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
1. Communication
   - Clarification is sought from the referring practitioner when inadequate clinical information is provided on the request form.
   - The request form is regularly reviewed to determine its effectiveness.
   - Patient understanding of any examination is clarified prior to proceeding.
   - A chaperone is offered to patients undergoing any intimate examinations e.g. pelvic ultrasound.
   - The radiologist is aware of any information that the referring practitioner provides to patients undergoing radiological procedures.
   - Request forms are retained and treated in the same way as medical records according to the relevant legislation in your state of practice.
   - There is a documented protocol for the handling, distribution and tracking of all films and reports.
   - There is direct communication with the referring practitioner when there is an unexpected finding or the severity of the condition is greater than expected.
   - There is direct communication with the referring practitioner when there is any discrepancy between any interim and the final report.

2. Failure to diagnose / Misdiagnosis
   - System in place for managing and reporting on poor quality films.
   - Excessive workloads are identified and managed by the radiologist.
   - System in place to verify the right site and patient and to cross check information provided against the request form.
   - Previous films are available and reviewed by the radiologist when reporting.
   - Interruptions in the reporting room are kept to a minimum.
   - The radiologist verifies own reports.
   - The practice has a policy for managing urgent requests.

Mammograms
   - Poor quality images are not accepted.
   - Patients are recalled when films show significant unexpected abnormalities.
   - The radiologist is appropriately trained and experienced to report on mammograms.
   - Practice reporting protocols for mammograms are based on RANZCR guidelines.

Ultrasound
   - There is a radiologist on site with specialist training where ultrasound examinations are offered.
   - If ultrasound findings are abnormal the patient is reviewed by the radiologist while still on the examination table.
   - The final report is read and signed off by both the sonographer and radiologist before the film and report leave the practice to minimise the risk of misinterpretation of the sonographer's work sheet.

Teleradiology
   - The technical requirements for transmitting and receiving images are met.
   - There is a system in place for verifying reports which takes into account the overall management of the patient.
   - Awareness of RANZCR position statement on teleradiology.
   - Compliance with State and Territory Medical Board guidelines on teleradiology.

3. Consent and disclosure of risks
   - Consent is obtained for complex and risky procedures.
   - General and specific risks are discussed and explanations given for the nature of the procedure.
   - Consent discussions are recorded in the notes and/or letter to the referring doctor.
   - Risks of procedure or treatment that are of concern to or are specific to the individual patient are identified and recorded.
   - Interpreter service is available for patients who do not speak English.

4. Intravenous contrast use
   - There are written protocols governing the administration of IV contrast.
   - Staff are trained to recognise and manage a contrast reaction.
   - Patient provides written consent following discussion of risks and complications.
   - Awareness of RANZCR guidelines for managing patients on Metformin.

5. MRI Scans
   - Safety screening begins at the time of booking the MRI and includes any likely companion to the patient.
   - Two subsequent screenings are undertaken by MRI personnel.
   - Written consent is obtained and any special circumstances documented.
   - Documented procedures in place for identifying and managing patients who are unable to competently cooperate with the MRI screening process.
Written procedure in place for dealing with an emergency during the MRI scan

There is a method whereby the patient can indicate distress during the examination

Screening process for all persons entering MRI site

All equipment on site is MRI compatible

6. Total Body Scans

- Products and services are advertised in accordance with the relevant legislation (Medical Practice Regulations, the Fair Trading Act, Trade Practices Act, Therapeutic Goods Act)
- Promotional material includes sufficient information about the risks and limitations of the procedure to avoid the patient having unrealistic expectations of its diagnostic abilities
- Process in place for managing abnormal scans
- All discussions with the patients are documented

7. Safety Issues

- Protocol in place for the management and administration of IV sedation/anaesthesia
- Provision for patient monitoring throughout the procedure when sedated
- Operational plan in place for dealing with emergencies
- Staff regularly trained in CPR and use of emergency equipment
- All staff participate in regular drill in emergency situations
- Policies and procedures in place to avoid inadvertent exposure during pregnancy
- Systems in place to minimise injury to patients and staff

8. Post procedure care

- Formal hand over to staff caring for the patient post procedure
- Staff have training appropriate to their role and responsibility
- Arrangements in place for medical review of patients prior to discharge following interventional procedures
- Patients are provided with clear, written post-discharge instructions including contact details
- Protocol in place for managing patients from out-of-town

9. Diagnostic test tracking

- System in place for tracking biopsies taken at the practice/department
- The doctor signs and dates every result
- System in place for ensuring the referring practitioner has been made aware of abnormal results

10. Complaints handling

To a complaints body:

- Avant is notified of all complaints to your registration board or complaints body
- Advice is sought from Avant before responding to such complaints

Direct patient complaints:

- There is a written policy in your practice for dealing with complaints, with which staff are familiar
- Timely response to complaints
- Willingness to resolve grievances and complaints
- Staff have designated roles and appropriate training in dealing with complaints
- The practice encourages feedback from patients
- The practice has a procedure for review of complaints
- Avant is notified of serious complaints

11. Managing adverse events

- Steps are taken to minimise the likelihood of adverse events
- The practice has a protocol for recording and dealing with adverse events and near misses
- The underlying cause of an adverse outcome is identified
- Response to an adverse event is timely
- Avant is notified of incidents that may give rise to a claim and/or a complaint

12. Medical records

- Compliance with Commonwealth and State-based regulations governing medical records
- Data security is maintained
- If computerised, data is backed up regularly. The back-up is kept off-site, is tamper-proof and can be restored
- Records are created in the following situations
  - Discussion with referring practitioners and their staff
  - Interdepartmental discussion/consultation
  - Unsatisfactory films
  - Consent discussion with the patient
  - Significant telephone conversations
13. Medication storage and dispensing
- Controlled substances are kept in a double-locked cupboard and stored in accordance with manufacturer’s recommendations
- Key is kept with authorised person
- Allergies identified and confirmed with the patient

14. Confidentiality and Privacy
- The practice complies with Privacy Legislation including a written policy
- 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

15. Telephone enquiries
- Telephone calls recorded in book/carbonised pad/electronically
- Written protocol in place on what and when information can be disclosed over the phone
- System in place to ensure phone calls are returned

16. Appointment systems
- A permanent record kept of cancellation and ‘did not attend’
- Provision is made for urgent consultations
- A backup/restore system is used for computerised appointments

17. Policy and procedure manual
- Contains current policies and procedures
- Staff are familiar with the content of the manual

18. 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
- Training is available to staff to reflect the needs of their position

19. Fees for service
- Information is provided to patients about any costs associated with an examination

20. Advertising and Publications
- Products and services are advertised in accordance with the relevant legislation (Medical Practice Regulations, the Fair Trading Act, Trade Practices Act, Therapeutic Goods Act)
- Photographs represent realistic results. They are de-identified and used with patient permission
- Promotional material is accurate and realistic and includes sufficient information about the risks and limitations of the procedure
- Promotional material is not misleading and does not raise unrealistic patient expectations
- Website users are clearly informed that information on the site is not a substitute for professional medical advice
- Website content is regularly reviewed, updated and complies with relevant legislation

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