

# Risk management opportunities for Dermatology

## 1. Diagnostic related:



Melanomas and other skin cancers continue to be underdiagnosed or even misdiagnosed as something more benign. Obtain a complete patient history and identify high-risk patients. High-risk patients with a family history of skin cancer may warrant total-body skin examinations. If you do not think the patient's presentation warrants diagnostic testing or consultation at this time, document your thought process and signs/symptoms/failure to improve within a given time frame that would prompt further action. Establish a differential diagnosis; do not rely on a chronic condition or previous diagnosis to explain the patient's condition.

## 2. Communication between patient and physician:



Communication between patient and physician continues to be a top contributing factor in dermatology malpractice cases. Primarily, patient expectations differed from the outcome or results. Physicians can improve communication by doing the following: 1) Establish a strong rapport with the patient, decide together on the best approach. 2) Elicit and respond to patient concerns. 3) Make recommendations, confirm patient's agreement, or

continue the discussion. 4) Demonstrate attentiveness and thoroughness. 5) Thoroughly document informed consent.

## 3. Technical performance:



66% of cases are coded as medium severity (minor injury, permanent minor injury). Properly informing patients of potential adverse effects from medical or procedural treatments such as laser therapy, chemical peels, and phototherapy is crucial. In addition to informing patients about risks and benefits, rigorous environmental cleaning, hand hygiene, and preoperative skin preparation, prior to dermatology procedures can reduce rates of post procedure infections.

## 4. Comprehensive follow-up systems:



Document that a test, follow-up visit, referral or procedure was ordered. Confirm that they happened. Track results and communicate results to co-treaters and the patient. Document reminders to patients about follow-up tests and appointments. Contact patients about "no-shows" and work with them to overcome barriers to care such as transportation issues. When following up with patients, reiterate the potential risks of failing to obtain the recommended treatment.

## Dermatology Case Study



The patient was a 58-year-old male with a history of psoriasis who went to see his dermatologist for evaluation of new lesions on his leg and face. The dermatologist examined him and excised a 2.6 x 1.7cm deep lesion on the left thigh, a 0.3cm red scaly lesion on his right ear, and a 1.2cm red lesion on the right side of his nose. Based on review of slides prepared in the office, the dermatologist diagnosed the lesions as pyogenic granuloma; the slides were not sent to an outside pathologist for formal review. The patient was started on antibiotics and observed. One month later, the patient experienced a flare-up of his psoriasis, which was treated with UV light therapy. Over the next few months, the patient returned to the dermatologist multiple times and complained that the left thigh wound was not healing. Three months later, the patient went to a different dermatologist who performed an excisional biopsy of the left thigh lesion and biopsies of several lymph nodes in the groin. The pathology report came back with a diagnosis of malignant melanoma, nodular type, Clark's level 5. The patient was referred to a melanoma clinic and he subsequently underwent surgical resection of the left thigh; lymph node dissection and biopsy revealed 11 out of 14 lymph nodes as positive for melanoma. The patient enrolled in an experimental chemotherapy clinical trial, but was given an overall poor chance of survival. The patient filed a lawsuit alleging delayed diagnosis of his malignant melanoma, resulting in diminished prognosis. While the defendant dermatologist had some defenses for the care he delivered, the decision to interpret his own biopsy slides and not send them to an outside pathologist for independent review complicated the defense of the case. **The lawsuit was settled prior to the trial date.**



Explore the **MIEC Knowledge Library**, which contains valuable patient safety and risk management content.

**Data Driven Risk Management:** MIEC partners with independent sources to supply detailed data that allows for analysis and insight. This information is intended to help MIEC members evaluate their practices and procedures across a wide variety of clinical settings and specialties.

**miec.com**  
**800.227.4527**

