

Contact Information



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Disclaimer

The information contained herein and presented by the speakers is based upon sources believed to be accurate at the time they were referenced.

The speakers are not engaged in rendering legal or professional services other than risk management. If legal advice is required, the services of an attorney should be sought.

This document was designed for discussion purposes only and is not intended to present detailed information on our analysis and findings. It is incomplete and not intended to be used without the accompanying oral presentation.

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Faculty



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Learning Objectives:

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This educational activity will support your ability to:

- Evaluate current practice processes associated with patient safety
- Implement risk reduction strategies to reduce potential patient harm and professional liability claims
- Develop an ongoing monitoring and process improvement plan

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Contributing Factors in Medical Malpractice Diagnotic error is an increasingly recognized threat to public health, with estimates of 3 percent of adults being affected in the outpatient environment². In the hospital setting, alignotic error is reprossible for 6 to 17 percent of advence events². Diagnotic arear is reprossible for more the responsible for more closed unlarge state claims than other setting the state of the decime (now the National Academy of the state of the state of the decime (now the National Academy of "most people will experience at least one diagnostic error in their lifetime."¹

fall et al. 2020)

ieauberger et al. 2017)

Lack of informed connect is an important cause of medical malpractice finging and associated with a lower rate of indemnity payments, implements in waves, including afforder consent affeguings. still present atime, more, and reparation tail for photesians. The findings of these sody can inderfee help to improve properties due consensing of these sody can inderfee help to improve properties due consensions to are better informed. From malpractice claims and ensure that patients are better informed.

Medical documentation issues play a role in 10-2050 of medical malpnetice lawsuins, lnaccurate, incomplete, or generic records undernise a physician's defense and make a plaintiff's lawyer more likely to take on a case. Despite the frequency of documentation errors in malpractice suits, physicians receive very little education or feedback on their documentation. (Ghaith et al. 2022)

To Reduce Malpractice Claims Improve Communication na chairte harr haite

Roughly 20,000 malpractice claims are filed annually in the U.S. alone, and half of all physics is will be used screatine during the course of a career. During the pandemic, lower numbers of

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History of Medical Practice Assessments

- Self-assessment
- Brief
- General information
- Onsite assessment Resource intensive
- Limited reach
- Baseline self-assessment
- Easy to use Widely available
- Actionable results
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There are several causes of healthcare-acquired infections, including the following:

- Unsterile surgical or procedure tools
- Antimicrobial Resistance (AR)
- Improper handwashing techniques
- Improper use of PPE
- Increased number of patients being seen in clinical settings
- HVAC filtration system issues
- Contaminated surfaces because of improper cleaning
- Workflow and design

(Association for Professionals in Infection Control and Epidemiology (APIC), n.d.; Centers for Disease Control and Prevention 2014) 12 0201 Patroscene Coperate • Allopts reserved.



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Risk Reduction Strategies

Verify ongoing competence through chart review and regular assessments

Provide training to MAs whose competency levels are lower than expected and keep written records of discussions and redirection in the personnel files

Keep a written record of competency assessment, training, and confirmation

Ensure clinicians who delegate a task to an MA obtain informed consent from the patient

Educate MAs about medical record documentation and ensure that documentation is adequate through chart review

(Centers for Disease Control and Prevention 2014) 17 0203 Pratourane Corporation • Mitights reserved.

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Case Scenario: Infusion Clinic

- Education, training, and competencies
- Reusing syringes

- Reusing saline bags
- Bacterial bloodstream infections
- Notifications



c	ase Dis	cussion	
		Education and training	
	4	Standardized process	
	兼	Infection prevention basics	
		Quality improvement and control	
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Risk Reduction Strategies

Perform a self-assessment

Provide job- or task-specific infection prevention education and training to all HCP

Focus training on principles of both HCP safety and patient safety

Provide training upon hire, repeated annually and when policies or procedures are updated/revised

Document competences in personnel files

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0	Case Di	iscussion		
	X	Equipment Maintenance		
	兼	Disinfection		
	1	Education and Training		
	2	Notification Process		
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Risk Reduction Strategies
Educate patients
Adhere to local, state, and federal requirements
Perform regular audits for quality control and improvement
Follow an exposure control plan
Ensure a notification process is in place

(Centers for Disease Control and Prevention 2012:2013;2015;2019)
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Risk Reduction Strategies

Address cleaning and decontamination of spills in policy and procedure

Select EPA-registered disinfectants or detergents/disinfectants with label claims for use in healthcare

Follow manufactures recommendations

Keep maintenance records and operations logs for confirmation of the sterilization process

Establish policies and procedures for routine cleaning and disinfection

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PROASSURANCE, Tunthity Preventing Infection from the Misuse of Vials

"The misuse of these vials has caused harm to individual patients through occurrences and outbreaks of blood borne pathogens and associated infections, including hepatitis B and C virus, meningitis, and epidural abscesses."

The Joint Commission

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Emergency Preparedness

- Staff are trained to assess and respond to medical emergencies
- I have participated in an emergency drill within the past year
- I have received training on responding to hostile or aggressive behavior

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Staff Are Trained to Assess and Respond to Medical Emergencies.

- Do staff know what to do when patients need an emergent care?
- What if patients are injured or have an adverse event in the clinic?

(Merchant et al. 2020) (Toback 2007) (AHA, 2020) 0203 Pratourane Grapostee • All optic reserved. 28 0 2023 PVIAN

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Why is Emergency Preparedness Important?

- Patients have a variety of co-morbidities
- Patients can present with an emergency

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Being prepared to manage issues will ensure patients receive the best care in a timely fashion



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Case Scenario: Patient Fall

52 YOM fell in the clinic exam room after physician visit

Physician did not evaluate patient

Patient went home & was later admitted to the hospital due to neurological deficits

Patient was taken to the OR for emergent spinal surgery

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54 YOF receives oral contrast	
Contrast Reaction	
Administered contrast despite allergy	
Anaphylactic Reaction	
Patient was taken to the ED	

5 YOF with known all	ergies	
Failure to recognize r	espiratory compromise	
Practice was not able	to respond to emergency	
EMS was called & pa	ient was transported to ED	

Miscellaneous Emergencies

- Do staff know what to do in case of a fire or a natural disaster?
- Are staff prepared for patients who become threats?
- Do you have a recovery plan?

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Risk Reduction Strategies

Prepare for patient emergencies & natural disasters

Recommend staff to have BLS training

Offer medical assistance when injuries occur in practice

Be prepared to call 9-1-1



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Scheduling

- When this office makes a high-priority referral, we try to confirm whether the patient went to the appointment.
- Missed and cancelled appointments are effectively captured in the scheduling system.
- Attempts to reschedule the patient are documented in the medical record.
- This office reminds patients when they need to schedule an appointment for preventative or routine care.

(Armstrong 2021) 36 0203 Pratouranis Corporation • All rights reserved.



Why Are These Items Important?

Can lead to treatment delays
Failure to follow-up may place a patient's health at risk



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Sa Scenario: Rescheduling Cancellations 55 YOM sought care with a gastroenterologist for colonoscopy screening Colonoscopy was performed a polyp removed Pt cancelled appointment to review pathology results Physician failed to reschedule and pt was diagnosed with colon cancer 2 Maximum colon cancer 38

Case Scenario: Follow-Up After Hospital Discharge 63 YOM, former smoker admitted to hospital with pneumonia Incidental finding on CXR No follow-up from physician team Led to a delay in diagnosing lung cancer

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Risk Reduction Strategies

Establish a tracking system for all missed appointments

Follow-up with patients who miss appointments or referrals. Efforts to reschedule patient should be documented in the MR

Verify patient contact information with each encounter

Notify physician when patients miss appointments or referrals

Establish a reminder system for patient's appointment

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Why is Patient Communication Important?

- Poor communication by healthcare providers can lead to claims & alleged negligence
- Miscommunication leads to medical errors & patient harm



(Diaz 2016) (Hickson 2002, 2951-2952) 42 0.203 Protourant Cognition • All optic reserved.

Communication

 Personnel use provider-developed written protocols for responding to patient questions and concerns
 Providers review all clinically relevant patient communication



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Risk Reduction Strategies

Train staff to verify patient information

Develop triage protocols

Notify physician of urgent/emergent patient communication

Have staff facilitate physician-to-physician communication



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Staff Training

- Staff competency is assessed on an annual basis
- Skills checklists are used to train unlicensed staff
- Staff in this office are asked to do tasks they haven't been trained to do
 Ensure licensed staff maintain credentials and keep these records in personnel files

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Why is Staff Training Important?

- Training helps to define workplace culture
- May reduce patient safety events
- Enhance team communication
- Establishes a culture of safety
- Standardizes care delivery

(Costar et al. 2020, 548-556) 48 0.2023 Protocorana Coparation • All optic reserve





Two Minutes: What's the Risk? Staff Competencies



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Risk Reduction Strategies

Establish a system for training staff

Standardize processes

Give staff the knowledge to adequately perform in their roles Maintain a system to review training annually



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What Kind of Culture Does Your Practice Have?



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Unhealthy Culture

Increased risk of errors

Decreased employee morale

Poor patient care

Negative reputation

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Case Scenario

Family Practice Medical Assistant for 4 years

Stress due to adversarial relationships

Increasing number of errors resulting in job losses

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Mr. Smith

"A medication error is an error (of commission or omission) at any step along the pathway that begins when a clinician prescribes a medication and ends when the patient actually receives the medication."

"Medication Errors and Adverse Drug Events," PSNet, September 7, 2019, https://psnet.ahrq.gov/primer/medication-errorsand-adverse-drug-events



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What Did Jane Inject?



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"The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes.-Leading a Culture of Safety: A Blueprint for Success



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Culture of Safety

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- Respect
- Comfortable speaking up
- Reporting mistakes is encouraged
- Listen to concerns
- Errors are viewed as opportunities for improvement

(Arzahan IS and Ismail 2 2022) 60 0203 Protowane Corporator • All optic rese



Risk Reduction Strategies

- Establish a baseline medical office assessment
- Identify risks
- Report incidents and near misses
- Encourage sharing of ideas
- Include frontline staff members
- Embrace accountability
- Show appreciation
- Be part of the solution
- Communicate!

(Famolaro 2018) 61 0.2223 Pratoarano Cosporator - Alingets reserved.

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Process Improvement

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Diagnostic Error: Baseline Self-Assessment

Areas assessed

- This office is effective at tracking a patient's test results from labs, imaging, and other diagnostic procedures.
- When this office does not receive a patient's test results, staff follow up.
- All test results are communicated to patients, even if the test results are normal.
- Providers are notified promptly of "panic value" test results.

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Diagnostic Error Closed Claims and Lawsuits 2017 - 2019 Paid to Closed Average Indemnity Average Defense Cost 28% \$455,244 \$82,655 MR Association Data Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. VRR Association Data Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. MR Association Data Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. MR Association Data Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. MR Association Data Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation. MR Association Data Staring Project. Claims closed between 2017 and 2019 with disposite error or the primary allegation.

Diagnostic Error: Failure to "Close the Loop"

- Tracking process & monitoring:
- Test results
- Communication of information
- Acknowledgement
- Documentation
- Follow-up
- Risk reduction strategies:
- Identify interruptions or failure points in the process

Resolve & close the loop

(Balogh, Miller, and Ball 2015) 68 0203 Protourous Copusition - All optic reserved

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Diagnostic Error: Follow-up & Communication

Poor communication by physicians & other healthcare pro- claims and alleged negligence	fessionals can lead to
Miscommunication can lead to medical errors & treatment	: delays
Failure to follow-up may result in patient harm	
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Documentation: Baseline Self-Assessment

Areas assessed

- Allergies are reviewed and documented in a prominent location in the medical record.
- Medications are reviewed and documented in the medical record, including medications that are discontinued.
- Patient history is updated and reviewed by the provider and documented in the medical record.

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Doc	rumentation: Common Areas of Risk	
	Patient Allergies Medications Patient History	
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Doc	umentation	
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ļ	IN 5 MPL lawsuits involves a documentation issue	
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Doc	umentation	
E	MR: a multi-use tool	
	atient communication	
2	1 st Century Cures Act	
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Documentation: Risk Reduction Strategies

- Always review patient allergies
- Patient answers cannot always be trusted
- Keep data and EMR up to date
- Review emergency procedures for patient allergies



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Documentation

Poor documentation practices are difficult to defend

Chaith, Summer, Gregory P. Moore, Kristina M. Colbenson, and Rachel A. Lindor. "Charting Practices to Protect against Malpractice: Case Reviews and Learning Points." The Western Journal of Emergency Medicine 23, no. 3 (2022). Accessed February 23, 2023. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9183775/ (ncbi.nlm.nih.gov/

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Informed Consent: Baseline Self-Assessment

Areas assessed:

- Provider discusses the risks, benefits, & alternatives of the treatment plan
- Informed consent discussions are documented in medical record
- Procedure-specific informed consent forms for invasive procedures are used
- Informed refusal discussions occur and are documented in medical record

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Informed Consent

- Builds rapport and trust with your patient
- Consent form supplements the informed consent process
- Documentation is evidence
- Evidence supports the disclosure discussion

Reduces risk

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Informed Consent: Refusal

- Informed refusal process should mirror informed consent process
- · Honoring patients' informed refusals of treatment respects autonomy
- · Possible battery: imposing unwanted interventions on a competent patient

Lo, Bernard. Resolving Ethical Dilemmas: A Guide for Clinicians. 6th ed. Lippincott, Williams & Wilkins, 2019. 82 02021 Protocologie - stiegtes reservet.

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Informed Consent: Summary

Informed consent process can reduce liability risk

 Forms & medical record documentation are evidence that risks, benefits, & alternatives of procedure were discussed and agreed to

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Services: Baseline Self-Assessment

Area Assessed: Pain Management

 Pain management services using controlled substances are provided through this practice.

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Pain Management

- Practice management techniques
- Opioid management policy/process
- Uniform practice
- Standardized management
- Reduce liability
- Quality improvement/medical record review

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In-office Procedures Using Sedation

Services: Baseline Self-Assessment

Area accessed: In-office procedures

• The practice performs in-office procedures using sedation

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In-office Procedures Using Sedation

- Continuum of depth of sedation
- Minimal
- Moderate
- Appropriate policies and protocols
- Training and competence
- Medical emergency plan
- (American Society of Anesthesiologists 2019) 91 0223 Pratowane Exposure - strages reserved.

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In-office Procedures Using Sedation
Lesion/skin tag removal and biopsies
Pain management procedures
Endometrial ablations
LASIK
Endoscopies
Aesthetic/cosmetic

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In-office Procedures Using Sedation

- Patient identification procedure
- · Verification or timeout to prevent wrong patient and procedure
- Moderate sedation requires pre-operative history & physical
- Monitoring pre/intra/post procedure
- Vitals, SaO2, EKG (if applicable)
- Written discharge instructions provided
- Follow-up phone call

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Services: Baseline Self-Assessment

Area accessed: Telemedicine

• The practice performs in-office procedures using sedation.

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Telemedicine

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How is a telemedicine visit different

- Technology introduces complexity
- Additional layer of informed consent
- Additional confidentiality/security concerns

Integration

· Limits of not being physically present with patient

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Telemedicine

- Informed consent
- Nature of telemedicine visit
- Detailed hx, imaging, testing
- Potential benefits, constraints, risks, and alternatives
- Exam
- Technology
- Include patient responsibilities
- Confidentiality

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Telemedicine

- Patient education
- Inform patients of the availability of telemedicine
- Explain to patients the limitations
- Document the discussion of the risks, benefits, and alternatives of telemedicine in the patient's chart
- Telemedicine platforms useful

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Telemedicine

- Medical professional liability concerns
- Patient training
- What to expect
- Consent
- Confidentiality
- Track outcomes
- Platform may have quality measures built in
- Implementation and monitoring
- Eligible providersRegulatory and legal

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Telemedicine

Medical professional liability concerns

Documentation

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- Each and every telemedicine visit is charted
- Type of visit is clear
- Complete and accurate
- Originating and distant sites are identified
- Verbal consent or e-consent via telemedicine platform
- Importance of follow-up as appropriate
- Consultations and referrals



Identifying & Addressing Your Practice's Unique Risks

Online survey

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- Available to all staff members
- Finished in a few minutes
- Answers collected anonymously
- Results aggregated for practice overview
- Comparison & benchmarks part of feedback report



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Convenient Ways to Share

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D	<i>u</i>				
2	is enail continue your participation in the Baseline Review SetFassessment. SetFassessments are to be filled out by you, your physicians, providers and each staff member in your practice at least three days before the du	e date			
2	Its case access the Phylaneance Risk Management Baseline Review Saft-Assessment by closing on the following low, plasas forward this link to all staff who wish to complete the survey, the Alma anguering care Organis Instanticity Structures and an anguering of the following low, plasas forward the Saft Anguering Low Control of Saft Anguering Control of Saft				
0	Ince the self-assessment is completed, a confidential report displaying your practice's responses, comparable benchmarking data, and risk reduction strategies with links to additional resources will be provided.				
	you have any questions regarding the self-assessment process or any risk management concerns, do not hesitate to contact me at or .				
8	sorej,				

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5157 Insured: 1	1 New Insured Test R	tesponse	Complete Response Cancel
Baseline Self-A	ssessment		
Baseline Self-Asse	ssment for ProAssurance In:	sureds	
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Diagnostic Testing Results

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All test results are communicated to patients, even if the test results are normal.		14		Ξ,	15	
Providen are notified promptly of "partic value" test results.			64	Τ.		
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 Your Practice 	0	verall Pa	rticipants			

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Innovative Baseline Self-Assessment

- Available to use in 2023
- Potential for premium credit in 2024
- Targets common areas of risk
- Detailed report specificRisk reduction strategies
- Targeted risk interventions
- Resources to address areas of concern



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