



# The Scope

## Welcome to Gulf Coast Dermatopathology's First Edition of "The Scope"



The intent of *The Scope* is to give our Gulf Coast Dermatopathology customers valuable content that is relevant and useful. This and future editions will provide information not only about our laboratory, but about other topics of interest pertaining to our field, including legal advice from well-respected attorneys, OSHA compliance reminders and billing insights. We will also include a brief schedule of upcoming meetings and events.

In addition, this forum provides us an opportunity to introduce our dedicated and professional staff, many of whom you may have worked with or spoken to over the telephone. Each issue of *The Scope* will contain an employee

profile, which will allow you to know us better.

We hope that you find our newsletter enjoyable and beneficial, and we welcome any suggestions or additions, which may be emailed to [jgoldin@gulfcoastdermpath.com](mailto:jgoldin@gulfcoastdermpath.com).

### COLLEGE OF AMERICAN PATHOLOGISTS

## What is CAP? Why is GCDL pursuing CAP accreditation???

The College of American Pathologists (CAP) is an accrediting agency devoted to continuous laboratory improvement with quality patient care as the primary focus. CAP aims to optimize performance and excellence in medical laboratories.

GCDL has always been devoted to providing our clinicians and patients with superior and reliable service. We are currently in the process of becoming accredited by CAP to enhance these abilities, and we anticipate that this journey will be completed by the end of the year. We appreciate your assistance and support as we move forward in achieving this goal for you and our patients.

### Fun Skin Fact:

Every square inch of the human body has about 19,000,000 skin cells.

## LEGAL UPDATE

# Working, Together: Think Before You Speak

*Shane Munoz, Ford and Harrison, LLP*

Thanks to Sharon Miller for establishing this newsletter and offering me the opportunity to publish an article in the inaugural edition. The newsletter will be a great resource for folks at dermatology offices in Florida!

For those of you I have not had the pleasure of meeting, I am an employment attorney with Ford & Harrison. Our firm has more than 200 attorneys in offices throughout the country, with 5 offices in Florida (Tampa, Orlando, Miami, Jacksonville and Melbourne). We all practice labor and employment law, and a number of our attorneys focus on employment law in the health care industry. We represent management only, but in doing so we recognize the interests of employees and the importance of working together.

In this inaugural edition and future articles, I hope to provide you with my thoughts and suggestions concerning simple things we all can do to foster positive working relationships and successful practices. Today's topic is "Think Before You Speak."

Keeping confidences is important in all relationships, but particularly so in medical offices. Most crucial are patient confidences. We all recognize that a doctor cannot provide the best medical advice and treatment unless the patient provides the doctor with all relevant information, and that a patient may be reluctant to reveal information unless he or she knows it will be kept in complete confidence. But for a medical office to work, patient confidences are necessarily shared beyond the doctor. Nurses help diagnose and treat, technicians analyze, other staff gather information, make appointments, process billing and payments, etc.

Of course, HIPAA and other state and federal laws regulate this area, but best practices go beyond the legal requirements. It's important to keep in mind that from a typical patient's perspective, the doctor's office shouldn't share any information, even the fact that the patient called or visited the office. So, "patient confidences" are not limited to medical diagnoses and treatment. Also, while patients understand that their doctors have wide access to their private information, they tend to think less about the fact that office staff also have access and – for most patients – they assume and expect that access is strictly limited on a "need to know" basis.

Some breaches of confidentiality are easy to recognize. We all know that it would be wrong to tell a friend or family member about a patient's condition. But we may not be as aware of other risks. For example, people are sometimes careless about conversations between coworkers and others

involved in providing services. This can result in a breach of confidence where one patient overhears a conversation about another, for example, when a telephone conversation with a patient, pharmacy or other medical provider is overheard, or when a hallway or elevator conversation between coworkers is overheard. You should always keep in mind that a third party made be just around the corner, or on the other side of the door. Assume someone is within earshot, and that anyone within earshot is listening, unless you're certain that's not the case.

Another example is where coworkers talk about a patient, but one of the coworkers does not have a role in the patient's care. Even if that coworker doesn't make any subsequent disclosure, the sharing of information between coworkers is a breach of patient confidences.

When dealing with patient information, the best practice for most of you is to treat all information as confidential, and to disclose information only as necessary to provide patient care. Of course, there are some other, limited, permissible reasons for disclosures, such as submitting claims to insurers. If you have any doubt whatsoever, if the doubt concerns a possible urgent medical need or emergency, speak immediately with a doctor or, if appropriate, call 911. If the doubt does not involve an urgent or emergency situation, don't disclose the information, and check with your Office Administrator or doctor about how to handle the situation.

It's also important to protect confidential information of coworkers and of the practice. While employees are generally permitted to speak with each other about terms and conditions of employment, disclosures of confidential information about the practice can be harmful and in some cases unlawful. If you have concerns about how you're being treated at work, griping to coworkers probably won't make you feel any better, and may just make things worse. Consider that your concerns aren't likely to be addressed unless you bring them to the attention of someone in a position to do something about it. Often this will be your Office Administrator.

Talking about coworkers – even about information you might not consider "confidential" – can damage working relationships and create a sour work environment. One thing you might think about before talking about a coworker is how you would feel if you learned that someone where your child or parent works had discussed similar information about your loved one. The Golden Rule works well, but only if you think before you speak.

*Please do not consider this article to be legal advice. Employment law advice should be offered only in the context of an attorney-client relationship, and only after consideration of specific circumstances. The comments in this article are intended only as general descriptions of principles, with suggestions which may or may not be appropriate for you depending upon your specific circumstances.*

# Florida Department of Health Requirements for Disposal of Sharps

*Archie Jennings, Total Healthcare Compliance*



**F**lorida Department of Health defines a sharp as any “item contaminated with blood or infectious body fluids” and that will puncture, penetrate or lacerate the skin. Such items can be needles, scalpel blades, razor blades and glass slides. **All needles whether contaminated or not must be put into sharps containers.**

Florida Department of Health requires that sharps must be disposed of at the point of origin (the room in which the sharps or biomedical waste is generated) into a proper sharps container that is compliant with Florida Administrative Code, Rule 64E-16.

Florida also requires that the “BIOMEDICAL WASTE SYMBOL” on any sharps container or red bag be a

minimum of one inch in diameter. When a sharps container or a red bag has dimensions equal to or greater than 19 inches tall and 14 inches wide, then the “BIOMEDICAL WASTE SYMBOL” on the container must be at least 6 inches in diameter.

If a sharps container is mounted in a wall unit, and the mounting unit covers any part of the “BIOMEDICAL WASTE SYMBOL” on the sharps container, the practice is required to put a “BIOMEDICAL WASTE SYMBOL” sticker on the outside of the mounting unit.

If a practice places only “sharps” into a sharps container the sharps container can remain in the practice until it is  $\frac{3}{4}$  full and does not need to be disposed of every 30 days as do red bags.

When a practice places non-sharp items (gauze, cotton, paper, etc.) in the sharps container, the sharps container has then become a red bag or regular trash can as defined by Florida 64E-16, and must be closed and disposed of within 30 days, just as do red bags.

Since July 1, 1997 Florida no longer requires the practice to date the sharps container or to write the practice name and telephone number on the sharps container. That rule exists only if the sharps container is placed inside the biomedical waste box that is taken out of the facility by your biomedical waste transport company.

Adhering to good sharps safety disposal guidelines goes a long way to helping to reduce incidents that can cause significant worry and stress to the employee at work and at home.

## CODING CORNER

**A patient comes into the office with 10 Actinic Keratosis on the face and scalp and a plantar wart on the left foot. How would you code this? (answer page 4)**

A. 17000

17003 x9 units

17110-59

B. 17000-59

17003- 59 x9 units

17110

C. 17004

17110

D. 17003

17110

# Employee Profile - Joan

Anyone who has called our office in the early morning hours has likely spoken with Joan, who begins her day at GCDL by 6:30 in the morning. Joan can be found at her desk fielding phone calls, transcribing, handling customers' questions, sending dermatopathology reports and otherwise multi-tasking. Joan likes the fact that "each day is different" and has worked for GCDL since 1991. When asked what she enjoys about working at GCDL, she replies, "I am proud to work for a company that focuses on quality" and "they care about their customers as well as their employees." "Dr. Millns is wonderful to work for."

When Joan is not working at GCDL she enjoys getting together with friends, going to the beach, heading to the mountains of North Carolina or just spending time with her four sons and grandchildren. Joan was born and raised in Brooklyn, NY where she earned her AA degree and received her MA license.

## SEPTEMBER

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## NOVEMBER

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Like Us On



## Dermatology Clinical-Pathologic Conference

### ☞ Carillon Center, St. Petersburg

11/13, Date Subject to Change

Please check with GCDL representative for updates

## Upcoming Conferences

### ☞ Managers Networking Meeting

9/18, 10/16, 11/20

East Lake Café

### ☞ FOMA-Florida Osteopathic Medical Association

9/21-9/23

Conference – Tampa, FL

### ☞ ASDP-American Society of Dermatopathology

10/11-10/14

49th Annual Meeting – Chicago, IL

### ☞ ASDS-American Society for Dermatologic Surgery

10/11-10/14

Atlanta, GA

### ☞ FSDS-Florida Society of Dermatologic Surgeons

11/2-11/4

Dermatologic Surgery Conference – Palm Beach, FL

11/2

Practice Administrator's Program – Palm Beach, FL

*Coding Answer: B*