

Medical Alliance Insurance Company

The “Write Stuff” Creating a Legally Sound Medical Record

Thursday,
August 19, 2010
6:00 - 7:00 p.m.

Center for Medical Arts
Physicians Lounge
2601 W Main St
Carbondale, IL

Learning Needs:

Documentation of patient information serves as a form of communication for medical care providers and ensures that patient’s receive continuity of care. Inappropriate documentation practices can lead to quality of care issues, medical error, and can adversely affect an attorney’s ability to defend allegations of medical malpractice. Developing documentation based on best risk management practices can improve patient care and the defensibility of medical care provided by the physician.

Upon completion of this course, participants will be able to:

- ✓ Understand the basic elements of and purpose of documentation
 - Communication tool for healthcare providers
 - Basis for planning and coordinating patient care
 - Establishes standard of care
- ✓ Learn to avoid problems in documentation of patient information by utilizing best risk management practices
 - Identifying improper motives for documentation
 - Appropriate form for and the use of addendum and late entries
 - Documentation of adverse outcomes

Speaker:

Tammy Gamrat, RN, CPHRM
Senior Risk Management Consultant
Illinois Risk Management Services

This program
is sponsored
by MAIC at *no*
charge for
MAIC insured



The “Write Stuff”

Creating a Legally Sound Medical Record

Registration

Name: _____

Address: _____ City: _____

Phone: _____ Fax: _____

Return by **August 13th** to:

Lisa Galvan
Administrative Assistant
MAIC
Ph: 630-276-5694
Fax: 630-276-5695
email: lgalvan@ihastaff.org

Insured MAIC physicians who attend this program may be eligible for premium discounts.

All participants will be provided a certificate of completion for 1.0 continuing education hours, which may be submitted for category 2 CMEs.

Questions:

Mary Stankos, Director Risk Management
630/276-5565

Address:

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www.sih.net

Accreditation/Discounts:

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