

NSW DEPARTMENT OF HEALTH

GUIDELINES TO COMPLETING THE TMF INCIDENT REPORT

A. BACKGROUND

The State Government has accepted liability for claims of negligence against visiting medical officers ('VMO') for treatment, consultations and advice given by them to public patients in public hospitals from 1 January 2002, where the VMO has signed a "Contract of Liability Coverage". The "Contract of Liability Coverage" requires that all claims will be managed by the Treasury Managed Fund ('TMF').

Prompt notification of an incident is an effective risk management technique, which will allow an incident to be investigated, reports to be gathered and relevant facts to be obtained to allow early assessment of the legal position and so that any future claims may be settled or defended in an efficient manner (rather than seek information months or years later, when the claim is received). It is for this purpose that the 'TMF Incident Report' was developed.

B. GENERAL REQUIREMENTS

It is a condition of the "Contract of Liability Coverage" that the VMO must promptly report incidents using the "TMF Incident Report".

To assist in the assessment of the content of the "TMF Incident Report", VMOs are requested to provide the information required in a clear and legible manner. The use of capital letters is preferable.

The "TMF Incident Report" is comprised of three sections, namely:

- Form A – Notification of Incident that may lead to a health care liability claim
- Form B – Certification by Public Health Organisation
- Form B – Certification by Department of Health

Form A is to be completed by the medical practitioner involved in the incident being reported. It is to be sent to the PHO Contact Officer who will sign and date the form on receipt. The PHO Contact Officer will then attach Form B to Form A, complete the first section of Form B, then fax both forms to the Department of Health and TMF.

C. FORM A – SPECIFIC FIELD REQUIREMENTS

FORM A – NOTIFICATION OF INCIDENT THAT MAY LEAD TO A HEALTH CARE LIABILITY CLAIM

This part of the report is to be completed and signed and dated by the VMO involved in the incident being reported

The following specific field requirements need to be observed when completing the form:

1. Name of Medical Practitioner

The surname of the medical practitioner must be clearly written in this field, followed by his or her given name(s).

2. Type of Appointment or Position

There are five (5) specific types listed on the form. Select the appointment or position type at the time of the incident by placing a tick in the adjoining box. Where the appointment or position type of the medical practitioner is not specifically listed, select “*Other*” and specify in the space provided.

NOTE: Presently, only incidents that involve VMOs are required to be reported

3. Medical Practitioner’s Specialty

There are seven (7) specific speciality areas listed on the form. Select the speciality type at the time of the incident by placing a tick in the adjoining box. Where the speciality type of the medical practitioner is not specifically listed, select “*Other Surgery*” or “*Other*” and specify in the space provided.

VMO APPOINTMENTS ONLY

In cases where the medical practitioner was a VMO at the time of the incident, the section titled “*VMO Appointments Only*” needs to be completed. This section requires the following information:

4. Type of VMO Contract

There are three (3) specific service contract types listed on the form. Select the type of VMO contract at the time of the incident by placing a tick in the adjoining box. Where the type of VMO contract is not specifically listed, select “*Other*” and specify in the space provided.

Please note in the case where the VMO was under a Rural Doctors Settlement Package, which is based on a fee-for-service contract; select “*Rural Doctors Settlement Package*”.

5. Is the VMO Contract in the VMO’s name or a Practice Company?

A VMO service contract is either entered into the name of the VMO personally or in the name of the VMO’s practice company which is controlled or conducted by the VMO (Section 3.1, 3.3 and

3.7 of the Explanation Document are relevant). Select the contract arrangement at the time of the incident by placing a tick in the adjoining box.

6. Contract Period

The contract period refers to the service contract entered into by the medical practitioner with the hospital at which the incident occurred. It does not refer to the annual service agreement with the hospital.

For the VMO to be eligible for cover if a health care liability claim is made as a result of the incident, the VMO must have a current service contract with the PHO at which the incident occurred, at the time of the incident.

The start and end date of the contract must be completed in full, namely in a DD/MM/YYYY format.

7. Has the VMO signed the Written Service Contract?

The written service contract is defined in Section 80(1) of the Health Services Act 1997. It does not refer to the annual service agreement.

The VMO is to indicate whether he or she has signed the contract by selecting either “Yes” or “No”.

8. Has the VMO signed a Contract of Liability Coverage?

The Contract of Liability Coverage is between the VMO and his or her PHO and formally provides the indemnity to the VMO. The conditions in the Contract of Liability Coverage are common to all VMOs and cannot be negotiated. In order to obtain cover under this arrangement the VMO must sign the contract.

The VMO is to indicate whether he or she has signed the contract by selecting either “Yes” or “No”.

All Appointments or Positions

All appointments or positions are required to complete the remainder of Form A. The following information is required:

9. Public Hospital or Public Health Service where the incident occurred

The name of the particular Public Hospital or the name of the Public Health Service, where the incident occurred, needs to be specified. Please note that the medical practitioner is not to list all the Public Hospitals or Public Health Services in which he or she practices, just the one in which the incident occurred.

10. Description of Incident

It is very important when completing this information to be specific and clear as to the nature and particulars of the incident. It is particularly important that this field is legible. If more space is required to detail the particulars of the incident, an addendum should be attached to Form A. The addendum should be initialled and dated by the VMO. A typed addendum is preferred.

An incident is something, which occurs during the patient's treatment cycle, which the VMO believes could give cause to a possible health care claim. This may involve either an act or omission on the part of the VMO. Examples of incidents are:

- Incorrect surgical procedure
- Incorrect drug treatment program
- Inadequate warnings of risks
- Alternative treatments
- Inadequate post surgical regimes
- Failure to diagnose
- Delayed treatment

Section 9 of the Explanation Document provides detailed clarification and examples.

11. Date of Incident

The date of the incident needs to be provided in a DD/MM/YYYY format. If the incident involves progressive treatment such that there are numerous dates, which may be attributed to the incident, then the first date of treatment is to be used.

12. Patient's Name

The surname of the patient must be clearly written in this field, followed by his or her given name(s).

13. Have you informed the patient of the incident?

The VMO is to indicate whether he or she has informed the patient by selecting either "Yes" or "No". In the case where the patient dies as a result of the incident, the VMO is to inform the person responsible for the patient (for example, relative). In this case the VMO is to indicate whether he or she has informed the responsible person by selecting either "Yes" or "No".

14. Were any other medical practitioners involved in this incident?

So as to enable as much information to be gathered in relation to the facts of the incident, the names of any other medical practitioners who were involved in the incident in any way, are required to be provided.

The VMO is to indicate whether other medical practitioners were involved in the incident by selecting either "Yes" or "No".

15. Names of these medical practitioners, their appointment mode and speciality

In the case where other medical practitioners were involved in the incident, the VMO needs to provide the full name (surname and given name(s)), the appointment mode (see 2 above), and the speciality (see 3 above) of each of the other medical practitioners.

16. Was the patient registered as a public hospital or public health service patient (non-chargeable)?

The TMF indemnity covers only those claims of negligence against a VMO for treatment, consultation and advice given by him or her to a public patient in a public hospital.

The VMO is to indicate whether the patient was registered as a public hospital or public health service patient by selecting either “Yes” or “No”.

17. Medical Practitioner’s Signature/Date

The completed Form A of the “*TMF Incident Report*” needs to be signed by the medical practitioner and dated using the DD/MM/YYYY format.

D. FORM B – SPECIFIC FIELD REQUIREMENTS

FORM B – CERTIFICATION BY PUBLIC HEALTH ORGANISATION

This part of the report is to be completed and signed and dated by the designated PHO Contact Officer of the Area Health Service where the incident occurred

The PHO Contact Officer must certify particular fields completed by the medical practitioner in Form A. The following specific field requirements need to be observed when completing this part of Form B:

18. The medical practitioner was treating a public hospital or public health service non-chargeable patient?

The TMF indemnity covers only those claims of negligence against a VMO for treatment, consultation and advice given by him or her to a public patient in a public hospital. The PHO Contact Officer is required to check the admission records before answering this question.

The PHO Contact Officer is to indicate whether the patient was registered as a public hospital or public health service patient by selecting either “Yes” or “No”.

19. The medical practitioner was working as ...

There are five (5) specific types listed on the form. Select the appointment or position type at the time of the incident by placing a tick in the adjoining box. Where the appointment or position type of the medical practitioner is not specifically listed, select “*Other*” and specify in the space provided.

20. If a VMO, the VMO contract period is ...

The contract period refers to the service contract entered into by the medical practitioner with the hospital at which the incident occurred. The PHO Contact Officer is required to check the service contract before answering this question. It does not refer to the annual service agreement with the hospital.

For the VMO to be eligible for cover if a health care liability claim is made as a result of the incident, the VMO must have a current service contract with the PHO at which the incident occurred, at the time of the incident.

The start and end date of the contract must be completed in full, namely in a DD/MM/YYYY format.

21. The VMO has signed the written service agreement

The written service contract is defined in Section 80(1) of the Health Services Act 1997. It does not refer to the annual service agreement.

The PHO Contact Officer is to indicate whether the VMO has signed the contract by selecting either “Yes” or “No”.

22. The VMO has signed the Contract of Liability Coverage

The contract of Liability Coverage is between the VMO and his or her PHO and formally provides the indemnity to the VMO. The conditions in the Contract of Liability Coverage are common to all VMOs and cannot be negotiated. In order to obtain cover under this arrangement the VMO must sign the contract.

The PHO Contact Officer is to indicate whether the VMO has signed the contract by selecting either “Yes” or “No”.

23. Will internal reports on this incident be prepared?

The PHO Contact Officer is to indicate whether internal reports will be prepared on the incident being reported by selecting either “Yes” or “No”.

24. Identification Information

The PHO Contact Officer is to complete the remainder of Form B “Certification by Public Health Organisation”, by providing the following:

- Name of PHO Contact Officer
- Position held
- Signature
- Contact Number
- Date

E. SUBMISSION OF THE COMPLETED TMF INCIDENT REPORT

THE PHO Contact Officer is to fax the completed TMF Incident Report (both Form A and Form B) to the Department on (02) 9391 9060 and to TMF Claims on (02) 9249 8248.

FORM B – CERTIFICATION BY DEPARTMENT OF HEALTH

This part of the report is to be completed and signed and dated by the designated Contact Officer at the Department of Health