

UCSF Medical Center

UCSF Benioff Children's Hospital

Winter 2017 Quarterly Update

Medical Staff Affairs

January 23, 2017

Agenda

- **Quick Updates**
 - **Credentialing and Privileging**
 - **Busy Season 2017**
 - **Provider Health Plan Enrollment**
 - **Systems and UC Me**
 - **Opioid Taskforce**
- **UCSF Professional Liability Program and Risk Management – *Susan Penney, JD***

Updates – Credentialing and Privileging

▪ Busy Season 2017

- Start submitting pre-applications for those providers who are expected to start on July 1, 2017
 - Hold off on sending pre-apps for August 2017 starts (180 day rule)
- Please let us know how many applicants you expect to have this year so we can forecast resource needs
- Alarming rate of reappointment applications during busy season.

Updates – Provider Health Plan Enrollment

Medicare Revalidations – Reminder!

Due Dates	# of Physicians Selected for Revalidation
01/31/2017	45
02/28/2017	11
03/31/2017	48
04/30/2017	27
05/31/2017	18

- Providers are receiving personal email notices from Dr. Josh Adler to comply with this process.

Medi-CAL PAVE System – It's HERE!

- Online system for Medi-Cal payer enrollment
- Training Conference with other UC Campus, ZSFG, and DHCS

Commercial Health Plans

- Updating Provider Demographics – Please ignore them!

Updates – Opioid Taskforce and UC Me

At the request of the Chancellor, a taskforce was convened to evaluate our policies and practice related to prescription pad management and security, and opioid prescribing.

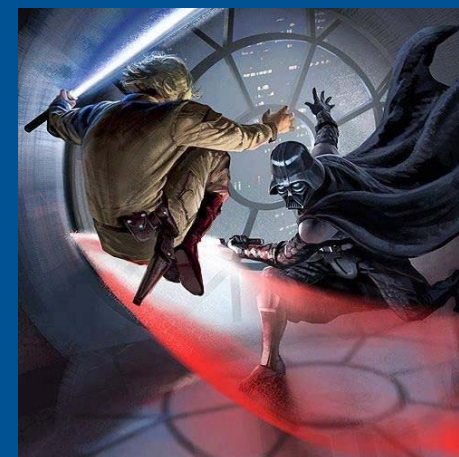
- National epidemic that is local to UCSF and all other hospitals
- Complete elimination (where possible) of secure prescription pads. Proliferation of secure APeX printers throughout the clinic
- Collaboration with BCH-Oakland, ZSFG, SFVAMC to align bylaws, policies, and share peer review information

UC Me System

- System has been restored after full upgrade of the Echo Credentialing System and relocation of servers to Quincy, WA

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The Clinical & Legal Worlds: Darth Vader versus The Jedi, or Can We Just Get Along? *Professional Liability Primer*

Susan Penney, JD
Director of Risk Management

January 23, 2017
Medical Staff Quarterly Meeting

How to Contact Risk Management

Consider Risk Management
as a resource that is available
to you 24/7

RM Website via UCSF
Intranet:

<http://intranet.ucsfmedicalcenter.org/>

Under Browse Medical Center
Sites, Click on "Risk
Management"

- PAGER: 443-2284
- PHONE: 353-1842



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Risk Management Functions

- Enhance patient safety and the quality of patient care we provide by review of adverse clinical outcomes
- Reduce the University's financial exposure arising from the provision of medical care
- Oversee the professional liability program for faculty and staff—work with Third Party Administrator: Sedgwick
- Ensure compliance w/ Medical Center policies, bylaws, rules & regulations
- Respond to concerns regarding management of clinical care
- On Pager 24/7

Some Basics: Risk Needs to know about PINs

- Risk needs to be advised of a Precautionary Incident Notification (PIN) defined as:
 - *(1) an adverse event or complication resulting in death, brain damage, permanent paralysis, sensory deficits, partial or complete loss of hearing or sight, birth injury or disability, or other catastrophic damage or permanent disability; or*
 - *(2) an incident anticipated to result in potential liability exposure or a claim.*

Why are PINs important?

- Early warning to Risk and others to do investigation, consider potential for claim or early resolution, monitor the case for potential claim
- Insurance purposes particularly for large value cases:
 - *UC is self insured up to \$7.5 million (as of July 1, 2016; \$5million before that); excess after that;*
 - *The self insured program is an “occurrence” program: coverage attaches at the time of the occurrence*

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Why are PINs important?

- *The excess program is a “claims made” program: coverage attaches at the time of the reporting of the event to Sedgwick—our third party administrator.*
 - Thus, if we are unaware of the case or wait until the lawsuit is filed (a birth injury or minor injury, or large adult loss) the insurance companies on the loss may be different—coverage rotates
 - Late reporting could create issues of insurance coverage if raised by the excess insurance carriers.

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PINs carry no Credentialing consequence

- Reporting a PIN does NOT result in:
 - *A conclusion that someone did something wrong*
 - *A notice of claim or a reporting of the PIN for credentialing purposes*
- Thus, there is no down side to reporting a PIN
- Involved providers will NOT receive a notice of claim unless the PIN converts to a claim or lawsuit

The New M & M Form referencing PINs and referral to Risk

Case Rating

- ☐ 1) event occurred as a result of (known/expected) disease course
- ☐ 2) event occurred despite known preventive measures taken in adequate and timely manner
- ☐ 3) event was unexpected but possibly preventable with medical intervention
- ☐ 4) event was unexpected, was preventable, and steps were not taken to prevent it
- ☒ 5) event was unexpected and resulted from error in medical/clinical intervention

Risk Review

1 Patient advised of the risk of this occurrence / complication prior to procedure? ☐ NA ☐ No ☐ Yes

2 Complication / occurrence documented in the medical record? ☐ NA ☐ No ☐ Yes

3 Complication / occurrence disclosed to patient / family? ☐ NA ☐ No ☐ Yes

Discussion documented in the medical record? ☐ No ☐ Yes

Documentation of disclosure to patient / family? ☐ No ☐ Yes

Regulatory Reportable Event? ☐ No ☐ Yes (Select from dropdownlist) Select one event ...


Referral/Notification: (check all that apply)

- ☐ Other Services Fill form below
- ☐ Regulatory (for reportable/sentinel events)
- ☐ Patient Safety (for RCA consideration) Fill form below
- ☒ Risk (for PIN events)

Action Plan(s):

- ☐ no action
- ☐ monitor practice over time
- ☐ request internal peer review
- ☐ present at conference or committee
- ☐ letter to provider and Dept Chair/Chief requesting follow up
- ☐ discuss with Attending/Resident
- ☐ initiate QI activity

Comment:

Completed by: 

Attending:

[QI Chair Submit Final Review](#)

PINs and PIN conversion to claim 2014-16

- Since 2014, UCOP has focused on increased reporting of potential claims, UCSF has greatly increased the submittal of PIN

NEW PINS REPORTED TO TPA			
Claimant Type as of 6/30/2016	Fiscal Year PIN Reported		Grand Total
	2014/2015	2015/2016	
PIN	23	28	51
PIN converted to Claim	4	3	7
Grand Total	27	31	58

- During that time, 7 PINs have been converted to a claim based on a request for compensation or the filing of a lawsuit by the patient.
- Only if the PIN converts to the claim, will Risk provide notice of claims to physicians or nurses.

PINs by year of Incident

- We have not done a retrospective review of cases for PIN submittal for potential PINs prior to 2014

DATE OF INJURY BREAKDOWN FOR PINS REPORTED FY 15 & 16							
Incident Date Month		Incident Date Year					Grand Total
		2010	2013	2014	2015	2016	
Jan		1	--	--	4	2	7
Feb		--	--	1	7	1	9
Mar		--	--	--	1	1	2
Apr		--	--	--	3	2	5
May		--	--	--	4	3	7
Jun		--	1	1	3	--	5
Jul		--	--	1	2	--	3
Aug		--	--	1	4	--	5
Sep		--	--	3	1	--	4
Oct		--	--	2	3	--	5
Nov		--	--	--	4	--	4
Dec		--	--	2	--	--	2
Grand Total		1	1	11	36	9	58

PIN Investigation

- We don't ask Sedgwick (third party administrator) to investigate most PINs, thus most of our providers are NOT interviewed.
- 11 of the 58 PINs submitted in the last 2 years have been investigated by Sedgwick
- So, other than reporting, speaking with Risk, our providers are not required to spend time related to the PIN (unless it becomes a claim)

INVESTIGATION ON NEW PINS REPORTED			
Investigation Required	Fiscal Year PIN Reported		Grand Total
	2014/2015	2015/2016	
NO	25	22	47
YES	2	9	11
Grand Total	27	31	58

Closed PINs

- Risk and Sedgwick monitor the PIN until the statute of limitations has expired or after a review of the case demonstrates compliance with the standard of care.
- Since the PIN focused commenced, 27 PINs have been closed
- Sedgwick spent \$11,000 related to the review and investigation of these PINs

PINS BY FISCAL YEAR CLOSED			
Closures	Fiscal Year PIN Closed		Grand Total
	2014/2015	2015/2016	
Count	1	26	27
Total Incurred	\$0	\$11,008	\$11,008

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PINs by “Responsible” Service

- Distribution of PINs is reasonably even
- ID represents the cystoscopy cases
- OB has more because of the damage potential
- Surgical areas represent the expected rate of risk.

RESPONSIBLE DEPARTMENT BREAKDOWN FOR FY 15 & 16 PINs			
Responsible Department	Fiscal Year PIN Reported		Grand Total
	2014/2015	2015/2016	
Anesthesiology	3	1	4
Cardiology	1	--	1
Emergency Medicine	--	2	2
Infectious Diseases (includes Communicable Disease service)	5	--	5
INTENSIVIST	1	--	1
Neurology	1	2	3
Ob/GYN: Gyn Services	--	1	1
OB/GYN: Obstetrical Services	1	4	5
OB/GYN: Obstetrics&Gynecology	1	--	1
Otolaryngology	--	2	2
Pathology	1	--	1
Pathology: Anatomical Pathology	--	1	1
Pediatrics	--	1	1
Pediatrics: Cardiology	1	--	1
Pediatrics: Neurology	--	1	1
Pharmacy Service	--	1	1
Phlebotomy	--	1	1
Radiology	1	--	1
SURGERY - THORACIC SERVICE	--	1	1
Surgery: General Practice	3	3	6
Surgery: Colon/Rectal	--	1	1
Surgery: Neurosurgery	3	1	4
Surgery: Orthopedic	--	2	2
Surgery: Pediatric	3	2	5
Surgery: Plastic Surgery	--	1	1
Transplant Services: Liver	1	--	1
Urology	1	3	4
Grand Total	27	31	58

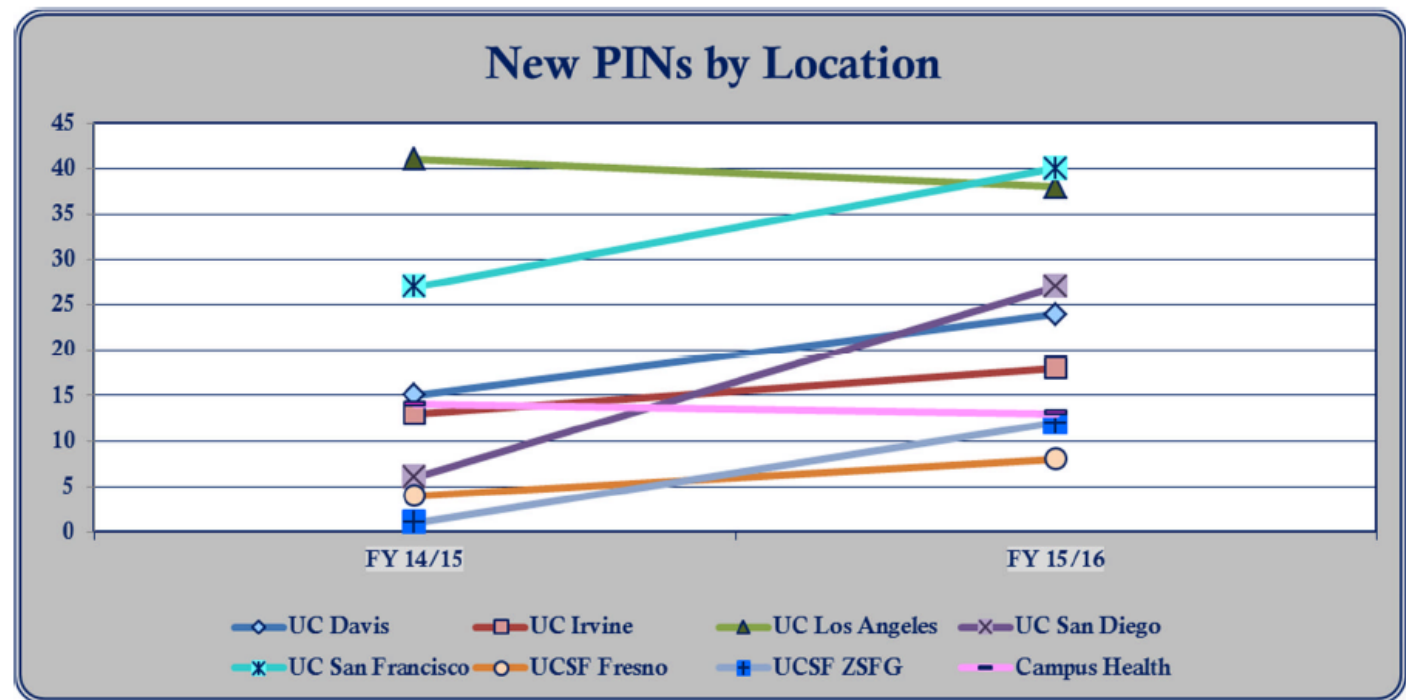
Going Forward

- Continue to monitor for PINs through Patient Relations, Incident Reporting, RCA's, contact of Risk, SCHRMC
- Continued work with Quality to identify cases through M & M process—not all departments have adopted; not many cases reported through that process at this point
- Continue to encourage culture of reporting to assist with disclosure, case evaluation, early resolution as appropriate

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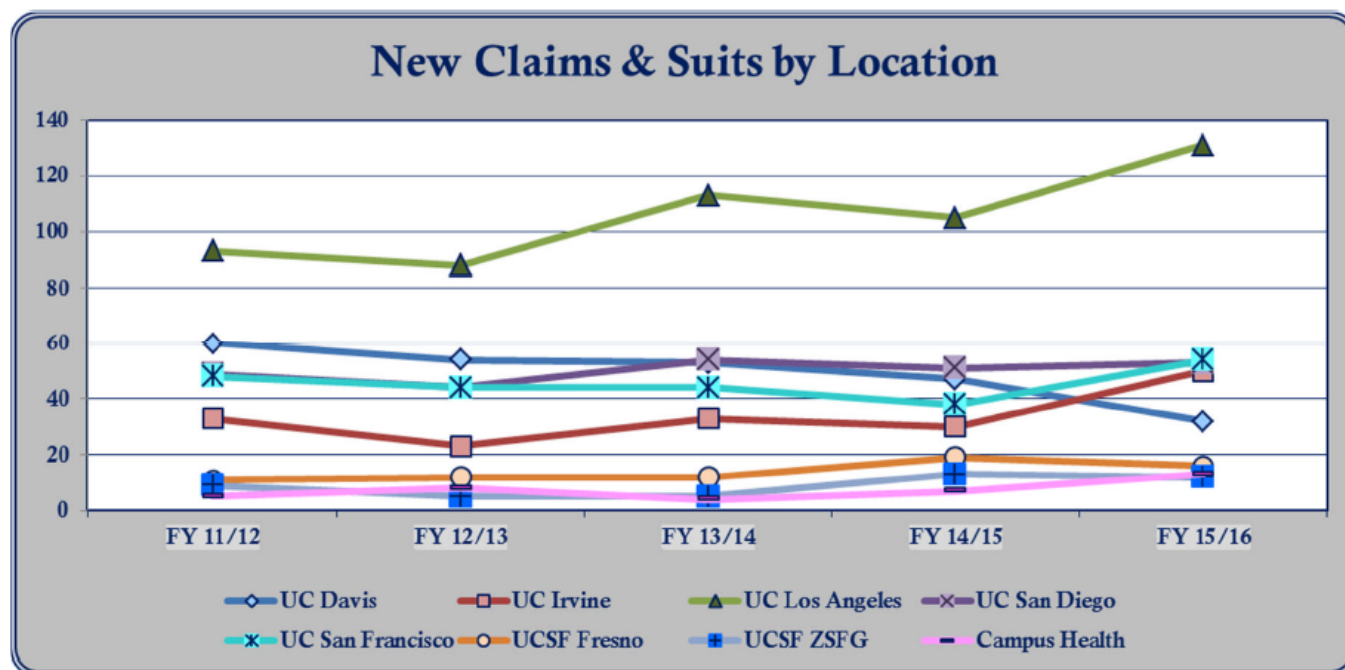
PINs—Across the 5 Medical Centers



Update on our professional liability claims

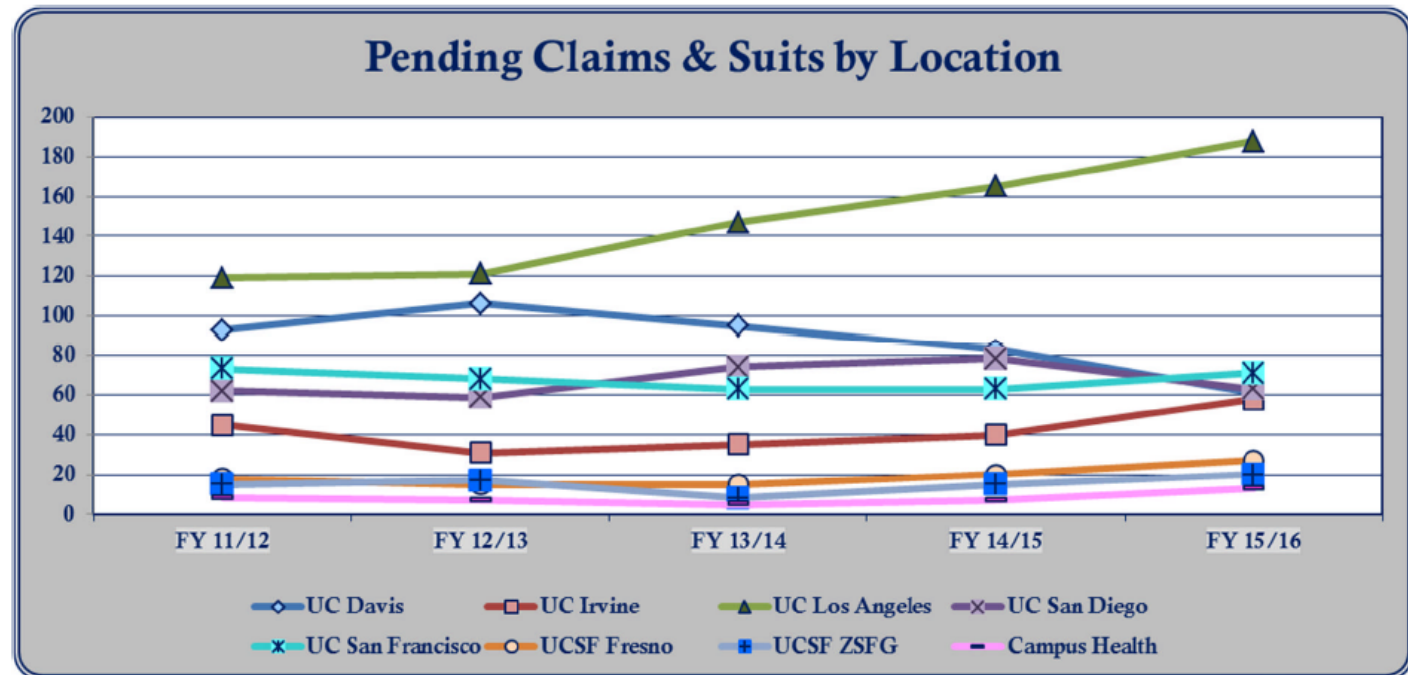


Claims across the system



- In FY15/16, the number of Claims & Suits Reported to TPA increased at all locations compared to FY14/15, except for UC Davis, UCSF Fresno, and UCSF ZSFG.
- The % and number changes for Claims & Suits Reported to TPA in FY15/16 compared to FY14/15 are as follows: Davis – decrease 32% (-15) ; UC Irvine - increase 67% (20) ; UCLA – increase 25% (26) San Diego – increase 4% (2); UCSF – increase 42% (16); UCSF Fresno – decrease 16% (-3); UCSF ZSFG – decrease 8% (-1); and Campus Health - increase 86% (6).

Pending Claims



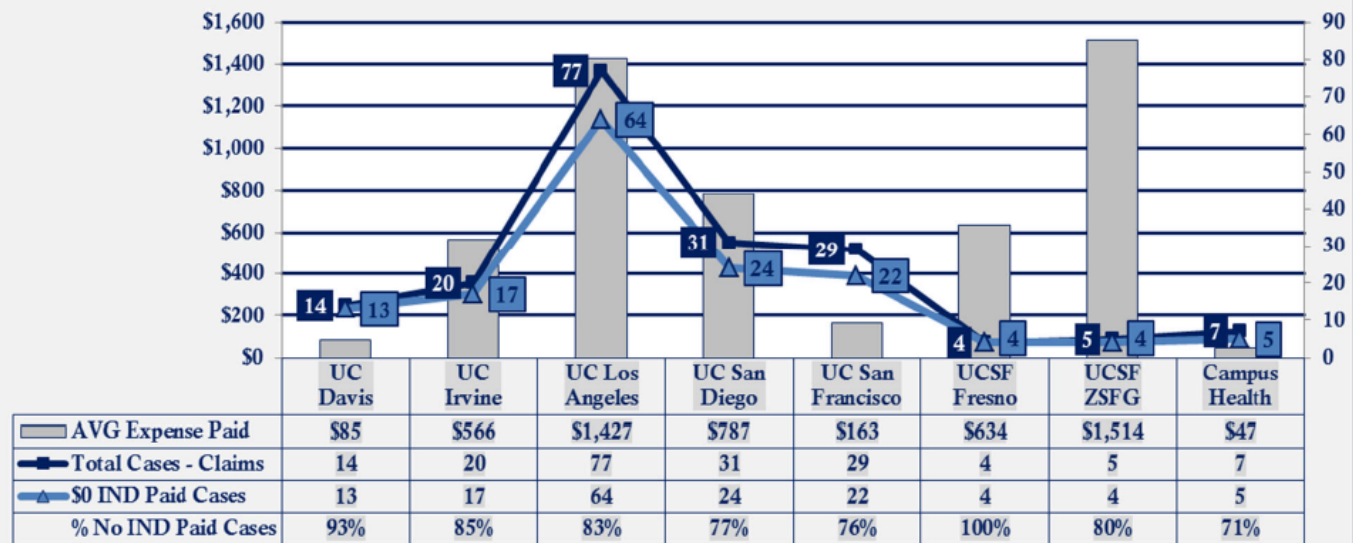
In FY15/16, the number of open Claims & Suits as of June 30 increased for each location compared to FY14/15 except for UC Davis and UC San Diego.

The Pending Claims & Suits for UC Davis - decreased 27% (-22) and UC San Diego – decreased 19% (-15).

The Pending Claims & Suits in FY15/16 compared to FY14/15 increased as follows: UC Irvine – 45% (18); UCLA – 14% (23); UC San Francisco – 13% (8); Fresno –35% (7); ZSFG – 33% (5); and Campus Health - 86% (6).

76% of our claims close with no payment to the patient

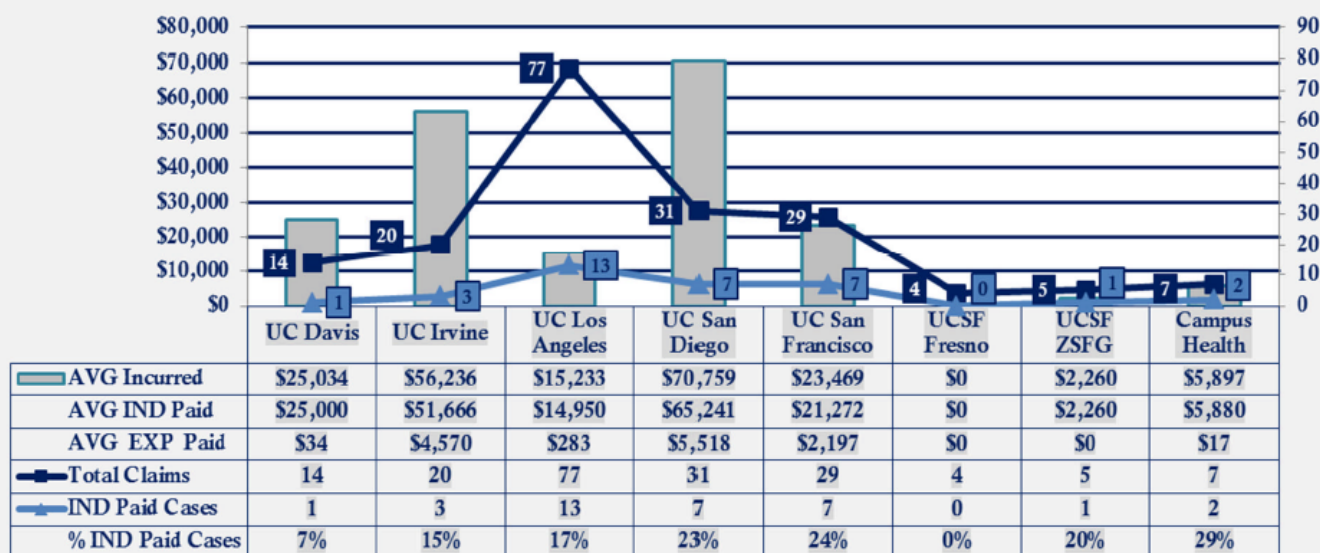
FY15/16 Closed Claims - Zero Indemnity Paid by Location



- This table looks at the number of Claims Closed with Zero Indemnity Paid by Location during FY15/16.
- In FY15/16, the Location range for Claims Closed with Zero Indemnity Paid was 100% (Fresno) to 71% (Campus Health).
- Conversely, anywhere from 0% to 29% of the Claims Closed were pre-litigated settlements.
- Keep 199800631, but only add in the \$3k

Close claims with payment

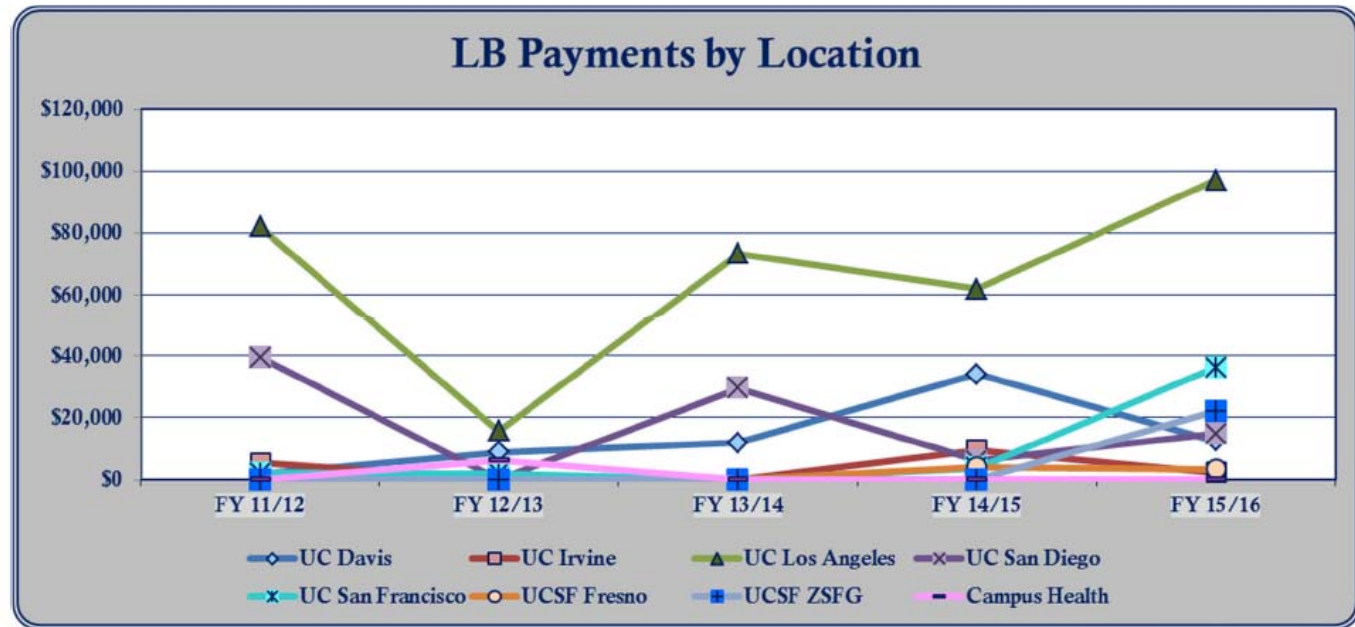
FY15/16 Closed Claims with Indemnity Paid by Location



- This table breaks out the Closed Claims with an indemnity payment (pre-litigated settlements) in FY15/16.
- Of the medical centers, UCSF (24%) and UC San Diego (23%) had the highest % of Claims Closed with an indemnity payment. The highest average indemnity paid was \$65,241 at UC San Diego.
- UCSF Fresno and UC Davis had the lowest % of pre-litigated settlements with 0% and 7% respectively.

Licensing Board cases

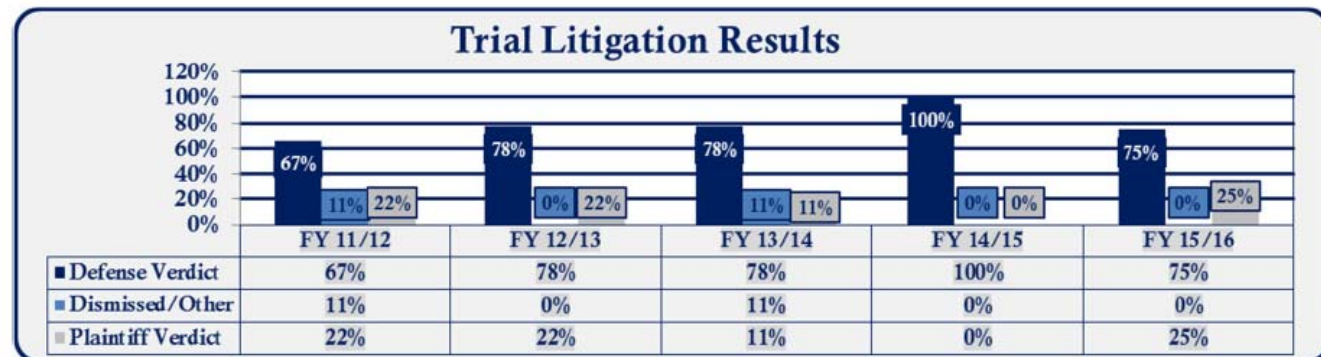
At UCSF, we assist physicians with Medical Board matters without Outside counsel—except where there is an accusation—only nurses Have been charged by the Nursing Board related to settlements



- In FY15/16, UCLA accounted for 52% of the total Licensing Board payments; UC San Francisco accounted for 19%; and UCSF ZSFG 12%.

Opinion: UCSF isn't trying enough cases

TRIAL LITIGATION RESULTS					
DECISION	FY 11/12	FY 12/13	FY 13/14	FY 14/15	FY 15/16
Defense Verdict	6	7	7	4	3
Dismissed	0	0	1	0	0
Non-Suit	1	0	0	0	0
Plaintiff Verdict	2	2	1	0	1
TRIAL TOTALS	9	9	9	4	4



- In FY15/16, the University tried 4 Professional Liability cases; 3 cases resulted in a defense verdict and 1 case resulted in a plaintiff verdict.
- Defense Verdict cases were: Gilanshahi (UCI), Isbell (UCSD), Yang (UCLA).
- Plaintiff Verdict case was: Woods (UCLA).

Reasons cases don't go to trial

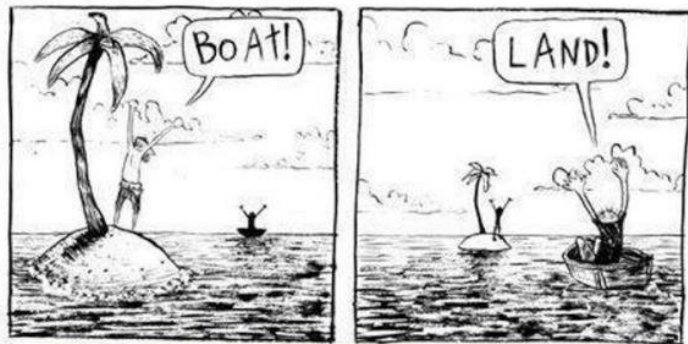
- There is a deviation from the standard of care
- There are witness or fact issues that make it a high risk to go to a jury
 - *Bad witnesses*
 - *Weak witnesses*
 - *Highly sympathetic case—birth injury*
 - *We have a complication or a death and we can't explain why it happened*
 - *The physicians involved don't want to sit through trial*
 - *Risk adverse claims people*

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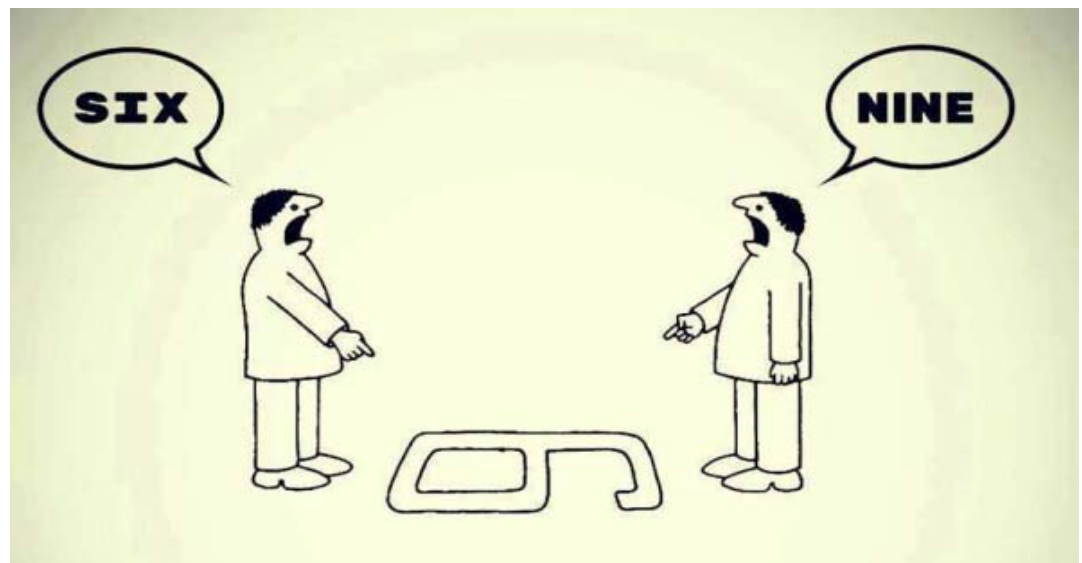
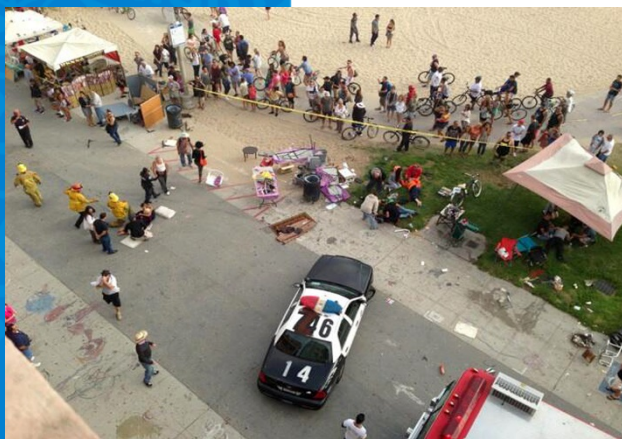
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There are Lots of Witnesses

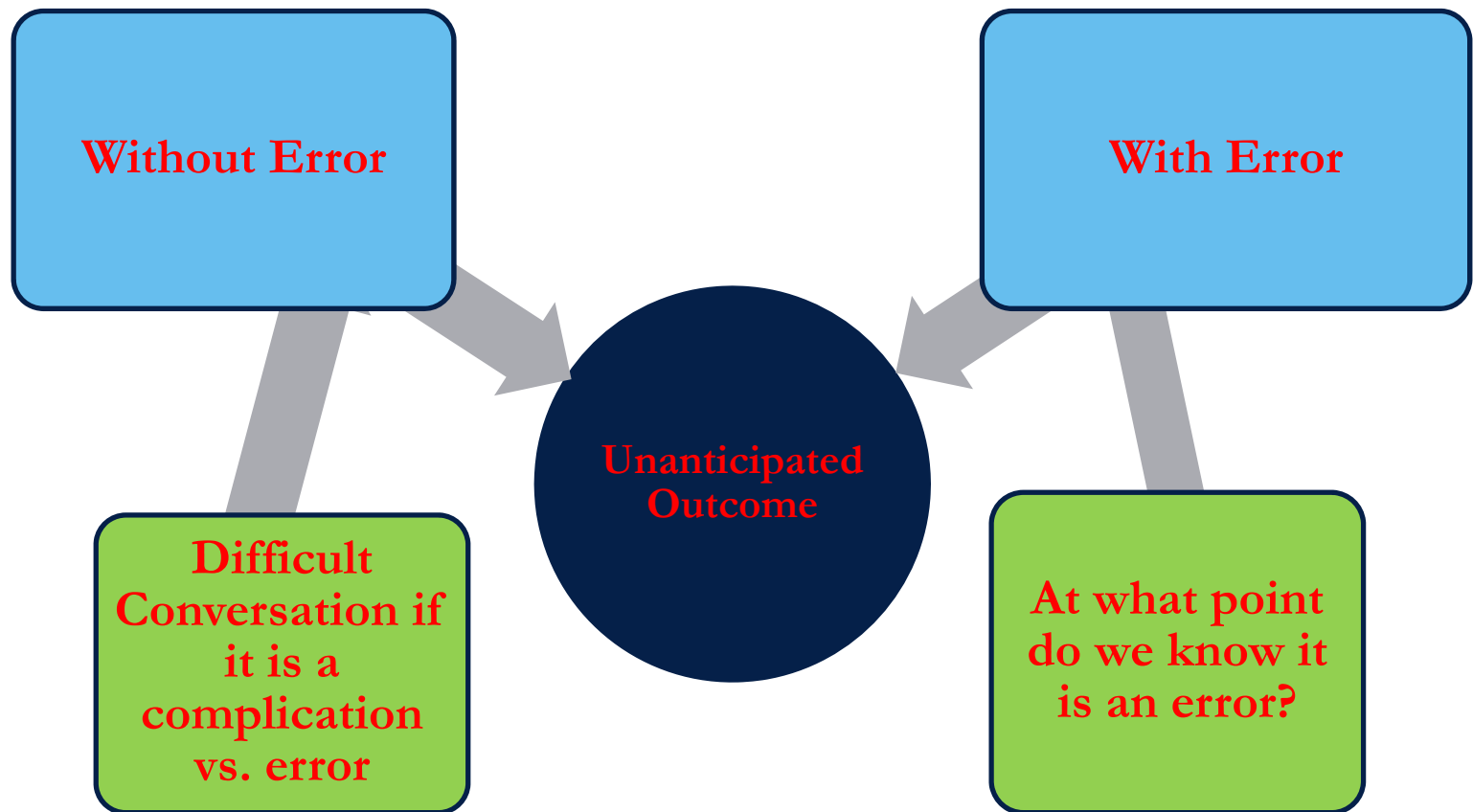
- With vastly different perspectives!!



Perspective...

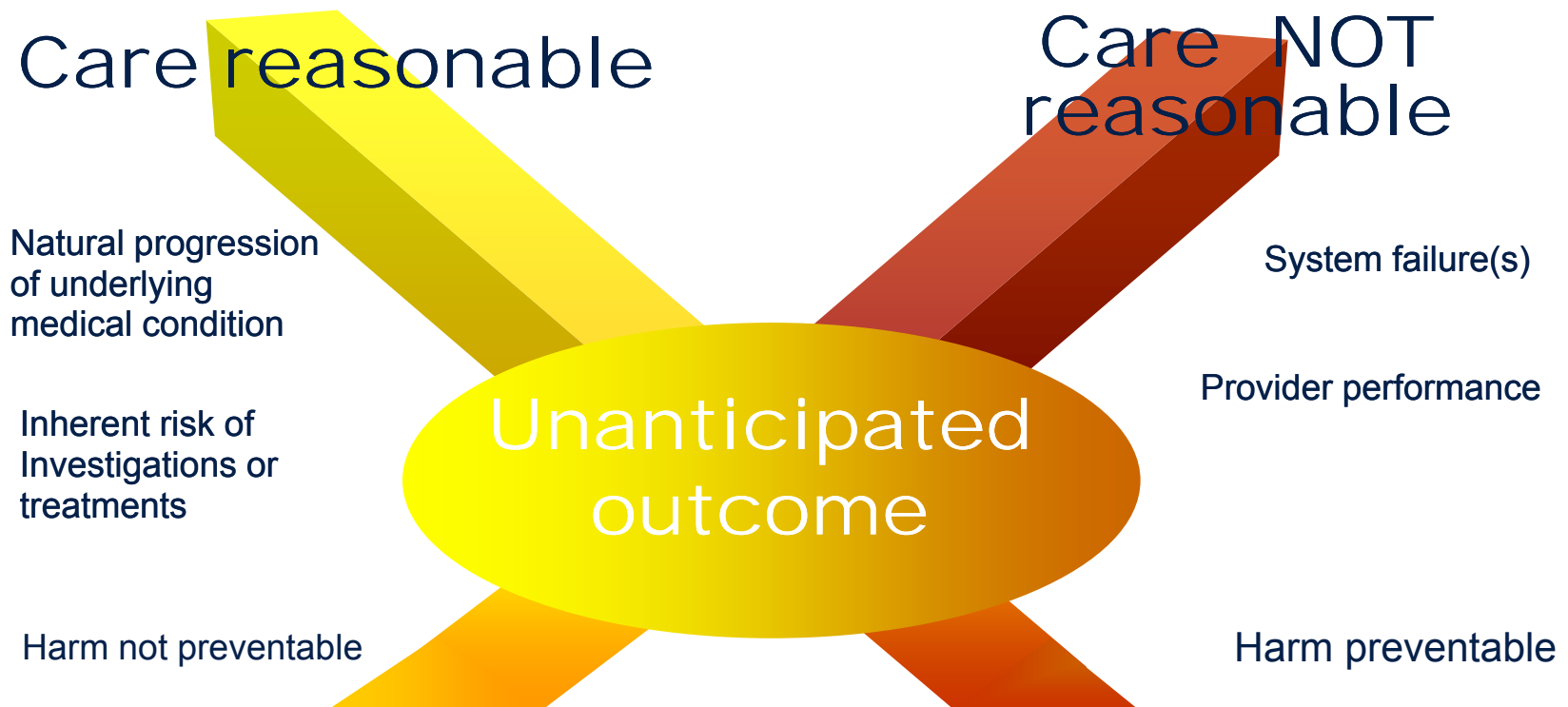


Unanticipated outcomes have 2 origins



Unanticipated outcomes

Important distinction



It Takes a bit of Time to figure all of this out





I wish I had called Risk.....about

- Whether or how I should write a late entry
- An adverse event
- A patient elopement and the patient has been missing for 2 days
- An equipment failure and now I don't know which device was involved and the data from the machine was deleted
- Do I need attending supervision
- A patient who has been misbehaving for several days and now is out of control
- Whether I should have agreed to waive a patient's bill

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Anatomy of a Lawsuit

- **Litigation Process**
 - *Patient Complaint/service of lawsuit*
 - *Factual investigation*
 - *Determination of course and scope*
 - *Transfer of claim to Sedgwick (third party administrator)*
 - *Assignment of attorney*
 - *Coordination Meeting with involved parties, Risk Management, Third Party Administrator*
 - *Discovery—litigation*
 - *Consideration of settlement/Defense*
 - *Risk Management Committee Review*
 - *Settlement or trial.*

Inappropriate Documentation—speculation in the record

- Post-operative patient suffered air embolism
- Uncertainty on cause, but investigation concluded problem with the tubing/locking mechanism
 - Med Watch report filed for faulty equipment design
 - Catheter set completely changed throughout the hospital
 - Nurse's version of events consistent with equipment issues

But.....

Attending physician's note:

- "...The patient, unfortunately, developed an air embolus secondary to an inappropriate accessing of his Cordis without appropriate consideration of the lock mechanism..."
- The attending had not:
 - Spoken to the nurse involved
 - Been present at the time of the event
 - Participated in the investigation as to cause
- Yet, this note will be used as Exhibit A in litigation by the defendant product manufacturer

You may think you are doing the “right” thing

- **But You Cannot Un-ring the bell of speculation**
- **What you may think is the truth may end up being wildly incorrect**
- **Disclosure is a disciplined process to determine our best understanding of the facts**



Speculation is a costly venture

- Patient underwent 14 hour surgery for removal of trigeminal schwannoma
- At the end of the procedure, it was discovered that a rolled gauze bite block had migrated out of the patient's mouth and injured tongue
- Informed consent discussed risk to cranial nerves
- Surgeons believed that residual facial paralysis was related to bite block and not related to risks of the surgery
- Surgeons opined on causation to patient's wife, in the record, without waiting for case review or time to pass

Speculation is a costly venture

- Internal view, external review, independent medical exams, subsequent treatment showed that paralysis was one sided, not bilateral and **NOT RELATED TO THE BITE BLOCK**
- **Plaintiffs repeated referred to Surgeon's comments and note related to liability and causation**
- **The Bell has rung again to the tune of \$1,000,000**

Don't Forget Your Needs

- Adverse Events result in several victims—
 - The patient
 - The patient's loved ones
 - **The Involved Providers**
- Seek help for your own emotional needs
 - Address your needs separately from those of the patient's
 - There are confidential resources available to you
- Consider 2nd victim programs: resources available by Medically Induced Trauma Support Services (MITSS) www.mitsstools.org

2nd Victim: The cycle in a nutshell

- Chaos & Accident response
- Intrusive reflections
- Restoring personal integrity
- Enduring the inquisition
- Obtaining emotional first aid
- Moving on

Professional Liability Coverage

- Coverage extended for approved activities within the course and scope of employment
- Excludes “moonlighting”
- Excludes intentional acts, such as assault, battery or other criminal behavior
- Excludes coverage for Nursing Board actions if you are no longer employed when action is brought

What do we report as part of Credentialing?

- External requests: We provide Claims Histories, both positive (limited information given to outside entities) and negative. (100's per month)
- Internal Claims Histories for Credentialing Committee: summarized derived from pending case information
- **The Credential Process is a confidential process and claims histories should not be released to the provider**
-**WHY?**

Evidence Code Section 1157

- **What does it say?**
 - *“Neither the proceedings nor the records of organized committees of medicalstaffs in hospitals, or of a peer review body, ...having the responsibility of evaluation and improvement of the quality of care rendered in the hospital... shall be subject to discovery”*
 - *“no person in attendance at a meeting of any of those committees shall be required to testify as to what transpired at that meeting”.*

Who Gets a Credentialing Report?

- **Named in a Summons and Complaint**
- **Named in a Notice of Intent to Sue**
- **In cases where only the Regents are named: if the provider was involved in the care in question, they get credentialed**
- **A request for compensation from a patient involving a provider's care**

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Emergency “Credentialing”

- Risk was recently called about an urgent clinical situation over the weekend
- A patient needed an MRI---she was wearing braces and there wasn't a UCSF provider available to remove them
- Risk was told: “an orthodontist is on her way to UCSF to remove the braces”
- Risk said: “OK, it's the right thing to do”
- Our decision was confirmed by CMO and Kosal
- BUT, is there a process we should follow in such circumstances?

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Providers are Given Notice of any Claim

Date: February 19, 2016

To: Alota Claims, MD
Department of Orthopedic Surgery

From: Angela Beck-Alioto, RN, JD
UCSF Medical Center Risk Manager

Re: Notice of Claim
Patient: Stephen B
MRN: _____
DOI: 2/13/2015

The enclosed Request for Compensation was received by the Risk Management Department on February 11, 2016.

Stephen B is a 72 year-old male patient who presented to the UCSF sports medicine clinic with knee pain: medial sided knee pain. Radiographs showed no joint space narrowing, and MRI confirmed the diagnosis of a meniscus tear. The tear appeared to be a degenerative type tear. Continued non-operative and operative management was discussed and the patient elected to proceed with left knee arthroscopy, medial meniscus debridement surgery on February 13, 2015.

The patient now requests compensation for his out-of-pocket expenses as a result of the allegedly negligent surgical procedure.

I would like to inform you that you are named in the notice. We are in the process of evaluating the allegations and identifying any other involved providers. This process takes time as we do not currently have many details about the patient's specific allegations.

There has been no determination that your care was inappropriate or fell below the standard of care, but it may affect the credentialing process, as set forth below.

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Notice advises the provider that this is a “credentialing” event

Credentialing

Unless you are informed otherwise, this claim will be reported to UCSF’s Credentialing Committee for members of the UCSF Medical Staff at the time you renew your privileges. This claim will also be reported to any outside institutions where you have applied for privileges so please make sure you include it on your application.

Thus, our providers are always told if they need to report the claim

What About Residents?

- Residents are noticed in the same manner as Attendings
- The rules about Allocation are different for residents

Why is Credentialing So Important?

- Part of Peer Review
- Inadequate credentialing creates a risk of a claim for negligent credentialing under the *Elam* Decision
- It is one way of evaluating a physician for a need for an FPPE

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Determining Standard of Care

- Established by expert testimony
- State and federal laws and regulations
- Accreditation standards
- Professional journals, association standards & guidelines
- Facility bylaws, policies and procedures
- “Reasonably prudent practitioner under same or similar circumstances”
- **NOTE: Violation of our own policy will be argued as a deviation from the standard of care—do your nurses understand that?**

Business & Professions Code

- **Section 801 (b):**

“Every insurer providing professional liability insurance to a physician and surgeon . . . shall report to the MBC as to any settlement over \$30,000 . . . of a claim for damages for death or personal injury caused by that person’s negligence, error, or omission in practice or his or her rendering of unauthorized professional services”

Business & Professions Code

- **Section 800:**

“Every insurer providing professional liability insurance to a person who holds a license . . . shall report to the Board of Registered Nursing as to any judgment or settlement over \$3,000 . . . of a claim for damages for death or personal injury caused by that person’s negligence, error, or omission in practice or his or her rendering of unauthorized professional services”

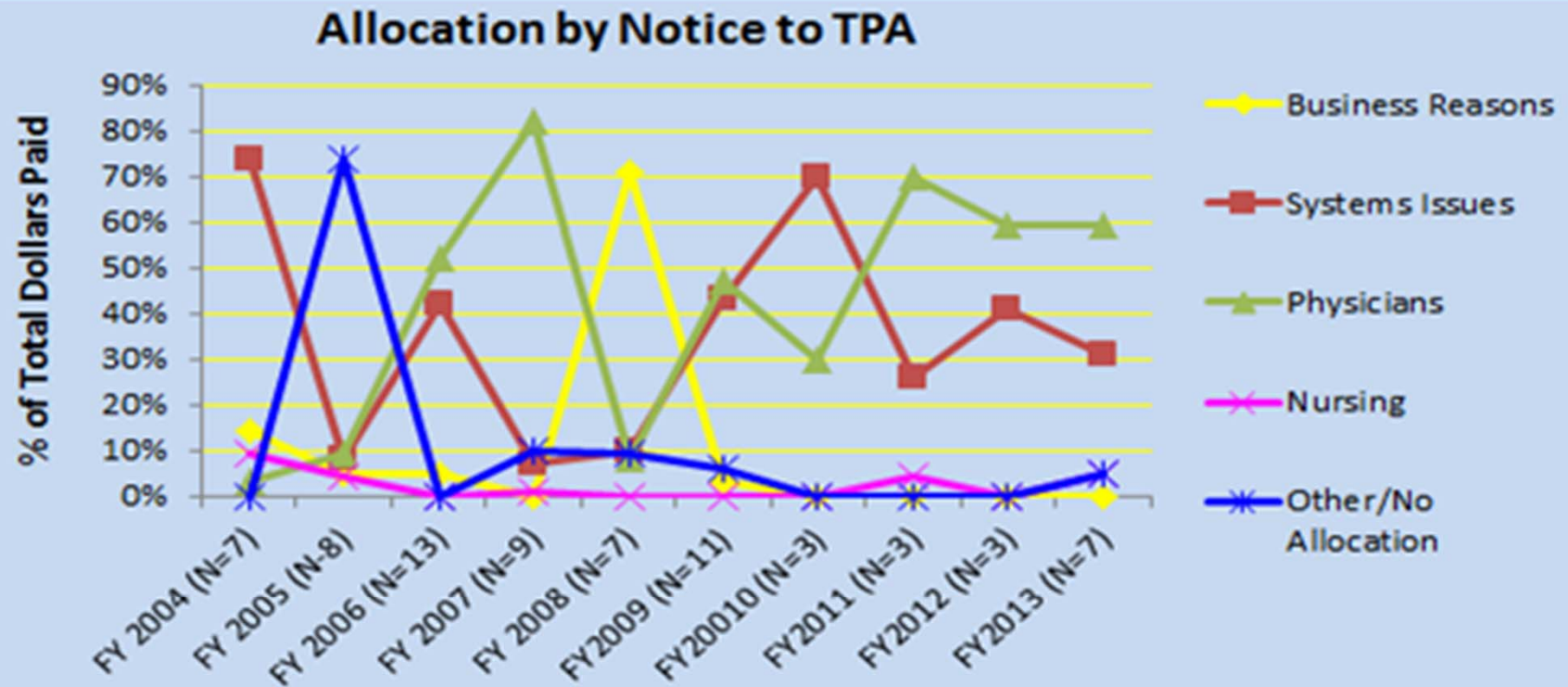
National Practitioner Data Bank Reporting

- Mandates reporting of all settlements and judgments –there is no dollar minimum
- Report must be made within 30 days of payment
- www.npdb.org

Allocation- Provider Category (by Date Allocated)

Year/# Cases Allocated	No Reporting	MBC - Physician	Nursing Board	MBC Resident	Dental Board	UCOP Overruled UCSF
2004/05 10 cases	4	4	2	0	0	1
2005/06 12 cases	0	1	1	0	1	1
2006/07 8 cases	1	3	3	0	0	1
2007/08 13 cases	2	7	2	1	0	0
2008/09 12 cases	0	4	2	0	1	0
2009/10 12 cases	9	4	0	1	0	0
2010/11 8 cases	0	5	0	1	0	0
2011/12 4 cases	0	1	2	0	1	0
2012/13 7 cases	0	5	0	0	0	0
2013/14 7 cases	1	6	2	0	0	0
2014/15 6 cases	2	3	1	0	0	0
Total	19	43	15	3	3	3

Allocation as a percentage of Settlement paid



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Jury instructions in Malpractice cases

- **Alternative Methods of Care:**

- *“A physician is not necessarily negligent just because he chooses one medically accepted method of treatment or diagnosis and it turns out that another medically accepted method would have been a better choice”*

- **Success Not Required**

- *“A physician is not necessarily negligent just because his/her efforts are unsuccessful or he/she makes an error that was reasonable under the circumstances. A physician is negligent only if he/she was not as skillful, knowledgeable, or careful as other reasonable physicians would have been in similar circumstances”*
- *These are difficult to explain to patients after an event*

The Expert Witness

- Expert Witness testimony is necessary to establish standard of care/damages
- Cases can become battle of the experts; Jury is asked to consider:
 - *The expert's training and experience*
 - *The facts the expert relied on*
 - *The reasons for the expert's opinion*

The Expert Witness

- **Ethical Guidelines**

- *CMA/AMA*

- Expert should be competent in the area at issue
 - Should have been involved in direct patient care in similar area for at least 3 years prior to time at issue
 - Expert testimony should not consume more than 20% of professional time

The Expert Witness

- **Professional Guidelines**

- *American Society of Anesthesiologists*
- *American College of Emergency Physicians*
- *American Academy of Family Physicians*
- *American Academy of Neurological Surgeons*
- *American Academy of Obstetricians and Gynecologists*
- *American Academy of Orthopedic Surgeons*
- *American Academy of Pediatrics*
 - *Partial Lists: Guidelines available on websites*

Types of “Expert Witnesses”

- The role of a physician in a malpractice case can vary:
 - *Defendant or the person whose care is being criticized*
 - *A treating physician who often takes care of the patient after the care which is the subject of the litigation*
 - *A retained expert who has not seen the patient, but who will opine on standard of care, causation or damages*

The treating Physician

- Treating physicians may be called to testify about the treatment they provided and *any opinions they developed in the course of treating the patient*
- Treating physician may decide to become a “retained” expert and agree to provide testimony on behalf of the patient
- **Caution: Parties to litigation may disclose a treating physician as an “un-retained” expert—this can be a more complicated situation**

The limits of responsibility of a treating physician

- Whether you are a treating physician or an “un-retained” expert, there are limits to your obligations:
 - *You are not required to review records you did not review or do not need to review in connection with your treatment of the patient*
 - *You are not required to formulate opinions beyond those you formulated in connection with treatment*
 - Beware of the hypothetical question
 - Beware of requests to review additional records
 - Beware of requests to meet with patient’s attorney

Accessing the Alliant Certificate Portal

Access the UC Certificate Request Portal using this URL:

<https://ucinsurancecert.alliant.com/Pages/Landing.aspx>

For best results, please use Internet Explorer 10 or 11 OR Google Chrome.

Log-In Process - 1

InCommon®

ermisp.ucop.edu

Select your School, Organization, or Identity Provider:

Make your selection here

NEXT

☐ Do not remember my selection

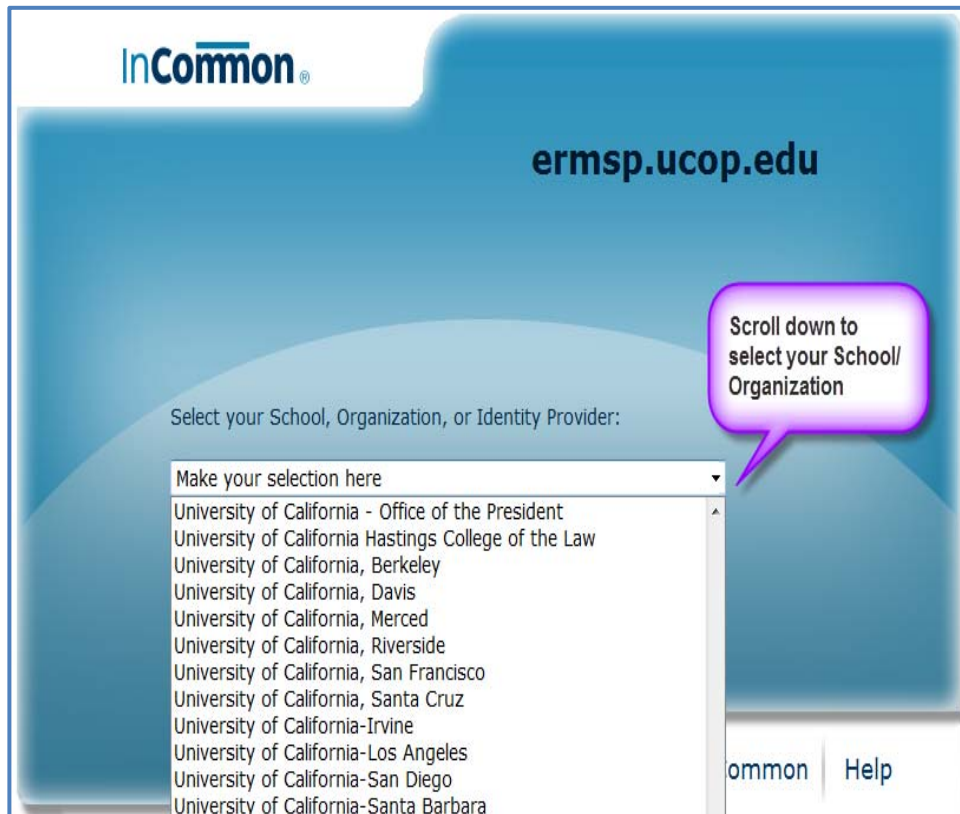
☒ Remember my selection for this session only

☐ Remember my selection permanently

About InCommon | Help

Select your School / Organization from the drop-down menu and click the 'Next' button

Log-In Process - 2



InCommon®

ermssp.ucop.edu

Select your School, Organization, or Identity Provider:

Make your selection here

- University of California - Office of the President
- University of California Hastings College of the Law
- University of California, Berkeley
- University of California, Davis
- University of California, Merced
- University of California, Riverside
- University of California, San Francisco
- University of California, Santa Cruz
- University of California-Irvine
- University of California-Los Angeles
- University of California-San Diego
- University of California-Santa Barbara

ommon Help

Log-In Process - 3



The image shows the UCLA Logon Sign In page. At the top left is the UCLA logo, followed by the word "LOGON". A purple speech bubble on the right says "Sign in with your University Logon ID and Password". Below this is a "Sign In" section with two input fields: "UCLA Logon ID" with a link "(Get a Logon ID)" and "Password" with a link "(Reset your password)". At the bottom of the sign-in section is a "Sign In >" button and a "Help" link. At the very bottom of the page, there is a footer with links for "Privacy, Security & Legal" and a timestamp: "Loaded: Wed, 29 Apr 2015 10:44:13 -0700".

UCLA LOGON

Sign in with your University Logon ID and Password

Sign In

UCLA Logon ID ([Get a Logon ID](#))

Password ([Reset your password](#))

Sign In > [Help](#)

[Privacy, Security & Legal](#) | Loaded: Wed, 29 Apr 2015 10:44:13 -0700

Once the user signs in with their University of California email and password, they will be redirected to the Alliant Insurance Services certificate of insurance request site ("Alliant site").

Landing Page

UNIVERSITY OF CALIFORNIA

mleavell@alliant.com - View All

Administration

Welcome to the University of California Certificate Request Portal

Please select the type of certificate needed from below.



Professional Liability - Individual

Select



Professional Liability - Institution

Select



Professional Liability (Non-Medical)

Select



General / Automobile

Select



Property

Select

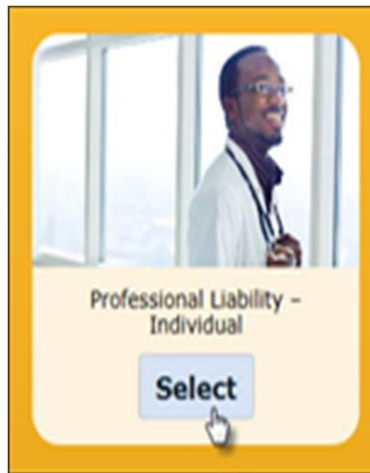


Workers' Compensation

Select

Selecting Certificate Type

To access the Professional Liability-Individual form, click the **Select** button beneath the associated image as shown below.



Click **Select**.

Certificate Request Form - 1

UNIVERSITY OF CALIFORNIA

Once you select the type of certificate you need, a new window will open up with the correct form to complete

GENERAL INFORMATION

*required field

Requestor's Name:*

Requestor's Location:*

Requestor's Department:*

Date Certificate needed (mm/dd/yyyy):

CERTIFICATE HOLDER INFORMATION

Certificate Holder Entity Name:*
(Institution or facility that certificate will be issued to)

Certificate Holder Contact Name:*

Your Location and Department Selection

GENERAL INFORMATION

*required field

Requestor's Name:*

Requestor Email cc:

Requestor's Location:*

University of California, San Diego Campus Health

University of California, San Diego Medical Center

University of California, San Francisco

University of California, San Francisco Campus Health

University of California, San Francisco Medical Center

Requestor's Department:*

Laboratory Medicine

Medical Education, UME

Medicine

Microbiology and Immunology

Neurological Surgery

Date Certificate needed (mm/dd/yyyy):

In order to correctly request a Professional Liability certificate, you must select the *Medical Center* location from the Requestor's Location list. If you make any other selection, your request will not route correctly through the review/approval process and be rejected.

Certificate Holder Information

UNIVERSITY OF CALIFORNIA

CERTIFICATE HOLDER INFORMATION

Certificate Holder Entity Name:*
(Institution or facility that certificate will be issued to)

SELF-EXPLANATORY

Certificate Holder Contact Name:*

SELF-EXPLANATORY

Certificate Holder Address:*

SELF-EXPLANATORY

Certificate Holder City:*

SELF-EXPLANATORY

Certificate Holder State:*

SELF-EXPLANATORY

Certificate Holder Zipcode:*

SELF-EXPLANATORY

Certificate Holder Contact Email:*

SELF-EXPLANATORY

Certificate Holder Contact Phone:

IF ENTERED, FOLLOW FORMAT

Certificate Holder Contact Fax:

IF ENTERED, FOLLOW FORMAT

Send a copy to certificate holder:

☐ Yes ☒ No

Send a copy of the certificate to the following email(s):
Multiple addresses must be separated by a comma.

Ex: jdoe@acme.com, jane@abc.com:

SELF-EXPLANATORY

Send a copy of the certificate to the following fax(es):

Multiple fax numbers must be separated by a comma.

Each fax number must have 10 digits and be formatted as
123 456 7890 or (123) 456-7890

IF ENTERED, FOLLOW FORMAT

Contract Expiration (mm/dd/yyyy):

[If expiration date is BEFORE fiscal year end]

SELF-EXPLANATORY

Certificate Expiration (mm/dd/yyyy):

[Date will adjust to contract expiration above, if different]

DEFAULTS TO POLICY EXPIRATION DATE

Renew this certificate?

☐ Yes ☒ No

Required fields are marked with an *, and are fairly self-explanatory. If you enter a contact phone number or fax number, enter the entire 10 digits - format as 123 456 7890 or (123) 456-7890.

Send a copy to certificate holder: defaults to No. Be sure to click Yes circle if you want Alliant to send a copy of the certificate to the certificate holder.

By default, all certificates will expire at policy expiration date, unless a contract expiration date is entered, which will become the certificate expiration date (if prior to policy expiration date).

Justification

JUSTIFICATION

Please specify contract/affiliation/service agreement name or number:*

Is the purpose for other than clinical purposes? ☐ Yes ☒ No

Is there a written agreement with a non UC facility for services being provided? ☐ Yes ☒ No

Please explain University purpose for which certificate is requested (e.g. patient care at affiliated teaching institution, community service, education – includes teaching and supervision of University residents, etc.) and how it relates to the University mission and business goals.

All starred* fields are required.

Specify contract/affiliation/service agreement name or number:*

Enter both the name and number, if you have both.

Please explain University purpose for which certificate is requested:*

Explain the purpose for which the certificate is requested.

Institution Information

PLEASE CHECK HERE IF NON-MEDICAL ☐

Institution where work is to be performed (if different from certificate holder):*

Institution Address:*

Institution City:*

Institution State:*

Institution Zipcode:*

Non-Medical

Check the box if requested certificate is Non-Medical.

All starred* fields are required.

Clinician Names

Please provide Clinician Full Name / Employee ID / Designation in the space below (One required*) Issue as roster of clinicians on certificate ☐ (Same end date for all clinicians listed)

Clinicians First Name(s)	Clinicians Last Name	Employee ID	Designation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Enter information in each field. *Designation is title (i.e. MD, NP, etc.)

You may enter up to four (4) clinicians per request.

Clinical Activity Information

Clinical activity information (check all that apply)

Medical Diagnostic / Therapeutic Consultation ☐

On-Call Coverage ☐

Invasive Diagnostic Intervention ☐

Other ☐

How often will the requesting clinician be performing clinical activity at a non UC facility?

Will the requesting clinician be the attending of record at a non UC inpatient facility? ☐ Yes ☒ No

Will Fellows, Residents or Medical Students participate in patient care? ☐ Yes ☒ No

Limits & Requesting Different Limits

LIMITS

Medical Malpractice/Professional Liability - Individual

These are the standard limits

Each Occurrence Limit:

\$1,000,000

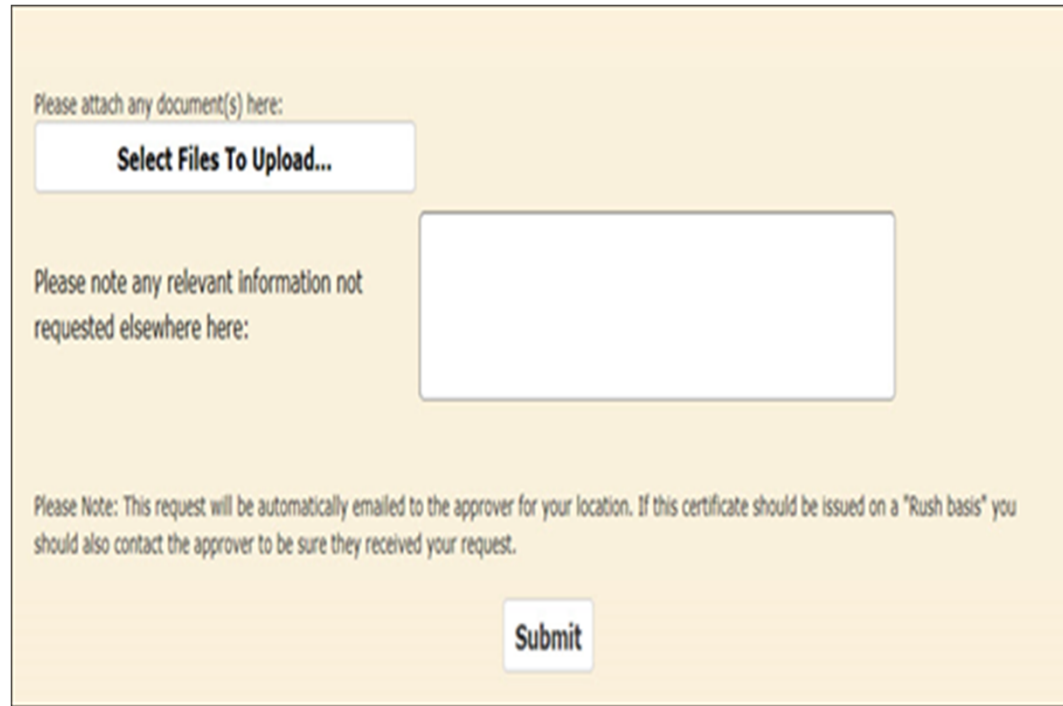
Aggregate Limit:

\$3,000,000

Do you require limits that are different than the above standard limit? Please note the required limits to the right and attach any insurance requirements in the space below.

For limit requests other than \$1-3 million, please attach a contract as shown on the next page. If you are unable to attach a contract, please contact Susan Penney to discuss.

Attaching Files and Relevant Information



Please attach any document(s) here:

Select Files To Upload...

Please note any relevant information not requested elsewhere here:

Please Note: This request will be automatically emailed to the approver for your location. If this certificate should be issued on a "Rush basis" you should also contact the approver to be sure they received your request.

Submit

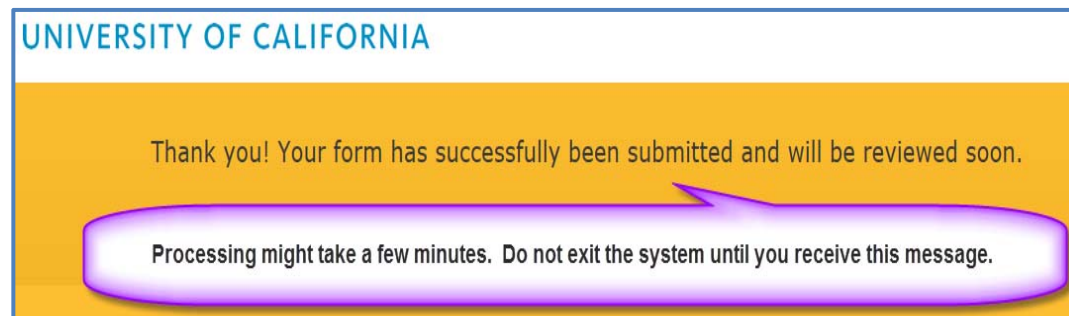
Attach any necessary documents, and note any relevant information not requested elsewhere in the space provided.

File limitations

A maximum of four files total may be attached, not exceeding five megabytes per file, 20 megabytes maximum. Unsupportable file types include .wmv, .exe, .gif

Submitting your Request

After you have completed the request and attached any files, you may click the **Submit** button. You will then see the message below.



Email Notification on Submission

University of California - Certificate of Insurance Request Submitted Successfully

NoReply@Alliant.com

Sent:

To:

This is a sample email you will receive
once the request has been SUBMITTED

Hello,

We have received your certificate request and it has been forwarded to the approver for review. You will be advised if additional information is needed to complete your request.

Thank you!

University of California,
Risk Management Services

Please check your email Junk or Spam folders as some notifications are being incorrectly marked as spam. Please contact the UCSF Medical Center Risk Management Team for assistance.

Email Notification on Approval

University of California - Certificate of Insurance Request Approved

NoReply@Alliant.com

Sent:

To:

This is a sample email you will receive
once the request has been APPROVED

Your certification request has been approved. You will be contacted by your University of California Risk Management representative with all details and documentation shortly. For any questions please contact your local UC Risk Services teams at your local campus or medical center. See site links below for details.

Campus: <http://www.ucop.edu/risk-services/staff-contacts/campus-risk-managers/index.html>

Medical Center: <http://www.ucop.edu/risk-services/staff-contacts/medical-center-risk-managers/index.html>

Thank you!

University of California,
Risk Management Services

Email Notification on Rejection

University of California - Certificate of Insurance Request Denied

NoReply@Alliant.com

Sent:

To:

This is a sample email you will receive if the request has been DENIED

Hello,

Your certificate request has been denied. Please review below for details and resubmit your request with the corrected/missing information.

Contract not attached.

For any questions please contact your local UC Risk Services teams at your local campus or medical center. See site links below for details.


Campus: <http://www.ucop.edu/risk-services/staff-contacts/campus-risk-managers/index.html>

Medical Center: <http://www.ucop.edu/risk-services/staff-contacts/medical-center-risk-managers/index.html>

Thank you!

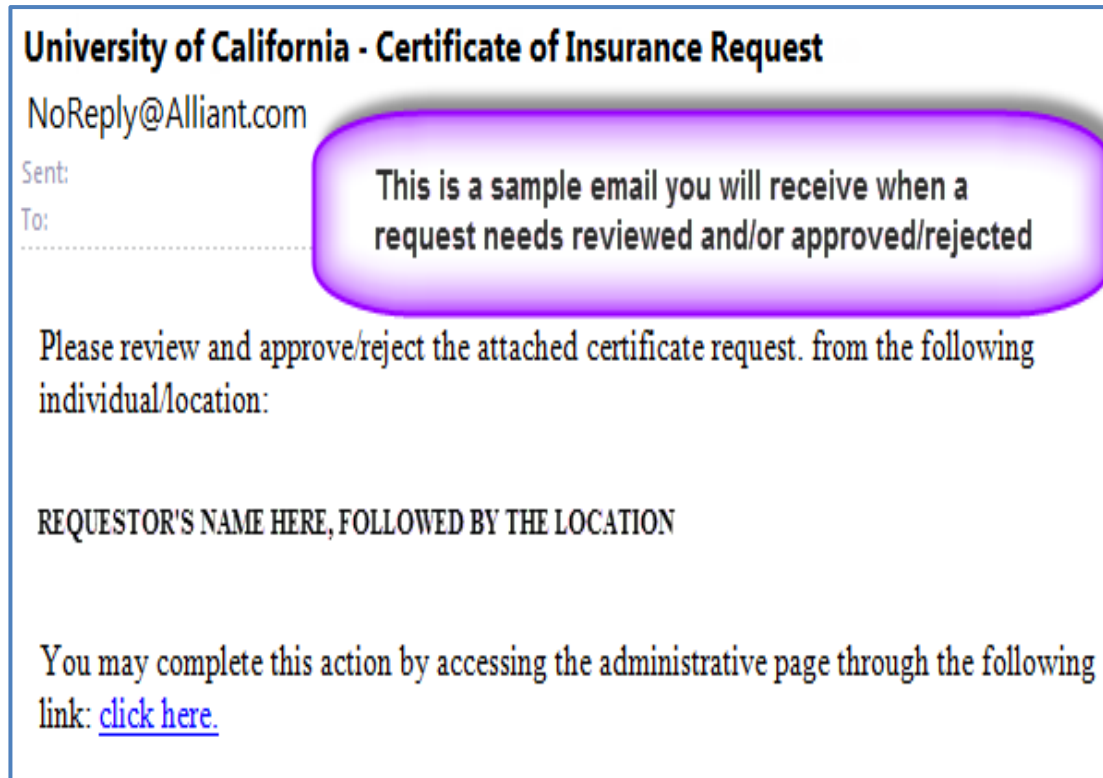
University of California,
Risk Management Services.

Overview of Review/Approval Process



- *Review process to review and/or approve a certificate of insurance request submitted through UC CERT portal.*

Email Notification for Review / Approval



Please check your email Junk or Spam folders as some notifications are being incorrectly marked as spam. Please contact the UCSF Medical Center Risk Management Team for assistance.

Log-In Process



The image shows a web form for logging into the UCLA system. At the top left is the 'UCLA LOGON' header. A purple speech bubble on the right says 'Sign in with your University Logon ID and Password'. The form has two input fields: 'UCLA Logon ID' with a link '(Get a Logon ID)' and 'Password' with a link '(Reset your password)'. Below the fields is a 'Sign In >' button and a 'Help' link. At the bottom, there is a footer with links for 'Privacy, Security & Legal' and a timestamp 'Loaded: Wed, 29 Apr 2015 10:44:13 -0700'.

UCLA LOGON

Sign in with your University Logon ID and Password

Sign In

UCLA Logon ID ([Get a Logon ID](#))

Password ([Reset your password](#))

Sign In > [Help](#)

[Privacy, Security & Legal](#) | Loaded: Wed, 29 Apr 2015 10:44:13 -0700

Once the user signs in with their University of California email and password, they will be redirected to the Alliant Insurance Services certificate of insurance request site ("Alliant site").

Landing Page

UNIVERSITY OF CALIFORNIA

mleavell@alliant.com - View All **Administration**

Click on the
Administration Button in
the upper right corner

Welcome to the University of California Certificate Request Portal

Please select the type of certificate needed from below.



Professional Liability - Individual

Select



Professional Liability - Institution

Select



Professional Liability (Non-Medical)

Select



General / Automobile

Select



Property

Select



Workers' Compensation

Select

Accessing Items for Review - 1

The screenshot shows a web interface for the University of California. At the top left, the text "UNIVERSITY OF CALIFORNIA" is displayed in blue. In the top right corner, there is a "Help" button. The main content area has a yellow background. On the left side of this area, there is a list of locations, each preceded by a plus sign: "Location: University of California, Davis", "Location: University of California, San Francisco", "Location: University of California, San Diego", "Location: UCLA Health System", "Location: University of California, Santa Cruz", and "Location: University of California, Los Angeles". In the center of the interface, there is a white rounded rectangle with a purple border containing instructional text. On the right side, there is a "Show History" label followed by a dropdown menu currently set to "30 days".

UNIVERSITY OF CALIFORNIA

Help

- + Location: University of California, Davis
- + Location: University of California, San Francisco
- + Location: University of California, San Diego
- + Location: UCLA Health System
- + Location: University of California, Santa Cruz
- + Location: University of California, Los Angeles

On the left, you will see a list of your locations with any pending and/or completed requests. On the right, you can narrow or expand the results in the lists from 30 days up to one year.

Show History 30 days ▼

Selecting Items for Review

UNIVERSITY OF CALIFORNIA

Help

+ Location: University of California, Davis

+ Location: University of California, San Francisco

+ Location: University of California, San Diego

+ Location: UCLA Health System

+ Location: University of California, Santa Cruz

- Location: University of California, Los Angeles

+ Department: Arthur Ashe Student Health & Wellness Center

+ Department: Insurance & Risk Management

- Department: Counseling & Psychological Services

Show History 30 days

Status	Requestor	Department	Location	Policy Type	Requested Date
Pending Review	Requestor's Name Here	Counseling & Psychological Services	Location Here	Policy Type Here	Date Here

For pending requests, click the 'Pending Review' link

Reviewing a Pending Request

+ Location: University of California, Davis Show History 30 days

GENERAL INFORMATION

*required field

Requestor's Name:*

Requestor's Location:*

Requestor's Department:*

Date Certificate needed (mm/dd/yyyy):*

CERTIFICATE HOLDER INFORMATION

Certificate Holder Entity Name:*

(Institution or facility that certificate holder is associated with)

Certificate Holder Contact Name:*

Certificate Holder Address:*

Certificate Holder City:*

Certificate Holder State:*

Certificate Holder Zipcode:*

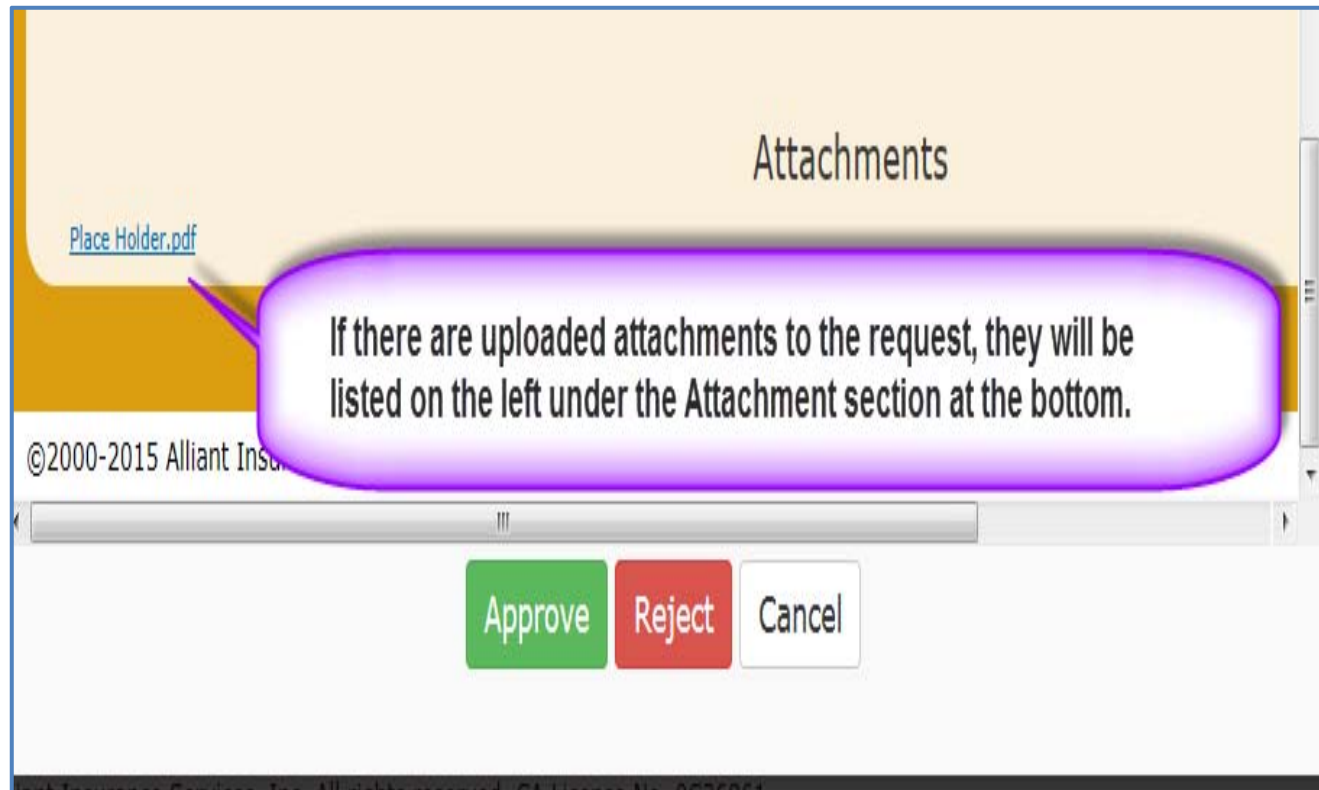
Once you click 'Pending Review', the completed form will open in a new window. After reviewing the form, you can take action.

For REVIEWERS, the Approve button below will show as Review.

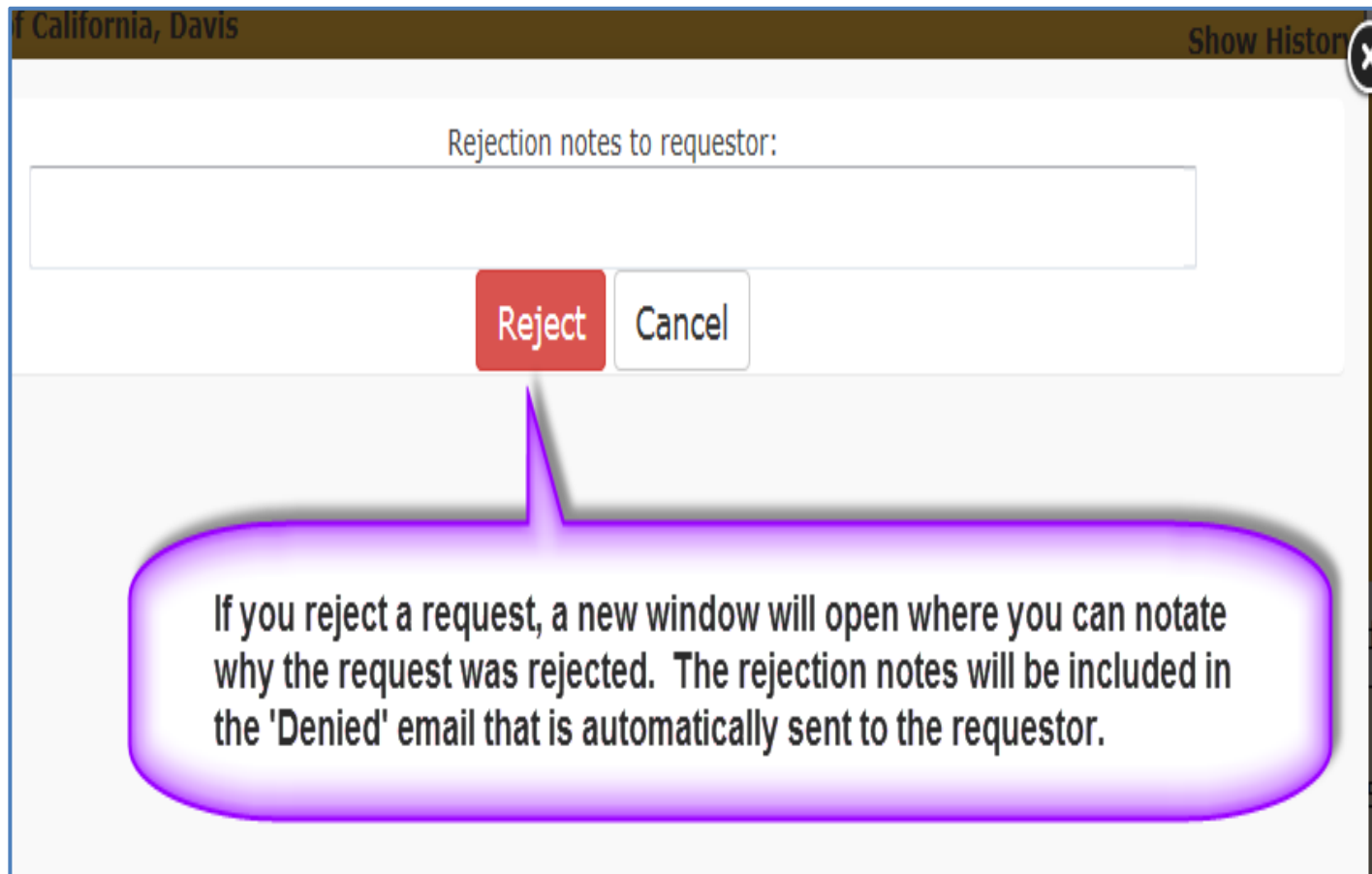
For APPROVERS, the button will show as Approve.

Approve Reject Cancel

Attachments



Rejection of a Request



The screenshot shows a web interface for rejecting a request. At the top, a header bar contains the text "California, Davis" on the left and "Show History" with a close button (X) on the right. Below the header, there is a section titled "Rejection notes to requestor:" followed by a large, empty text input field. Underneath the input field are two buttons: a red "Reject" button and a white "Cancel" button. A purple callout bubble points to the "Reject" button and contains the following text: "If you reject a request, a new window will open where you can notate why the request was rejected. The rejection notes will be included in the 'Denied' email that is automatically sent to the requestor."

California, Davis

Show History

Rejection notes to requestor:

Reject Cancel

If you reject a request, a new window will open where you can notate why the request was rejected. The rejection notes will be included in the 'Denied' email that is automatically sent to the requestor.

Final View of list after Review

UNIVERSITY OF CALIFORNIA

Help

+ Location: University of California, Davis

+ Location: University of California, San Francisco

+ Location: University of California, San Diego

+ Location: UCLA Health System

+ Location: University of California, Santa Cruz

- Location: University of California, Los Angeles

+ Department: Arthur Ashe Student Health & Wellness Center

+ Department: Insurance & Risk Management

- Department: Counseling & Psychological Services

Show History 30 days

Status	Requestor	Department	Location	Policy Type	Requested Date
Approved	Requestor's Name Here	Counseling & Psychological Services	Location Here	Policy Type Here	Date Here
Rejected	Requestor's Name Here	Counseling & Psychological Services	Location Here	Policy Type Here	Date Here

As requests are reviewed and approved or rejected, the status will update accordingly once you refresh your window.

Resources



If you should have any questions on a Professional Liability request or need the certificate on a rush basis, please contact the UCSF Medical Center Risk Management Team as below:

Susan Penney Susan.Penney@ucsf.edu Dina O'Reilly
Dina.O'Reilly@ucsf.edu

Office: (415) 353-1842
Department Pager: (415) 443-2284

If you should have any questions on a General Liability request, please contact UCSF Risk Management and Insurance Services (RMIS) at (415) 476-2498 for assistance.

Recap Checklist



- ✓ Select correct internet browser
- ✓ Select location "UCSF Medical Center"
- ✓ Select certificate type "Individual" or "Institution"
- ✓ Complete all fields as instructed
- ✓ Designate if you want a copy sent to Certificate Holder and if you want to renew the certificate
- ✓ Click on Submit!

Open Discussion...

UCSF Medical Center

UCSF Benioff Children's Hospital