

External Risk Management Activity Pack

Premium Support Scheme (PSS) 2010/11
Risk Management Requirements



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Premium Support Scheme (PSS) 2010/11 Risk Management Requirements

Medical Practitioners are required to complete a risk management activity in order to be eligible for a PSS payment. This includes those who are eligible under the previous MISS criteria and the Rural Procedural General Practitioners criteria. This activity 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 2010/11 policy year or after the end of that policy year, ensure that the appropriate risk management activities are completed by 30 June 2011.

We recognise that many of our Members are already involved in a range of risk management activities as part of their ongoing Professional or College obligations or as part of their regular hospital or practice commitments, including:

- Peer review.
- Morbidity/mortality meetings.
- Clinical or practice audit.
- Practice improvement.
- Adverse outcome/event or 'near miss' analysis.
- Clinical up-skilling or other CPD activity.

In order for such activities to fulfil your risk management requirements under the PSS, you must provide evidence of your participation in and completion of the activity (see below).

MDA National does not require you to provide any confidential patient/event data.

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

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 (if relevant).

Guidelines

The activity must:

1. Be directly related to risk management in your practice.
2. Involve analysis of patient risks/outcomes and potential contributory factors.
3. Involve implementation of changes (if required) to mitigate the risk.
4. Include evaluation or measurement of the impact these changes had on the risk (where possible).

When submitting your evidence of completion using the External Risk Management Activity Report 2010/11 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.

Evidence of Completion

Evidence of completion using the External Risk Management Activity Report 2010/11 must be submitted to MDA National no later than 30 April 2011 by:

Email: riskmanagement@mdanational.com.au

Fax: 1300 011 240

Post: PO Box 1557
SUBIACO WA 6904

The form included in this document is also available on our website www.mdanational.com.au or by calling 1800 011 255.

Important notes:

- If you are involved in an ongoing peer review/auditing process/risk related 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 with your submission.

In subsequent policy years (for the duration of your involvement with the activity) you will need to submit details of your ongoing participation, referencing your initial submission.

These details can be submitted either by letter or the use of the external activity report form.

- 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 an approved risk management activity by 30 June 2011, you will be ineligible for the PSS and consequently must repay any premium support received.**

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

Examples of how to use the External Risk Management Activity Report 2010/11

Surgical Example

Name	Dr John Doe
MDA National Member Number	77777
Specialty	Plastic Surgeon
Date(s) activity undertaken	Aug 2010 – April 2011
What type of activity did you participate in?	Adverse outcome analysis, Practice Audit (led and managed practice team involved in activity)
What patient risk(s)/problem(s) 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 factors did you identify which may have contributed to the risk(s)/problem(s)?	<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 2011

Anaesthetic Example

Name	Dr Jane Doe
MDA National Member Number	88888
Specialty	Anaesthetist
Date(s) activity undertaken	Sept 2010 – Dec 2010
What type of activity did you participate in?	Clinical upskilling, Practice Audit
What patient risk(s)/problem(s) 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 factors did you identify which may have contributed to the risk(s)/problem(s)?	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 2011

Medical Example

Name	Dr Jack Doe
MDA National Member Number	99999
Specialty	General Practitioner
Date(s) activity undertaken	Feb 2011 – April 2011
What type of activity did you participate in?	Adverse event analysis (led and managed the practice team involved in the activity)
What patient risk(s)/problem(s) 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 factors did you identify which may have contributed to the risk(s)/problem(s)?	<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 abnormalNo 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 resultsOur clinical software provider was invited to our practice to show us how we can make better use of the test order/recall functionsOrganised a series of computer training sessions for all staffInstigated 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 resultsAll GPs review the outstanding test results report provided to them each week and select an appropriate course of actionPractice manager now conducts a quarterly audit of the test receipting and reconciliation systemAll 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 useOutstanding test result reports generated each week for each GP – patients remained 'flagged' until test result receivedFirst 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 2011

Hospital Example

Name	Dr Jennifer Doe
MDA National Member Number	66666
Specialty	Orthopaedic Registrar
Date(s) activity undertaken	July 2010 – March 2011
What type of activity did you participate in?	Adverse outcome analysis (member of a multi-disciplinary team set up to address the issue)
What patient risk(s)/problem(s) did the activity relate to?	High complication rate and mortality for elderly patients presenting to hospital with femoral neck fractures
What factors did you identify which may have contributed to the risk(s)/problem(s)?	<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 2011

External Risk Management Activity Report 2010/11

Name
MDA National Member Number
Specialty
Date(s) activity undertaken
What type of activity did you participate in? <input type="checkbox"/> Peer Review <input type="checkbox"/> Adverse Event/'Near Miss' Analysis <input type="checkbox"/> Morbidity/Mortality Meetings <input type="checkbox"/> Clinical Up-skilling/CPD Activity <input type="checkbox"/> Clinical/Practice Audit <input type="checkbox"/> Practice Improvement <input type="checkbox"/> Other (please specify) _____ _____ _____
What patient risk(s)/problem(s) did the activity relate to?
What factors did you identify which may have contributed to the risk(s)/problem(s)?

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)

Signature ►

Date

This form is also available at www.mdanational.com.au

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

Email: riskmanagement@mdanational.com.au

Fax: 1300 011 240

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

Please forward any additional pages if required.

Freecall: 1800 011 255 **Risk Management Fax:** 1300 011 244 **Email:** riskmanagement@mdanational.com.au **Web:** www.mdanational.com.au

Registered Office: MDA National, Level 3, 516 Hay Street, SUBIACO WA 6008 **Phone:** (08) 6461 3400 **Fax:** (08) 9415 1492

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