

companion animal

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10 Practical Tips for Minimizing Liability Risk in Veterinary Practice

With malpractice claims and board complaints continuing to rise, liability risk remains top of mind in the veterinary profession. Many claims received by the AVMA PLIT program include allegations of poor communication, failure to recommend or offer diagnostic testing, and lack of referral when specialty or continued care may have been indicated. In many of these cases, the underlying medical care provided to the patient was appropriate; however, perceived communication issues and unmet expectations led to client dissatisfaction.

In a busy clinical environment, client communication, consent documents, and medical record entries can unintentionally fall behind patient care demands. Unfortunately, when treatment recommendations, declined services, and discussions of risks and adverse events are not clearly documented, it can open the door to accusations of negligence, delayed patient care, or lack of informed consent. Based on recurring claims trends, the AVMA PLIT has compiled a list of ten tips designed to reduce the likelihood of client dissatisfaction and minimize both liability claims and board complaints.



Tips for Reducing Liability Risk

1. Offer a device to prevent patient self-trauma.

Biting, licking, and scratching at wounds/incisions is always a concern with veterinary patients. Self-trauma can result in incisional dehiscence, infection, delayed wound healing, and additional cost to the client if further care is needed. While the risk of self-trauma cannot be completely removed, it is advisable to offer a tool to minimize those chances such as an E-collar, inflatable donut, or surgical suit. It's important to ensure that the device is fitted properly and to document in the medical record if these recommendations are declined by the client.

2. Provide written discharge instructions.

Written discharge instructions serve as a critical extension of in-clinic communication and should be tailored to the patient's specific condition or procedure. Discharge instructions should include dispensed medications and dosing instructions, recovery expectations, clinical signs that warrant a recheck, and specific at-home care. Claims arise when clients allege they were unsure how to care for their pet or when to seek further care.

3. Offer a necropsy.

When an unexplained patient death occurs, a necropsy can not only be used to provide closure to a client, but it can also serve as an educational tool for the veterinarian and a way to dispute allegations of negligence or wrongdoing. Ideally, a necropsy should be performed by a veterinary pathologist at an outside diagnostic laboratory to prevent accusations of impropriety.

4. Communicate common adverse effects of medication and risks of procedures.

Provide drug information handouts when dispensing medications. When medications are prescribed, clients may allege that they were not counseled on potential adverse effects and, therefore, unable to give informed consent. Ideally, a verbal discussion regarding common adverse effects of the medication should occur along with providing a written drug information handout.

5. Verify the surgery to be performed at surgical check-in.

Miscommunication at surgical check-in can lead to an incorrect procedure being performed or surgery at the wrong site. At check-in, confirm the procedure to be performed and the specific location, if indicated. Consent forms should clearly identify the procedure and site.

6. Offer transfer for continued care when indicated.

Recommend what is in the best interest of the patient. If a patient requires continued monitoring after hours, recommend transferring care to an overnight/24-hour facility, if available. If transfer is not available and the patient is to remain in your care overnight, inform the client whether or not staff will be on the premises as well as any treatment limitations that may occur if staff are not present.

7. Recommend referral when specialty care is warranted.

When specialty care is in the patient's best interest, referral should be offered and documented, even if the client declines. Claims frequently allege that a referral was never discussed.



8. Use only external heating devices designed for veterinary use.

Thermal injuries are a common cause of malpractice claims, particularly when non-veterinary devices such as electric heating pads, hot water bottles, and microwavable heating discs are used. Use only veterinary-specific warming devices, follow manufacturer guidelines, and monitor the patient closely.

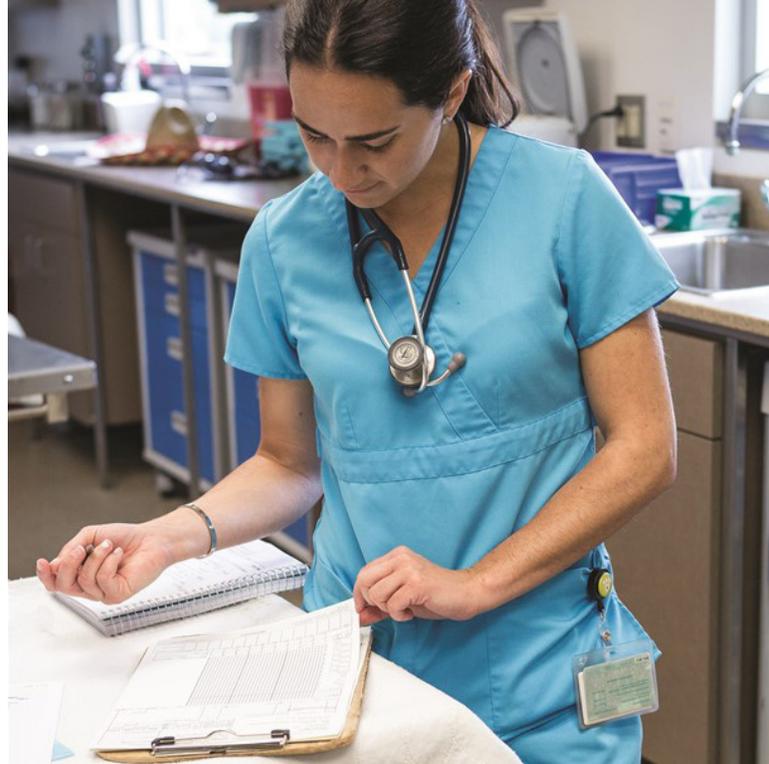
9. Familiarize yourself with the laws in your state.

Each state/territory has its own veterinary practice act governing the scope of practice, delegation, record retention, and requirements for establishing a veterinarian-client-patient relationship (VCPR). What duties are permitted by a credentialed veterinary technician? By a veterinary assistant? What are the relinquishment and/or abandonment laws in your state? How long are you required to keep medical records, radiographs, etc.? Consult your state veterinary practice act for guidance.

10. Document, document, document.

Medical records are critical to your defense when faced with a professional liability claim or board complaint. Common entries missing from the medical record include:

- An **anesthesia record** including drugs administered (name, dose, and route of administration) as well as vital signs that were monitored. A complete anesthesia record can help dispute allegations of medication overdose and inadequate patient monitoring under anesthesia if an adverse event occurs. Checking vital signs but not documenting them in the medical record can make it difficult to prove that a patient was well-monitored intra-operatively.
- **Diagnostic testing and treatment that were offered and declined.** Often times, the medical record will only include treatment and testing that was approved. Documenting what was recommended and declined can help



dispute allegations that certain diagnostic tests were never offered. This includes not only recommendations of diagnostics and treatment, but also recommended use of medications, an E-collar, and referral.

- **Signed consent forms.** Consent forms should be provided to the client to help avoid treatment errors and obtain documented consent. These forms should clearly state the procedure/treatment to be authorized and should be signed by the client. Consent forms should be used for surgical procedures, hospitalization, and euthanasia/cremation to name a few.

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