

External Risk Management Activity Pack

Premium Support Scheme (PSS) 2009/10
Risk Management Requirements



Freecall: 1800 011 255

Risk Management Fax: 1300 011 240

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External Risk Management Activity Pack

Premium Support Scheme (PSS) 2009/10 Risk Management Requirements

Medical Practitioners are required to complete risk management activities in order to be eligible for a PSS payment. This includes those Members who are eligible under the previous MISS criteria and the Rural Procedural General Practitioners criteria. 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 2009/10 policy year or after the end of that policy year, ensure that the appropriate risk management activities are completed prior to 1 July 2010.

These activities, available through our 'Support in Practice Program' and free to MDA National Members, are aimed at assisting Members to identify risks in their practice and to implement appropriate risk management strategies.

We recognise that some PSS Members may be unable to participate in the MDA National risk management activity options for 2009/10 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 is acceptable to MDA National Insurance if it meets the following guidelines and evidence of completion is provided.

Guidelines

The activity must:

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

We recognise that many Members are already involved in a range of risk management activities as part of their ongoing professional/ College obligations or as part of their regular hospital commitments. Some of the activities that may meet these guidelines include:

- peer review
- morbidity/mortality meetings
- clinical audit
- practice improvement
- adverse outcome/event or 'near miss' analysis
- clinical up-skilling or other CPD activity.

In order for such activities to fulfill your risk management requirements under the PSS, you must provide evidence of completion (see below). MDA National does not require Members to provide any confidential patient/event data; however, when submitting your evidence of completion using the 'External Risk Management Activity Report 2009/10' form please remember to include the following information:

- Date(s) (or time period) that the activity was undertaken
- A brief description of the purpose of the activity
- Your level of involvement in the activity. As a general guide, meeting attendances will not be sufficient without evidence of active participation
- Details of resultant practice changes

To assist Members in deciding on an appropriate activity, some examples of how the risk management process can be applied to an identified patient risk are on the following pages.

Evidence of Completion

Evidence of completion using the 'External Risk Management Activity Report 2009/10' form must be submitted to MDA National no later than 30 April 2010 by:

Post: PO Box 1557
SUBIACO WA 6904

Fax: 1300 011 240

Email: riskmanagement@mdanational.com.au

The form included in this document is also available by calling Member Services on 1800 011 255.

Important notes:

If you are involved in an ongoing peer review/auditing process/ project and would like this activity to be considered as meeting your PSS risk management requirements from one policy year to the next you will need to provide a statement to MDA National to this effect; including reference to the previously reported activity and details of your ongoing involvement in the current policy year.

On submission of your external risk management activity (using the form provided) you will be sent confirmation that your risk management requirements have been met for the purposes of the PSS.

If you receive an advance PSS payment but have been deemed not to have completed the required risk management activity by 30 June 2010, or you do not supply sufficient evidence of completion, you will be ineligible for the PSS and consequently must repay any premium support received. It is therefore important that you submit your evidence of completion by 30 April 2010 to enable us to assess your activity.

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

Examples of how to use the 'External Risk Management Activity Report 2009/10' form

Surgical Example

Name	Dr John Doe
MDA National Member Number	77777
Specialty	Plastic Surgeon
What type of activity did you participate in?	Adverse outcome analysis, Practice Audit (led and managed practice team involved in activity)
When did the activity take place?	Aug 2009 – April 2010
What patient risk(s)/outcome did the activity relate to?	<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 • 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.</p> <p>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"> • Improved patient information brochure sections on possible complications and side-effects and what to expect in post-operative period • Changed appointment schedule to allow for longer consultations where more in depth discussion is necessary • Encouraged second pre-operative consultations for all patients undergoing surgery to allow for more discussion • Provided post-operative instruction leaflet (including after hours contact details) • Increased patient access to RN to take and triage calls of a clinical nature • Attended 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
Relevant documents (please attach)	Certificates of Completion – Communication Workshops
Signature	John Doe
Date	13 May 2010

Anaesthetic Example

Name	Dr Jane Doe
MDA National Member Number	88888
Specialty	Anaesthetist
What type of activity did you participate in?	Clinical upskilling, Practice Audit
When did the activity take place?	Sept 2009 – Dec 2009
What patient risk(s)/outcome did the activity relate to?	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
Relevant documents (please attach)	Certificate of completion from ANZCA
Signature	Jane Doe
Date	8 January 2010

Medical Example

Name	Dr Jack Doe
MDA National Member Number	99999
Specialty	General Practitioner
What type of activity did you participate in?	Adverse event analysis (led and managed the practice team involved in the activity)
When did the activity take place?	Feb 2010 – April 2010
What patient risk(s)/outcome did the activity relate to?	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%
Relevant documents (please attach)	
Signature	Jack Doe
Date	30 April 2010

Hospital Example

Name	Dr Jennifer Doe
MDA National Member Number	66666
Specialty	Orthopaedic Registrar
What type of activity did you participate in?	Adverse outcome analysis (member of a multi-disciplinary team set up to address the issue)
When did the activity take place?	July 2009 – March 2010
What patient risk(s)/outcome did the activity relate to?	High complication rate and mortality for elderly patients presenting to hospital with femoral neck fractures
What contributory factors did you identify?	<ul style="list-style-type: none">• Bed block in Emergency Department (ED)– long delay to access surgical ward• Deficiency of medical assessment and pre-operative workup by medical teams• Delays in theatre access• Inappropriate timing of surgery – late night operating• Deficiency of appropriate medical ward cover at night
What changes have you implemented to mitigate the risk(s)?	<ul style="list-style-type: none">• Patients flagged in ED for rapid admission pathway to surgical ward• Management pathway instituted in ED• Medical registrar to consult for patients in ED and to facilitate pre-operative optimisation of medical conditions• Medical team to visit patient daily post-operatively• Improved theatre access – higher priority given to patients with fractured femoral neck• Surgery to be performed only in-hours with appropriate anaesthetic support• Junior ward staff educated regarding post-operative mgt and encouraged to call orthopaedic registrar for assistance
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">• Plan for review audit in further six months – results pending
Relevant documents (please attach)	
Signature	Jennifer Doe
Date	17 January 2010

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Name
MDA National Member Number
Specialty
What type of activity did you participate in?
When did the activity take place?
What patient risk(s)/outcome did the activity relate to?
What contributory factors did you identify?

What changes have you implemented to mitigate the risk(s)?

Have you been able to measure the impact of these improvements on the identified risk(s)?
If yes, what were your results?

Relevant documents (please attach to email)

Insert Electronic Signature here ►
(or print out, sign and return to us)

Date

Once completed, please do **one** of the following:

Post: Risk Management
MDA National
PO Box 1557
SUBIACO WA 6904

Fax: 1300 011 240

Email: riskmanagement@mdanational.com.au

Please forward any additional pages if required.

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