Education should include the importance of conducting an appropriate medical screening exam, not only for meeting EMTALA obligations, but to ensure the nurse or clinician is not biased in their assessment of the patient’s condition or complaints by the presence of an indicator. In the event of an adverse outcome, an outside party who requests the medical record could question the reason or necessity for the indicator, and whether it created any bias on the part of the healthcare providers in their treatment of the patient, contributing to the adverse outcome.

Utilizing notice indicators is acceptable to “flag” a patient’s medical record when the patient is known to have a high risk clinical need or behavioral problem. Requests to place an indicator on a patient’s medical record should be thoughtfully reviewed for appropriateness by the provider prior to implementing the “flag” and annually thereafter.

Disclaimer:

The information provided to you in this FAQ is an expressed risk management opinion applicable to IPT and IRMS client hospitals. It should not be considered a substitute for legal advice. The hospital should consider the need for legal advice concerning the matter discussed above and contact legal counsel when appropriate. For additional risk management questions or discussion, please contact your IRMS risk consultant.