

professional liability

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Fostering Effective Communications between Primary and Secondary Care Veterinarians

Patient care is one of the most important aspects of veterinary medicine, and often it is shared between a primary care veterinarian and a secondary care veterinarian (e.g., urgent care veterinarian, ER veterinarian, or specialty veterinarian). When an illness or injury requires multiple veterinarians on the case, it is best practice to establish clear avenues of communication early in the course of treatment.

Ineffective communication between the treating veterinarians may affect a client's perception of the care their pet receives, thus making them more likely to file a malpractice claim against a veterinarian involved in the patient's care. Communication shortfalls include:

- Incomplete or absent verbal communication between treating veterinarians
- A lack of documentation of treatments, procedures, and communications between veterinarians, their staff, and the client
- Failure to share medical records in a timely way—or at all
- Failure to appropriately educate the client about all treatment/referral options available



Best practice is to be clear and concise when discussing physical exam findings, diagnostic results, and the treatment plan with a client—and to document every conversation in the medical record. Additionally, if a patient needs a referral, a phone call to the veterinarian who will be accepting the case opens communication between both veterinarians and is often the beginning of a relationship between the two parties.

Once you have conferred with the secondary care veterinarian or facility, it is advisable to share the outcome of that discussion, as well as an estimate of potential costs and timeline, with the client to establish further clarity regarding the plan for the patient. You also should consider informing the client that diagnoses, recommended treatments, and related costs are all subject to change based on evaluation by the secondary care veterinarian. Keeping the lines of communication open beyond the initial transfer helps to establish the continued care plan, especially after the patient leaves the hospital.



Communications Checklist

Use the following checklists to foster effective communication between all treating veterinarians.

Primary Care Veterinarian:

- Call the referral hospital to confirm that they can accept the patient and, when possible, to round the case to a doctor. Doctor-to-doctor communication is ideal.
- Manage the client's expectations by:
 - Preparing them for the possible cost and timing of the visit at the referral facility
 - Informing them of possible changes to diagnoses, recommended treatments, and related costs based on further examination by the specialist
- Send all medical records to the referral facility, ideally the same day as the patient's arrival.

Secondary Care Veterinarian:

- Answer the transfer/referral phone call to discuss the case with the primary care veterinarian.
- Provide an estimate for the cost of care and timing of the visit, if possible. If the client has financial concerns, you may recommend other facilities that are more cost effective.
- Review the medical records when they are received, ideally the same day as the patient is admitted.
- Complete medical records within 24 hours and send them, along with the discharge instructions, to the primary care veterinarian.

Communications Claim Scenarios

Client Pays for Double Bloodwork after Vet Fails to Round or Send Records

Dr. A diagnosed a 12-year-old cat with renal failure after performing bloodwork on an in-house machine. Based on the results, Dr. A recommended transferring the cat to a 24-hour facility for hospitalization and care, and the client elected to take the cat to the referral center immediately. Shortly after the client left, Dr. A called the referral center to round the case; however, an emergency presented at Dr. A's general practice hospital, preventing him from completing the call. The cat's records were not sent to the referral center until the next day, and Dr. A did not attempt to call the referral center again.

The cat arrived at the referral center, which had not been informed about the transfer and did not have any medical records on the cat. Without records, Dr. B (the ER doctor) was unable to give the owner a prognosis. The cat was hospitalized, and Dr. B recommended bloodwork to be able to give a prognosis. The owner was upset that Dr. B did not know about the case and later berated Dr. A for being slow to send the medical records, causing additional cost to the client because of the need for repeated bloodwork.

This issue could have been avoided if Dr. A had asked a staff member to send the records on the day of the transfer, then had another veterinarian in the practice call to round the case.

Client Selects New Veterinarian Citing Poor Communication with Specialty Center

Dr. C, an internal medicine specialist, examined and diagnosed an 8-year-old Collie with an immune-mediated hemolytic anemia (IMHA). After discharge from the hospital, Dr. C sent the Collie home with several medications, instructing the owner not to discontinue them without a veterinarian's approval. The owner followed Dr. C's instructions, but when she asked Dr. D, the dog's primary care veterinarian,

for a refill of the medication, Dr. D declined, stating that he never received the complete records from Dr. C. After several phone calls between Dr. D, the client, and the specialty hospital, the medications were refilled. However, the owner subsequently took all of her pets to a new primary care facility because she believed Dr. D was a poor communicator with the specialty hospital and had failed to adequately care for her dog.

This incident could have been avoided if the specialty hospital had provided the medical records to the primary care facility and if the hospitals had communicated about the patient after it was discharged from the specialty hospital.

Dog Receives Overdose Due to Delayed Records

Dr. E, a veterinarian at a specialty center, examined a 2-year-old French Bulldog for a fractured elbow as a transfer from an urgent care facility. The patient was hospitalized with plans to be transferred to the surgery service the next day. Upon placement of an IV catheter, the patient was started on IV fluids and given injectable Rimadyl (4.4mg/kg) subcutaneously.

The records from the urgent care facility arrived approximately 12 hours after the patient was hospitalized, and in them was documentation of Rimadyl 4.4mg/kg having been given prior to discharge. This information was not relayed to Dr. F (the receiving veterinarian) by Dr. E. This dog had inadvertently been given an overdose of Rimadyl and developed gastric ulceration as a result.

This event could have been avoided if the records had been sent immediately and the urgent care veterinarian had reported all medications given during the initial transfer phone call.

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