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Risk Management for the Practice

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What is Clinical Risk Management?

Clinical risk management seeks to improve patient safety by reducing the likelihood of preventable adverse events occurring.



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Benefits of good risk management for the Medical Practice

- Improved patient care
- Reduced likelihood of adverse outcomes
- Increased patient satisfaction and therefore reduced likelihood of complaint
- Reduced stress from being sued or disciplined
- Slowing growth in indemnity costs
- Professional and business satisfaction



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From the claims data – the chance of a claim against a GP in one year.

General Practitioner Non Procedural 5%

General Practitioner Procedural 13%
- excluding Obstetrics

General Practitioner Procedural 27%
- including Obstetrics



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Types of claims – GP Non-Procedural

Incident	% Total
Failure to Diagnose	21%
Poor Management following injury	16%
Narcotic prescription complaints	13%
Delay in referral	10%
Inquests	8%
Missed fracture	7%
Professional Misconduct	6%
Overservicing	6%
Unfair Dismissal	5%
Inappropriate advice /lack of consent	4%
Adverse event following surgery	3%
Self-Administering	2%



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Risk in your Practice

- Research into clinical risk management in healthcare suggests that adverse events predominately occur as a result of human error
- However, errors tend to occur due to the failure of defence mechanisms designed to prevent adverse occurrence
- By identifying areas of risk, you can implement defence mechanisms to assist in preventing adverse outcomes



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How can you help minimise risk in your practice?

- What are the risks you are facing?
- For example – the risk of litigation
- To manage the risk we must understand the risk.
 - Identifying factors impacting on propensity to litigate (i.e. why does a patient sue?):
 - Dissatisfaction with service/treatment
 - Adverse outcome (harm to the patient)



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Can you help minimise the chance of litigation?

- **Dissatisfaction with service**

We know that patient's often seek compensation because of a less than satisfactory experience.

So...what can influence a patient's experience?



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What influences a patient's experience?

- Time taken to assess a patient
- Answering patient's questions
- Staff presentation and manner
- Competency and experience
- Adequate and safe supporting equipment
- Body language/interest/eye contact
- Communication with patient and relatives
- Managing a patient's expectations



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Can you influence claim severity if a patient does decide to sue?

YES!! For example,

- Ensuring quality record keeping
 - Disclosures and comments to patients
 - Co-operation with legal and mediation process
 - Record storage
- ... are all examples of a influence on claim severity



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How can you minimise the chance of litigation?

- **Adverse outcome (harm to the patient)**

Can you minimise an adverse outcome?

- Learn from the claims data – where do mistakes regularly occur?
- Learn from your own data – e.g. complaints, incidents, clinical audit, feedback, peer review, etc



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How can you minimise the chance of litigation?

Examples of adverse outcomes

- Failure or delay in diagnosis
- Poor management – e.g. follow up of clinical data

Can you minimise an adverse outcome?

- Learn from the claims data – where do mistakes regularly occur?
- Learn from your own data – e.g. complaints, incidents, clinical audit, feedback, peer review, etc



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Practice Risk Management systems influencing risk exposure

Practical Approaches

- Consider the known areas of risk in your practice:
 - Could it be done better?
 - What information do you need to make it better?
 - How do you educate the key people to make any changes effective?



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Referrals & Appointments

Important to establish good basis for relationship with prospective patient

- Sufficient time for new appointments
- Review with Doctor if patient dissatisfied
- Consider criteria for seeing unscheduled or urgent patients
- Agree process among all staff



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Results

- Belief in the infallibility of radiology and pathology systems
 - Are all requested reports actually returned?
 - Are all tests actually completed?
- Process of checking in and checking out key results
- Urgent/important follow-up
- Dialogue with providers – pathology, radiology, pharmacy
- Shared care – what tests are done? Do you know?



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Follow-up to significant abnormalities & complications

- Tracking and follow-up systems
- Links with external providers
- Relationships with pathologists, radiologists etc
- Contact procedures for patients
- Number/type of contact attempts
- Use of registered/certified mail
- Documentation



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Emergencies

- After hours - what advice do is given to the staff or patients?
- Weekend/leave advice - what advice is given to the staff or patients?
- Establish chain of command
- Locums



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Communication

- Answering machine - who reviews, how often, what does it say?
- Staff communication with patients
- Answering service -
 - follow up, what do they say?
 - standards for follow up
- Access to Doctor
- Incorporating telephone advice into the patient record



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Documentation of Telephone Advice

- Patient name/age
- Caller name (if different than patient)
- Doctor name
- Date & time of call
- Reason for call (caller's statement)
- Initials/signature of staff member taking call
- Advice given or protocol used
- Nurse's assessment
- Explanatory notes
- Disposition and follow-up



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The Patient Record

- Is the structure conducive to good patient management?
- Would a locum doctor be able to find the information they need if they had to manage the patient?
- How is the record filed? Is it easy to find, yet secure?
- Is there a clear plan for follow-up of key clinical groups or individual patients (e.g. chronic disease management)
- Is the record legible, including the use of correct abbreviations
- Are corrections clearly marked, signed and dated
- Do you have a process for tracking active/inactive patients?
- Where do you archiving inactive files?
- How do you maintain the security of electronic files?



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Missed Appointments

- Duty of care
- Communication with patients
- Follow-up strategies
- There is a process for contacting the patient
- The reason for the missed appointment is determined
- There is an attempt to schedule a new appointment
- The process is documented in the medical record



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Staff Management

- Orientation process, including
 - Familiarity with practice policies and protocols
 - Emergency procedures
 - Infection control
 - Privacy
 - OH&S
 - Security
- Roles and responsibilities
- Knowledge management



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Policies and Procedures

- Confidentiality
- Scheduling
- Missed appointments
- Reporting test results to patients
- Releasing patient records
- Telephone protocols
- Storage of medications, syringes
- Storage of prescription pads



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Policies and Procedures

- Promotion and assessment of patient satisfaction
- Patient complaints
- After-hours coverage
- Incident tracking process
- Management of emergencies
- Safety precautions
- Informed consent



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Where to from here ...



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The MDAV Approach to Risk Management



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The objectives of the MDAV Risk Management Programme

- To promote a clinical improvement philosophy amongst doctors and their staff including enhancing understanding of risk management principles.
- Provide the appropriate support to ensure that this philosophy is translated into action; including improved access to information, standardised tools and advice.



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What MDAV can offer?

- A detailed curriculum of risk management education
- Access to standard tools for managing risk
- Access to best practice information regarding risk management
- Analysed claims data relating to high risk areas
- Post-claims review to learn from incidents



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The MDAV Risk Management Team

Contact MDAV on

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