Diagnosis-related claims Insights to reduce risk

Key learnings

- **Primary care doctors:** A thorough history and physical examination, appropriate and timely referrals, and effective use of follow-up and recall systems can help reduce your risk of a diagnosis-related claim.
- **Investigative specialists:** Reflecting on how interpretive errors (e.g. perceptual, cognitive) may be impacting your practice and taking steps to avoid these errors, can help minimise your risk of a diagnosis-related claim.
- **All doctors:** Diagnostic discussions, investigative findings and follow-up actions should be thoroughly documented in your patient records. This could be key to demonstrating you have met the expected standard of care.

1 in 5 claims were primarily about diagnosis

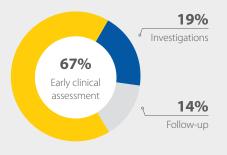
Delayed or no diagnosis were the main issues

- In these claims, failure to diagnose a patient's condition, or delay in the diagnosis were much more common issues than misdiagnosis.
- In both cases, inadequate referral for further diagnostic investigations and/or inadequate physical examination were common underlying themes.



- Early clinical assessment: claims were commonly about no/delayed referral or inadequate physical examination.
- Investigations: claims centred on interpretive error more than the processing of the test.
- Follow-up: claims were commonly about no/delayed action in following-up or responding to test results.



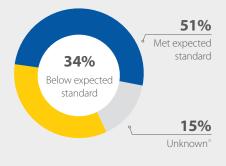


In around a third of claims, care was assessed as below standard

- Following a claim, a medico-legal evaluation is undertaken to assess whether expected standards of care were met.
- The doctors' diagnostic processes were assessed as not meeting expected standards in around a third of claims about diagnosis.

"Unknown' is used when the standard was not assessed or the final assessment report was unavailable.

See back page for more about this analysis.





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More about this analysis

This report is based on our analysis of the underlying themes in 5,640 claims from Avant member doctors across all specialties, including complaints to regulators and compensation claims, finalised between July 2016 and June 2018.

Diagnosis-related claims were classified as those for which an issue with diagnosis was the main factor.

For any queries please contact us at research@avant.org.au

Member resources

For articles, factsheets, case studies and other resources on a range of topics, including diagnosis, visit the Avant Learning Centre at <u>avant.org.au/avant-learning-centre</u>

IMPORTANT: Avant routinely codes information collected in the course of assisting member doctors in medico-legal matters into a standardised, deidentified dataset. This retrospective analysis was conducted using this dataset. The findings represent the experience of these doctors in the period of time specified, which may not reflect the experience of all doctors in Australia. This publication is not comprehensive and does not constitute legal or medical advice. You should seek legal or other professional advice before relying on any content, and practise proper clinical decision-making with regard to the individual circumstances. Persons implementing any recommendations contained in this publication must exercise their own independent skill or judgement or seek appropriate professional advice relevant to their own particular practice. Compliance with any recommendations will not in any way guarantee discharge of the duty of care owed to patients and others coming into contact with the health professional or practice. Avant is not responsible to you or anyone else for any loss suffered in connection with the use of this information. Information is only current at the date initially published (August 2019). © Avant Mutual Group Limited 2019. MJN-122 09/19 (1124-2)

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