MedPro Group
a Berkshire Hathaway company

PEACE OF MIND | EXPERTISE | CHOICE | THE MEDPRO GROUP DIFFERENCE

Emergency Medicine

Claims Data Snapshot

Introduction

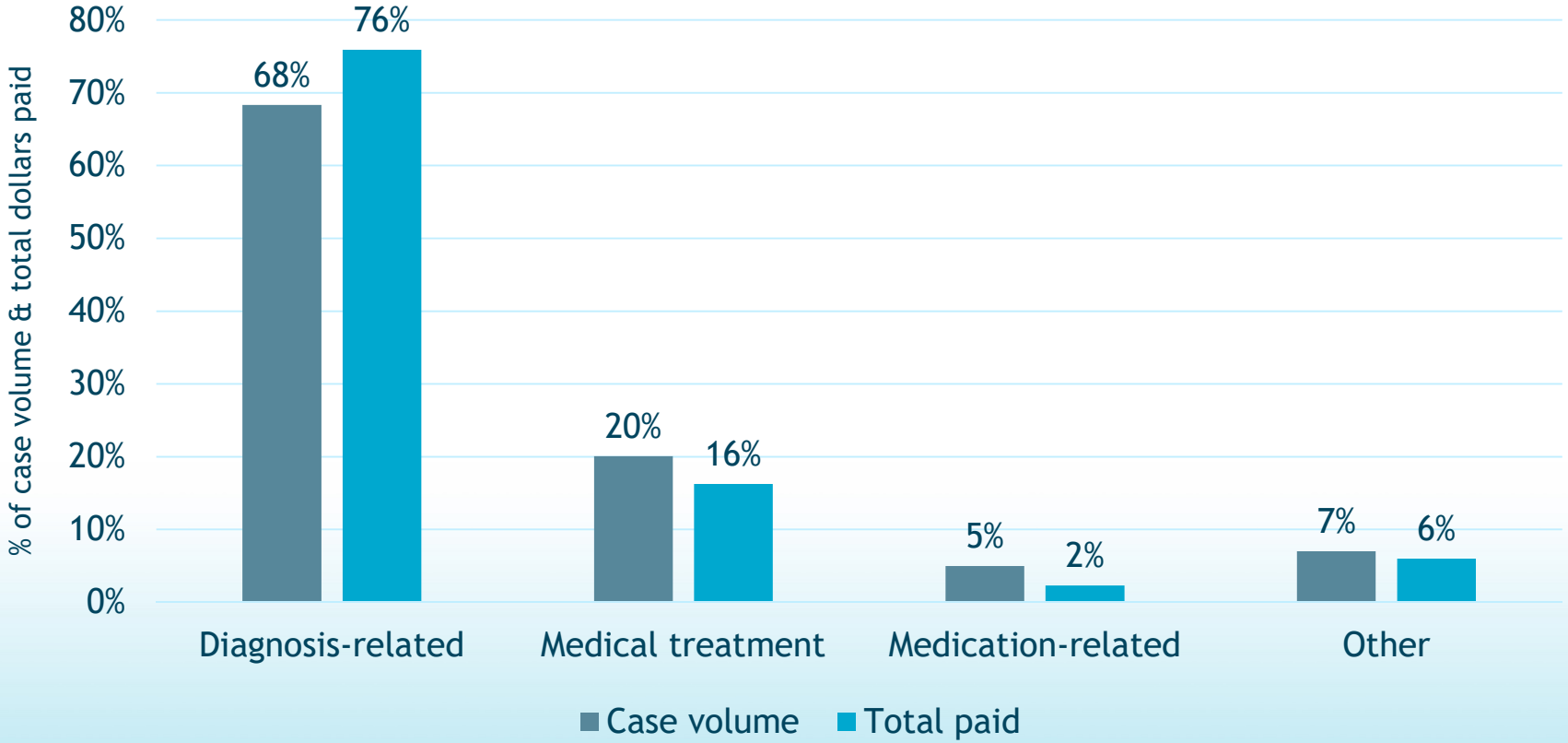
- This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which emergency medicine is identified as the primary responsible service.
  - A malpractice case can have more than one responsible service, but the "primary responsible service" is the specialty that is deemed to be most responsible for the resulting patient outcome.
- Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, or ancillary providers.
  - Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.
- This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

Allegations

Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.

Diagnosis-related allegations account for the largest individual share of case volume and total dollars paid.

Allegations & dollars



Data source: MedPro Group closed cases, emergency medicine as responsible service, 2009-2018; total paid = expense + indemnity dollars; "other" includes allegations for which no significant case volume exists.

Most frequent allegation details

Diagnosis-related

- Delays in diagnosing acute myocardial infarctions, strokes, and infections

Medical treatment

- Faulty triage issues, including assessments/observation of patients in the waiting room
- Inadequate reassessment/monitoring of patients admitted but not yet transferred to inpatient units

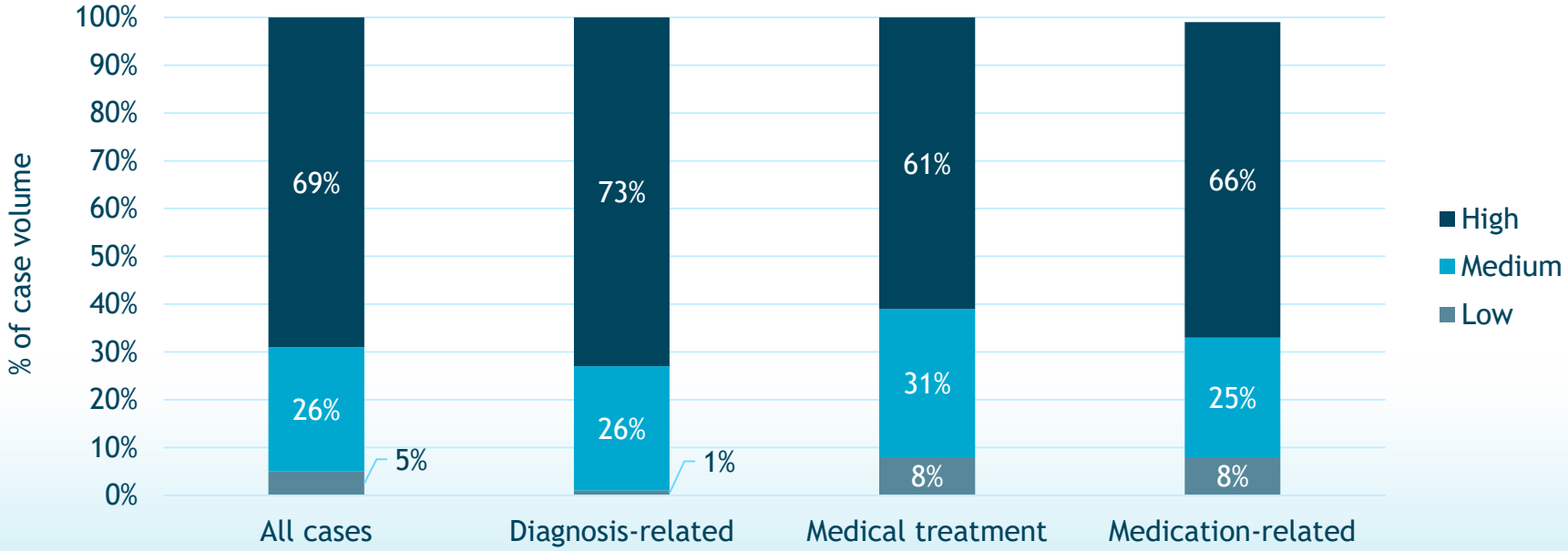
Medication-related

- Management of medication regimens initiated in the emergency department, and ordering errors, both involving pain medications, antibiotics & anticoagulants

Data source: MedPro Group closed cases, emergency medicine as responsible service, 2009-2018

Clinical severity*

Within the high severity cases are permanent patient injuries ranging from serious to grave and patient death. Typically, the higher the clinical severity, the higher the indemnity payments & the more frequently payment occurs.



There has been an increase in the volume of the most severe patient outcomes over the last 10 years.

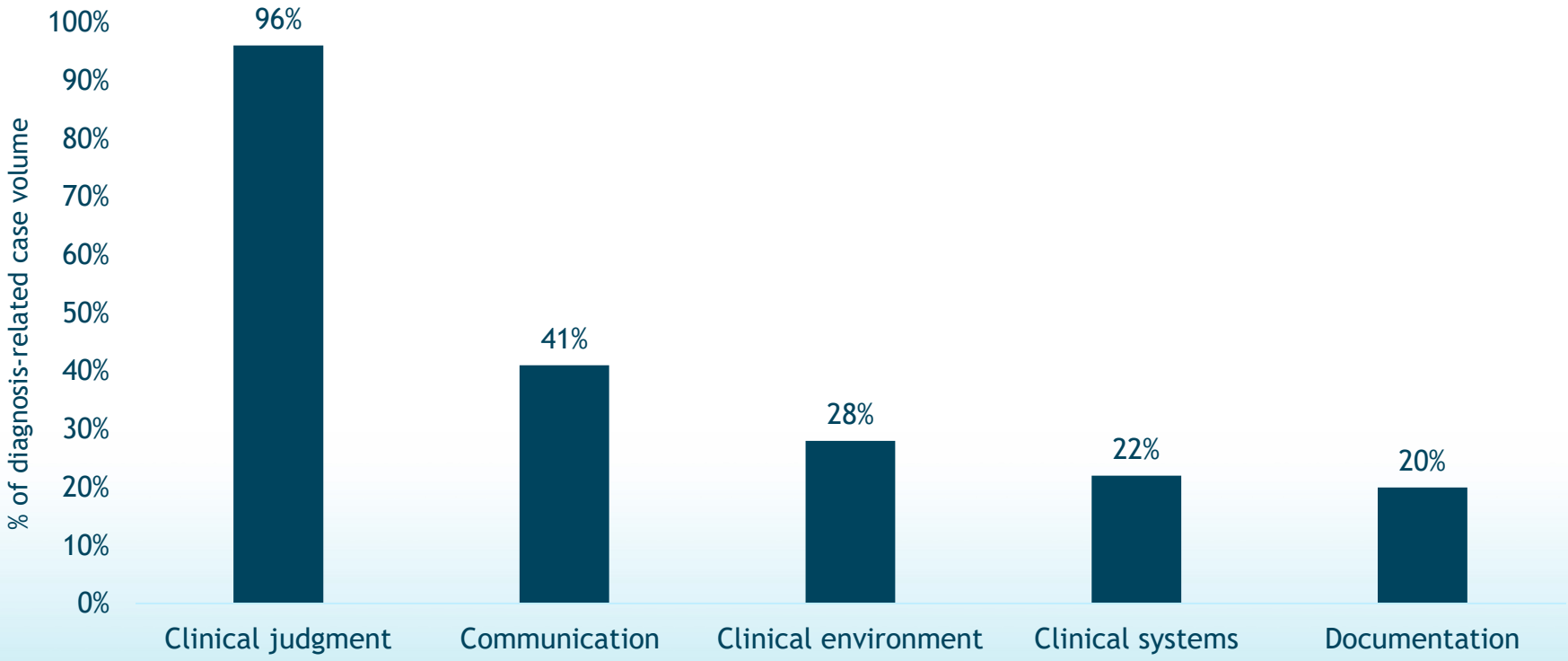
Data source: MedPro Group closed cases, emergency medicine as responsible service, 2009-2018; *NAIC rating scale

Contributing factors

Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient outcome and/or to the initiation of the case.

Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

Top contributing factors in diagnosis-related allegations



Data source: MedPro Group closed cases, emergency medicine as responsible service, 2009-2018

Diagnosis-related allegations: these specific factors…

…are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.*

Factor category	The details	How much more expensive?*
Clinical judgment	Inadequate patient assessments & failure to appreciate the significance of evolving patient symptoms	+22%
Communication	Failed communication among providers – specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	+42%
Clinical environment	Primarily breakdowns in the process of care occurring during the overnight hours & on weekends/holidays when staffing patterns tend to be different	+17%
Clinical systems	Breakdown in the process designed for tracking and reporting test results – includes test results received post discharge, & primary care providers not made aware of their patients who sought care in the emergency department	+36%
Documentation	Insufficient documentation related to clinical findings & the rationale for specific diagnoses and recommended follow-up care	82%

Data source: MedPro Group closed cases, emergency medicine as responsible service, 2009-2018; * total paid = expense + indemnity dollars

In summary: where to focus your efforts

- Clinical judgment:
  - Implement comprehensive test tracking and referral tracking procedures that include protocols for complete review of imaging studies, patient follow-up, and documentation.
  - Thoroughly screen patients for risk factors, atypical presentations, and associated symptoms to avoid a narrow diagnostic focus.
  - Utilize evidence-based guidelines for myocardial infarctions, strokes, etc. Consider the use of clinical decision support aids and group decision-making to support clinical reasoning.
- Communication:
  - Define and implement a detailed process for patient handoffs, including expectations for verbal and written communication. Audit for compliance with the policy.
  - Provide patients/caregivers with written and verbal instructions related to their treatment plans and follow-up care. Make sure written instructions are at an appropriate reading level.
- Clinical environment:
  - Be aware of how staffing levels/patterns during the overnight, weekend & holiday shifts can impact patient care.
- Clinical systems:
  - Focus on ‘closing the loop’ with regards to receiving, reporting and acting on test results, including incidental findings and test results received after discharge.
  - Use team drills and situational simulations to improve teamwork between all providers in the ED.
- Documentation:
  - Verify that documentation supports the clinical rationale for the diagnosis and treatment plan, including the inclusion/exclusion of differential diagnoses.
  - Adhere to processes for following up on radiology discrepancies and communicating & documenting test results received after discharge.

MedPro advantage: online resources

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- Tools & resources
- Educational opportunities
- Consulting information
- Videos
- eRisk Hub Cybersecurity Resource

Education	Materials and resources to educate followers about prevalent and emerging healthcare risks
Awareness	Information about current trends related to patient safety and risk management
Promotion	Promotion of new resources and educational opportunities

A note about MedPro Group data

MedPro Group has entered into a partnership with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions. Using CRICO's sophisticated coding taxonomy to code claims data, MedPro Group is better able to identify clinical areas of risk vulnerability. All data in this report represent a snapshot of MedPro Group's experience with specialty-specific claims, including an analysis of risk factors that drive these claims.

Disclaimer

This document should not be construed as medical or legal advice. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

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