

Frequently Asked Questions:

Insurance Coverage and Claims Histories

1. *What kind of professional liability coverage do I have?*

The George Washington University provides Professional Liability coverage for its employed physicians, residents, and interns through the George Washington Medical Professional Liability Trust Fund. The coverage under the Trust is written on an occurrence basis and provides limits of at least \$1 million per claim and \$3 million in the annual aggregate for acts within the scope of the individual's employment and/or training.

2. *Am I covered by GWU if I moonlight at another hospital?*

No. Your professional liability coverage at GWU only covers you for acts within the scope of your employment. If you are working for another facility, you will either need to purchase your own individual professional liability coverage, or obtain coverage from the facility employing you.

3. *Do I need to buy a "tail" when I leave GWU?*

No. Because your coverage is provided on an occurrence basis, any claim that may arise against you in the future that is as a result of and within the scope of your employment here at GWU is covered by the Trust. The coverage limits that will be available for the claim are those limits that were in effect at the time the incident occurred.

4. *I am graduating from my residency soon, and applying for privileges to practice at other hospitals. How do I obtain a claims history and verification of my insurance coverage?*

Verification of coverage and a claims history may be obtained by contacting the Associate Director, Clinical Risk Management, at (202) 994-9660. Forms for completion may be faxed to (202) 994-9662. If you are personally requesting the information, you will be asked to sign a release authorizing GWU to release this information on your behalf. The Authorization form may be found under the "Forms" section of this website.

Subpoenas, Lawsuits and Attorney Contact

1. *I received a subpoena regarding a former patient I took care of. What should I do with it?*

The Office of the General Counsel for the University has specific procedures to follow in the instance that you are approached by or served with a subpoena. The specific guidance may be found at:

<http://www.gwu.edu/~vpgc/summons.html>

2. *I was served with a lawsuit regarding a former patient I took care of. What should I do with it?*

See the response noted above. Additionally, if you accepted service of the document, make a note of the date and time you accepted the document. Call the Office of the General Counsel immediately at (202) 994-6503.

3. *I received a telephone call from an attorney asking to speak with me about a patient I cared for. Should I talk to him/her?*

Do not have any discussions with an attorney who is calling to speak with you about a patient, unless you have been informed by the Associate Director, Clinical Risk Management, or counsel from the University's Office of the General Counsel, that it is appropriate to do so. You may inform the caller that you are not authorized to speak with them, and refer them to Clinical Risk Management at (202) 994-9660 or the Office of the General Counsel at (202) 994-6503.

Patient Incidents and Unexpected Adverse Patient Outcomes

1. *In what situations must I contact Clinical Risk Management?*

Because we rely on students, interns, and residents for notification regarding adverse patient outcomes, it is important that you contact Clinical Risk Management in the following situations:

1. Death as a result of an actual or suspected adverse event
2. Loss or impairment of limb or organ
3. Wrong patient/wrong site surgical procedure
4. Incorrect invasive treatment or procedure
5. Unintentionally retained foreign body
6. Suicide or attempted suicide of a patient
7. Elopement from facility
8. Brain damage as a result of procedure or treatment
9. Any infant born with an Apgar <6 at 5 minutes
10. Shoulder dystocia with brachial plexus injury
11. Ruptured uterus
12. Hysterectomy in post-partum woman
13. Intravascular catheter related events
14. Peri-operative or peri-procedural related peripheral or CNS deficits
15. Loss of sight
16. Spinal cord injury
17. Severe disfigurement, including but not limited to burns and amputations.
18. All Sentinel Events
19. Contact from an attorney regarding a former patient

This list is not inclusive of all events that may require a notice to Clinical Risk Management. If a resident becomes aware of an unexpected outcome and has a concern that it may give rise to a claim, it should be reported as a precautionary notice. Finally, if a resident believes there is the *potential* for an adverse outcome to a patient, we encourage you to notify Clinical Risk Management, as these reports are important to the process of continuous quality improvement of patient care, and the improvement of patient outcomes.

In addition to reporting to Clinical Risk Management, please notify the Program Director of the relevant program through the Chief Resident.