Regular Session Agenda
Wednesday, March 28, 2018

**Call to Order:** 2:00

**Education Topic:**
- Open Public Meetings and Public Records Now and Into the Future – Charles (Skip) H. Houser III, J.D., M.P.A., Attorney at Law, Pope, Houser, & Barnes PLLC

**Break:** 3:15

**Patient Story:** Brandie Manuel 3:30

**Approve Agenda:** 3:40

**Minutes:** Action Requested 3:42
- February 28 Regular Session (pg. 2-4)

**Required Approvals:** Action Requested 3:45
- February Warrants and Adjustments (pg. 5-9)
- Resolution 2018-04 Cancel Warrants (pg. 10)
- Medical Staff Credentials/ Appointments/ Reappointments (pg. 11)
- Medical Staff Policy (pg. 12-14)

**Public Comment:** (In lieu of in-person comment, members of the public may provide comment on any agenda item or any other matter related to the District via a letter addressed to the Commissioners at 834 Sheridan Street, Port Townsend, Washington 98368, or via email to commissioners@jeffersonhealthcare.org) 3:50

**Financial Report:** Hilary Whittington, Chief Administrative Officer/CFO 4:00
- February

**Quality Report:** Brandie Manuel, Chief Patient Care Officer 4:20

**Administrator's Report:** Mike Glenn, CEO 4:40

**Chief Medical Officer Report:** Joe Mattern, MD, CMO 5:00

**Board Reports:** 5:20

**Meeting Evaluation:** 5:30

**Conclude:** 5:40

This Regular Session will be officially audio recorded.
Times shown in agenda are estimates only.
Call to Order:
The meeting was called to order at 2:00pm by Board Chair, Buhler. Present were Commissioners Dressler, McComas, Kolff, and Ready. Lisa Holt, Chief Ancillary and Specialty Services Officer, Caitlin Harrison, Chief Human Resources Officer, Brandie Manuel, Chief Patient Care officer, Josh Brocklesby, Interim Executive Director of Nursing and Alyssa Rodrigues, Administrative Assistant were also in attendance. This meeting was officially audio recorded by Jefferson Healthcare.

Education:
OPMA/OPRA Primer
Commissioners participated in the Open Public Records Act and Records Retention/Management Act Training

Discussion ensued.

Break:
Commissioners recessed for break at 3:15pm.
Commissioners reconvened from break at 3:30pm.

Patient Story:
Brandie Manuel, Chief Patient Care Officer, read aloud a story regarding a gymnast who presented herself to the hospital with a sports injury. After being seen she was scheduled to go to physical therapy. The gymnast was nervous that she wouldn’t be able to practice and was pleasantly surprised when she received positive feedback from the physical therapist telling the girl that if she strengthened her core with exercise she would be allowed to return to her gym. This particular physical therapist became an overnight celebrity in the local gymnastics world.

Approve Agenda:
Commission Dressler made a motion to approve the agenda. Commissioner McComas seconded.
Action: Motion passed unanimously.
Minutes:
- January 17 Special Session
- January 24 Regular Session
- January 26 Special Session
- February 14 Special Session

Commissioner Kolff made a motion to approve the January 17 Special Session minutes, January 24 Regular Session minutes, January 26 Special Session minutes, and February 14 Special Session minutes. Commissioner Ready seconded.

Action: Motion passed unanimously.

Required Approvals: Action Requested
- Medical Staff Credentials/Appointments/Reappointments
- Medical Staff Policy
- January Warrants and Adjustments
- Resolution 2018-02 Cancel Warrants
- Resolution 2018-03 Surplus Equipment

Commissioner Dressler made a motion to approve Medical Staff Credentials/Appointments/Reappointments, Medical Staff Policy, January Warrants and Adjustments, Resolution 2018-02 Cancel Warrants, Resolution 2018-03 Surplus Equipment. Commissioner Ready seconded.

Action: Motion passed unanimously.

Public Comment:
No public comment was made.

Financial Report:
Anne Burton, Controller, gave the January finance report.

Discussion ensued.

Board Report:
Commissioner Kolff gave a report regarding CHIP workgroup participation from board members.

Discussion ensued.

Commissioners decided their top choices for CHIP workgroups.

Commissioners participated in Open Public Meetings Act training.

Discussion ensued.

Meeting Evaluation
Commissioners evaluated the meeting.
Conclude:
Commissioner Kolff made a motion to conclude the meeting. Commissioner Dressler seconded the motion.
Action: Motion passed unanimously.

Meeting concluded at 4:45pm.

Approved by the Commission:

Chair of Commission: Jill Buhler ________________________________

Secretary of Commission: Marie Dressler __________________________
<table>
<thead>
<tr>
<th>Gross Revenue</th>
<th>February 2018 Actual</th>
<th>February 2018 Budget</th>
<th>Variance</th>
<th>February 2018 YTD</th>
<th>February 2018 Budget YTD</th>
<th>Variance</th>
<th>February 2017 YTD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Revenue</td>
<td>4,449,342</td>
<td>3,982,084</td>
<td>467,258</td>
<td>12%</td>
<td>8,646,925</td>
<td>8,390,821</td>
<td>256,104</td>
</tr>
<tr>
<td>Outpatient Revenue</td>
<td>13,141,495</td>
<td>14,326,973</td>
<td>(1,185,478)</td>
<td>-8%</td>
<td>28,914,453</td>
<td>30,188,983</td>
<td>(1,274,530)</td>
</tr>
<tr>
<td>Total Gross Revenue</td>
<td>17,590,837</td>
<td>18,309,057</td>
<td>(718,220)</td>
<td>-4%</td>
<td>37,561,378</td>
<td>38,579,804</td>
<td>(1,018,426)</td>
</tr>
<tr>
<td>Revenue Adjustments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost Adjustment Medicaid</td>
<td>1,721,292</td>
<td>1,832,678</td>
<td>111,386</td>
<td>6%</td>
<td>4,167,589</td>
<td>3,861,714</td>
<td>305,874</td>
</tr>
<tr>
<td>Cost Adjustment Medicare</td>
<td>6,305,365</td>
<td>6,388,637</td>
<td>83,273</td>
<td>1%</td>
<td>12,734,416</td>
<td>13,461,774</td>
<td>727,357</td>
</tr>
<tr>
<td>Charity Care</td>
<td>246,801</td>
<td>112,885</td>
<td>133,916</td>
<td>-119%</td>
<td>442,430</td>
<td>237,665</td>
<td>(204,565)</td>
</tr>
<tr>
<td>Contractual Allowances Other</td>
<td>1,286,596</td>
<td>1,407,930</td>
<td>121,334</td>
<td>9%</td>
<td>2,770,631</td>
<td>2,966,710</td>
<td>196,078</td>
</tr>
<tr>
<td>Administrative Adjustments</td>
<td>42,327</td>
<td>40,759</td>
<td>1568</td>
<td>-4%</td>
<td>86,400</td>
<td>85,883</td>
<td>(517)</td>
</tr>
<tr>
<td>Adjust Bad Debt</td>
<td>71,725</td>
<td>265,870</td>
<td>194,144</td>
<td>73%</td>
<td>289,359</td>
<td>560,226</td>
<td>270,867</td>
</tr>
<tr>
<td>Total Revenue Adjustments</td>
<td>9,674,105</td>
<td>10,048,759</td>
<td>374,654</td>
<td>4%</td>
<td>20,492,825</td>
<td>21,174,173</td>
<td>681,348</td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>7,916,732</td>
<td>8,260,298</td>
<td>(343,566)</td>
<td>-4%</td>
<td>17,068,553</td>
<td>17,405,630</td>
<td>(337,078)</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>234,178</td>
<td>266,483</td>
<td>(32,306)</td>
<td>-12%</td>
<td>494,853</td>
<td>561,518</td>
<td>(66,665)</td>
</tr>
<tr>
<td>340B Revenue</td>
<td>92,798</td>
<td>115,963</td>
<td>(23,165)</td>
<td>-20%</td>
<td>252,693</td>
<td>244,350</td>
<td>(83,343)</td>
</tr>
<tr>
<td>Total Operating Revenues</td>
<td>8,243,707</td>
<td>8,642,744</td>
<td>(399,037)</td>
<td>-5%</td>
<td>17,816,099</td>
<td>18,211,499</td>
<td>(395,400)</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries And Wages</td>
<td>4,167,962</td>
<td>4,338,147</td>
<td>170,184</td>
<td>4%</td>
<td>8,884,344</td>
<td>9,141,096</td>
<td>256,752</td>
</tr>
<tr>
<td>Employee Benefits</td>
<td>1,020,491</td>
<td>1,092,837</td>
<td>72,347</td>
<td>7%</td>
<td>2,145,147</td>
<td>2,302,765</td>
<td>157,617</td>
</tr>
<tr>
<td>Professional Fees</td>
<td>381,936</td>
<td>346,413</td>
<td>(35,523)</td>
<td>-10%</td>
<td>851,757</td>
<td>729,941</td>
<td>(121,816)</td>
</tr>
<tr>
<td>Purchased Services</td>
<td>503,874</td>
<td>527,751</td>
<td>23,877</td>
<td>5%</td>
<td>1,009,048</td>
<td>1,112,047</td>
<td>103,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>1,365,367</td>
<td>1,281,523</td>
<td>83,844</td>
<td>7%</td>
<td>2,897,660</td>
<td>2,700,353</td>
<td>(197,308)</td>
</tr>
<tr>
<td>Insurance</td>
<td>62,157</td>
<td>51,842</td>
<td>10,315</td>
<td>-20%</td>
<td>129,222</td>
<td>109,239</td>
<td>(19,983)</td>
</tr>
<tr>
<td>Leases And Rentals</td>
<td>112,671</td>
<td>111,339</td>
<td>34,003</td>
<td>-16%</td>
<td>253,021</td>
<td>234,607</td>
<td>(18,414)</td>
</tr>
<tr>
<td>Depreciation And Amortization</td>
<td>398,162</td>
<td>358,496</td>
<td>(39,666)</td>
<td>-11%</td>
<td>796,067</td>
<td>755,401</td>
<td>(40,666)</td>
</tr>
<tr>
<td>Repairs And Maintenance</td>
<td>57,681</td>
<td>73,476</td>
<td>15,795</td>
<td>21%</td>
<td>106,091</td>
<td>154,824</td>
<td>48,733</td>
</tr>
<tr>
<td>Utilities</td>
<td>89,180</td>
<td>79,405</td>
<td>(9,775)</td>
<td>-12%</td>
<td>182,958</td>
<td>167,318</td>
<td>(15,639)</td>
</tr>
<tr>
<td>Licenses And Taxes</td>
<td>41,056</td>
<td>46,666</td>
<td>5,611</td>
<td>12%</td>
<td>98,361</td>
<td>98,333</td>
<td>(28)</td>
</tr>
<tr>
<td>Other</td>
<td>125,394</td>
<td>178,535</td>
<td>53,142</td>
<td>30%</td>
<td>288,258</td>
<td>376,199</td>
<td>87,941</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>8,342,931</td>
<td>8,486,430</td>
<td>143,499</td>
<td>2%</td>
<td>17,641,934</td>
<td>17,882,123</td>
<td>240,189</td>
</tr>
<tr>
<td>Non Operating Revenues (Expenses)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taxation For Maint Operations</td>
<td>11,170</td>
<td>20,866</td>
<td>(9,696)</td>
<td>-46%</td>
<td>29,393</td>
<td>43,967</td>
<td>(14,574)</td>
</tr>
<tr>
<td>Taxation For Debt Service</td>
<td>8,248</td>
<td>14,959</td>
<td>(6,711)</td>
<td>-45%</td>
<td>19,927</td>
<td>31,521</td>
<td>(11,594)</td>
</tr>
<tr>
<td>Investment Income</td>
<td>26,836</td>
<td>12,466</td>
<td>14,360</td>
<td>118%</td>
<td>48,864</td>
<td>26,267</td>
<td>22,597</td>
</tr>
<tr>
<td>Interest Expense</td>
<td>(87,470)</td>
<td>(88,474)</td>
<td>1,004</td>
<td>1%</td>
<td>(175,434)</td>
<td>(186,427)</td>
<td>10,993</td>
</tr>
<tr>
<td>Bond Issuance Costs</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Gain or (Loss) on Disposed Asset</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0%</td>
<td>-</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>Contributions</td>
<td>4,920</td>
<td>13,195</td>
<td>(8,274)</td>
<td>-63%</td>
<td>22,940</td>
<td>27,803</td>
<td>(4,862)</td>
</tr>
<tr>
<td>Total Non Operating Revenues (Expenses)</td>
<td>(37,247)</td>
<td>(26,989)</td>
<td>(10,258)</td>
<td>-38%</td>
<td>(53,764)</td>
<td>(56,870)</td>
<td>3,106</td>
</tr>
<tr>
<td>Change in Net Position (Loss)</td>
<td>(136,471)</td>
<td>(129,325)</td>
<td>(265,796)</td>
<td>-206%</td>
<td>(120,401)</td>
<td>272,506</td>
<td>(152,105)</td>
</tr>
</tbody>
</table>
TO: BOARD OF COMMISSIONERS  
FROM: HILARY WHITTINGTON, CFO  
RE: FEBRUARY 2018 WARRANT SUMMARY

The following items need to be approved at the next commission meeting:

- General Fund Warrants & ACH Transfers: $8,514,018.83 (Provided under separate cover)
- Bad Debt / Charity: $360,853.07 (Attached)
- Canceled Warrants: $1,067.61 (Attached)
TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: FEBRUARY 2018 GENERAL FUND WARRANTS & ACH FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

<table>
<thead>
<tr>
<th>Warranty Numbers</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>243244 - 243941</td>
<td>$4,588,270.06</td>
</tr>
<tr>
<td>ACH TRANSFERS</td>
<td>$3,925,748.77</td>
</tr>
<tr>
<td><strong>YEAR-TO-DATE:</strong></td>
<td><strong>$8,514,018.83</strong></td>
</tr>
<tr>
<td><strong>YEAR-TO-DATE:</strong></td>
<td><strong>$18,151,195.97</strong></td>
</tr>
</tbody>
</table>

Warrants are available for review if requested.
Submitted for your approval are the following:

<table>
<thead>
<tr>
<th></th>
<th>FEBRUARY</th>
<th>FEBRUARY YTD</th>
<th>FEBRUARY YTD BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bad Debts:</td>
<td>$71,725.47</td>
<td>$289,359.20</td>
<td>$560,225.81</td>
</tr>
<tr>
<td>Charity Care:</td>
<td>$246,800.79</td>
<td>$442,429.93</td>
<td>$237,865.14</td>
</tr>
<tr>
<td>Other Administrative Adjustments:</td>
<td>$42,326.81</td>
<td>$88,399.71</td>
<td>$85,884.58</td>
</tr>
<tr>
<td><strong>TOTAL FOR MONTH:</strong></td>
<td><strong>$360,853.07</strong></td>
<td><strong>$820,188.84</strong></td>
<td><strong>$883,975.53</strong></td>
</tr>
</tbody>
</table>
TO: BOARD OF COMMISSIONERS
FROM: HILARY WHITTINGTON, CFO
RE: FEBRUARY 2018 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

<table>
<thead>
<tr>
<th>DATE</th>
<th>WARRANT</th>
<th>AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/9/2017</td>
<td>234129</td>
<td>$ 317.61</td>
</tr>
<tr>
<td>2/21/2017</td>
<td>234486</td>
<td>$ 750.00</td>
</tr>
</tbody>
</table>

TOTAL: $ 1,067.61
JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2018-04

A RESOLUTION CANCELING CERTAIN WARRANTS IN
THE AMOUNT OF $1067.61

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, warrants indicated below in the total amount of $1067.61 be canceled.

<table>
<thead>
<tr>
<th>Date of Issue</th>
<th>Warrant #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/09/2017</td>
<td>234129</td>
<td>317.61</td>
</tr>
<tr>
<td>02/21/2017</td>
<td>234486</td>
<td>750.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$1067.61</strong></td>
</tr>
</tbody>
</table>

APPROVED this 28th day of March, 2018.

APPROVED BY THE COMMISSION:

Commission Chair Jill Buhler: ___________________________________________
Commission Secretary Marie Dressler: _______________________________________
Attest:
Commissioner Matt Ready: _______________________________________________
Commissioner Kees Kolff: ________________________________________________
Commissioner Bruce McComas: ___________________________________________
FROM: Barbara York – Medical Staff Services  
RE: 03-27-2018 Medical Executive Committee appointments/reappointments and annual policy review recommendations for Board approval 3-28-2018

C-0241  
§485.627(a) Standard: Governing Body or Responsible Individual  
The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH’S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)  
It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.

Recommended appointment to the active/courtesy/allied health provisional staff with privileges as requested:

1. Griffin-Hare, Kari, ARNP – Internal Medicine Clinic  
2. Sample, Denise, ARNP – Family Medicine (LT for Sara Katz, PA-C)

Recommended re-appointment to the courtesy medical staff with privileges as requested:

1. Allende, Jenys, MD - Tele-Psychiatry  
2. Alter, Mark, MD – Tele-Psychiatry  
3. Arroyo, Hansel, MD - Tele Psychiatry  
4. Callahan, Richard, MD – Tele-Psychiatry  
5. Lampen, Rhonda, MD – Tele-Psychiatry  
6. Norrell, Nelly, MD – Tele-Psychiatry  
7. Sharpe, Robert, MD – Tele-Psychiatry  
8. Smith, Elton, MD – Tele-Psychiatry  
9. Venard, Neil, MD - Tele-Psychiatry  
10. McGowen, John, MD – Diagnostic Radiology  
11. Westman, David, MD – Diagnostic Radiology
CHAPERONE POLICY

PURPOSE:

The use of chaperones is well established in healthcare. The presence of a chaperone during the physical examination of a patient offers several important benefits as reported by the Council on Ethical and Judicial Affairs (CEJA Report 10-A98), American Medical Association (AMA). First, it provides reassurance to patients of the professional character of the exam. The availability of this service also demonstrates an attention to the patients’ well-being, a respect for their concerns, and an understanding of their vulnerability.

The use of chaperones during physical exams has three benefits:

1. It provides reassurance to patients of the professional character of the exam.
2. A witness is available to support the physician’s innocence should a misunderstanding of false accusation be made by the patient, and,
3. It offers advantages in convenience and time efficiency when authorized health professionals serve as chaperones and can assist with procedures such as gynecologic examinations.

POLICY:

Patients are free to make a request for a chaperone in each health care setting. This policy should be communicated to patients through a conversation initiated by the intake nurse of the physician.

An authorized health professional (nurse, ER technician, nurse aide, medical assistant) should serve as a chaperone whenever possible. In the case of a pediatric patient of home health and hospice patient, a family member may serve as a chaperone. If a chaperone is to be provided, a separate opportunity for private conversation between the patient and the physician should be allowed. The physician should keep inquiries and history-taking, especially those of a sensitive nature, to a minimum during the course of the chaperoned examination.

This policy applies to all healthcare professionals working within Jefferson Healthcare including medical staff, nurses, midwives, healthcare assistants, allied health professionals, medical students, radiographers and complementary therapists working with individual patients in surgeries, clinic situations, departments, outpatient and in the patient’s home.

PROCEDURE:

1. Upon intake or triage prior to disrobing, as appropriate, a patient may be asked if they wish to have a chaperone present during exam and/or procedure. The chaperone should be the same sex as the patient with the exception being when infants are patients.
2. It is strongly recommended to have a chaperone during examination and/or procedure (particularly pelvis, breast, rectum or testicular exams) for the following patients:
   - Pediatric/minor (please note: parents may be used as the chaperone only if a healthcare worker is not available)
   - Elderly
- Ethnicities, religious or cultural backgrounds of some women can make intimate examinations particularly difficult, for example, some patients may have strong cultural or religious beliefs that restrict being touched by others
- Mental Health Issues or Learning Difficulties
- Home Visit (please note that family members/friends may take on the role of the informal chaperone during intimate examinations)

3. Patients should be offered a private, undisturbed area to undress. Gowns are provided for the patient to wear.
4. There should be no undue delay prior to examination once the patient has removed any clothing. Knock on the door (or wall outside of privacy curtain) and wait for response prior to entering the patient’s room.
5. Intimate examination should take place in a closed exam room and not be entered without consent while the examination is in progress. Examination should not be interrupted by phone calls or messages.
6. Where appropriate, a choice of position for the examination should be offered for example, left lateral, dorsal, recumbent and semi-recumbent positions for speculum and bimanual examinations. This may reduce the sense of vulnerability and powerlessness complained of by some patients. Unveil only segments of the gown relevant to the body part being examined, at all times being cognizant of the patient’s reaction.
7. During the examination the healthcare provider must explain the process.

For example, explaining the nature of the procedure and how it relates to the complaint helps further reduce both the patient’s concerns and the likelihood of a negative reaction to the exam, especially if the patient may not expect it to be part of the evaluation. For instance, the patient being examined by a rheumatologist for bone and joint complaints would not expect a breast examination, and could experience a negative reaction unless the doctors explains that the breast may contain a cancer leading to osseous metastases.
8. After the procedure, the healthcare professional will let the patient know that they may get dressed and if they need assistance the chaperone will stay in the room if the patient needs assistance getting dressed.
9. Once the patient has dressed following an examination or procedure, the findings must be communicated to the patient. If appropriate, this can be used as an educational opportunity for the patient. The healthcare provider must consider (asking the patient as necessary) if it is appropriate for the chaperone to remain at this stage.

**During an intimate examination:**
- Offer reassurance
- Be courteous
- Keep discussion relevant
- Avoid unnecessary personal comments
- Encourage question and discussion
- Remain alert to verbal and non-verbal indications of distress from the patient

**Communication and Record Keeping**

The most common cause of patient complaints is a failure on the patient’s part to understand what the practitioner was doing in the process of treating them. It is essential that the healthcare professional explains the nature of the examination to the patient and offers them a choice whether to proceed with that examination at that time.
Recording in the Patient Record

Details of the examination including presence/absence of chaperone and information given must be documented in the patient’s medical record. This could include physician reports, nursing notes, or therapist’s record notes.

If the patient expresses any doubts or reservations about the procedure and the healthcare professional feels the need to reassure them before continuing then it would be a good practice to record this in the patient notes. The record should make clear from the history that an examination was necessary.

In any situation where concerns are raised or an incident has occurred and a report is required, this should be completed immediately after the consultation.

References: