

Hospitalists

Claims Data Snapshot

▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which a hospitalist 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



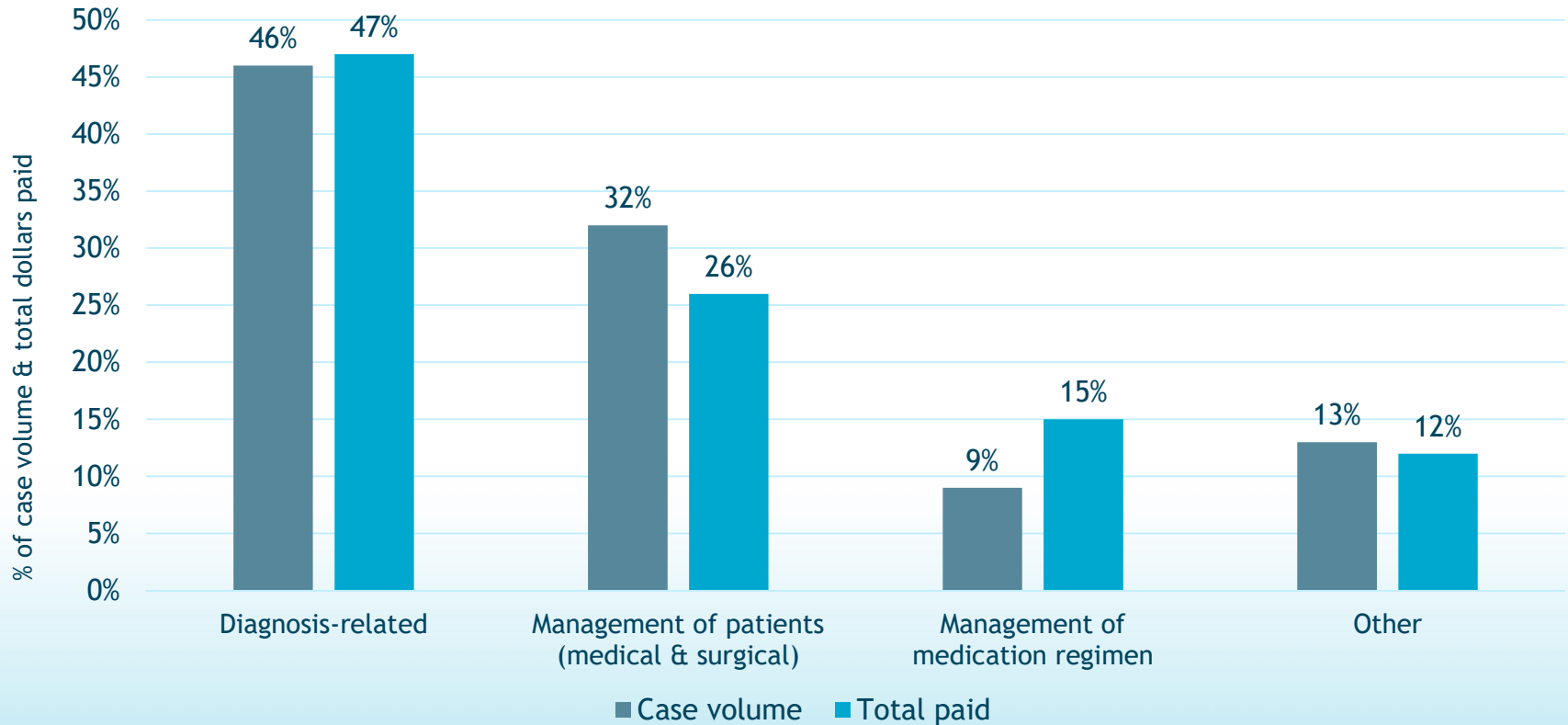
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Diagnosis-related and patient management allegations account for more than three-fourths of hospitalist cases.

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

▶ Allegations & dollars



▶ Allegation details



Diagnosis-related

A variety of diagnostic errors, most often involving delays in diagnosing infections and cardiac conditions

Medication management

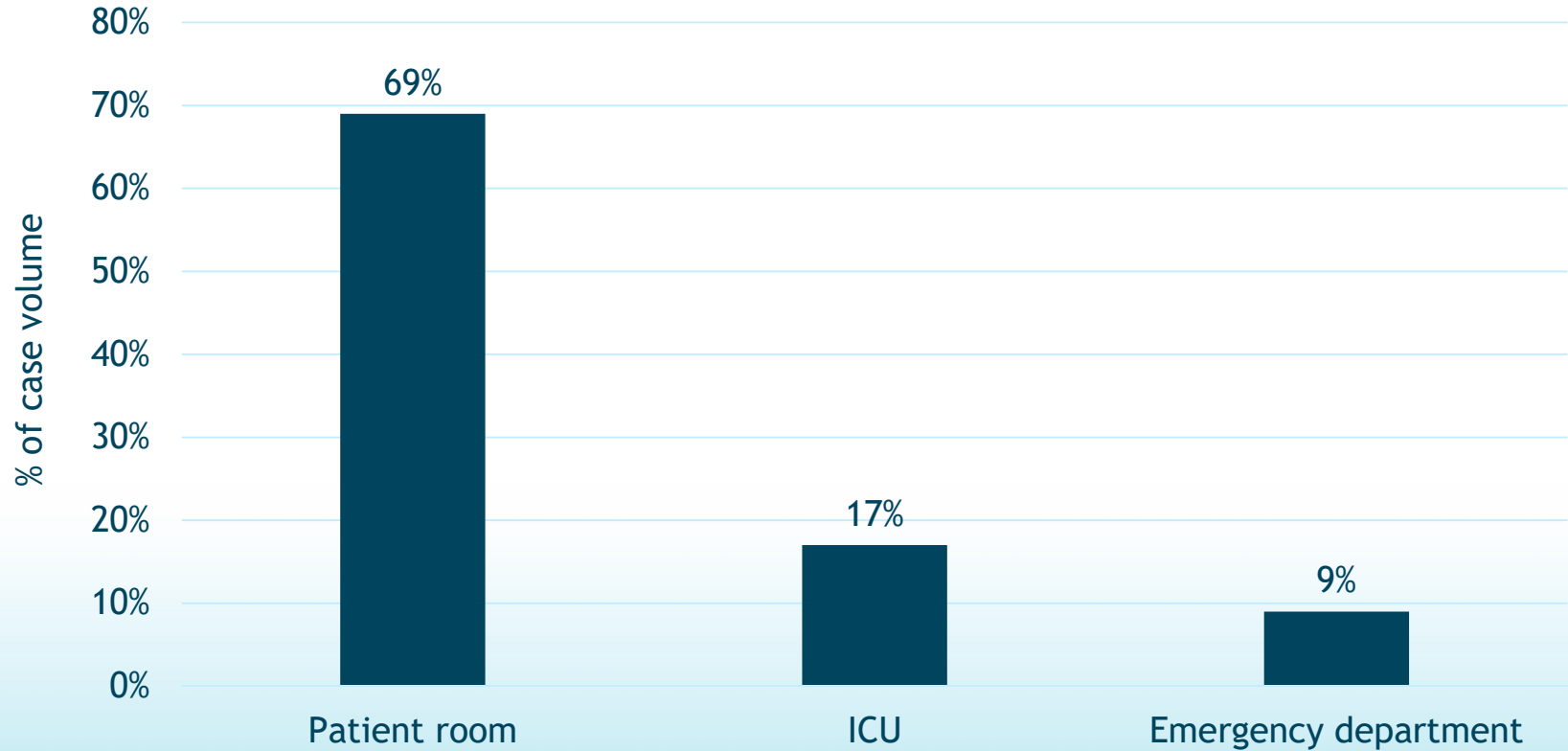
Anticoagulants, narcotics and antibiotic regimens noted most often

Medical & surgical patient management

Cases involving the management of patients, including those who are post-operative, are often related to the hospitalist's response to developing complications.

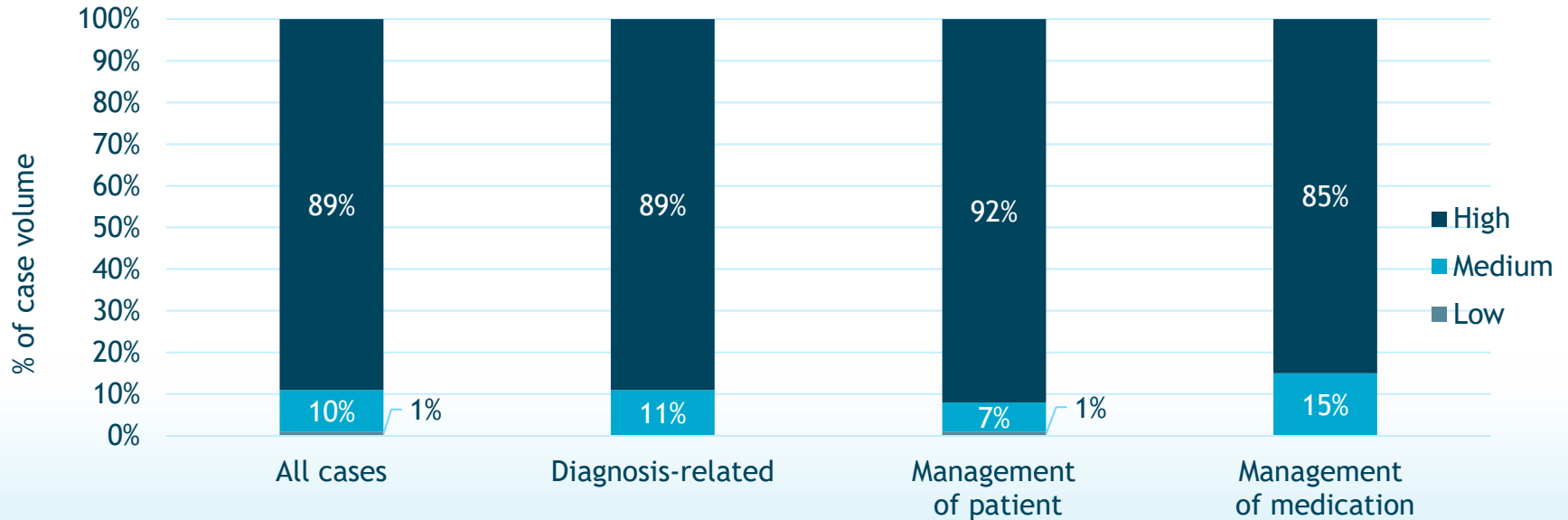
While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.

▶ Top locations



▶ 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 a slight increase in the volume of the most severe patient outcomes over the last 10 years.

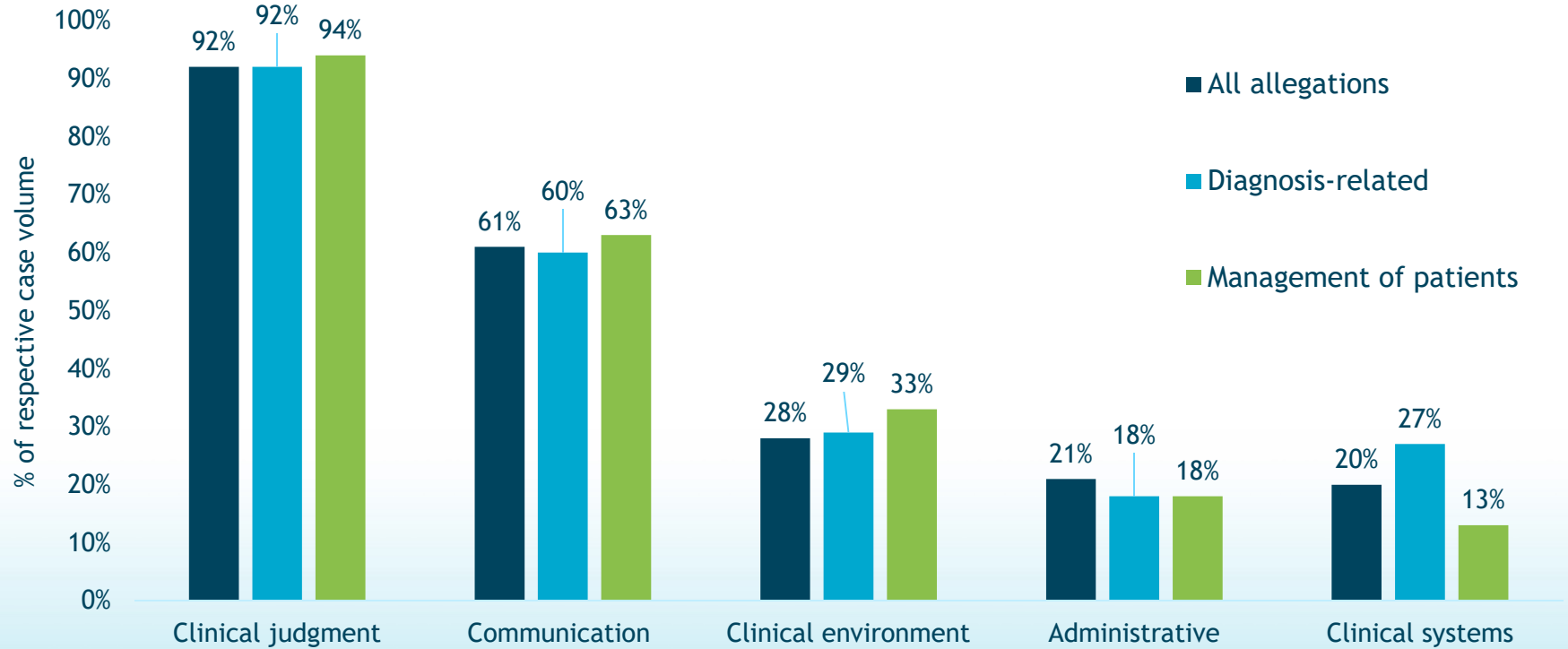
▶ Contributing factors



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 factor categories – by allegation



▶ Contributing factor details

Clinical judgment	Inadequate patient assessments - sometimes leading to premature discharge; narrow diagnostic focus; failures/delays in obtaining specialty consults
Communication	Failure to communicate with other providers about changes in the patient's condition, and failure to read the medical record
Clinical environment	Weekend, holiday & overnight shifts noted most often - primarily includes instances where the hospitalist was consulted by phone and gave verbal orders, but did not timely see the patient for a visual evaluation
Administrative	Failure to visually assess patient when a decline in status is reported by nursing staff; failure to follow policies/protocols related to performance of medical procedures (i.e. placement of chest tubes); related failure of nursing staff to exercise chain of command
Clinical systems	Delays in reporting test results with incidental findings suspicious for cancer to patients' primary care providers for post-discharge follow-up; failure to identify the provider responsible for coordinating all care

► Important risk mitigation strategies

► Clinical judgment

- Be aware that inadequate patient assessment might be a result of cognitive biases, inadequate medical and family history taking, or inadequate sharing of information among providers.
- Recognize that delays in obtaining consults/referrals are one of the top driving factors behind diagnostic claims.

► Communication

- Ensure efficiencies in the sharing and discussing of test results and consultative reports among other providers.
- Encourage verbal sharing of subtle changes which are not individually noteworthy when multiple providers are involved.

► Clinical environment

- Recognize that weekend & night shifts can impact the timeliness of assessments, response to consult requests, and return of test results. Focus on eliminating any variation in processes during 'off' hours.

► Administrative

- Ensure that policies/procedures are well-constructed and that staff awareness & training is a priority.

► Clinical systems

- Focus on 'closing the loop' with regards to receiving, reporting and acting on test results, including incidental findings.
- Insist upon care coordination - determine which next steps belong to which provider.

▶ 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.

crico | strategies

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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