MedPro Group
a Berkshire Hathaway company

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

Obstetrics

Claims Data Snapshot

Introduction

- This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which an obstetrician (OB) or OB 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.

Data throughout this analysis reflects only OB-related allegations (equates to almost 90% of all cases involving obstetricians).

Obstetricians are involved in other case types, including:

- Diagnostic failures involving delayed or missed diagnoses;
- General medical treatment and/or performance of non-surgical procedures; and
- A few surgery-related cases.

Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018

OB-related allegations & dollars

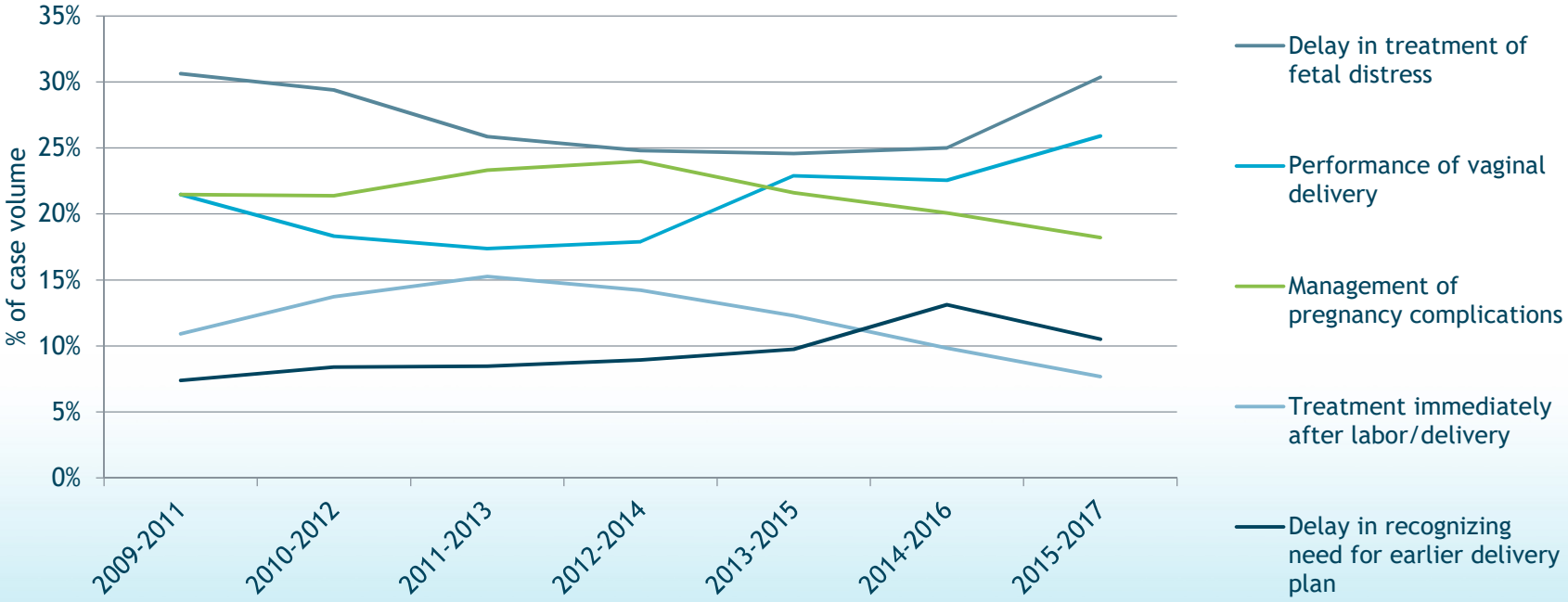
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.

	% of case volume	% of total paid*
Delay in treatment of fetal distress	24%	39%
Performance of vaginal delivery+	17%	16%
Management of pregnancy complications	17%	16%
Treatment immediately after labor/delivery	9%	6%
Delay in recognizing need for earlier delivery plan++	7%	7%
Performance of operative delivery	7%	2%
Management of labor	6%	6%
Improper choice of delivery method	5%	4%
Management of post-partum patient	5%	2%
Retained foreign body	3%	1%

Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018; total paid = expense + indemnity dollars; +includes forceps, vacuum extractions, use of specific maneuvers; ++not related to fetal distress

Top allegation trending over time

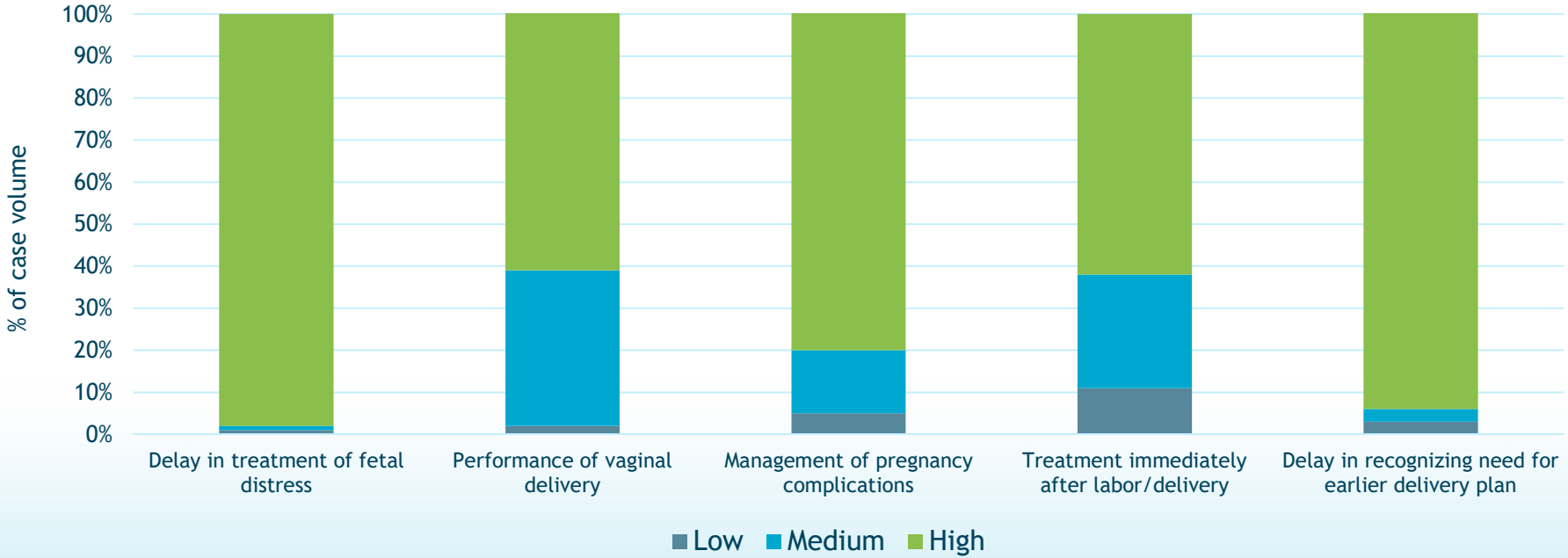
Allegations involving delayed treatment of fetal distress and performance of vaginal deliveries have started to trend upwards as a percentage of all cases.



Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018

Clinical severity* - top allegation categories

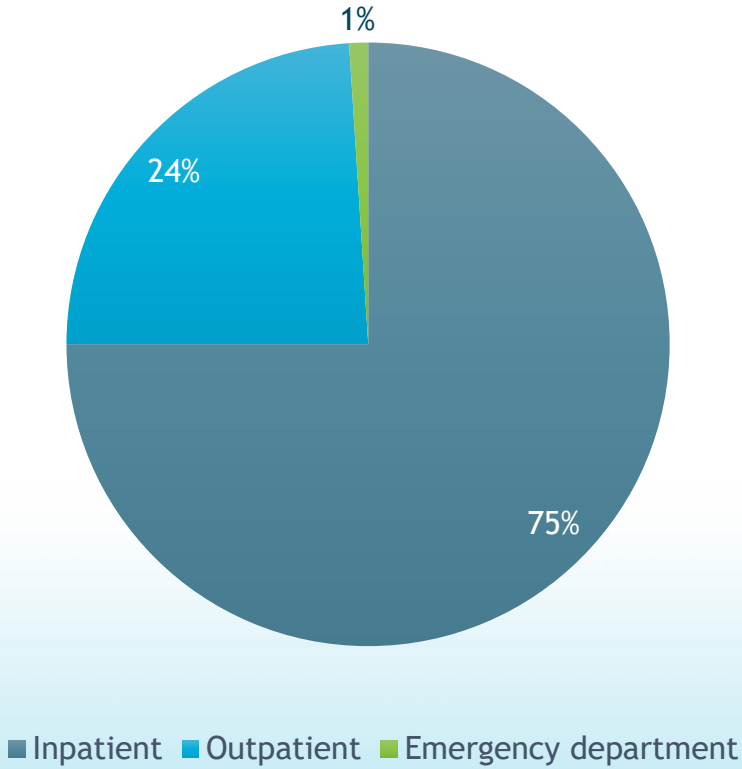
Typically, the higher the clinical severity, the higher the indemnity payments and the more frequently an indemnity payment occurs.

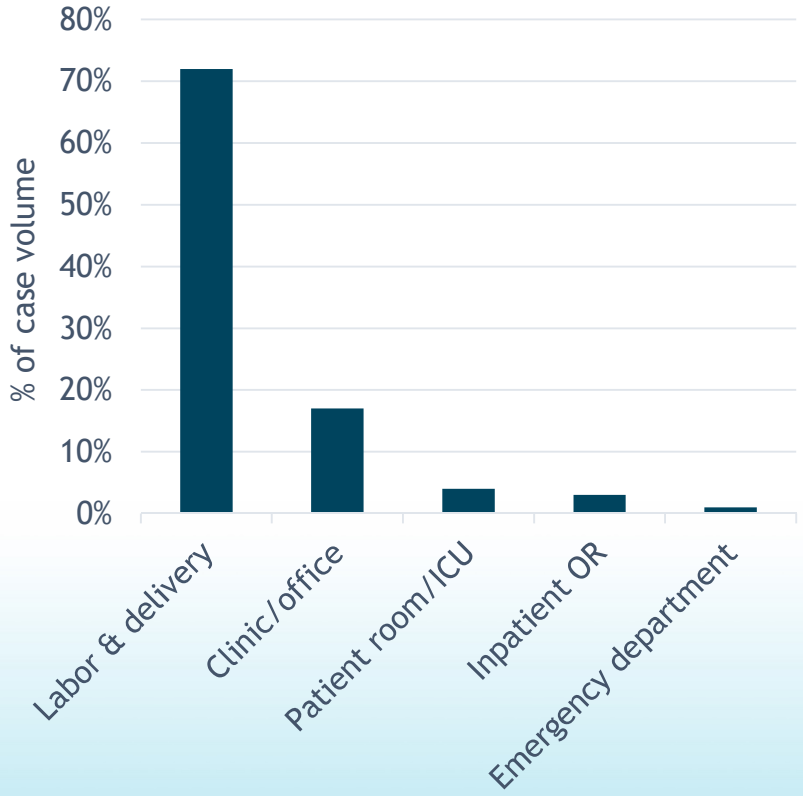


Within the high severity cases are permanent patient injuries ranging from serious to grave, and patient (fetal and/or maternal) death.

Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018; *NAIC severity scale

Claimant type & top locations





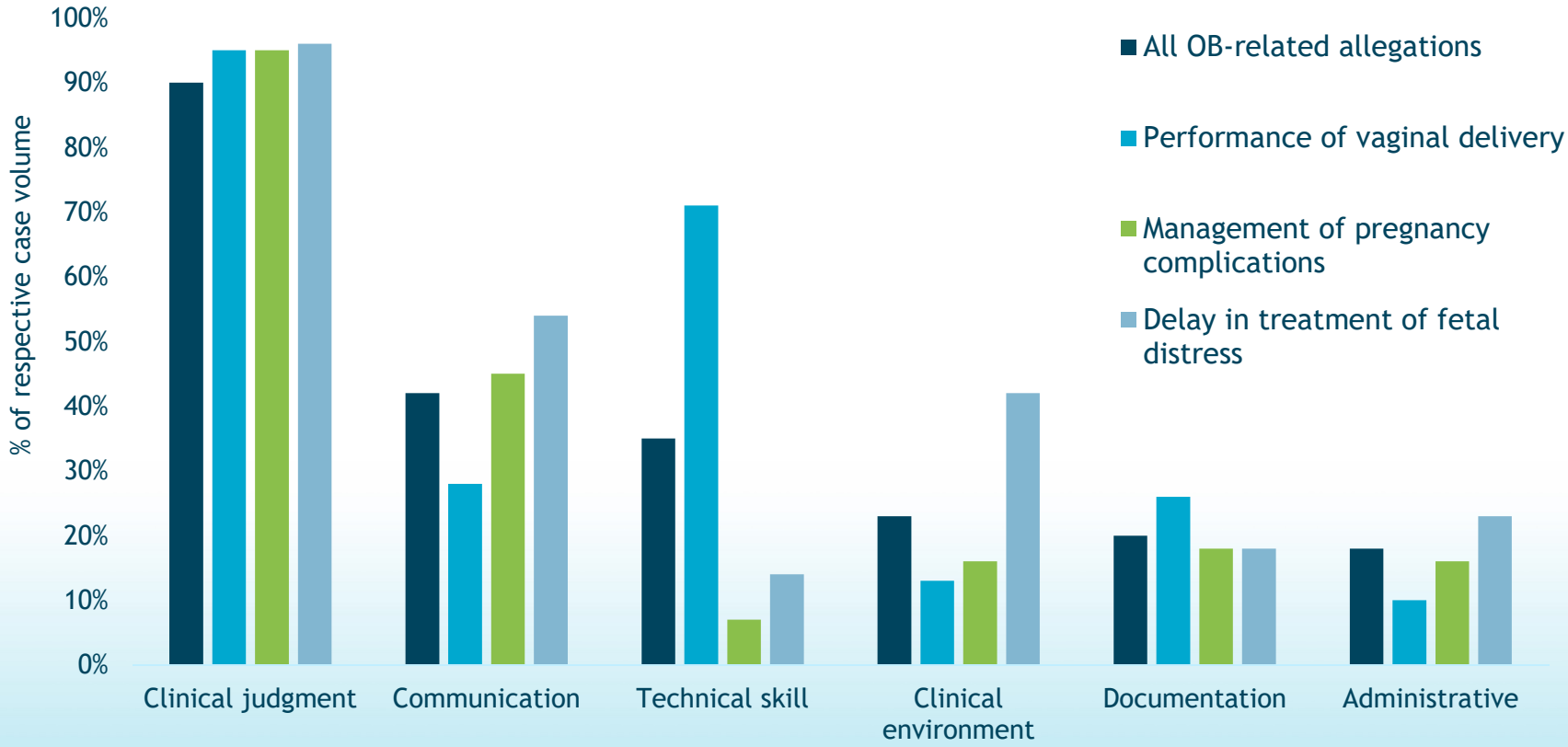
Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018

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



Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018

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	Misinterpretation of diagnostic test results	41%
	Inadequate patient monitoring	38%
	Failure to appreciate/reconcile patient symptoms and/or test results	24%
Communication	Failed communication among providers – specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	56%
Clinical environment	Nightshift	31%
Administrative	Failure to follow policies/protocols	56%

Data source: MedPro Group closed cases, OB or OB Hospitalist as responsible service, 2009-2018; * more expensive than the average total dollars paid for all OB-related cases

In summary: where to focus your efforts

- Conduct an appropriate and thorough assessment of the patient, screening for risk factors and incorporating patient and family medical history.
  - Carefully consider repeated patient complaints or concerns when making clinical decisions about patient care and additional diagnostic testing.
- Communicate with each other.
  - Focus on team training, which encourages clear communication across all providers, even during shift changes and evenings/weekends during lesser-staffed hours.
- Recognize that inexperience with high-severity situations can be mitigated with situation-specific drills and team training.
  - Ongoing evaluation of procedural skills and competency with equipment is critically important.
- Be aware of the potential impact to patient care during ‘off-shift’ times including evenings/nights, weekends and holidays.
- Document. Verify that documentation covers all clinically significant information, including the clinical rationale for the method of delivery.
  - Be aware that lack of access to outpatient prenatal records, containing documentation of maternal risk factors such as obesity and pre-eclampsia, as well test results for congenital fetal conditions, can significantly impact the decision-making of the inpatient team during labor and delivery.
- Enable a culture where ‘chain of command’ policies are routinely followed in both the labor & delivery unit and in the OR, and acted upon in the event of delayed response from the managing physician/surgeon.
  - Focus on repetitive drills for managing fetal distress so that next steps in the escalation of care are well-established.

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.