eAudiology: Using Malpractice Claim Data to Identify Risks in Audiology Practice

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Thank you, Sarah. Thanks for having me. And thank you to the American Academy of Audiology for this opportunity to present this information. My name is Jen Flynn. I am risk manager at Healthcare Provider Service Organization.

And really in the 23 years that I've been with HPSO, my main responsibility is to understand the claim drivers for the professions that we insure in the program and to turn that into risk education for our providers so that they can implement and take patient safety goal measures in their practice to protect themselves from liability. So happy to be here and share this information with you today.

So some of the objectives that we're going to cover today are talking about the, the top allegations that we're seeing against audiologists in malpractice lawsuits. We're going to also have some claim scenarios today where I'll give you some of the details around a portion of the claims, get your thoughts on whether negligence occurred and what that audiologist might be able or could have done differently to have a different outcome. And then lastly, because with any of these cases we look to our expertise, efforts to weigh in on, you know, what could have been those risk management recommendations for those audiology claims that today an audiologist could incorporate into their practice to reduce their liability and increase patient safety in their practice. So all of the information today is from the HPSO program. We are providers of malpractice insurance.

And I know this information you probably already understand, but one of our top questions that we get is I've heard of malpractice insurance, but what is it? And similar to car insurance where it covers you for the cost of being in that accident, malpractice insurance works very similarly, but it covers you for the cost of being sued for malpractice. So not all allegations have merit, but still need to build a defense. And so the malpractice policy covers you for defending yourself against those allegations, whether they are groundless or not. And if should the provider be found negligent of those allegations, it covers you for those damages paid to the injured third party up to the applicable limits of the policy.

And in most states and that's million dollar limit. So we'll talk a little bit about that. But really the focus today is on defining malpractice, how some audiologists in our program found themselves involved in a malpractice lawsuit. And then towards the end of the presentation, we'll get into some of the state board matters that we see against audiologists as well. Again as a sort of Malpractice 101 here.

You know, what Is malpractice from the provider's perspective? Well, it's a type of professional negligence and negligence that really comes from the audiologist either not providing care up to the standard of care or providing care outside of the scope of their practice, causing harm to the patient or your client. And so in a court of law, when a patient or the plaintiff brings a lawsuit, they really have to prove four elements to be successful. That's that duty, breach, cause and harm. And simply put, that from the allegations, they have to prove that you as the provider had a duty to provide care under the standards and scope of your license, that in which way did you breach that duty, whether that be way of your actions or your failure to act that didn't meet the standard of care or deviated in some way from.

From that standard. And because the key factor in any malpractice lawsuit is that the patient was injured, this third part, the causation, they have to then bridge the gap between your actions or failure to act and the injury that they sustained. The injury couldn't have been, but for any other reason than that causal nature. And so that becomes a difficult portion of proving the injury was part of negligent treatment. But it is the one of the key components in a malpractice lawsuit.

Now, that's how the courts define malpractice. But patients see it a little bit differently if they've sustained an injury. Many times they bring a lawsuit because of the perception of wrongdoing. Maybe they are asking questions about their case that they're either maybe getting answers that aren't satisfying to them or not getting answers at all. And if they perceive that because their injury was a result of your actions or failure to act, they can bring a liability lawsuit.

You know, there is data out there to suggest that the misperception that patients bring malpractice lawsuits to have a financial windfall, and really the studies suggest that they bring the lawsuit to find out what happened in their case and find out sort of an education for them to not have this happen to anyone else in their community. And so those are the two driving factors. I think the big question here is will they find an attorney to take their case?

Put on a malpractice lawsuit, it actually becomes quite expensive. The attorney wants to look into the records. Show me the records. That's the first question they will ask the patient, because they want to look to see what's the quality of that record, the quality of the documentation. Are all the pieces present, meaning the reason for the encounter, the history the diagnostic tests, the rationale for proposing that treatment, the care plan, and the patient's response to that, or is there misdocumentation or portions of the record that are vague or incomplete?

When a plaintiff's attorney looks at these records and the quality of the record, they want to say, well, if there's not information there or information missing, can we fill in the blanks of our own narrative to again bring that causal relationship between what we're alleging and the injury so that a jury will understand and believe that your actions or failure to act caused that injury? We'll talk a lot about documentation in today's session because it becomes a key component in every case we see. There is something in each state called the statute of limitations, and that is the time that a patient has to bring a lawsuit in their state. It does vary between states, but most states, on average it's two years and then it could be an additional two to three years for the case to be litigated. So if you think about it this way, think about a patient that you're seeing today.

Will you, four, five years down the road, not only remember this patient and the treatment and care that you provided, but also be able to answer aggressive and pointed questions to defend your clinical decision making process and the rationale around the treatment that you did provide to that patient. So

there's a lot to be said about documentation as a key part of any lawsuit. And when lawsuits do arise and you receive legal paperwork, they'll not only have a list of allegations against you, failure to do X, Y or Z, maybe there was a failure to diagnose or a failure to employee indicated tests, or a failure in your performance. But against those failures, there'll also be a monetary amount that the patient is looking to be compensated because of what that injury represents to them in their life. And it's really split between two types of damages.

The economic damages, which I call the more tangible damages, things that we could really calculate based on proof of medical expenses that they may have had to seek as a result of that injury, something like an emergency department visit, or that because of their injury, maybe they missed two days of work and can submit a pay stub. And we can calculate the economic damages and what that means, the effect of that injury on their life. But then there's also the non economic damages and these are the more intangibles. You've also heard about it as pain and suffering. It is the emotion behind what that injury represented.

So think of it this way. If a patient was able to have some level of activity or some activity that they either enjoyed or were compensated for, that they're no longer able to enjoy as a result of suffering and injury. They'll put a monetary amount on what that pain and suffering means to them, what that loss of happiness of life that they can no longer enjoy as a result of that injury means to them. And so this is how you can see that malpractice lawsuits can really vary widely in terms of not only what the patient is seeking in compensation, but what they're actually awarded because they can prove or not be able to prove certain allegations as part of their lawsuit. So what can you do to protect yourself?

Certainly as a first step, spotting and reporting incidents, reporting them right away, not just to us, your professional liability insurance provider, but to your risk manager, your supervisor, the owner of the practice. And these incidents really have to do around either client and patient injury or the potential for

injury. So not just that the patient sustained an injury, but did something happen in the practice that was results were different from anticipated results that the patient suffered some sort of incident that had a clinical significance, whether it be a fall, whether it be a treatment related injury, whether it be a complaint, a verbal complaint, that they're saying we didn't enjoy this portion of our treatment and care that might be a concern over abuse or treatment results that were different from what they were expecting or that are rooted in your core competencies like diagnosis, like screening, like clinical and preventative measures. And so spotting these incidents, reporting them early, putting the details down as they're fresh in your mind. So that should that two, three years down the road, you be called to answer questions, you've put an incident report down and taken those notes.

And certainly we don't ever wish anyone to experience a liability claim. It can be a harrowing experience. But a few do's and don'ts, if you were to receive some sort of legal paperwork, first of all, you want to contact your manager or supervisor right away. We have said that. And your liability provider.

But what you don't want to do, and this might be, some might be intuitive and some might be counterintuitive. For those working in an electronic health record, you certainly don't want to add or delete any information in the patient's chart, especially if you've been made aware of a claim. You have to think of the electronic record as all keystrokes being timestamped. That is, what terminal did you use when you viewed the record? What keystrokes did you make while you were in that record?

Additions or deletions, what test results were available to you when you viewed that record, and what notes or interventions came after that in a timely manner that you discussed and improved upon the treatment plan for the benefit of your patient. This holds true for the handwritten charts as well. But as we're moving into that age of electronic records and many providers being on electronic systems, it becomes especially important because of that timestamp nature of the record. The next one, though,

about not trying to resolve the situation on your own. You know that as a provider, you certainly feel, feel empathetic and sympathetic to your patient should they have sustained an injury.

And you might want the urge to say to them, I'm really sorry that this happened to you. But we have found that trying to resolve the situation on your own might have unintended consequences that you didn't consider. Maybe you really didn't. Things didn't come out the way you wanted to in the conversation or weren't said in a sympathetic or empathetic manner. Perhaps when trying to explain the situation, the patient is asking more questions that you weren't prepared to answer.

So we have found that these conversations somehow result in that information coming back to bite you and being used against you, your own words used against you. So leaving the situation, the matter to your claim, professional handling your claim, your attorney managing the claim, that is the best route. And let them be in communication with the patient and the patient's attorney. And that's why we look at our professional liability data as a risk management resource. When we look through all of the claim files, we try and understand what factors led to that injury.

Was it a clinical error? Was it a breakdown in communication that led to an adverse event? Was it some sort of other misstep on judgment or preventative measures that can be remedied through education, through training, or through practice improvement approaches? All of this is to help audiologists learn and proactively identify areas of improvement in your own practice, in your own risk control recommendations for your practice, and in your own habits. So with that, before we jump into our first case, I'll just pause for a second and ask if anyone has any questions about the Malpractice 101 or how an audiologist might be judged in these malpractice cases.

Sarah, do we have any questions? No, not yet. Okay, great. So let me walk through this first case with you. And this case involves an audiologist in a private practice setting.

But as you're listening to the details of the case, as you're trying to understand what was happening at the time of the incident. I want you to think about those elements of malpractice that duty, breach, cause and harm. Think to yourself, do those elements come together here for this case? Was negligence proven? And we'll, we'll pause for a second at the end of the scenario to get your thoughts on that.

But here's the case. So we have the owner of a practice, an audiologist, solo practitioner of his practice. He had owned his practice for more than 30 years and had been an audiologist for over 40 years. So really great from an experience level. Probably had seen every type of situation coming into the practice for all this time practicing.

But also think about it from a liability perspective as you're far away from your original point of education, as you become more entrenched into gaining experience, what are you doing to keep up with the trends of the industry, keep up with the guidelines, the clinical guidelines of the industry. And so we look at these cases and we try and say, you know, beyond the level of experience, how is this audiologist keeping current with the practice? So this audiologist had a patient, a 62 year old female patient that came in and when she came in, she was expressing complaints about difficulty hearing low pitched conversations at work, especially when people were speaking softly or whispering. She worked as a legal secretary, so she, she oftentimes would have to be called in to understand or what to do as a next step step with paperwork or filing motions and things like that. So she just wanted to make sure that she wanted to have her an evaluation and see what was going on.

As the audiologist was asking more questions about her history, she denied having any balance problems, any dizziness, any prior ear surgeries or trauma. Couldn't recall though if she had ever had an ear infection. And so ultimately the audiologist diagnosed her with mixed conductive and sensorineural hearing loss. So it was after the examination that the audiologist then discussed options

for hearing devices that would suit her needs and discussed with her some of the estimated costs for those devices. It was here though, that in these conversations that the audiologist is having, and certainly we wouldn't be talking about this case if we didn't have it as allegations being brought against this audiologist for malpractice.

But it was these conversations that weren't recorded in some way in the healthcare record. And so the documentation was a little bit lacking. We're finding a lot about what happened in this case by the deposition testimony of our audiologist and the patient. So let's get back to the case. It Was during this time frame that after the patient understood the devices that were recommended and the cost, she wanted a few days to talk it over and said, I'll be back with you in a few days on what my final decision is.

It's a week later and she's come into the practice. She's put down a deposit for a hearing device. And on that same day, as she's in the office, the audiologist fitter for a hearing device. After the impressions were completed, though, the patient really jumped up abruptly and informed the audiologist that she had to leave. She had said something about having another appointment and she did not want to complete the remainder of the fitting.

She really abruptly got up and wanted to leave. Before she left, though, she said to the audiologist, you know, I'm going out of state and I'll have to contact you when I can return to complete this and pay the balance. So the audiologist, you know, she left the appointment. The audiologist tried to follow up with her through several and multiple telephone calls, voice messages, but had not heard from the patient. Now, remember, she put down the deposit.

She moved forward with the impressions, although left abruptly. And so the audiologist believed that the patient did not want to move forward and so disposed of the molds and did not move forward with purchasing the device. It was a little bit after this time that the audiologist received a letter from an

attorney saying that the patient had sustained an injury as a result of this fitting and that she was seeking some monetary compensation from the audiologist. The letter also went on to say that she experienced severe pain when the impression material was being removed from her ear. She experienced bleeding and a decrease in in her hearing, and she also experienced vertigo and intense headaches.

So she's outlining here her injuries and her requests. The attorney also requested that the audiologist get back to them to acknowledge this letter. The audiologist didn't think that it was truly legal paperwork, though. Even asked his neighbor, you know, to review the letter. And on the basis of this conversation, both thought that it was a scam and actually threw the letter away.

Received a second letter, but again believed that it was again a scam and threw the letter away. It wasn't until months later that a third letter came, this time by certified mail and threatening litigation if the audiologist didn't respond within five days. So it was further that we're understanding what happened about this patient's injury. The patient, while they were out of town, experienced that her left ear pain and bleeding had worsened since those impressions were taken. In fact, that so much so that she went to a local emergency department while she was out of town where they diagnosed her with a central perforation of the left tympanic membrane.

The ED provider did contact an on call ent and that ENT came into the ED and did see the patient. It was recommended that it be immediately repaired. And the patient said, well, I really want to go closer to home and go to an ENT at home. So did just that when she was home and had a successful tympanoplasty performed by the ENT when she was was home. And very sympathetically the patient, though even having this repaired, said did not recover any hearing in that left ear and so wish to, you know, bring a liability lawsuit against our audiologist.

And it had the following allegations included failure to perform an adequate exam before and after the ear impression, failure to insert an autoblock dam into the patient's ears when making the impression, failure to inform the patient of the potential risks associated with performing ear impressions, and negligent recommending a hearing device despite the clinical rationale that only showed minimal hearing loss for one ear where the recommendation was to have hearing devices in both ears. So with that, I'll just pause for a second and ask the group here and you can put it in the chat. Do you believe the audiologist was negligent? Now, I know that I can only give you so many details to keep confidentiality here, but thinking of, you know, if you are thinking of the steps that you take with your patients and did you find that you would have taken the same steps, were there other areas that you would have explored or other things that you would have done with this patient differently than this audiologist? Think about your duty to the patient.

Was there a breach in that duty that caused the patient's injury? So, Sarah, I'll ask you any.

So thinking about these four elements and did they come into play in this case and think about, would you have done similar actions as this audiologist or done something differently? Well, let's see how this case resolved. So we have additional comments. So we're getting to know this case because the audiologist did forward that letter to us. But it was during that claim investigation that the audiologist said, geez, you know, nothing like this has ever happened to me before.

I've been practicing a long time. I didn't realize these letters were from an attorney and really thought that this situation would simply just go away. So we had our defense experts look at the case, look at the details and provide their comments. On their thoughts of our success, our options for success here. And when we have defense experts and the team look at the case, we want to make sure that there aren't any concerns when bringing forth and building that defense.

So the defense experts are there to either support the actions on the part of the provider or critique and bring up questions or concerns that might come up during the course of the claim. And these experts did report some concerns. They indicated that the audiologist didn't really keep good records here. There was lacking documentation to support that diagnosis and the need for treatment. That further, the hearing assessment was handwritten.

It was difficult to read. There were many areas that were left blank that included the history of the patient, any subjective or objective findings. And because they were having a hard time interpreting these handwritten records, they thought it would be difficult in a court of law to prove that not only the history, the assessment and the rationale were present in the record, but that this audiologist could then defend their clinical decision making rationale when being questioned about it. In the case with the limited documentation, it didn't appear that a hearing device would be warranted. And this was again, the defense experts aren't just laypeople, but they are an audiologist that has the same level of education to say, what would I have done the same or different in this case?

The expert believe that the audiologist's actions in taking the impressions of the ear were valid, but that ultimately the patient injury, the hearing loss and the screening results really made it difficult to defend or would make it difficult to defend. So, you know, the audiologist was really adamant that he hadn't really done anything wrong. He didn't agree to settle this case. He was sure that the patient had injured that ear in some other way. And we were trying to have the audiologist understand that because of that impression, the date of the impression and the date that the patient was seeking additional medical treatment for that injury was in such close proximity that there could, we couldn't explain how the patient could be diagnosed with a perforation of the tympanic membrane just two days after those molds were taken, but for any other reason.

So you can see here those elements coming together of that cause and harm as key elements here. And it wasn't until the audiologist understood this from the defense experts, understood that his documentation was lacking and didn't quite meet current standards in the practice, did he understand that a resolution for this matter would be better suited. And so at the end of the day, we paid the injured third party the patient here, a total of $150,000 to manage, defend and resolve this claim. Now, this is slightly higher than our overall average, but it really relates to the injury that the patient sustained, the permanentness of that injury, and the need to reimburse the patient for not just only the lost wages for going to the emergency department and the medical treatment, but also any sort of loss of happiness of life or pain and suffering that the patient was going to sustain now having permanent hearing loss in that left ear. So some recommendations on this case provided by our experts, certainly reviewing and understanding not just your code of ethics, but your standards of practice, your scope of practice.

We recommend an annual review so that you're upholding the current, current level of standard that you would be held to in a court of law when you are a professional and you're maintaining these standards. It also comes with not just your clinical decision making rationale, but, but it is the preventative measures that you're the patient's advocate, you want to address any potential concerns that they might have and take any precautions to avoid injury in the first place. And so the fact that the audiologist did not use that autoblock dam in this case, that could have been a foreseeable risk with taking ear impressions, the potential for ear impressions to not only cause damage, but to also the complications that you might encounter in taking those. We felt that in this case, the audiologist didn't even take those reasonable precautions to avoid injury. So because the documentation was lacking, we could also not find the information to suggest that the audiologist had not only discussed the risks, benefits and alternatives to treatment, otherwise known as the informed consent process, but didn't document that process either.

And you've probably heard the old adage, not documented, not done well. In this case, we could improve that the audiologist let the patient know of any of these risks so that they could make a determination for their own health on to move forward with that treatment. And so again, a few recommendations here. If you've become aware of a claim, we already talked about the contacting those key stakeholders and not discussing the claim matter with anyone. But you want to be involved in the defense of your claim.

You want to make sure you're answering all of the questions that the claim professional is asking, that you're not giving any testimony or responding to a claim in any way without first consulting an attorney, your risk manager, or your professional liability insurer. You want to keep all of your legal documents in the record because it's going to help with responding to that summons or complaint or type of legal paperwork. And again, for those reasons, we stated not adding anything in the record if you've been made aware of a claim being filed. So with that, you know, we see these types of claims, this is maybe one of our more typical types of claims against audiologists. But when we looked at the claim information with our audiology business, we also wanted to look to see what was driving those claims by way of allegation and by way of the injuries sustained by the patient that led them to filing the lawsuit in the first place.

We look at claims in two ways. By frequency and by severity. How frequent are the one type of allegation occurring, and when they do occur, what's the financial impact to the audiologist and to their practice? And when we aggregated all of the claims that we saw between 2016 and 2022, we found that not only did these claims, on average, take just under three years from reporting to closing, but that when negligence was proven, and we had to manage, defend, and resolve these claims for $53,000 paid out to that injured third party and in the defense of the claim. So let's take a look at some of those allegations that's driving that data.

So we saw the allegations in really two main areas with treatment. That there were failures to fit those aids appropriately and safely, that there was a failure to prescribe and enhance the hearing and listening, and that there was improper performance or improper technique related to that treatment. There were also failures of screening. So making sure that the screening method that you're using was valid and in line with today's standards, and maybe using that those screening methods were appropriate for that patient, because the injuries that we saw related to the program had to do with retention of a foreign body, a perforation of the tympanic membrane, which was highlighted in that first case, and hearing loss. So this probably isn't any surprise to you, but remember, if we see allegations and negligence is being proven for errors in performance, errors in administering the treatment, errors in when you get those test results, in responding to test results, and it's not the claims that go through and everything is fine, it's the claims where maybe there was an abnormal result or a result different from what was anticipated and how the audiologist not only reacted to that, but how they communicated with the patient or any other providers needing to escalate that care, what was the record keeping?

Was there an equipment failure? That all of this information that's in the record to help build a defense against these injuries.

So now that we've talked a little bit about the malpractice claims. I wanted to also talk about some, some another portion of claims that we see come through the program but against the audiologist license through their state or regulatory board. Disciplinary actions are what we're talking about here. So different from a malpractice case where there are allegations of demand for money or services and that's how the situation is resolved. These license matters.

Well one, anyone can make a complaint to their state board against a provider and it could be for something related to clinical, something clinical in nature or something non clinical conduct unbecoming of a licensed professional. So it can be a complaint made by your patient, the parent of a patient, a co

worker or colleague that, that might see your actions as conduct unbecoming of a licensed professional. The difference here between state board matters is that the way that they're resolved is not only does the state board come in and investigate all claims, but they also have the authority to enact sanctions that could be, you know, on the, on one side, the level of, you know, obtaining more CE credit for additional training, maybe paying a fine, but all the way up to and including more severe actions such as license suspension or revocation because of your professional negligence. So think of the state boards as not only the agency that promotes the rules and regulations of your profession, but also is there to protect the public and take action against those who engage in misconduct or don't meet the standard. And also think about it this way.

If a patient doesn't have the financial resources to hire an attorney and bring a malpractice lawsuit, they may file a complaint against the board. One, to make sure their voice is heard. But two, you know, to it might be a more cost effective way for them to bring some, some interest to what might have happened to them in the practice. And the board will investigate each claim. And it's quite a long process between the time the complaint is filed to it being investigated to there being a board proceeding and the board taking action and then enforcing that action.

It could take one to two years where you are having to defend your license against the state board. And these outcomes are not only final, but they are also made public on many state boards across the country. I'll give you some examples of state board matters that we saw in the HPSO program. We saw matters related to unprofessional conduct. And the allegations ranged from professionals having a sexual or romantic relationship with their patient to giving preferential treatment to a patient based on the nature of their relationship, to even unprofessional conduct related to the fittings.

And that could have been by way of the language they used, not only directly to the patient, but when the patient requested their records. There were disparaging remarks in the documentation. We also

saw board matters related to abandonment. In one case, I remember the audiologist did not give any notice to the patients and closed the practice without that. And so a lot of these patients were in some portion of treatment and care and weren't able to finish that treatment and care.

And without that, that could be seen as abandonment for your patient population. And then lastly, we saw examples of billing, either fraudulent billing where patients were charged for services that were not rendered, or that they were sent bills that were exorbitant or not in line with what was discussed during that informed consent discussion. And so, just like a malpractice lawsuit, the deadline for responding to board matters could be quite short. In some instances, it could be 30 days or so where you need to review with your attorney and respond to the board on your side of the story, your side of what happened. But you also need that time to compile the information that they're requesting so that they can investigate and go through their process.

And some of the information that they might be requesting could be additional documentation. Any reports from the audiologist, they may conduct interviews either with the patient or with your colleagues or with yourself. They may come on site and do an on site location, again depending on the nature of the allegations. And with that bringing all of this together, you may have a hearing. Now, some audiologists might think that the board process is informal and that is not the case.

The format of the hearing is just as formal as if it were a court of law where they're usually recorded. There's an administrative law judge there and there's a board making the decision on whether or not your actions met some standard of care or were conduct unbecoming of a licensed professional. But you do have rights in these instances. You have the right to represent yourself in these cases. You have the right to say, I'm not going to submit to any interview without having my legal counsel present.

You have the right to ask questions about your case or even submit additional information for consideration, some of which might be maybe your additional continuing education, that you received

education and training on some portion of that allegation. It could be that you any letters of from patients you know regarding the great experience they had with you or your work ethic, something that might point to for the board your competency as a licensed provider. And you have the Right. To engage and present expert testimony on your behalf to support that treatment and care or to support the against those allegations that you were being charged against. And so keeping those letters of support, keeping that information also, again has a big impact on making a defense against these board matters.

Let me just take the last few minutes of our session here today to walk you through a complaint matter that we saw against a licensed audiologist who owned their audiology practice. Now, in this matter we have a 70 year old patient who came into the audiologist practice for just about over three years. Initially it was for hearing loss in her left ear and the audiologist worked with the patient on testing and making recommendations. It wasn't the patient who filed this complaint to the board, but it was actually the patient's physician who filed the complaint saying that the audiologist engaged in deceit, fraud and misrepresentation and improper billing practices that also didn't meet the standard of care. The physician alleged that the audiologist attempted to use an amplification technique that was not clinically appropriate and didn't discuss other options with the patient.

It was in the detail of this. The audiologist allegedly provided a hearing aid for use in the deaf ear rather than two hearing aids for that contralateral routing of signals that CROs hearing. So the physician stated that he believed the audiologist didn't document the correct diagnosis, that they billed for optoacoustic emissions, which was inappropriate, and that they believed the patient was excessively charged for services that weren't rendered. So it was in this that we looked to defend the audiologists. In this board matter, the physician thought that the audiologist did not make the correct diagnosis, that there were billing issues, and that the total reason why this board matter was brought.

So the board did have a complaint investigation and it really asked the audiologist, well, send us all your records pertaining to this patient. So we want to see the full record. We want to see any referrals or consultations made. We want to see your correspondence with the patient by way of messages or notes and include all your examinations, your evaluations, your test results, and then any, any treatment plan or any device that was prescribed or fitted for the patient. And so through this investigation, the inquiry concluded that there was insufficient sufficient evidence to support violations.

And so the matter was closed with no action. But the audiologist still took two years to defend and resolve this matter and incurred just under $10,000 in expenses to defend them against these board allegations, which again was paid out of their HPSO liability policy. But this case really went back to all of the documentation that was included in this because the audiologist was able to provide all of the information that the board was looking for. So as we're closing out our session here today, I wanted to remind you of the importance of documentation and that your health care records are legal documents. That good documentation is not only contemporaneous, meaning happening at the time of care, but it's objective, it's truthful, and it's professional.

Documentation can guard against miscommunications and misunderstandings. It can guard against a lengthy litigation process and a well document record, well documented record, can demonstrate to the courts that you are a competent provider and help again build that defense. So with that, I will end the session and turn it back to Sarah to wrap up. Sarah, I'll turn it back over to you. Thanks so much, Jennifer.

Just a reminder that if you want to go ahead and get the certificate for this session, you need to go back to the presentation page and follow the links for the evaluation and then the assessment and you will be able to print your certificate right from the site. This concludes today's program. Check Eaudiology for more upcoming sessions. Thank you for being here. Thank you.