

MDA National

Risk Management Requirements for the Premium Support Scheme 2008/09



Risk Management Requirements

Under the Premium Support Scheme (PSS), medical practitioners are required to complete risk management activities in order to be eligible for a PSS payment. These activities must be completed within the same policy year as that to which the premium support applies. It is important that all Members who wish to apply for the PSS, whether they apply during the 2008/09 policy year or after the end of that policy year, ensure that the appropriate risk management activities are completed prior to 1 July 2009.

These activities must be considered appropriate by MDA National Insurance and should assist Members to identify risk and implement appropriate risk management strategies.

The MDA National Group provides a range of risk management resources and educational activities which address some of the common medico-legal risks you may face in your practice. These products and services, available through our 'Support in Practice Program', are free to MDA National Members.

Members accessing PSS for the 2008/09 policy year need to complete at least one of the activities detailed in the following table between 1 July 2008 – 30 June 2009.

Title	Target Members	Description
Practice Self-Assessment Tool	All Members who conduct patient consultations in private practice rooms.	The Practice Self-Assessment Tool is designed to assist Members to identify risks via a series of questions relating to their practice. Recommendations for reducing medico-legal risk are provided at the end of each section. Members are then required to identify any opportunities for improvement (based on their responses) and complete an Action Implementation Plan.
Cognitive Institute Workshop	All Members.	MDA National provides a range of Cognitive Institute Workshops to Members. The workshops highlight the relevance and importance of communication skills in both the prevention and management of adverse events and patient complaints.
'Support in Practice' Visit	All Members who conduct patient consultations in private practice rooms.	Practice Visits are designed to support and assist members in identifying and assessing risks within their practice and implementing simple strategies to mitigate those risks. On completion, a report is provided together with the opportunity for ongoing liaison with the visiting Risk Manager. Where recommendations have been made, the Member will be asked to complete an Action Implementation Plan.
'gplearning' - Risk Management Module	General Practitioners. Other non-GPs (e.g. physicians) may also benefit.	This web-based interactive learning tool was developed jointly by the RACGP and MDA National. This Category 1 activity addresses the importance of error analysis, risk identification and the implementation of practical risk controls to minimise the likelihood of incidents. The modules include audio and visual material, case studies, self-reflective Q & As and reference materials.

Evidence of Completion	Important Notes
<p>Once completed, no further action is required as this will automatically be recorded by MDA National.</p>	
<p>Members should ensure their name is marked off by the MDA National representative at the workshop so that we have a record of your attendance.</p>	<p>Please note that due to high demand there are a limited number of places available. Details of workshops can be found on the MDA National website from 1 July 2008.</p>
<p>Forward a copy of the completed Action Implementation Plan addressing any recommendations (if any) made by MDA National. If no recommendations are made, this activity will be automatically recorded by MDA National.</p>	<p>Please note that due to high demand there are a limited number of practice visits available.</p>
<p>Forward a copy of the Certificate of Completion (Category 1) from <i>gplearning</i>.</p>	<p>Please note that the entire module must be completed in order to qualify for a Category 1 activity.</p> <p>Free access to all MDA National Members via the MDA National website.</p> <p>You do not need to be a member of RACGP to participate in this activity.</p>

Evidence of Completion

Evidence of completion, as detailed in the previous table, can be submitted to MDA National at any time during the 2008/09 policy year. Members should forward their documentation to the Risk Management Team by any of the following:

Post: PO Box 1557
SUBIACO WA 6904

Fax: (08) 6461 3485

Email: riskmanagement@mdanational.com.au

Members will then be sent confirmation that the risk management requirements have been met for the purposes of the PSS.

In the event that the MDA National risk management activities are not suited to your individual practice, or you are unable to participate, please refer to the section 'Information for PSS Members completing an External Risk Management Activity'.

If you receive an advance PSS payment but do not complete the required risk management activity by 30 June 2009, or you do not supply sufficient evidence of completion, you will be ineligible for the PSS and consequently must repay any premium support received.

For more information, please contact the Risk Management Team on 1800 011 255 or email riskmanagement@mdanational.com.au

INFORMATION FOR PSS MEMBERS COMPLETING AN EXTERNAL RISK MANAGEMENT ACTIVITY

We recognise that some PSS Members may be unable to participate in the MDA National activity options for 2008/09 or have determined that the available options are not relevant to their particular practice or circumstances. However, in order to meet your PSS requirements a risk management activity deemed to be appropriate by MDA National Insurance must be completed. The completion of an 'external' risk management activity will only be acceptable if it meets the following guidelines and proof of completion is provided.

Guidelines

The activity must:

1. be directly relevant to risk management in the Member's area of professional practice;
2. be related to an identified risk in the Member's practice;
3. involve analysis of potential contributory factors;
4. involve implementation of changes (if required) to mitigate the risk; and
5. include evaluation or measurement of the impact these changes had on the risk (where possible).

Members may find that some of the activities they are already involved in as part of their hospital or professional memberships will meet the guidelines detailed above (e.g. peer review of their practice, clinical audit, error or near miss analysis, clinical up-skilling, etc). In order for such activities to fulfill your risk management requirements under the PSS, you must provide evidence of completion (see below).

To assist Members in deciding on an appropriate activity, some examples of how the risk management process can be applied to an identified practice risk are provided from page 8 onwards.

Evidence of Completion

Evidence of completion using the 'External Risk Management Activity Report' form must be submitted to MDA National no later than 30 April 2009 by:

Post: PO Box 1557
SUBIACO WA 6904

Fax: (08) 6461 3485

Email: riskmanagement@mdanational.com.au

The form will be available from 1 July 2008 on our website www.mdanational.com.au or by calling Member Services on 1800 011 255.



Examples of how to use the External Risk Management Activity Report

Surgical Example

Name	Dr John Doe	
MDA National Member Number	77777	
Specialty	Plastic Surgeon	
Principal Workplace	Metro <input checked="" type="checkbox"/>	Rural/remote <input type="checkbox"/>
What risk(s) did you identify?	<p>Patient dissatisfaction with outcomes following cosmetic surgery detected through:</p> <ul style="list-style-type: none"> • Practice's Patient Complaints Log and patient feedback surveys • Health Care Complaint Bodies Inquiry • Post-operative review conversations with patients 	
What contributory factors did you identify?	<p>Patient misunderstanding about what could be achieved by the surgery and what to expect in the recovery period. A perceived lack of support in the post-operative period.</p>	
What changes have you implemented to mitigate the risk(s)?	<ul style="list-style-type: none"> • Improve patient information brochure sections on possible complications and side-effects and what to expect in post-operative period • Change appointment schedule to allow for longer consultations where more in depth discussion is necessary • Encourage second pre-operative consultations for all patients undergoing surgery to allow for more discussion • Provide post-operative instruction leaflet (including after hours contact details) • Increase patient access to RN to take and triage calls of a clinical nature • Attend workshops on consent and managing patient expectations to improve communication skills in these areas 	
Have you been able to measure the impact of these improvements on the identified risk(s)? If yes, what were your results?	<ul style="list-style-type: none"> • Patient survey feedback analysed 6 months after changes implemented. Improvements in patients' level of understanding of procedure, satisfaction with amount of time spent with them and their post-operative care • Number of appointments of 45 minutes in length increased by 20% • 30% increase in number of second pre-operative review appointments • 65% decrease in number of complaints logged with practice 	
Evidence of Completion	Please attach any relevant documents to this report.	
Signature	John Doe	
Date	13 September 2008	

Anaesthetic Example

Name	Dr Jane Doe	
MDA National Member Number	88888	
Specialty	Anaesthetist	
Principal Workplace	Metro <input checked="" type="checkbox"/>	Rural/remote <input type="checkbox"/>
What risk(s) did you identify?	Globe injury complication from regional block – at an increased risk because I have increased the number of ophthalmology lists per week	
What contributory factors did you identify?	Literature/evidence lists potential contributory factors as uncooperative patient during injection, increased axial globe length, posterior staphyloma and technique used/performance	
What changes have you implemented to mitigate the risk(s)?	<ul style="list-style-type: none"> Participated in College up-skilling course on the administration of ocular anaesthesia (certificate of completion attached) Reviewed routine pre-anaesthetic/operative check list and improved section on axial length/choice of needle type/size and co-morbidities/medications sections, e.g. anticoagulant/platelet modifying alert Ensured surgeons' consent discussions and forms include risk of globe injury 	
Have you been able to measure the impact of these improvements on the identified risk(s)? If yes, what were your results?	<ul style="list-style-type: none"> Operative documentation audit undertaken 3 months post-interventions revealed 95% compliance Modified my injection technique to avoid second injection where possible No known globe complications to date – will continue to monitor 	
Evidence of Completion	Please attach any relevant documents to this report.	
Signature	Jane Doe	
Date	8 November 2008	

Medical Example

Name	Dr Jack Doe	
MDA National Member Number	99999	
Specialty	General Practitioner	
Principal Workplace	Metro <input type="checkbox"/>	Rural/remote <input checked="" type="checkbox"/>
What risk(s) did you identify?	Failure to follow-up/act upon test results. Two instances where patients had not been informed of abnormal results until they returned for an unrelated consultation some months later	
What contributory factors did you identify?	<ul style="list-style-type: none"> Abnormal results were filed by the relieving GP while I was on leave as they expected I would review them on return (counter to the practice policy) Patients are routinely advised that they will be contacted by the practice if results are abnormal No reconciliation system for test requests/results 	
What changes have you implemented to mitigate the risk(s)?	<ul style="list-style-type: none"> Reviewed GP orientation process/content to ensure all relieving GPs are made aware of the practice policy in relation to test results Our clinical software provider was invited to our practice to show us how we can make better use of the test order/recall functions Organised a series of computer training sessions for all staff Instigated central recording of test requests and review/action of test results (as a back-up in cases of 'individual GP failures') and the running of automatic weekly reports on outstanding test results All GPs review the outstanding test results report provided to them each week and select an appropriate course of action Practice manager now conducts a quarterly audit of the test receipting and reconciliation system All GPs are encouraged to document the advice given to patients re: the follow-up of test results in their notes 	
Have you been able to measure the impact of these improvements on the identified risk(s)? If yes, what were your results?	<ul style="list-style-type: none"> New system for recording test requests easy to use Outstanding test result reports generated each week for each GP – patients remained 'flagged' until test result received First audit revealed 80% of tests results received had been appropriately 'actioned' in the electronic patient record. Currently reviewing reasons for non-action of remaining 20% 	
Evidence of Completion	Please attach any relevant documents to this report.	
Signature	Jack Doe	
Date	25 March 2009	

Perth

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Phone: (08) 6461 3400
Claims Fax: (08) 9415 1492

Melbourne

Level 1, 101 Dundas Place
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Phone: (03) 9915 1700
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Sydney

Level 5, AMA House
69 Christie Street
St Leonards NSW 2065
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Level 8, 87 Wickham Terrace
Spring Hill QLD 4000
Phone: (07) 3120 1800
Fax: (07) 3839 7822

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Level 1, 63 Waymouth Street
Adelaide SA 5000
Phone: (08) 7129 4500
Fax: (08) 7129 4520

Freecall: 1800 011 255 Member Services Fax: 1300 011 244

Email: peaceofmind@mdanational.com.au www.mdanational.com.au

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