



Case of the Month



That Phone Call Could Matter More Than You Think: Why Documentation Is Essential in Routine and After-Hours Patient Care

by Dona Constantine, RN, BS
Senior Risk Management and Patient Safety Specialist

Documenting patient telephone conversations is essential to ensuring safe and effective care in any medical practice. Accurate and timely documentation enables the healthcare team to clearly understand the patient's issues, the guidance provided, and the actions taken during both routine office hours and after-hours calls. This practice promotes continuity of care, minimizes the chances of miscommunication, and provides a dependable record in case any concerns emerge later. As these conversations often involve urgent symptoms, treatment recommendations, or instructions on when to seek emergency medical attention, proper documentation is critical, particularly if a medical malpractice claim arises.¹

In one case, a physician was on call after hours when she stepped out of a movie to return a patient's call. Based on the patient's conversation and slurred speech, the physician advised her to go directly to the emergency department (ED). The patient did not follow the physician's advice and suffered a massive stroke later that night. She subsequently sued the physician, alleging that she had not been told her condition was an emergency. The patient also stated that a friend who was with her that evening did not hear the physician instruct her to go to the ED

either. The physician did not document the call until the next morning after learning that the patient had been hospitalized with a cerebrovascular accident (CVA). Because the documentation was created after the fact, it was viewed as self-serving and provided little support for her defense. Had she made a timely written note documenting the conversation, her recommendation, and the time of the call, whether on a notepad or in a secure electronic note, that record could have significantly strengthened her case.

In another case, a mother claimed that she had called an urgent care center four times and that no one advised her to take her child to the ED. However, the urgent care staff had documented all telephone calls. A review of the center's records, along with telephone company records, showed that the mother had called only three times, and the documented calls did not reflect urgent or emergent concerns. The defense prevailed because the contemporaneous documentation provided a clear and credible record of what had occurred.

Modern electronic medical records (EMRs) frequently include built-in telephone messaging tools that facilitate quick data capture, timely documentation, and notifications to physicians when necessary.

Additionally, these systems often offer remote access, enabling physicians to review and respond to messages promptly from virtually any location.

Recommendations for Protecting Yourself With Proper Documentation

Set up call documentation protocols:

- Take a proactive approach by creating a clear policy and detailed procedures for telephone call documentation.
- Train your staff on telephone protocols and empower them to interrupt clinicians when urgent situations arise.
- Provide nonclinical staff with specific guidelines on how to handle urgent patient inquiries.
- Regularly review your telephone response procedures and documentation to identify opportunities where additional staff training or policy updates might be needed.

Be thorough and precise in your documentation:

- Record the details of the call in the patient's medical record.
- Note any instructions given and confirm the patient's understanding.
- Include the name of the person handling the call—whether a clinician or a staff member—and document the patient's requests, concerns, and issues.
- Maintain records of all follow-up calls or conversations related to previously discussed concerns, recommendations, or test results.
- Document interactions with family members, including the caller's name and relationship to the patient.

- Rather than asking patients to call back later, inform them when you will be available to return their call and verify the best number to reach them.

Effective call documentation is a vital tool for capturing patient communications and contributes to more complete, accurate, and defensible clinical records.²

Include critical information in the call record:

Attach the call note to the patient's record and include the following information:

- Patient Name
- Caller
- Time
- Reason for Call
- Recommendations
- Current Medications
- Prescription
- Allergies
- Pharmacy
- Pharmacy Phone Number ➦

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¹Risk Management Handbook for Healthcare Organizations Sixth Edition, Vol 1; The Essentials by Roberta Carroll. American Society for Healthcare Risk Management. 2011. "Telephone Calls and Advice in Physician Office Practices," pp.354-355.

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RISK MANAGEMENT AND PATIENT SAFETY NEWS



The Hidden Risks of Ride-Sharing Services After Anesthesia

Risk Management and Patient Safety Department

Ride-share services, such as Uber and Lyft, have become widely used means of transportation because they are convenient, accessible, and often affordable. In 2024, Uber reported more than 11 billion trips worldwide,¹ underscoring how common ride-share use has become. For ambulatory surgery centers (ASCs), however, reliance on ride-share services for post-procedure transportation after moderate or deep sedation presents a unique set of patient safety risks.

Upon discharge from an ASC, a patient can appear awake and conversational but may have impaired judgment, delayed reaction time, poor coordination, unreliable memory, and be vulnerable to medical complications and/or the actions of others. That's why ride-share services are not an appropriate substitute for a responsible adult escort after sedation. This article outlines practical strategies ASCs can use to improve patient safety and reduce liability risk.

Understanding Moderate and Deep Sedation

Moderate sedation, often called conscious sedation, and deep sedation are commonly used during surgical and diagnostic procedures. Although the depth of sedation differs, both can affect a patient's ability to make decisions, move safely, remember instructions, and respond to problems after discharge.²

- **Moderate sedation:** The patient has depressed consciousness but can respond purposefully to verbal commands. Patients usually breathe independently and may recover quickly to alertness but can still experience lingering

cognitive and motor impairment. This type of sedation is commonly used for shorter, less invasive procedures such as standard colonoscopies or minor dental work.

- **Deep sedation:** The patient is less easily aroused and may only respond to repeated or painful stimulation. Airway or breathing support may be needed, and memory of the procedure is often limited or absent. Deep sedation is administered by specialized professionals due to breathing risks and is used for complex or mildly painful procedures requiring strict movement control.

Post-Sedation Transport: Legal and Ethical Guidelines

The American Society of Anesthesiologists recommends that patients undergoing moderate or deep sedation should have a responsible adult accompany them home to monitor for delayed complications.² The Centers for Medicare & Medicaid Services and the Department of Health and Human Services Conditions for Coverage require ASCs to ensure that patients are discharged in the company of a responsible adult unless exempted by the attending physician.³ Patient safety guidance similarly emphasizes that a responsible adult should be physically and mentally able to assist the patient, understand discharge instructions, and monitor for post-anesthesia complications.⁴ This requirement reflects both a legal and ethical obligation to protect patients during a vulnerable recovery period, aligning

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with industry standards. According to the American Medical Resource Institute, 69% of surgical facilities reported that they never allow an unaccompanied patient to take an Uber, Lyft, or taxi home after discharge.⁵

Why Ride-Share Transportation Creates Post-Sedation Risk

Sedation and anesthesia do not end when the procedure ends. Residual effects may last several hours, and sometimes longer. A patient may be conversational but still have delayed reflexes, poor judgment, impaired coordination, and unreliable recall. This creates a dangerous disconnect between how recovered they feel and how recovered they are.⁶

Common short-term risks include nausea, vomiting, pain, dizziness, bleeding, and sudden drops in blood pressure. If a patient vomits while drowsy in a moving car, aspiration is a concern. If pain increases as anesthesia wears off, fainting or instability can follow. If a wound begins to bleed or the patient becomes short of breath, someone needs to recognize the problem and act quickly. Patients are also often discharged with pain medication or sedating prescriptions that can intensify impairment and fall risk.⁶ Additionally, Versed, a commonly used medication during these procedures, has an amnesia effect that can cause short-term memory loss, leaving your patient vulnerable to the adverse actions of others.⁷

Ride-share drivers are not responsible adult escorts. They generally do not know the patient, do not receive discharge instructions, are not trained to monitor for post-anesthesia complications, and may be unable or unwilling to provide physical assistance. If the patient becomes confused, vomits, faints, bleeds, experiences breathing difficulty, or is unable to enter the home safely, a ride-share driver is not equipped to manage the situation.

Key Areas of Concern

- **Impaired judgment and communication:** After sedation, patients may misunderstand

directions, forget instructions, provide inaccurate information, or fail to recognize unsafe conditions during the ride or upon arrival home.

- **Delayed recognition of complications:** Respiratory depression, hypotension, allergic reactions, bleeding, or worsening pain can occur after discharge.⁶ A patient traveling alone may not be able to identify symptoms or call for help promptly.
- **Falls and physical instability:** Sedation can cause weakness, dizziness, and impaired balance. Patients may need assistance getting into or out of a vehicle, walking to the door, climbing stairs, or entering the home safely.
- **Regulatory, ethical, and liability exposure:** Federal ASC discharge requirements call for safe discharge planning, including discharge in the company of a responsible adult unless the attending physician documents an appropriate exemption.³ Permitting a sedated patient to leave alone in a ride-share vehicle can create patient-safety concerns and complicate liability if harm occurs. Ride-share companies generally disclaim responsibility for passenger health once the ride begins. If a patient suffers harm due to sedation-related impairment during transit, liability may be unclear, complicating post-incident care or claims.

Risk Mitigation Strategies for ASCs

ASCs can reduce risk by treating transportation as part of the perioperative care plan rather than an afterthought. It has been suggested by some that being accompanied by a responsible person after anesthesia may not only reduce adverse outcomes but also increase patient comfort and satisfaction.⁸ To protect patients and ensure their safety post-sedation, recommended safeguards include:

- **Educate patients before the procedure:** Explain that sedation can impair judgment, balance, memory, and reaction time after discharge. Provide written and verbal instructions that ride-

share, taxi, public transportation, walking, or driving alone are not acceptable after sedation.

- **Require a responsible adult escort:** Patients should identify an adult who can accompany them home, receive discharge instructions, assist with transportation, and monitor them for post-anesthesia complications. The American Society of Anesthesiologists recommends your patient have someone with them for at least the first 24 hours.²
- **Verify the escort on the day of surgery:** Confirm the escort's presence or availability before the procedure begins, obtain an active phone number, and ensure the escort can be reached when the patient is ready for discharge.
- **Use medical transport only when clinically appropriate:** For patients without social support, consider credentialed non-emergency medical transport (NEMT) in collaboration with the physician. A responsible adult or licensed caregiver should still be available to receive the patient at home when needed.
- **Document discharge planning:** Record the escort's name, contact information, discharge instructions provided, patient condition at discharge, and any physician-approved exceptions.
- **Follow up after discharge:** Use follow-up calls or telehealth check-ins within 24 hours when

appropriate to assess symptoms, reinforce instructions, and identify delayed complications.

- **Maintain a clear transportation policy:** Establish a written policy stating that patients receiving sedation or anesthesia must be discharged with a responsible adult unless the physician documents an exception. The policy should specify that ride-share services, taxis, and public transportation are not substitutes for a responsible adult escort.

Conclusion

Ride-share services have transformed everyday transportation, but they are not an appropriate substitute for a responsible adult escort after moderate or deep sedation. Patients may remain impaired and vulnerable even when they appear alert, and complications can develop after leaving the ASC. Clear patient education, escort verification, careful documentation, appropriate use of medical transport, post-discharge follow-up, and consistent policy enforcement help protect patients while supporting regulatory compliance and reducing liability exposure. By making transportation planning part of the discharge process, ASCs strengthen patient safety beyond the procedure room. ➔

Article contributed by Rikki Valade, RN, BSN, PHN, former Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to RiskManagement@CAPphysicians.com.

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by Andie Tena

How To Attract New Patients: Simple Strategies To Grow Your Practice

When patient volume declines, many practices immediately look for ways to reduce expenses. While managing costs is important, it's equally important to focus on bringing new patients through your doors by making it easy for them to find your practice, learn about your services, and schedule an appointment.

Today's patients do their homework before choosing a physician. They search online, read reviews, visit practice websites, and compare their options before making that first call. A strong online presence and a positive patient experience can make all the difference when someone is deciding where to receive care.

Make Your Online Presence Work for You

Your website is often the first introduction patients have to your practice. An outdated or difficult-to-navigate website can discourage potential patients before they ever make contact.

Don't overcomplicate it. Patients generally look for four things:

- **What you do:** Your specific services and specialties.
- **Who you are:** Doctor bios that feel warm, approachable, and qualified.
- **Logistics:** Clear location maps, accurate hours, and a direct phone number.
- **The “Book” button:** A prominent, unmissable call-to-action for new appointments.

Optimize for Local Search Engine Optimization (SEO)

Claim and optimize your Google Business Profile listing to ensure your practice appears in local search results and Google Maps with accurate information, photos, and updated hours. Use local keywords such as “family doctor in [city]” or “urgent care near me” on your website and blog to improve search visibility. Additionally, seek local backlinks by partnering with community organizations or local businesses to boost your website's search ranking.

Leverage Social Media Marketing

Create engaging content that includes health tips, patient testimonials, staff introductions, and behind-the-scenes glimpses to build trust and familiarity. Use targeted ads on platforms like Facebook and Instagram to reach potential patients in your area based on location, demographics, and interests. Be sure to engage with your audience by responding promptly to comments and messages, demonstrating that you are attentive to patient care.

Ask for Reviews

Patients trust online reviews, so don't be shy about asking for them. Place a small sign with a QR code at the checkout desk that links directly to your Google Business Profile or Yelp business page. At checkout, train your staff to ask two important questions:

- “How was your visit today?”
- “Is there anything we could have done better for you?”

If the visit meets the patient's expectations, train your team to respond with “We love hearing that. Would you mind scanning this QR code and sharing your experience online?”

Listening to your patients builds loyalty with a better opportunity for referrals to friends and family members. If they had a less than perfect visit, it gives you the opportunity to rectify not only the issue immediately, but also shows the patient that their opinion matters to the practice. This can help lessen any poor online reviews and strengthen the patient/practice relationship.

Improve Access and Convenience

Patients often choose practices based on how easy it is to get care. Evaluate your patient experience from the first phone call to the final visit:

- Are calls answered promptly, or is there a long wait time on hold?
- Can new patients schedule appointments easily via the practice website, patient portal, or other online applications?
- Are appointment options convenient?
- Are reminders and follow-ups consistent?

Invest in online appointment scheduling and automated reminders. Simplifying the appointment scheduling process with easy-to-use online scheduling tools and automated reminders can reduce no-shows and improve patient engagement and satisfaction, as well as save staff time to focus on the patients that are in clinic.

These small improvements in access can make a significant difference in patient acquisition and retention.

Implement Telehealth Services

Offering virtual visits adds convenience for patients with busy schedules or mobility challenges. Promote telehealth options prominently on your website and marketing materials to attract tech-savvy patients.

Stay Connected With Existing Patients

Growing your practice does not always require finding entirely new patients. Your existing patient population represents one of your greatest opportunities for growth.

Identify patients who are overdue for preventive care, chronic disease follow-up, annual wellness visits, or recommended screenings. Proactive outreach through phone calls, HIPAA secure text messages and email, or the patient portal can encourage patients to return for needed care while strengthening long-term relationships and improving continuity of care.

Host Community Events and Health Workshops

Offer free screenings or educational seminars to raise awareness of your practice and position yourself as a trusted healthcare resource. Participate in local health fairs or sponsor community sports teams to increase visibility and foster goodwill.

Partner With Other Healthcare Providers

Build referral networks by connecting with specialists, physical therapists, dentists, or pharmacists who can refer patients to you. Collaborating on care coordination offers seamless transitions between providers, enhancing patient satisfaction and trust.

As the healthcare landscape changes, it is important to find new and creative ways to continue to support your practice and your patients.

If you need help marketing your practice, or would like to take advantage of free practice management consulting available to you as a member of the Cooperative of American Physicians (CAP), please call *My Practice* at **888-870-1885** or email MyPractice@CAPphysicians.com. ➦

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Register Today for CAP's 8th Annual Public Affairs Symposium



Join CAP and your fellow members on Wednesday, November 11, 2026, at Noon for an insightful discussion led by CAP's team of legislative experts.

This year's Symposium will cover the recent midterm election results, challenges and opportunities facing the new California governor, the state of healthcare under HR 1, and what lies ahead in the tort reform space.

Don't miss your chance to stay informed and engaged.

8th Annual Public Affairs Symposium

November 11, 2026

12:00 p.m.

Register now at www.CAPphysicians.com/2026Symposium

Is Your Practice's Employee Health Plan Covered by Health Net?

If your practice provides employee health benefits through a Health Net group plan, now is the time to start evaluating alternative coverage options. Health Net, a subsidiary of Centene, announced that it will exit the commercial employer-group insurance market in California and Oregon, with existing coverage ending by February 28, 2027.

The change affects employer-sponsored small- and large-group HMO, PPO, and POS health plans in California, including groups enrolled through CaliforniaChoice.

Read the full article from *Healthcare Finance*: <https://www.healthcarefinancenews.com/news/centenes-health-net-exits-commercial-group-market-2-states>

CAP Members Have Group Health Insurance Options

Symphony Health can help you compare group health plans tailored to your medical practice, even if you have one employee.

With access to most major carriers and plan types, Symphony Health can help you identify coverage that meets your practice's needs and budget. They can also assist with individual health plans for those experiencing a qualifying life event.

Compare Plans and Get Pricing!

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Contact Symphony Health at **213-576-8530** or via email at HealthCareServices@SymphonyRisk.com.

Or visit: www.CAPphysicians.com/GetHealthInsurance.

Life, Disability, Dental, Vision, and More— Personal Insurance Tailored to Independent Physicians



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No medical exams or underwriting required for most plans!

Enroll now at www.CAPphysicians.com/Enroll to secure:

- **Life Insurance** – Up to \$500,000¹
- **Short-Term Disability** – \$1,000/week²
- **Long-Term Disability** – Up to \$15,000/month²
- **Critical Illness Insurance** – Up to \$30,000 lump sum benefit
- **Accident Insurance** – Less than a \$1/day with cash benefits for ambulance, hospital stays, follow-up care—and much more
- **Dental and Vision Insurance** – Significant savings on routine care and major services
- **Hospital Indemnity Insurance** – Up to \$2,000 for admission and \$400/day for 15 days – No preexisting condition exclusions

Now is the time to evaluate your existing policies and increase coverage or purchase new coverage.

PLUS, during this annual enrollment period, get a personalized consultation for individual or group health insurance for your practice!

To enroll, visit www.CAPphysicians.com/Enroll

(link will direct you to GIS Benefits at: <https://secure.bswift.com/default.aspx?abbrev=gisbenefits>)

To register: Please select **"First Time User"** in the login box (please disregard references to employer or employee on this screen)
On the next screen, please select **"Employee"**
Enter the information requested and click **"Continue"**
Create your username and password and click **"Continue"**
Click **"Continue"** once your credentials are saved to return to the login page
Log in and follow the instructions on the homepage to access coverage options
(if you previously registered, simply log in using your existing credentials)

For assistance, please call **213-576-8530**.

Important Notice: This portal is typically intended for large associations and employer groups, offering members the benefit of purchasing these customized insurance plans at group rates with flexible coverage options. While the portal may reference "employee," "employer," or "company," these terms do not apply to CAP members, so you may disregard them.

Questions?

Contact the licensed insurance experts at Symphony Health for personalized one-on-one assistance at **213-576-8530** or via email at HealthCareServices@SymphonyRisk.com

These products are offered through Symphony Health, a division of Symphony Risk Solutions. CAP works with Symphony Health to provide you with flexible options to purchase these supplemental insurance coverages.

¹New CAP members within the first 90 days of membership have the option to purchase up to \$500,000 in life insurance with no required health exams. For members who are currently enrolled in supplemental life coverage and not at the current \$500,000 maximum, you may get an additional \$50,000 of life insurance benefits with no medical underwriting required.

²To be eligible, you must be working in healthcare at least 17.5 hours/week and cannot be currently disabled or at the time coverage becomes effective. Other limited time preexisting condition exclusions may apply.

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Making Changes to Your Practice?

Update Your Membership Information To Help With Your Year-End Planning



If you are considering changes to your practice this year or in 2027, or have already made a change, please notify CAP as soon as possible.

Our Membership Services team can work with you to ensure that any necessary coverage transitions are implemented smoothly.

Changes include, but are not limited to:

- Retirement from practice at age 55+
- Part-time practice (e.g., 20 or fewer hours per week)
- Reduction or any change in the scope of your practice
- Employment with a government agency or nonprivate practice setting
- Employment with an HMO or other self-insured organization
- Joining a practice insured by another carrier
- Moving out of state
- Termination of your membership in the Cooperative of American Physicians (CAP)

The Mutual Protection Trust (MPT) Board of Trustees will levy an assessment in November 2026. To allow ample processing time, we strongly recommend that you provide any updates to CAP in writing no later than October 31, 2026, to be evaluated for reductions or proration of the 2027 assessment.

Log in to your member account at member.capphysicians.com to complete your Coverage Update Form (CUF). You may also contact Membership Services by phone at 800-610-6642 or by email at MS@CAPphysicians.com to update your CAP membership information.

Supporting CAP Members During a Medical Professional Liability Lawsuit

Whether you are in the process of a medical professional liability lawsuit or simply interested in learning more about the litigation process, CAP's Litigation Education Retreat can provide valuable support and guidance.

During this virtual, interactive event, you will learn techniques to help you secure the most favorable litigation result and alleviate the anxiety that most physicians experience during this exceptionally stressful time. Participants who attend this live virtual event will earn 3.0 CME* AMA PRA Category 1 Credit(s)[™].

Date: **Saturday, October 24, 2026**

Time: **9:00 a.m. to Noon**

View the agenda and register at:

www.CAPphysicians.com/Fall26LER



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The information in this publication should not be considered legal or medical advice applicable to a specific situation. Legal guidance for individual matters should be obtained from a retained attorney.

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