

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. 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.

Case Study: Delayed diagnosis of malignant melanoma



Patient History: A patient with a history of psoriasis on their hands visited a dermatologist with three distinct lesions: a 2.6 x 1.7 cm deep lesion on the left thigh, a 0.3 cm red scaly lesion on the right ear, and a 1.2 cm red lesion on the right side of the nose. The dermatologist excised the lesions and suspected pyogenic granuloma based on slide samples reviewed in-office. The slides were not sent to an outside pathologist for review, and the patient was started on antibiotics. One month later, the patient experienced a flare-up of psoriasis and was treated with UV light therapy, which is known to potentially advance melanoma. Despite repeated visits to the dermatologist, the patient complained that the left thigh wound was not healing. Three months later, the patient sought a second opinion from a different dermatologist, who excised part of the thigh lesion and biopsied several groin lymph nodes. The pathology report indicated malignant melanoma, nodular type, Clark's level 5. The patient was referred to a melanoma clinic, where a left thigh resection was recommended. Four weeks later, a left groin resection was performed, revealing malignant melanoma in 11 out of 14 lymph nodes. The patient was informed of a small chance of survival and was offered enrollment in an experimental chemotherapy clinical trial, which they accepted. A lawsuit was filed for delayed diagnosis and settled prior to the trial date.

Contributing Factors:

- **Patient Assessment:** Failure to establish a differential diagnosis.
- **Diagnostic Testing:** Delay in ordering diagnostic tests.
- **Patient Concerns:** Inadequate response to repeated patient concerns and symptoms.
- **Medical Therapy:** Incorrect selection of medical therapy.



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