

## COVERAGE

This occurrence coverage is for events arising on or after September 1, 1985. Coverage for individual participants begins on their date of enrollment and acceptance of participant's enrollment by the Office of General Counsel Professional Liability Division. Coverage ceases the date the participants' employment with TTUHSC is terminated. The following coverages apply unless lower liability limits are set by law, in which case the lower limits set by law shall apply:

### Employed Staff Physicians

\$400,000 Per Claim and \$1,200,000 Annual Aggregate

### Resident, Intern or Fellow

\$100,000 Per Claim and \$300,000 Annual Aggregate

### Student

\$25,000 Per Claim and \$75,000 Annual Aggregate

### Per Incident Limitation

Liability shall be limited to \$1,000,000 per incident regardless of the number of claimants or physicians involved in an incident for lawsuits filed prior to 9/01/03, or \$300,000 per incident for lawsuits filed after 9/01/03.

Texas Medical or Dental Board Disciplinary Actions Coverage for covered activity limited to \$25,000 per proceeding for legal representation.

This brochure explains your medical liability indemnity plan in general and is to assist you in reporting incidents or claims that may arise. It is intended only for your immediate information. The protection which has been afforded you by the Plan is subject to the particulars, terms, conditions and limitations of the approved plan and the interpretations of the Plan by the Board of Regents of Texas Tech University System.

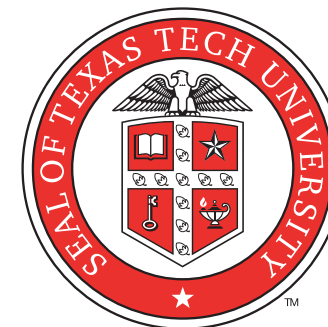
**All questions pertaining to your participation in the Plan should be directed to:**

**Office of General Counsel/Professional Liability Division  
3601 4th Street STOP 6237  
Lubbock, TX 79430  
T: 806.743.9921 or [credentialing@ttuhsc.edu](mailto:credentialing@ttuhsc.edu)**

**Send credentialing/claims history requests to:  
[credentialing@ttuhsc.edu](mailto:credentialing@ttuhsc.edu)**

## IMPORTANT SUGGESTIONS

1. Good rapport and communication with patients and their families are essential to the prevention of claims.
2. There is no substitute for adequate documentation in the medical record of care and treatment and of the patient's response. Good documentation decreases the risk of frivolous claims and is vital in the defense of a claim which is filed.
3. The participant should maintain complete and accurate notes and history of each patient's case. If the participant knows that a patient has failed to follow instructions, the medical record should reflect the noncompliance. When the attending participant(s) goes out of town, or departs the service, it is imperative to have this recorded.
4. The participant should refrain from over-optimistic prognoses; he should avoid promising too much to the patient.
5. The participant should avoid patient diagnoses over the telephone or in casual encounters. All oral instructions should be recorded in the patient's medical record.
6. The participant should maintain confidentiality regarding all patient care issues and comply with HIPAA.
7. Informed consent is an absolute essential in diagnostic and therapeutic procedures.
8. The participant should avoid any statement or innuendo which might constitute, or be construed as, a suggestion of negligence by himself, other participants or employees.
9. The participant should not tell the patient or the patient's attorney that he has Professional Liability Insurance or that he is a participant in the Plan. All inquiries should be referred to the OGC/PLD.
10. Extreme care should be exercised in discussing an incident with a patient, and under no circumstances should an incident be discussed with the patient's attorney without prior approval of the OGC/PLD.
11. All claim inquiries should be referred to the OGC/PLD and not discussed with the patient or his attorney.
12. Any request for medical information must be accompanied by a letter of authorization from the patient before release of the records can be made, and then this must be done via institutional channels.
13. Each participant must participate fully in the prevention of litigation by:  
**EXAMPLE, EDUCATION, and COOPERATION.**



# TEXAS TECH UNIVERSITY SYSTEM MEDICAL LIABILITY SELF-INSURANCE PLAN

## INTRODUCTION

On September 1, 1985, the Texas Tech University System Medical Liability Self-Insurance Plan (the Plan) became effective pursuant to the authority granted to the Board of Regents by V.T.C.A., Education Code §59.02. The Plan provides medical malpractice liability insurance for certain medical staff, residents, and medical students of Texas Tech University System components.

The Plan places responsibilities upon each participant. Each individual must be committed to a heightened awareness of potential claims. The individual participant must also be aware of the conditions of the Plan, as outlined in this brochure, so as not to jeopardize coverage in the event of a claim or lawsuit. The following is a general description of eligibility, covered incidents, and limits of coverage. Such matters are specifically set forth in the Plan.

## ELIGIBILITY

Eligibility in the Plan is available to medical doctors, doctors of osteopathy, dentists, student health doctors, and podiatrists who are duly licensed and registered to practice their profession in the State of Texas and who are (1) employed by a TTU System institution, or (2) participating as a medical student, intern, resident, or fellow in a patient-care program of a medical school of a System institution. Eligibility is also available to medical students who are duly registered in a System medical school. Any person who is insured by the Plan may not be employed by or serve in an administrative capacity of the Plan. Eligible individuals will be enrolled upon approval of the Office of General Counsel (OGC).

## COVERED INCIDENTS

Participants in the Plan will be provided coverage only for covered activity and healthcare liability claims arising from the exercise of the participant's employment, assigned duties, or training with a System institution performed in the practice of the participant's profession including service by the participant as a member of a formal accreditation or similar professional board or committee of a hospital or a professional society. Medical students will be provided coverage only for medical claims arising from the student's participation in patient care programs of a System medical school under the supervision of a faculty member or participation in a program specifically approved by the Dean. ***The Plan does not cover moonlighting.***

A covered activity or healthcare liability claim against a participant in the Plan is a cause of action for treatment, lack of treatment, or other claimed departure from accepted standards of medical or health care or safety care that proximately results in injury to or death of a patient. However, a covered activity shall not include any cause of action or claim arising out of: (1) any illegal, fraudulent or malicious act; (2) any assumption of liability or indemnity obligation by participant under a contract or agreement; or (3) any allegations of misconduct including sexual misconduct, assault, terroristic threats or injury caused while under the influence of alcohol, controlled substances or excessive therapeutic drugs.

## INCIDENT REPORT

An incident is any event not consistent with the routine operation of the hospital or clinic, or the routine care of a particular patient. The following types of incidents should be reported:

- A. Any errors involving medication prescription, dosage, or administration;
- B. Any slip or fall of a patient which causes or could cause pain or injury which may be the result of restraints or of limited ambulatory privileges;
- C. Any malfunction, nonfunction, or use of equipment on a patient whether in diagnosis, comfort, or treatment of a patient or for use in X-ray, surgical, or emergency units which causes injury, illness, or extends or complicates the course of the current illness;
- D. Unfavorable events involving the administration of blood or blood components;
- E. Unusual or infrequent adverse effects of any diagnostic procedure;
- F. Any unanticipated or unusual patient, physician, surgical, anesthetic, or nursing difficulties encountered during surgery or treatment;
- G. Any diagnosis preceding or following full examination of a patient which results in delay of proper treatment, prolongation of illness, or complicating the course of a current illness;
- H. Any incidents involving the hospital or other health care personnel who are under the direction and control of a TTUHSC physician at the time of the incident;
- I. Any complication arising in the course of medical diagnosis or treatment which is not usually anticipated and is not the result of the illness, despite proper care and treatment;
- J. Questions involving informed consent including reasonable disclosure of risks attendant to any diagnostic, medical or surgical procedure or treatment;
- K. Issues involving advising a patient of the necessity for follow-up care or of the necessity to take precautions in self-care after discharge and release from the physician's care; and
- L. Any complaint or rumor of complaint of the care or treatment made by patient, the family or a friend.

## PROCEDURE FOR REPORTING INCIDENTS

Call the appropriate Claims Management Office or the Office of General Counsel/Professional Liability Division (OGC/PLD).

**OGC/PLD: 806.743.9921**

**Claims Management Office:**

**Lubbock: 806.743.9921**

**Amarillo: 806.743.9921**

**El Paso: 915.215.4435**

**Odessa: 432.335.5151**

## PROCEDURE FOR REPORTING CLAIMS, SUITS OR NOTICES

For your own protection and to comply with the conditions of the Plan, it is imperative that all incidents, claims, and legal actions be reported promptly. Time is of the essence in the proper disposition of any claim or legal action and **FAILURE TO NOTIFY** the Office of General Counsel/Professional Liability Division (OGC/PLD) of a lawsuit will result in **DENIAL OF YOUR COVERAGE**.

1. Whenever the participant is served with legal process, notice of claim, citation, demand for inspection or production of records or correspondence concerning a patient, etc., regarding an alleged incident, the following steps **MUST BE TAKEN IMMEDIATELY**:
  - A. Advise the OGC/PLD. Call (806) 743-9921.
  - B. Provide all legal papers to the Claims Manager at your campus. The Claims Manager will forward all documents to the OGC/PLD.
  - C. Refer all inquiries by the patient or their attorney to the Office of General Counsel/Professional Liability Division, 3601 4th Street, Mail Stop 6237, Lubbock, TX 79430, Tel: (806) 743-9921 Fax: (806) 743-9925
2. If the participant is no longer a member of the TTUHSC staff, training program or medical school, but is served with legal process, notice of claim, citation, demand for inspection or production of records or correspondence concerning a patient, etc., regarding an alleged incident which occurred while the participant was covered under the Plan, the following steps should be taken:
  - A. Advise the OGC/PLD of such process, notice of claim or demand, etc. The participant should be ready to give the OGC/PLD the following information: date of filing of such proceeding; the number of the case; the name of the court and its number; the nature of the legal paper or notice; the amount (\$) involved; the institution and department affected; the name and address of the plaintiff's attorney; the date the participant was served; on whom the process was served; and the date returnable.
  - B. As soon as possible, such process, notice of claim or demand must be sent to the OGC/PLD. If the person serving the process does not do so, the date and time of service should be noted on the face of the process or in the letter of transmittal.
  - C. Where demand requests are made to inspect or copy records, this same procedure should be followed.
3. In the event of an incident of serious nature exposing the participant to possible liability or whenever a claim is received or a suit is filed, the participant, upon request of the OGC/PLD, will provide complete information and meet with the attorneys/claims manager to discuss the claim.