

Toolkit for reducing litigation risk - Presented at SOCAP 2009 Conference

Common areas of risk	Yes	<i>Risk</i>	If 'No', what can I / we do to reduce risk?
		No	
Are you aware of referral pathways / routes as recommended by NICE / SIGN / CREST?			
Are your notes contemporaneous, legible and of a standard compared to HPC / SOCAP / NHS (Essence of Care) recommendations			
Do you ensure that the patient assessment is thorough and current, including any new risk factors, prior to treatment?			
Do you document all specific advice given? (written and verbal)			
Do you document consent for all your treatments, considering risks & benefits?			
Do you document all referrals made (written and verbal)?			

This tool can be used for reflection, risk review and risk reduction planning, by individual clinicians or teams, working with diabetes patients. It can be completed in 5 – 15 minutes either individually or in a team meeting.

Recommended associated reading: JJ Bending, AVM Foster, Litigation and the diabetic foot, *Practical Diabetes Int.* 2004; 21(1): 19–23

Toolkit developed by Martin Fox and Graham Bowen, Podiatrists, FDUK

Appendix

Example of Toolkit completed

Common areas of risk	Yes	<i>Risk</i> No	If 'No', what can I / we do to reduce risk?
	Are you aware of referral pathways / routes as recommended by NICE / SIGN / CREST?	X	
Are your notes contemporaneous, legible and of a standard compared to HPC / SOCAP / NHS (Essence of Care) recommendations		X	Make 'Essence of Care' standards my normal habit when writing notes
Do you ensure that the patient assessment is thorough and current, including any new risk factors, prior to treatment?	X		
Do you document all specific advice given? (written and verbal)	X		
Do you document consent for all your treatments, considering risks & benefits?		X	Document consent for all high-risk treatments such as wound debridement. Use NW CEG Foot Ulcer leaflet on clinic
Do you document all referrals made (written and verbal)?	X		