



## Beware the BFRF!

■ JOHN SHUFELDT, MD, JD, MBA, FACEP

Remember the scene in *Ghostbusters* when Gozer (the Gozarian) asks Ray Stantz if he is a “god?” Stantz, compulsively honest, says, “No.” Gozer says, “Then die,” as he tries to blow them off the roof of the building.

After recovering, Peter Venkman yells at Stantz, “If someone asks if you are a god, you say YES!”

The question Gozer asked Stantz was a red flag—one of those moments when you want to consider your options before blindly plunging in and sealing your fate.

I have the privilege of working with an extraordinary person of unmatched enthusiasm, integrity, intelligence, and beauty. She is the president of NextCare, the chairperson of the Arizona Foundation for Women, and a devoted wife and mother. All in all, she is the “complete package.” Among her many other accomplishments, she coined the phrase, “BFRF.”

A “BFRF” is a big “f-ing” red flag. She is way too classy to ever say the “f-word,” so it is left up to your imagination what word to substitute.

Over the years, I have kept a list of things that should make the hair on the back of your neck stand up, although I did not know what to call the collection until “BFRF” entered my vocabulary. Much of the list has to do with medicine, some items have to do with activities of daily living, and a couple have not found a home.

So, the following is a list of “BFRFs” I collected over the years; feel free to use them as your own. They have certainly saved me a few times when I was about to get blown off the roof. Some may even keep you out of court or help you be a better practitioner.

1. When a patient tells you, “I think I am going to die,” believe him.
2. Never discharge a patient with abnormal vital signs unless you understand and have documented the reason for the abnormality.



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3. Never try to do a back flip after consuming alcohol.
4. Never barefoot ski (water or snow) if you are not an expert.
5. If a patient has a foreign object in their rectum, it really is important to establish the true etiology of the insertion. Don't fall for the, “It was a million to one shot, doc” story.
6. Do not hire someone who is rude to your receptionist or assistant.
7. Do not hire someone who won't shake your hand because they are a “germophobe.”
8. Don't date (or marry) someone who is rude to waiters or waitresses.
9. Don't hire, date, or marry anyone who is a “hater.”
10. If a patient wants someone to stay in the room with them for the exam, procedure, etc., let them.
11. When a patient starts dry heaving, physically turn their head away from you (and toward your least productive staff member).
12. “Two beers” is always more than two beers. Unless of course, they are 44-ounce cans.
13. Never eat food that has been sitting in the nursing break room. You will die either from the food or by the hand of the nurse who brought the food.
14. Never kill a bee by slapping it on your own skin.
15. Hanging upside down while drinking a margarita is a sign that you are drunk, stupid, or both (from experience).
16. If an employee tells you they are doing their best when obviously they are well below the mark, believe them—and then fire them.
17. Never discharge a patient who acutely cannot ambulate (unless of course they have a fractured leg).
18. You can't teach kindness or compassion; if a caregiver does not demonstrate those characteristics, they should be working in the food service or the janitorial industry.
19. When your gut tells you something, believe it.
20. When a patient says “stop” during a procedure, stop the procedure.
21. Never use a cautery on a patient after using topical anesthetic spray.

22. “My prescription for Percocet fell in the toilet; was eaten by my dog; was stolen; etc.” is a red flag, especially in our field.
23. When nurses say, “Are you sure you want to discharge this patient?” rethink your options.
24. Don’t play basketball with dangly earrings.
25. Tattoos of swastikas or of “Mom” spelled incorrectly bear special consideration.
26. Don’t defibrillate someone while standing in water (from experience).
27. Don’t use a trocar for a left-sided chest tube in a patient with cardiomegaly.
28. Don’t perform a lumbar puncture on a person with an international normalized ratio score >3.
29. Arrogant people rarely improve their demeanor.
30. Laziness and negativity are contagious; eradicate the source or it will infect your entire staff.
31. If someone says they have syphilis, check their HIV status.
32. Providers who were accused/convicted of having sex with patients are probably not “good hires.”
33. Job hopping is never a good way to build a resume or obtain a worthwhile position.
34. Never hire someone who in the job interview identifies “turning their employer in to OSHA” as their greatest contribution at their last job.
35. Flirting during an interview is always a red flag.
36. Before interviewing a prospective employee, check their MySpace and Facebook pages. Comments like, “Thanks for the great weed dude should be worrisome.
37. Answering a cell phone while talking to a patient is an issue.
38. Providers who insist on praying with their patients before doing a procedure on them should scare the heck out of you (and the patient).

39. Saying “This won’t hurt a bit,” when it does hurt.
  40. Calling in sick for a simple cold or the flu.
  41. Snapping gum, chewing with mouth open, saying, “Like” every sentence.
  42. The tougher the pre-hire negotiation, the more high maintenance the employee.
  43. Hiring a physician through a search firm is usually a red flag.
  44. You can’t teach efficiency in patient care. A slow provider is and will always be a slow provider.
  45. Applicants who “hit on your staff” during their interview process are never good hires.
  46. Never believe someone who says, “There is no possible way I could be pregnant” unless it is a man, a woman who is sans uterus and ovaries, or a woman over 70.
  47. An employee who calls in sick three days before their shift should raise suspicion.
  48. Fingernails stained with nicotine, clothes or hair which smells like smoke; their smoking breaks will outnumber their productive work hours.
  49. Employees whose claim to fame was, “I once was the Oscar Meyer Weiner girl.”  
And last, but not least!
  50. Sub-specialists who want to work in urgent care centers (there is always a story and it usually is not a good one).
- The aforementioned list is by no means exhaustive. I am sure that given some serious consideration, many of you will have BRFs that I cannot fathom.
- The take-home point is this: Not trusting your gut is like “crossing the streams” (which is to say, bad). And in case it’s been a while since you’ve seen *Ghostbusters* and are fuzzy on the whole good/bad thing, Dr. Egon Spengler explains it thusly: “Try to imagine all life as you know it stopping instantaneously and every molecule in your body exploding at the speed of light.” Important safety tip! ■

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Ultimately, what did bring the patient into the center—driving past the sign every day, hearing the radio ad, or receiving a magnet in the mail? Most likely, all three were responsible for attaining the top-of-mind position that ultimately led the consumer to the center when their need arose.

The point is that in order for consumers to think of the urgent care center as the first place to go when an injury or illness occurs, the urgent care center must constantly have its message in front of consumers. As a center starts to understand its patients, it will come to realize which advertising tactics are most effective. Because advertising must balance the operating model

and target market, there is no one-size-fits-all solution.

**Conclusion**

When it comes to advertising, there are almost limitless possibilities; which or how many are pursued depends on how much the urgent care operator wants to spend. Any combination of a wide mix of media—from Internet search engines to yard signs to an airplane banner at a ball game—could be effective.

Because advertising effectiveness is influenced by the target market, location, signage visibility, and operating model of a center, what works for one center may not work for another. But all successful urgent care operators know that in order to drive new business, some paid advertising must be part of the plan. ■