The PLIT unveiled two new features during the AVMA Annual Convention in Boston for the 2016 policy year to make it easier for you to pay for your professional liability coverage and to protect you better. You will be able to choose to pay the premium monthly through an automated fund transfer, and you’ll be able to select a higher-limit option of $100,000 for veterinary license defense coverage.

“We want to ensure that AVMA members can always secure the professional liability coverage they need, so we added a new monthly payment option. Veterinarians will be able to pay their premium in twelve installments, with no extra fees,” says Janet Donlin, DVM, AVMA PLIT CEO. “We’ve also closely monitored the veterinary license defense claim trends, and decided it would be prudent to add a higher-limit option to make sure our policyholders are completely protected. We are always looking ahead to provide value and to protect veterinarians through it all.”

Continued on page 2
**Closed Claims**

Lawsuits may take years and thousands of dollars to resolve. Please also note that each claim is evaluated on its individual merit and circumstances.

**During Ninth Tooth Extraction, Dog’s Mandible Fractures**

Dr. A was presented an eleven-year-old toy-breed dog. An exam revealed periodontal disease and weight loss. Dr. A took bloodwork, prescribed antibiotics, and scheduled dental surgery for the next day.

During surgery, Dr. A extracted eight teeth. On the ninth tooth—a lower left molar—the dog’s mandible fractured. Dr. A referred the dog to a dental specialist, who finished extracting the diseased teeth along with several retained roots and then applied a splint to stabilize the fracture. The dog recovered. The owner alleged that Dr. A was negligent and demanded reimbursement for the medical expenses incurred to repair the fracture.

Dr. A reported the claim to the PLIT office. During the claim review, it was discovered that Dr. A did not discuss the inherent risks of the surgery (like a jaw fracture) and did not recommend radiographs to check for pre-existing pathology. Both the insurance carrier and Dr. A agreed that the standard of care would be difficult to defend, and Dr. A consented to settle the case. Dr. A’s insurance carrier negotiated a settlement and paid the owner nearly $4,400 for treatment and follow-up care with the dental specialist.

**Two Dental Surgeries, Eight Retained Roots, One Jaw Fracture**

Dr. B was presented with a ten-year-old toy-breed dog for a dental procedure. Dr. B extracted five teeth. No radiographs were taken pre- or post-surgery. Sixteen months later, Dr. B was presented with the dog for mouth pain and loose teeth. Dr. B performed dental surgery and extracted seven more teeth. Post-surgery, the dog’s mandible felt unstable. Standard radiographs revealed a fracture. Dr. B called the owner and referred the dog to a dental specialist.

Dental radiographs from the specialist revealed a transverse fracture of the right mandible and eight retained roots from the diseased teeth that Dr. B had extracted during both dentals. The specialist repaired the fracture and removed the retained roots. The specialist treated the dog over the course of two months, and the dog recovered.
Adverse events happen, like the claims for Drs. A, B, and C. When they happen with increasing frequency, something has gone awry. Within one month, Sharon Hoffman, DVM, DAVDC, treated three patients from three different practices on referral for iatrogenic jaw fractures (these cases are separate from our newsletter closed claims). All were small breed dogs that had a mandible, or two, fractured during a molar extraction. All three dogs had the extractions performed without preoperative dental radiographs. Why? The practices lacked dental radiography capabilities.

In two cases, the mandible was fractured during extraction of the first molar. In another case, multiple extractions resulted in bilateral mandibular fractures. A common finding after taking intraoral radiographs of the intact mandible is that the roots of the first molar are within the ventral cortex. This is a precarious situation and requires advanced skills and technique to extract such a tooth without causing an iatrogenic mandibular fracture. Completing dental extraction wet lab training to improve skills will not help the practitioner if preoperative radiographs are not taken. Anatomy and pathology must be identified prior to surgery.

According to Dr. Hoffman, there are two important issues to consider with these complications: 1) How can these complications be prevented and 2) What response to the complication is appropriate for the veterinarian and the patient?

Preventing the complication of iatrogenic mandibular fractures during extractions begins with dental radiography. Without seeing the anatomy of the tooth roots and the mandibular bone, surgery should not be attempted. Advanced periodontal disease contributes to bone loss and increases risk of iatrogenic trauma. Periodontal disease cannot be staged by looking at the amount of calculus on teeth, nor can it be staged reliably by the amount of gingival recession. A pet could have clean teeth and no gingival recession and have advanced periodontal disease (>50% radiographic bone loss).

The owner hired an attorney and alleged that Dr. B was negligent during both dental procedures for failing to remove multiple roots, and that Dr. B was responsible for the fracture.

Dr. B reported the claim to the PLIT office and consented to settle the case. After a claim investigation, the insurance carrier agreed that the standard of care would be difficult to defend and negotiated a settlement with the owner. The insurance carrier paid the owner more than $3,000 for the medical expenses incurred at the specialty clinic, and the case closed.

Dog’s Mandible Fractures During Extraction

Dr. C was presented with a six-year-old small-breed dog with severe periodontal disease for a dental procedure. Several loose teeth were extracted without complication. During extraction of the first mandibular premolar, the dog’s jaw fractured. Dr. C referred the dog to a specialty hospital for repair. Intraoral radiographs showed significant mandibular bone loss, which had predisposed the dog to the fracture.

Dr. C reported the claim to the PLIT office. During the claim review with the PLIT program’s insurance carrier, Dr. C stated that the risks of anesthesia and surgery were discussed with the owner; however, Dr. C did not recommend pre-surgical intraoral radiographs because the practice lacked the equipment. The insurance carrier opined that the case would be difficult to defend because Dr. C did not discuss intraoral radiology and the potential risks of skipping radiographs, especially in a case of severe periodontal disease. Dr. C agreed with the liability assessment and consented to settle the case.

Dr. C’s insurance carrier negotiated a settlement and paid the owner nearly $10,000 for two surgeries at the specialty clinic to repair the fracture.

Increased Number of Iatrogenic Jaw Fractures Seen by Board Certified Veterinary Dentist Dr. Sharon Hoffman

Policy Features Key to the Drs. A, B, and C Claims

The insurance company uses claim adjusters experienced in veterinary malpractice.

Trust Veterinarians review every malpractice allegation submitted to the PLIT. And, you can call the PLIT and discuss your claim with a Trust Veterinarian. No other program offers this support and peace of mind.
Iatrogenic Jaw Fractures continued from page 3

Three steps recommended by Dr. Hoffman for dental radiography—a practice builder and complication preventer:

- Step 1  Purchase dental radiography equipment.
- Step 2  Learn how to use the equipment. This involves a short learning curve in a hands-on training session. Opportunities abound for this training (www.avdc.org).
- Step 3  Learn to interpret the radiographs. This step takes the longest, but there is help for everyone on this part of the learning curve. Online veterinary dental radiography evaluations are offered at Vetdentalrad.com. STAT readings are available.

Dr. Hoffman also notes that general practitioners should refer to a veterinary dental specialist when appropriate and consider that dental specialist as an extension of the primary care veterinary team in providing oral health care. And if a jaw fracture occurs during extractions, an appropriate response is to refer the pet owner to a Board Certified Veterinary Dentist. You can locate a specialist at www.avdc.org.

To reduce the likelihood of malpractice allegations related to iatrogenic jaw fractures, consider adding radiography capabilities at your practice and including a veterinary dental specialist on your oral health care team.

Reporting Dental Claims

If an adverse event such as a jaw fracture occurs during extractions, contact the PLIT immediately to report the potential claim (avmaplit.com/claim or 800-228-7548 option 2). Jaw fractures and retained tooth roots are some of the more common dental claims reported, and you can avoid both scenarios with dental radiography.

Your professional liability policy will respond when an adverse event occurs related to the treatment of animals. And, reporting a claim will not affect your eligibility or individual premium costs.

Calendar of Events

The AVMA PLIT is scheduled to attend more than twenty-five national and regional veterinary conventions in 2015. Did you know that you can call the PLIT office in advance to schedule an appointment during any of these events? The PLIT Trust Veterinarians and insurance professionals from HUB International (PLIT’s broker) welcome your questions.

Need business insurance? You’ll receive a $20 Amazon.com gift card when you stop at the PLIT booth and submit an application for business insurance coverage. And, you’ll receive a second $20 gift card if you bring a copy of your current business owner’s policy (property/general liability) for a coverage evaluation.

Veterinary Hospital Managers Association, Philadelphia, Pennsylvania, September 9-12
Practice managers responsible for securing business and malpractice insurance can meet with Mike Lockwood.

AABP Annual Conference, New Orleans, Louisiana, September 17-19
Stop at booth 401 and visit with Dr. Nina Mouledous and William Sundwall. Bring your questions about malpractice and business insurance for large animal practitioners.

International Veterinary Emergency and Critical Care Symposium, Washington DC, September 18-22
Visit the PLIT booth and ask Dr. Linda Ellis and Renae Boeke about the coverages available for emergency clinics and practitioners.

Southwest Veterinary Symposium, Fort Worth, Texas, September 24-27
Stop at the PLIT booth to visit with Dr. Karen Wernette and Tim Kramer.

New England Veterinary Conference, Portland, Maine, September 24-27
Dr. Linda Ellis will present “Practice Tips to Avoid Malpractice and Board Complaints” on September 26. Also stop at the PLIT booth and visit with Dr. Ellis and Melissa Villegas with your insurance questions.

Additional 2015 conventions will include CVC San Diego and AAEP.

*for active policies not placed through the PLIT program or HUB International