

PROFESSIONAL INDEMNITY

INCIDENT NOTIFICATION



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When should you report an incident to your broker or insurer?

Complaints and near misses are a fact of life. Many arise from human error - people make mistakes: they misfile or lose documents, they record facts incorrectly, they become distracted or simply make mistakes when under pressure and busy. Complaints and near misses must be taken seriously. Whilst an adverse outcome or near miss may be perceived to have a negative impact on both patient or client and the organisation itself; remember that this scenario is an opportunity to look internally at processes and risk management. i.e.: How can things be improved to lessen the likelihood of such events happening again?

Below are some example of occurrences that must be reported to your broker and insurer. The list is not exhaustive, so if you are unsure as to whether an incident should be reported, call your broker and ask. There is no penalty for reporting incidents. In fact, early management and identification of potential claims has proven to lessen the claims rate within the medical and health industry.

- If you are concerned about your management or treatment of the patient (even where the patient has not complained).
- You discover a procedure that has not been followed or has failed that has the potential to cause an adverse outcome for one of more patients. (i.e.: Sterilisation equipment or patient recall procedure has failed)
- Where a patient tells you they are unhappy with the result, outcome or treatment and intend to consult a solicitor or make a claim.
- Any verbal threat of litigation.
- Where the patient asks for reimbursement of fees or for you to pay for anticipated future expenses because of dissatisfaction with the result.
- Complications (expected or unexpected) where the patient or relatives of the patient are dissatisfied or hostile.
- Complications for which you or the patient were not prepared.
- An incident has occurred which has led to a significant adverse outcome for the patient causing a significant permanent disability.
- If a request for a copy of notes or patient files is made by a solicitor / patient / care giver.
- If a letter from a solicitor or patient giving written indication of intention to claim.
- If you are served with a writ, summons or third party notice.

Examples of Incidents that might become a claim:

The below list described a few common examples of scenarios that might end in litigation or require the assistance of legal counsel. Note: This list is not exhaustive.

- Breach of patient confidentiality
- Failure to warn of risks associated with a procedure in circumstances where the risk materialises.
- Failure or delay in diagnosis resulting in significant compromise of patient health and / or significant delay in treatment.
- Failure to follow up test results
- Infection following a procedure resulting in significant increase in pain and/or suffering and/or a hospital stay
- Complaints regarding attitude of staff or practitioner

What should be reported?

- Patient details – Name etc.
- A brief outline of the patient's general medical history; (if relevant)
- The background leading up to the incident;
- Full details of the incident;
- Any communication which you may have had with the patient or his/her family following the incident;
- Details of the patient's prognosis;
- Any further medical treatment which is likely to be required as a result of the incident; and
- If there is likely to be any further action (such as an Inquest, Nurses Board investigation, litigation etc) as a result of the incident.

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