Medico-legal risk and your practice Checklist for Ophthalmologists

Understanding your risk is a process of identifying, analysing and evaluating medico-legal risks in your practice.

Managing your risk is a process of selecting the most advantageous method of reducing your exposure to medico-legal risk.

The following checklist will assist you to:

- · Assess the medico-legal risk in your practice
- · Identify preventable and predictable medico-legal risks
- Develop practical and accessible strategies to minimise your medico-legal risk
- · Reduce exposure to litigation and complaints.

This checklist is a starting point that aims to help you identify areas in your practice where you may like assistance. Please note that it does not represent benchmarks for best practice and it does not purport to be fully inclusive or to provide any legal or medical advice.

As a member of Avant you and your staff are entitled to access the Medico-Legal Risk Advisory Service for advice on developing strategies to reduce your exposure to the risk of litigation or complaints.

For more information contact Avant's Medico-Legal Risk Advisory Service on **1800 128 268** or e-mail **riskadvisory@avant.org.au**



Risk Assessment Checklist

Ι.	Communication with patients	ш	realitient options including alternatives to surgery are
	Patients are familiarised with practice policies, including fees		discussed and documented
	and billing arrangements	Ш	Patients undergoing refractive laser eye surgery are aware that
	Difficult communication with patients is identified and		glasses or further surgery may be necessary post-op
	addressed	Ш	Tools such as diagrams and brochures are used to assist explanations to patients
	Interruptions are kept to a minimum during consultations		Post-operative expectations are discussed including period of
	Bad news is delivered to patients with care and sensitivity		recovery, time off work etc
Ш	The boundaries of the therapeutic relationship are recognised		The consequences to the patient if complications do occur are
2	Patient expectations and patient selection		discussed, such as a longer hospital stay and recovery
	Patients' suitability to undergo a procedure is assessed		Cooling off period for elective procedures – patients are given
	Patients know what to expect from their treatment, including		sufficient time to consider treatment options
	post-operative pain, rate of recovery and likely outcome		Patients provide feedback on their level of understanding
	Unrealistic expectations are identified and resolved		The attendance of family members/ partner when discussing proposed procedures and consent is welcomed
	Patients who are demanding, hostile, do not take your advice		Responsibility for the consent process is taken by the
	or are disinterested in discussion of treatment are managed appropriately		ophthalmic surgeon
			Consent discussions are reflected in the notes or in the letter to
3.	Communication with colleagues and staff		the referring doctor
	Roles and responsibilities are clarified with colleagues and staff		Estimated costs are discussed and documented prior to a
	in relation to continuing patient care		procedure, including likely additional costs associated with
	You work collaboratively with optometrists and other members		procedures
	of the health care team		Interpreter service is available for patients who do not speak English
	You are available for consultation with junior staff under		Engusii
	supervision	6.	Operative care
	Practice staff have clear roles and responsibilities		All equipment is checked prior to use
	Theatre staff and junior staff discuss patient management issues with you	☐ You are f	You are familiar with theatre environment and team
	Staff understand about safety, privacy and confidentiality		☐ If relevant in your state or territory of practice the mandatory "Time out" policy is observed before commencing a procedure
4.	Diagnosis and treatment		You personally clarify the operative site and supervise patient
	Baseline measures are clearly documented		positioning
	Past entries in the notes are reviewed		You comply with the process for reporting incidents and adverse outcomes at facilities you attend
	Past and current medical conditions are taken into account		You know the policies and procedures specific to the facilities
	Colleagues are consulted when you are unsure about patient		you attend
	management, and a second opinion is offered if appropriate		Junior staff are adequately supervised
	You recognise when to refer a patient to another doctor		James com and anodamical calculations
	Social history is considered when determining treatment plan	7.	Post-operative care
	Patients understand the treatment plan		A written protocol is followed for managing patients in the
	A multi-disciplinary approach is taken when managing complex		post-operative period
	problems		Discussion is held with patients regarding what they may
5	Consent and disclosure of risks		expect in the post-operative period, including when and how to contact you
	General and specific procedural risks are discussed and recorded		Written instructions are provided to the patient on discharge,
	Risks of procedure or treatment that are of concern to or are		including what they should do to aid recovery
	specific to the individual patient are identified and recorded		8



☐ Surgeon and anaesthetist (if necessary) are available to revie	
patients, or responsibility is clearly delegated to an appropria	Steps are taken to minimise the likelihood of adverse events
☐ Arrangements are in place to review patients prior to dischar	The practice has a protocol for recording and dealing with adverse events and near misses
☐ Patients are sufficiently recovered from procedures and sedation prior to discharge. Any visual disturbance is taken in account and catered for.	☐ The underlying cause of an adverse outcome is identified
☐ A plan has been made for managing patients who have travelled a long way or are from out of town	 Avant is notified of incidents that may give rise to a claim and/ or a complaint
☐ A report is provided to other treating or referring doctors on outcome of surgery	12. Complaints handling
8. Patient referral and follow up	To a complaints body:☐ Avant is notified of all complaints to your registration board or complaints body
☐ Urgent appointments are made by the doctor or receptionis and the details are recorded in the patient's file	t Advice is sought from Avant before responding to such complaints
Referral letters contain relevant history and clinical details	Direct patient complaints:
☐ A patient follow-up system is in place to monitor compliance or attendance for review	There is a written policy in your practice for dealing with complaints, with which staff are familiar
Attempts to contact or follow up the patient are documented	Complaints are responded to in a timely manner
in the patient's file□ Other attending practitioners are kept informed of patient consistency	□ There is a willingness to resolve grievances and complaints □ Staff have designated roles and appropriate training in dealing with complaints
9. Diagnostic test tracking	☐ The practice encourages feedback from patients
☐ System in place for tracking specimens/tests	☐ The practice has a procedure for review of complaints
☐ The doctor reviews, and signs and dates or electronically ver every result	ifies Avant is notified of serious complaints
System in place for actioning abnormal results	13. Advertising, websites and publications
System in place for actioning abnormatics atts	$\hfill\square$ Products and services are advertised in accordance with the
10. Medical records	relevant legislation (Medical Practice Regulations, the Fair Trading Act, Trade Practices Act, Therapeutic Goods Act)
☐ Compliance with Commonwealth and State-based regulation and policies governing medical records	Photographs represent realistic results. They are de-identified and used with patient permission
Data security is maintained	Promotional material is accurate and realistic and includes
☐ If computerised, data is backed up regularly. The back-up is k off-site, is tamper-proof and can be restored	sufficient information about the risks and limitations of the procedure
Records are legible and contain the following information:What the patient tells you about their condition and	☐ Promotional material is not misleading and does not raise unrealistic patient expectations
concernsObjective examination, diagnosis and management plan	☐ Website users are clearly informed that information on the site is not a substitute for professional medical advice
 Discussion of risks and complications of a proposed procedure 	☐ Website content is regularly reviewed, updated and complies with relevant legislation
Details of telephone discussion(s) with patient or colleag	· · · · · · · · · · · · · · · · · · ·
Copies of results and operation reports	

• Copies of referral letters to and from other practitioners

• Details of post-operative visit and examination

• Degree of urgency in referral letters

14. Medication storage and prescribing
☐ Controlled substances are stored and prescribed in accordance with state regulations
☐ Each patient's file contains a medication summary
☐ Patients are assessed before prescriptions are prepared
☐ Patients are provided with information about any medication prescribed, including risks and alternatives
\square Consent is obtained when prescribing new medication
☐ There is a system for monitoring patients who have been prescribed addictive medications or those with serious side effects, including dosage, frequency and authorities
$\ \square$ Any samples provided to patients are documented
☐ Repeat prescriptions are not provided without seeing the patient
☐ State and Territory legislation is complied with in regard to prescription of addictive or off-label use of medication
15. Appointment systems
☐ The doctor determines action for cancellations and 'did not attends'
☐ A permanent record kept of cancellations and 'did not attends'
☐ Provision is made for urgent consultations
☐ A backup/restore system is used for computerised appointments
16. Telephone enquiries
☐ Protocol in place on what and when information can be disclosed over the telephone
☐ Telephone calls recorded in book/carbonised pad/electronically
☐ System in place to ensure phone calls are returned
17. Confidentiality and Privacy
☐ The practice complies with Privacy legislation and has a written policy
☐ Practice staff understand when patient information can be released and to whom
☐ Patient details cannot be overheard or viewed by patients in the waiting room
☐ Medical records, appointment book and computer screens are away from public view
☐ All staff sign a confidentiality agreement
18. Policy and procedure manual
☐ Contains current policies and procedures
☐ Staff are familiar with the content of the manual
19. Staff orientation and training
☐ Orientation program for new staff
☐ Job descriptions reflect what staff are expected to do in the practice
☐ Job descriptions are signed by staff and employer
☐ Clear delineation of roles and level of authority

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