

# There's something about Jenny

Hallie Barron  
Nicholas Maycock

Clinical Risk Coordinator  
Claims Solicitor





# Tonight's session

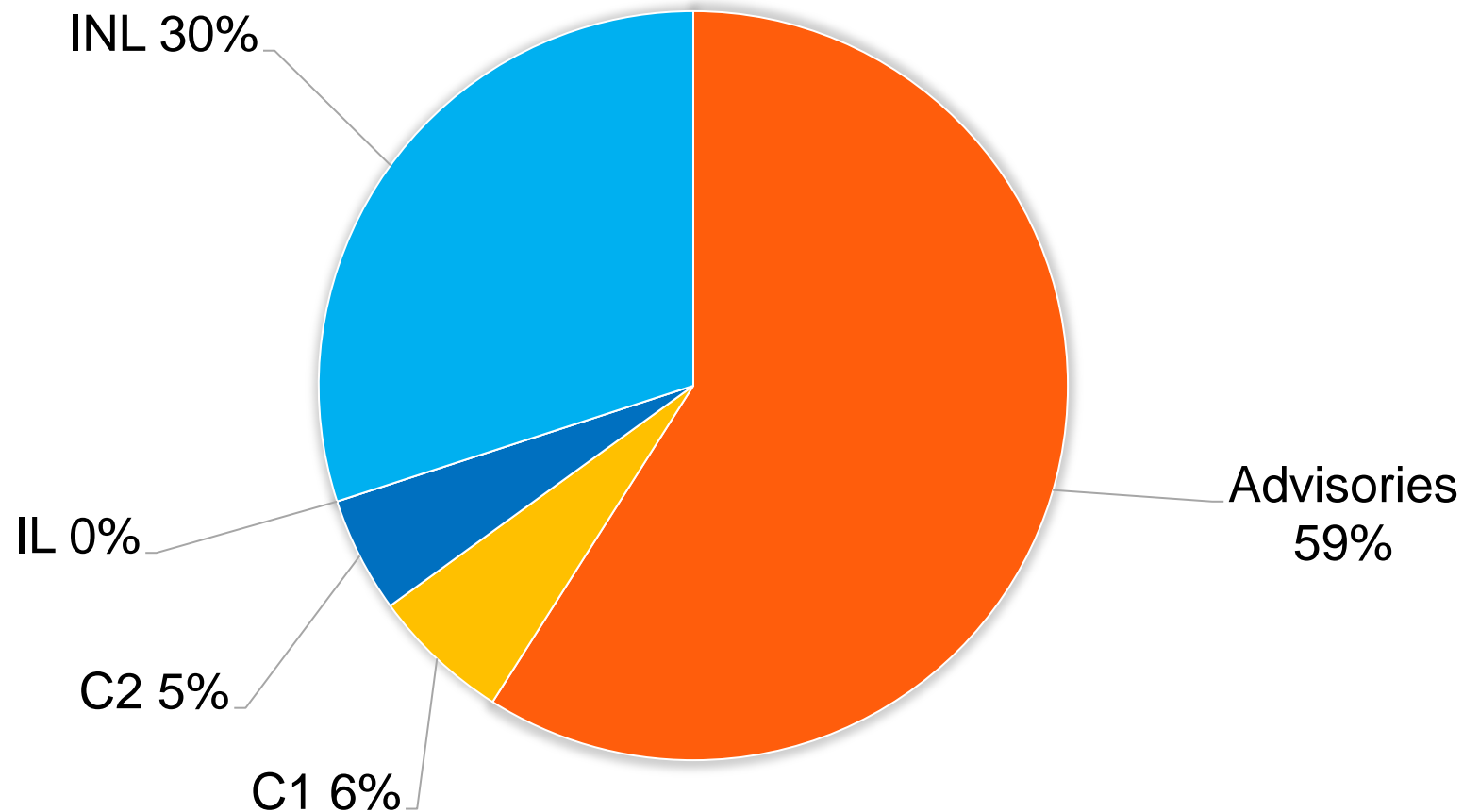
## Skin cancer claims analysis

- Claims types
- Claims causes
- Risk management issues
- Risk management learnings



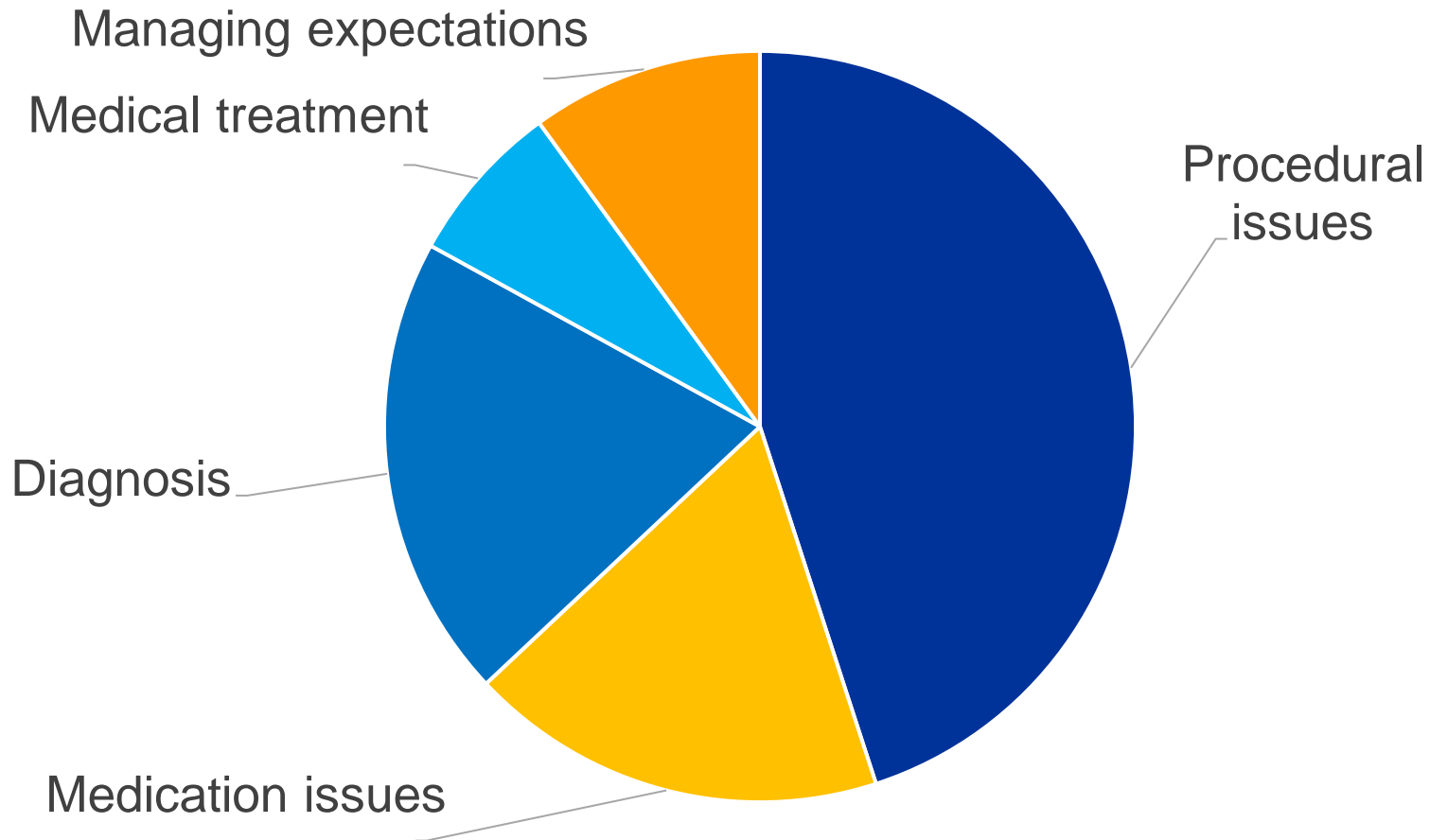


# MIGA Skin Cancer Medicine claims





# Top causes of Claims 1





# Top causes of Claims 1

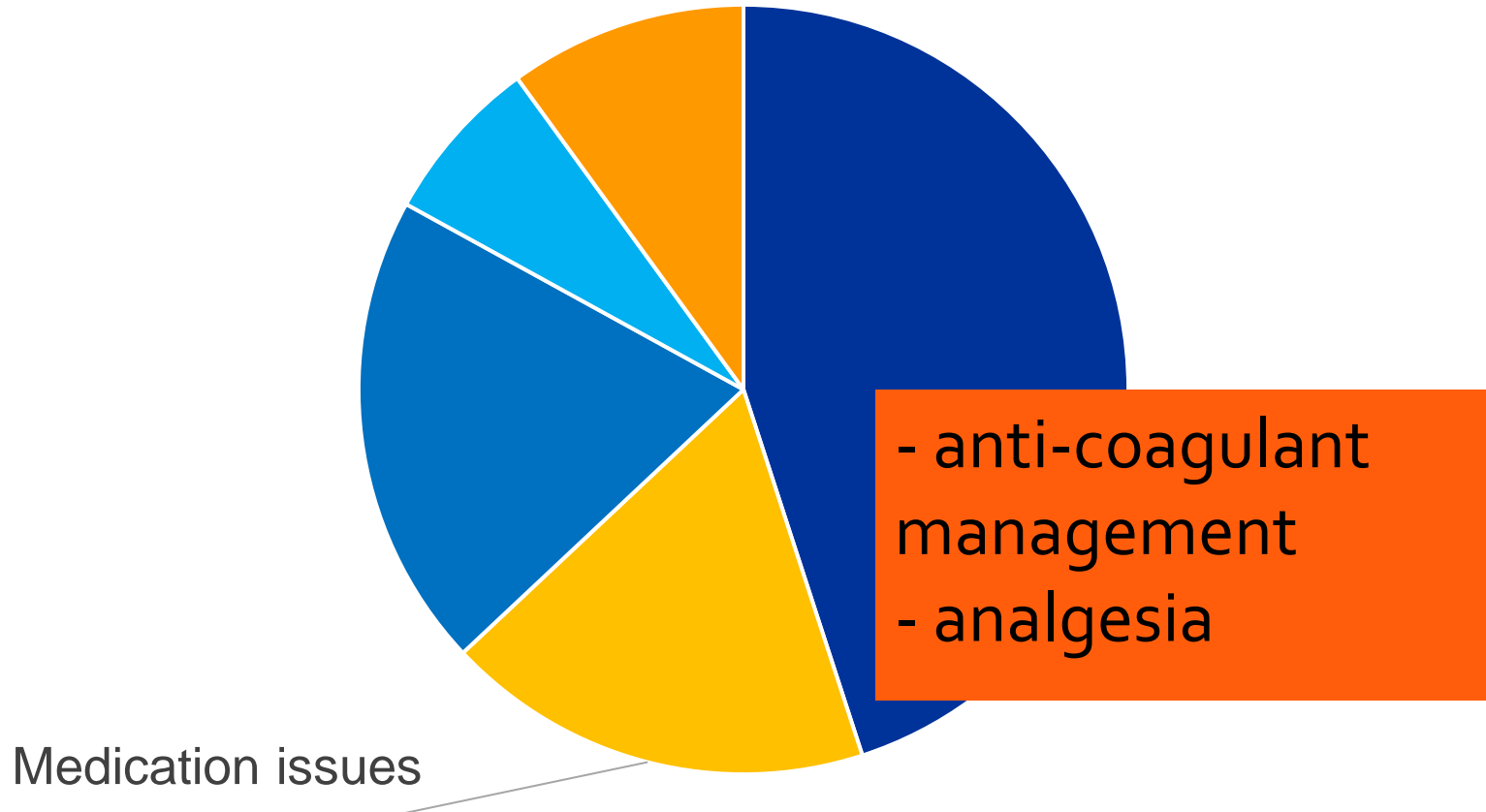
Mostly post-op complications

- infection
  - nerve pain
  - Issues requiring further surgery
- but also wrong site surgery

Procedural issues

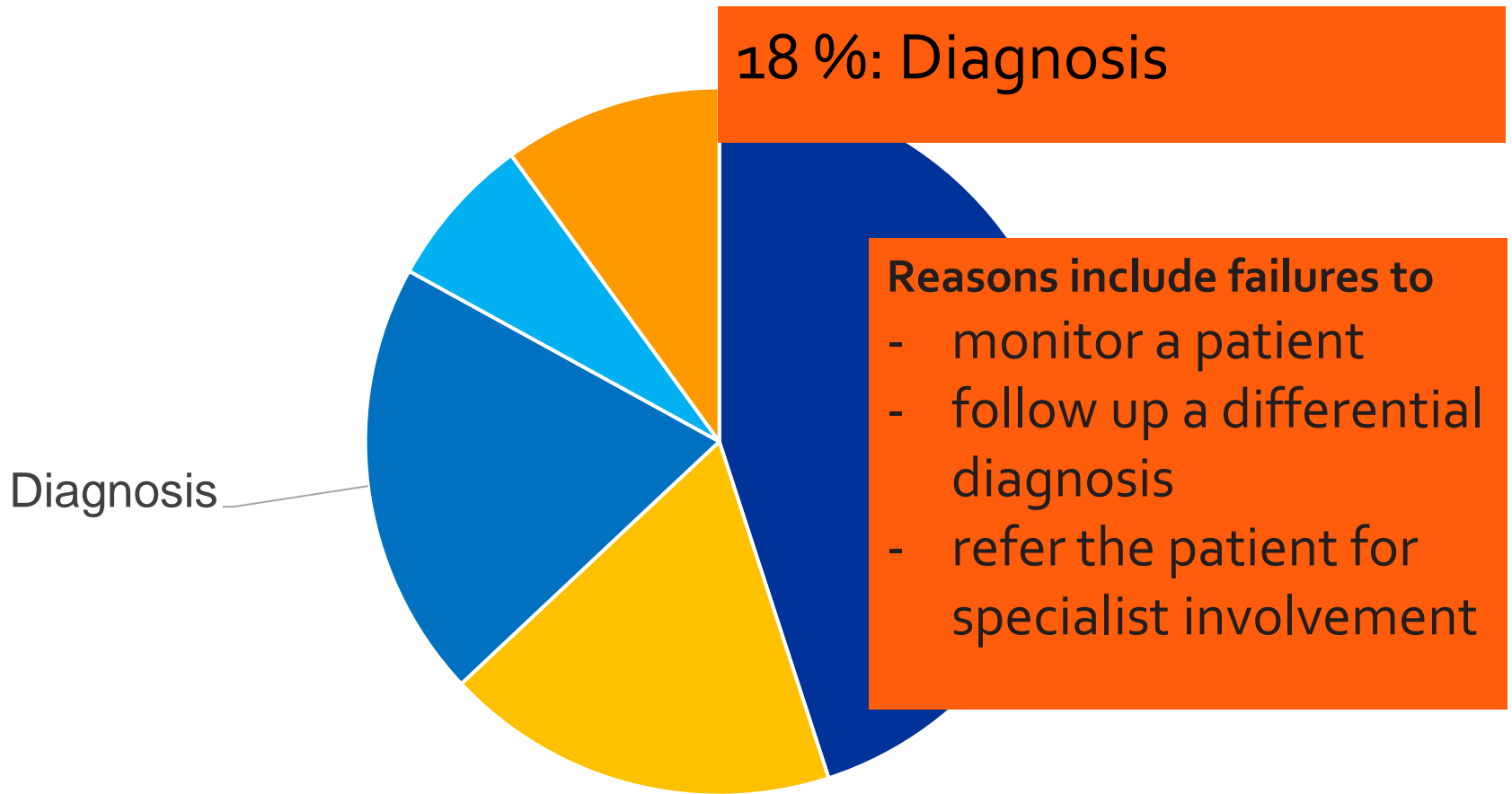


# Top causes of Claims 1



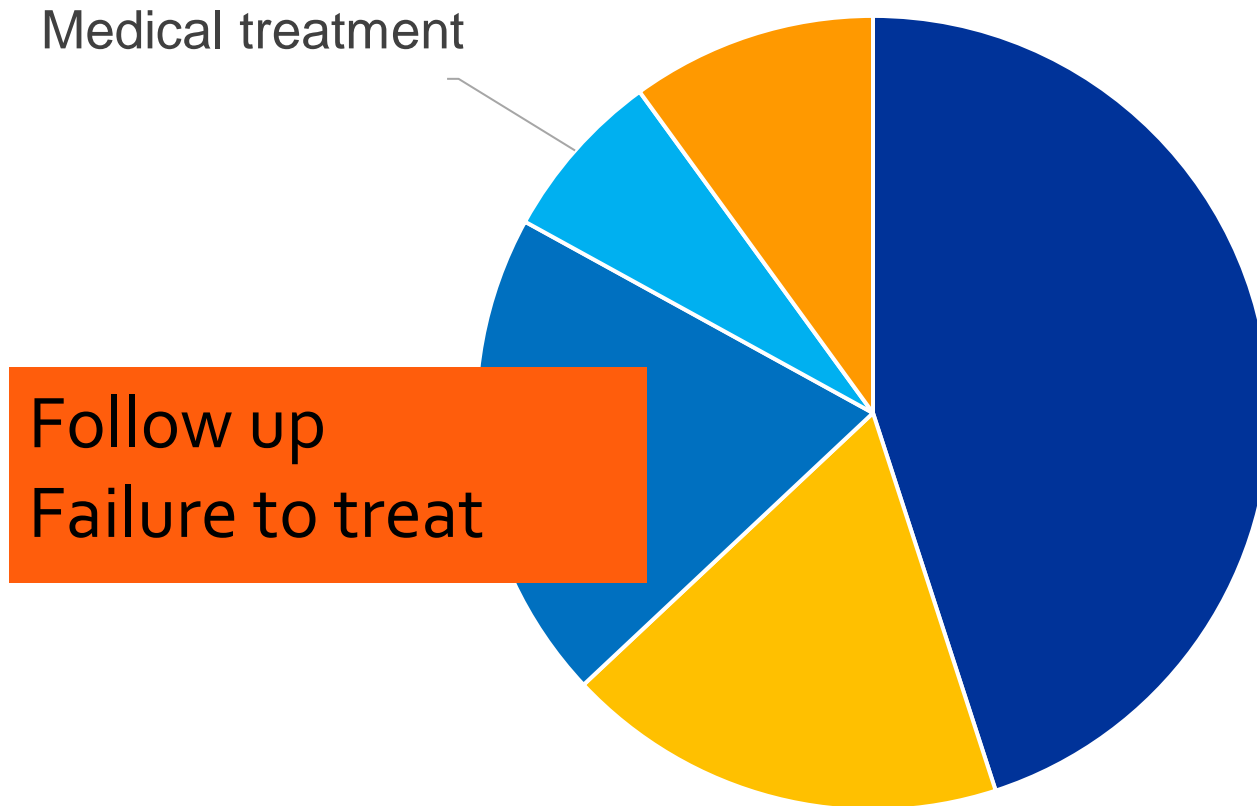


# Top causes of Claims 1





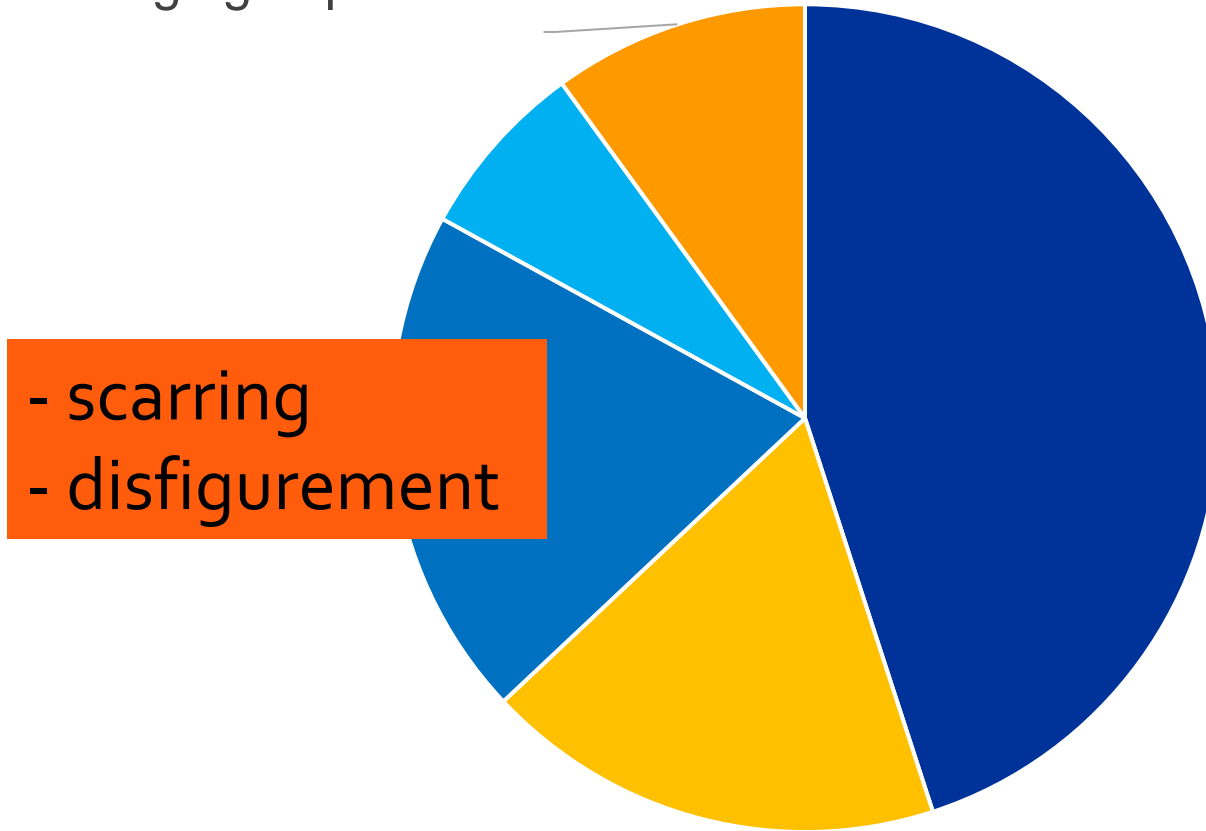
# Top causes of Claims 1





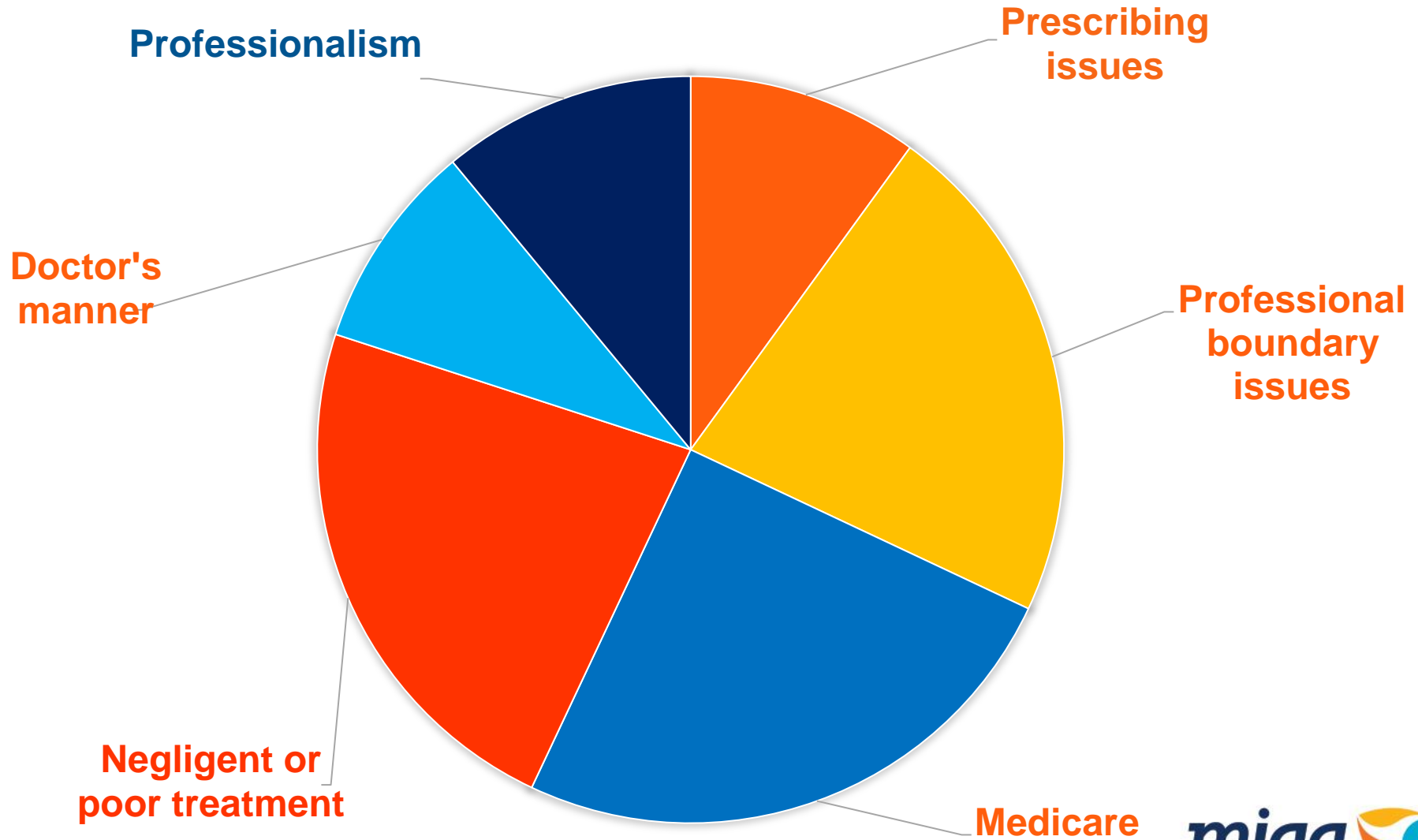
# Top causes of Claims 1

Managing expectations



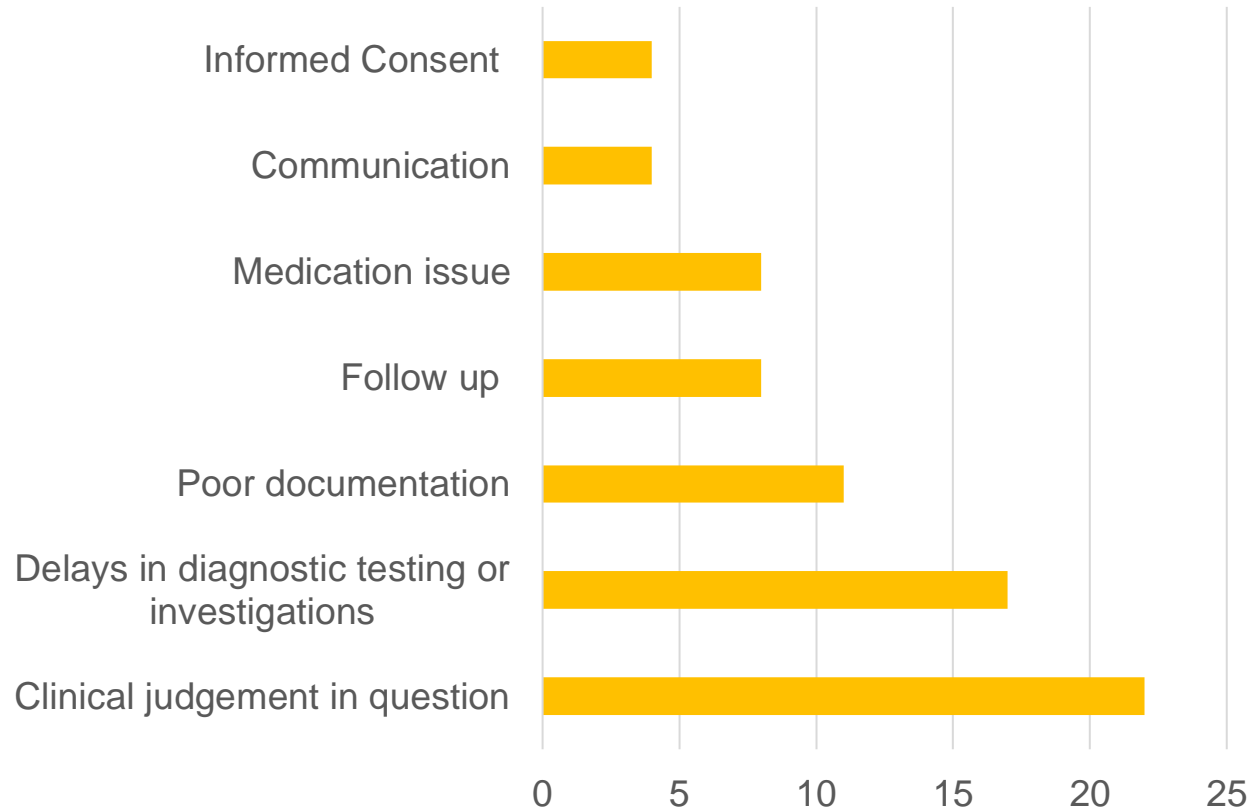


# Claims 2 analysis





# Risk Management issues analysis



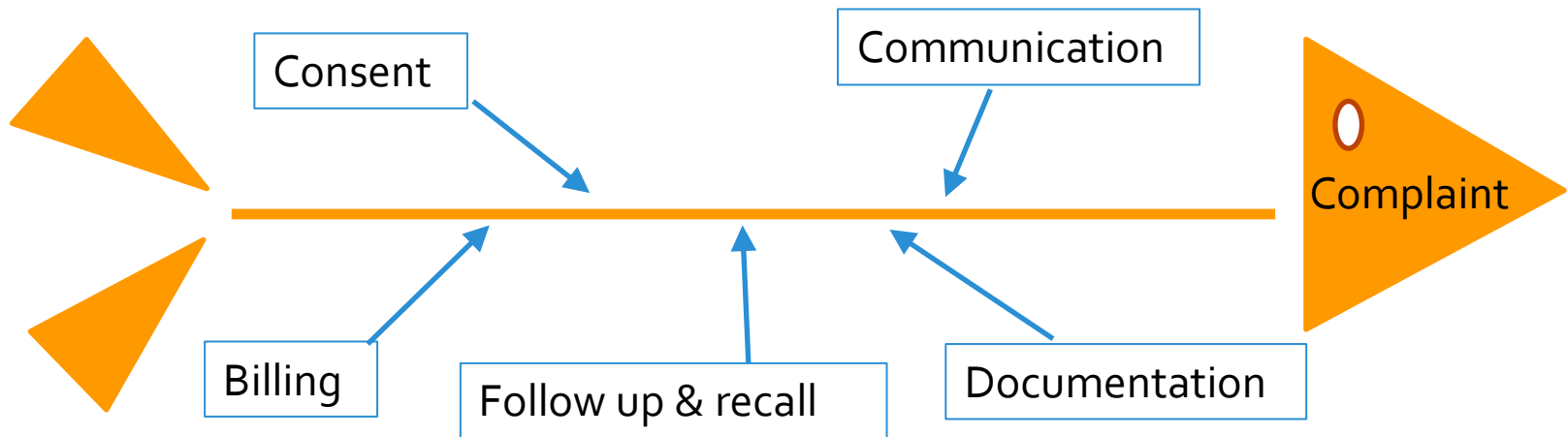


# Meet Jenny





# Ishikawa diagram





# Consent



# Consent



'....there are concerns in relation to a lack of informed consent and shared decision making in relation to the patient's care....'

'...In accordance with Clause 4.3.4 and s4.5. of the Code of Conduct you are to ensure that consent is obtained, before touching underwear...'

The Board requires the practitioner to undertake

- 4 hours of training on informed consent including documentation...and
- provide a *reflective paper* on your learnings.'

Clause 4.3.4 of *Good medical practice: A code of conduct for doctors in Australia (2014)* states that effective communication around consent involves "*discussing with patients their condition and the available management options, including their potential benefit and harm and material risks.*"

Section 4.5 which states

*"Informed consent is a person's voluntary decision about medical care that is made with knowledge and understanding of the benefits and risks involved."*



# Poll questions

- Do you have a procedural consent form for
  - cryotherapy? Y/N
  - shavings? Y/N
- Does your consent form include information about checking under underwear when clinically relevant? Y/N
- Do you use information sheets or other educational material for these procedures? Y/N



# Important aspects of consent

## Informed

### Discussion

- alternative s
- risks & benefits
- Information sheets, website links
- Communicate uncertainty of data

## Material

### Ask questions & document

What's important to achieve?

What would trouble you the most about an outcome from this?

Are there any specific areas of your skin you or your family members are concerned about?

## Voluntary

Implied or express (oral or signed) but clear and unambiguous

## Documented

*Consider* procedure specific consent forms including information sheets provided

Take home post-operative care information useful



# Cryotherapy specific consent issues

As a guide – known risks should be explained when:

- An adverse outcome is common (even if harm is slight)
- An adverse outcome is rare, but the harm could be severe

- Scarring
- Concerns with healing
- Damage to underlying structures including tendons and nerves

*Stay up to date with Guidelines and codes*



# Poll

- When do you offer a chaperone?
  - Only for intimate examinations including breast, rectal or genital
  - Always
  - Never
  - When requested by a patient
  - When I sense the patient is uncomfortable
  - When I am uncomfortable
- Who do you use as the chaperone?
  - Family member/friend
  - Nursing staff
  - Administrative staff



# Chaperones

## HOW

- Document refusal
- Don't force a chaperone on patient
- Say 'no' if you feel uncomfortable without one; reschedule or refer
- Don't assume preferences
- Be culturally sensitive
- Be mindful of what you say when a chaperone is present
- Document details of chaperone (and anyone else in the room) in medical record

Professional guidelines, such as the [AMA Patient Examination Guidelines](#) rather than individual discretion should be used to guide practice.



# Communication





# Communication

'....it was identified that your communication and consent process, could have been better..'

'....in future to mitigate any misunderstandings, you are to ensure that you are clear in your communication with patients during the examination...'

'We propose that the conditions of education in relation to poor communication be undertaken to ensure safe, professional practice. The education should include a minimum of 4 hours of training on therapeutic communication... and ...provide a reflective paper on your learnings..'

The Good medical practice: A code of conduct says that *'communication underpins every aspect of good medical practice.'*

Section 4.3 lists the involved actions to promote Effective Communication, in a doctor-patient relationship, including Clause 4.3.3 which says that *"effective communication in doctor-patient relationship involves informing patients of the nature of, and need for, all aspects of their clinical management, including examination and investigations, and giving them adequate opportunity to question or refuse intervention and treatment."*



# So – does it matter?

- Doing it well will directly benefit your patients
- Doing it well will save you time (and effort, and litigation, and angst)
- It's not a 'dark art' – these skills can be taught and practised (like any other skill)



# Communication recap



- Listen
  - 2 ears, one mouth...
  - don't interrupt
  - embrace the pause
  - 'hand on the handle'
- Keep it simple
  - Consider tone of voice
  - Don't forget non-verbals
  - Aids help reinforce
  - Check their understanding



# Follow-up & recall





# Follow up and recall

*'...performance is unsatisfactory because the investigations into the patient's lesion did not meet accepted standards of follow up and recall.*

*The Board proposed that you complete education on follow up and recall to ensure the reduction in the likelihood of an adverse patient outcome'.*

We require medical practitioners to meet the standards of practice set out in the Board's *Good medical practice: a code of conduct for doctors in Australia* (the Code).

We referred to the following clauses of the Code in determining the findings:  
3.1.1 Providing good care, 3.1.2. Providing good care and 10.5.1. Medical records



# Things to be mindful of

Standards for general practices

General practice module

## Criterion GP2.2 – Follow-up systems

- Check current contact details at each visit
- Schedule next appointment before they leave
- Communicate so patients understand 'why' and their role
- Teamwork is valuable – have a quality policy that is known and used
- Clinically appropriate follow up
- Consider read receipt emails
- All involved staff document any related actions taken



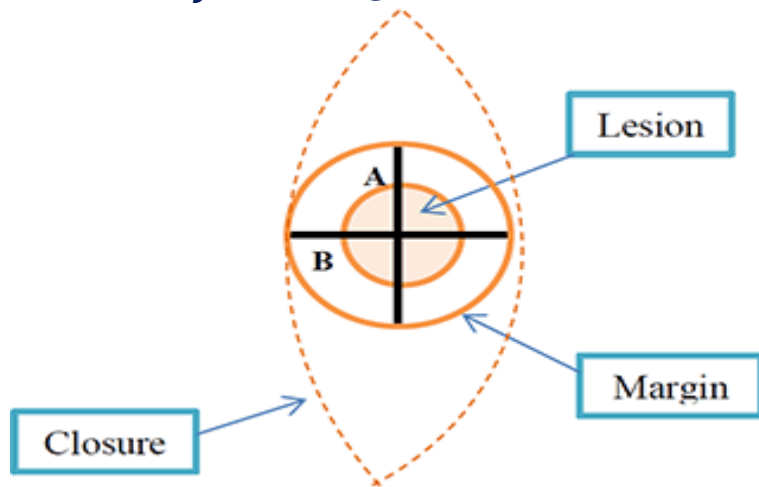
# Medicare





# Medicare

The over-arching legislation making doctors accountable for payments under Medicare is the *Public Governance, Performance and Accountability Act 2013*



Calculate the necessary excision diameter as follows:

$$\text{Defect size} = \frac{\text{excision length (A)} + \text{excision breadth (B)}}{2}$$

*'....it is proposed that you undertake a review of your medical records documentation to ensure that you are adequately meeting the key descriptors for eligibility to claim specific item numbers.'*

*You may also wish to undertake a review of your billing to establish if you are required to make a voluntary acknowledgement of incorrect payments.'*



## The usual suspects

- 23, 36, 44 (standard consultations)
- 31356 to 31376 (skin lesion removals)
- Pathology requests (excessive billing)
- Co-claiming items (excessive billing)

## Details matter

- Educate yourself regularly
- Record keeping is important
  - Size details
  - Photographs with scale
- Be aware of co-claiming
  - Claiming multiple lesion removals in one session as separate services



# Medical Records





# Medical Records

*'....On consideration of the information available, we reasonably believe that the performance of Dr Jones is or may be unsatisfactory because her records provided do not meet the expected standard.*

*The following concerns were noted*

- multiple consultations appearing to be directly copied from each other with minimal individualisation and updating*
- no details about the lesions including size and photographs*
- no evidence of patient consent*

*We propose that the conditions of education in relation to clinical record keeping in the form of four hours of education be completed by Dr Jones to ensure safe, professional practice...'*

Section 10.5.1 of the Good Medical Practice: A Code of Conduct for Doctors states "good medical practice involves keeping accurate, up to date and legible records that report relevant details of clinical history, clinical findings, investigations, diagnosis, information given to patients, medication, referral and other management in a form that can be understood by other health practitioners"



## *'Verba volant, scripta manent'*

Spoken words fly away, written words remain

### Tips

- Try to complete them before seeing the next patient
- Justify your clinical decision making
- Record questions & advice
- Make your software work for you
- Keep handout iterations



# Where to from here?

