

PRACTICE PEARLS

Use personal history to knit teams together

I've had success improving the way teams function in my practice with an idea I found in the book *The Advantage: Why Organizational Health Trumps Everything Else in Business* by Patrick Lencioni.

We get all the members of a team together and ask them to say where they grew up, what their order of birth was, and a challenge they overcame in their youth. We find that even people who have worked together for years learn something new.

The first time I did this with a group, one person said he grew up in a family that adopted four students with special needs. The second shared a story of having to fend for herself at age 15 after her father died and the rest of her family was deported. She went to school during the day and worked at a factory at night all through her teenage years. The third told of a suicide in the family, and the fourth shared about a parent who had a life-threatening illness. Most times the stories are not that tragic, but at the end of the experience, your team members will often be closer and understand each other better.

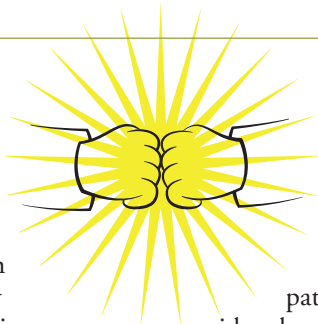
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Ready for the fist bump?

Physicians and other health care workers are increasingly looking for ways to prevent infection in their offices. One idea is to eliminate the handshake, a common cultural

expression of greeting, farewell, or respect that can easily spread bacteria and antimicrobial resistance.

Studies show health care personnel comply with hand hygiene regimens an average of only 40 percent of the time, and patients and visitors



comply even less often.

Banning the handshake can be difficult given its prevalence in society and the worry that not shaking a patient's hand could be considered an insult. But signs in the practice explaining the policy and the potential effects on the patient's health could help make it more palatable. Finding an alternative is also helpful, including the open-handed wave, the head nod, or the more informal bumping of fists.

Source: Sklansky M, Nadkarni N, Ramirez-Avila L. Banning the handshake from the health care setting. *JAMA*. 2014;311(24):2477-2478.

FPM

Q&A

HIPAA and the fate of the fax machine

Q I have an old fax machine that needs to be replaced, and I am trying to decide whether to buy another fax machine or switch to an online system. What are the HIPAA concerns either way?

A Paper faxes fall under the HIPAA Privacy Rule. Most physicians are familiar with these requirements and likely have established procedures for handling protected health information that is faxed (using a cover sheet, handling faxes sent to wrong numbers, etc.).

Systems that store and send protected health information electronically are subject to the HIPAA Security Rule, and many physicians are less familiar with these requirements. For example, the Security Rule requires physicians to conduct periodic security risk assessments of these systems and develop policies and procedures for mitigating any risks discovered. This analysis must be conducted whenever physicians change systems. Physicians participating in the Medicare EHR Incentive Program must review this analysis annually to meet meaningful use requirements.

All physicians are also subject to the Breach Notification Rule, which assigns liability and fines for certain improper disclosures of unsecured protected health information. This includes paper records or any electronic information not encrypted to regulatory standards. An unencrypted electronic system may be no better than a fax in terms of security breaches, while an encrypted system can help avoid many of the penalties if there is a breach.

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