

# Pathology

## Claims Data Snapshot

## ▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which pathology (inclusive of pathologists, blood bank & clinical laboratory) 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

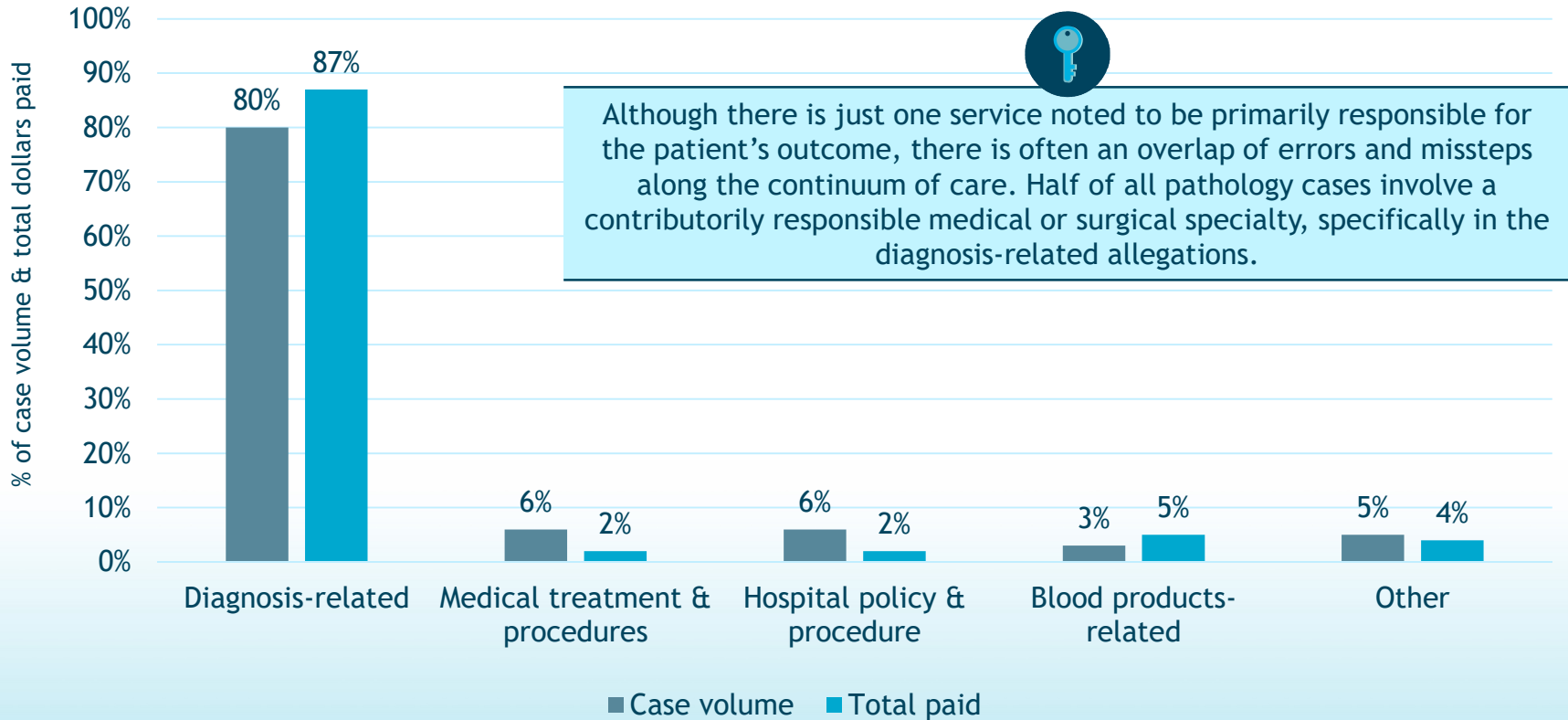


Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



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

# ▶ Allegations & dollars



## ▶ Focus on diagnosis-related allegations



Over half of all diagnosis-related cases involve cancers. The types are varied, with no one particular cancer accounting for a large portion of cases. Skin melanomas, colorectal & genitourinary cancers are among the most frequently noted.

These cases primarily involve misinterpretation of test specimens. Failures in the process designed for safe specimen handling were noted as well.

## ▶ Other top allegation details

### Medical treatment

- Performance of bone marrow biopsies with resulting nerve damage & perforation of artery
- Development of hematomas at blood draw site

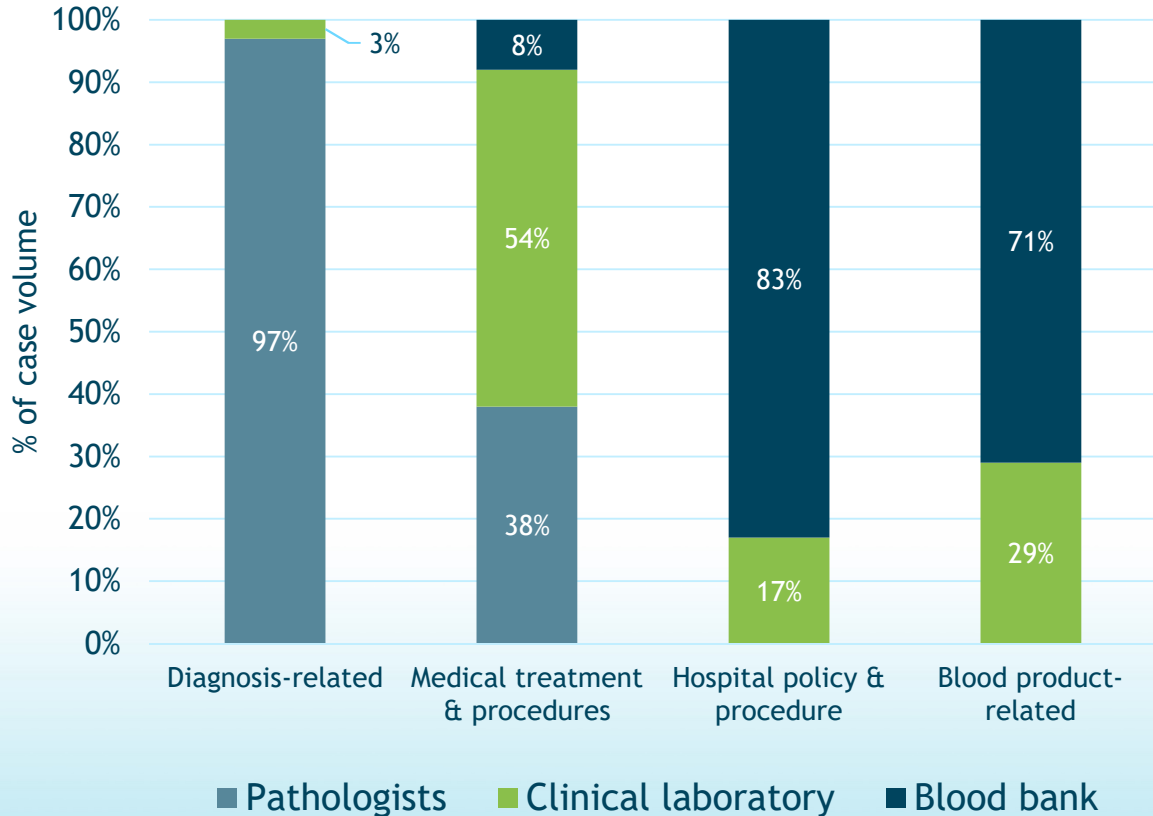
### Hospital policy & procedure

- Handling of specimens & post-mortem procedures

### Blood products-related

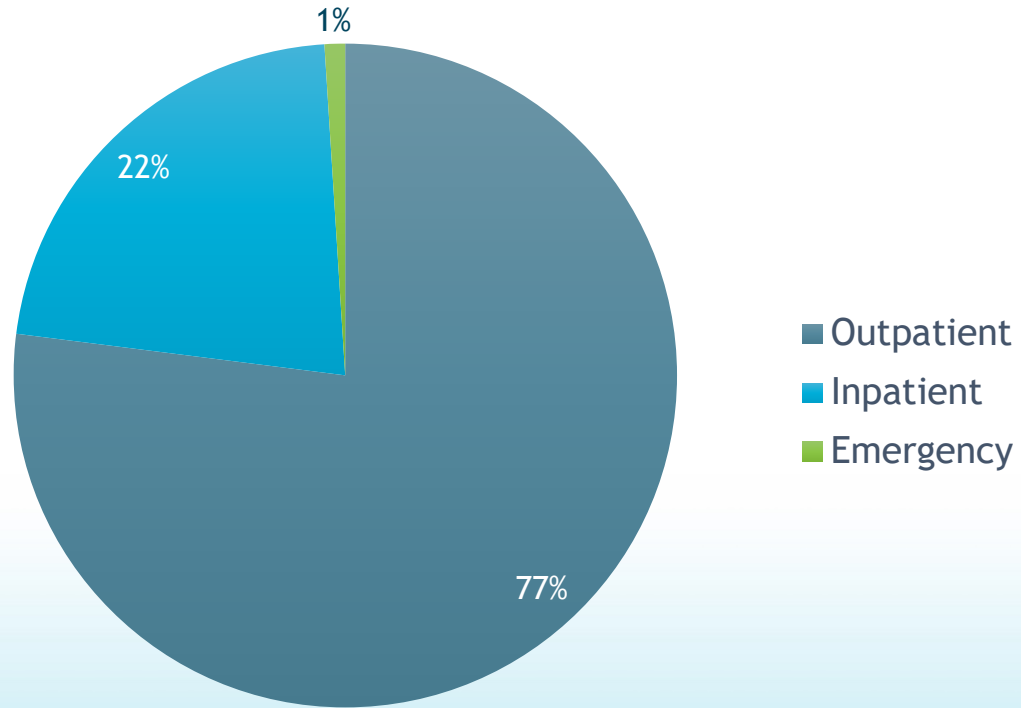
- Dispensing wrong blood type
- Failure to prevent contamination

# ▶ Top allegation categories by involved provider type



**All case volume:**  
Pathologists: 87%  
Clinical laboratory: 10%  
Blood bank: 3%

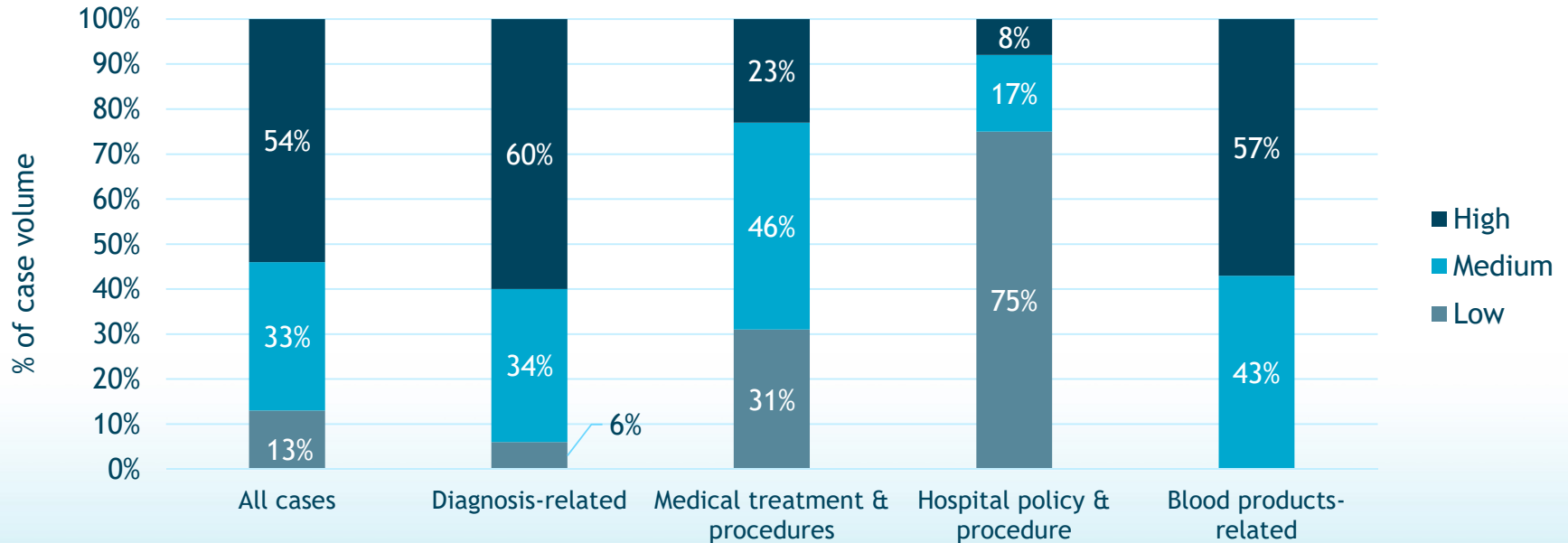
## ▶ Claimant type





# ▶ 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 decrease in the volume of the most severe patient outcomes over the last 10 years.

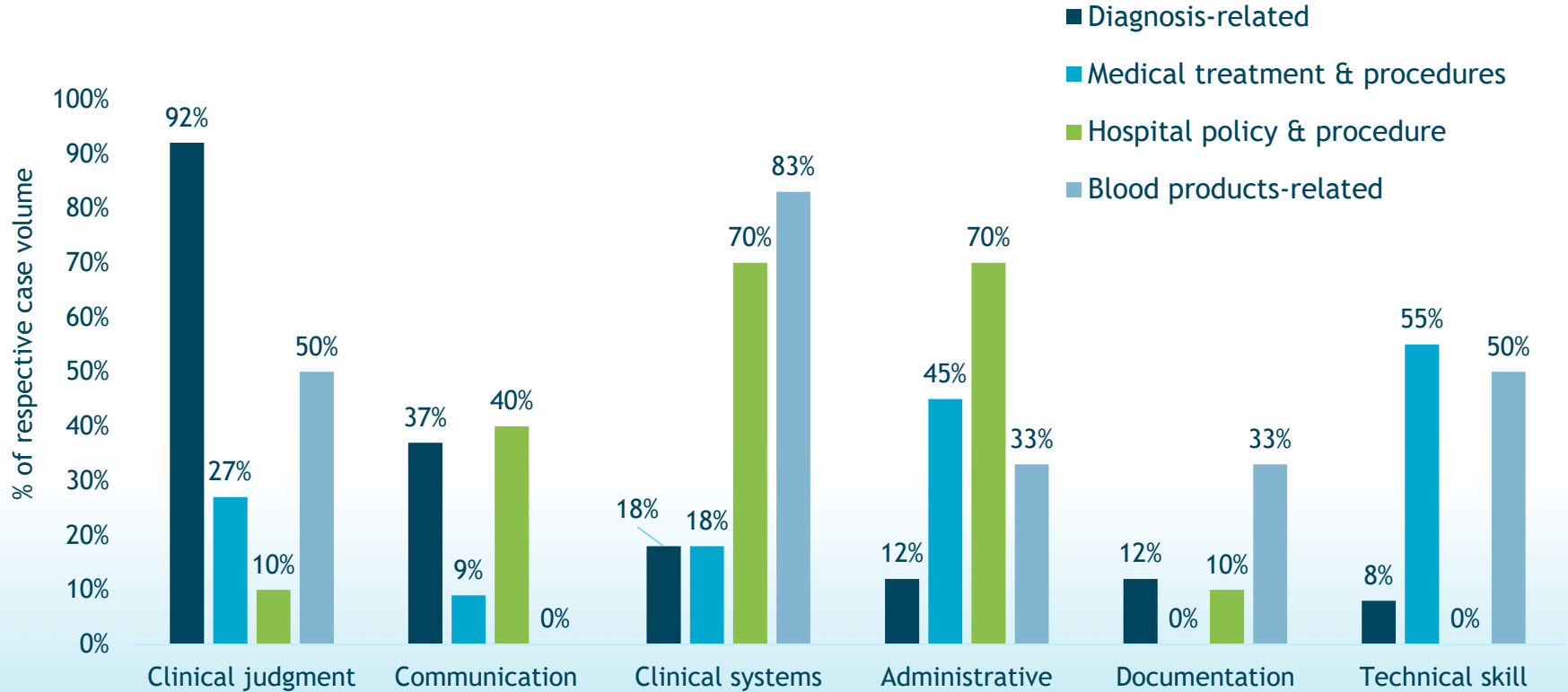
## ▶ Contributing factors



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



## ▶ Risk factor details

Clinical judgment	For pathologists - misinterpretation of diagnostic specimens; blood product-related cases involved a failure/delay of the treating health care team to recognize a blood-incompatibility issue which originated in the blood bank
Communication	Miscommunication between the pathologist and the treating physician (i.e., reporting of test results for the wrong patient, or erroneous release of a report from a lab technician prior to pathologist approval)
Clinical systems	Factors related to improper specimen handling, failures/delays in reporting test results, incorrect patient identification, and failure to prevent blood product contamination
Administrative	Primarily noted in policy/procedure-related allegations; involves failure to follow administrative policies/protocols including maintenance of the integrity of specimens, and failure to follow post-mortem procedures
Documentation	Observed most often in the blood product-related claims; includes failure to follow documentation protocol (i.e., documentation of the patient's correct blood type)
Technical skill	Most often involves procedural inexperience/poor technique

# ▶ In summary: where to focus your efforts

- ▶ Clinical judgment
  - ▶ Implement/adhere to a performance improvement process, focusing on procedures to follow when a questionable or 'suspicious for' diagnosis is made.
  - ▶ Encourage a robust peer review process.
- ▶ Communication
  - ▶ Focus on 'closing the loop' with regards to communicating test results and following up with the treating physician on potential discrepancies/new results after a secondary review of slides/specimens.
- ▶ Clinical systems
  - ▶ Emphasize importance of timely reporting of test results (after appropriate sign-off procedures).
  - ▶ Follow procedures designed to ensure integrity of specimens and safe delivery of correct blood products to the correct patient.
- ▶ Administrative
  - ▶ Ensure compliance with post-mortem policies and procedures, including handling of remains.
  - ▶ Adhere to policies and procedures covering maintenance of lab equipment and proper storage of specimens.
- ▶ Documentation
  - ▶ Adhere to chart documentation policies, including timely entering of all diagnostic test results in the correct chart location.

# ▶ 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.

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## Disclaimer

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