

Pediatrics

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 pediatrician 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



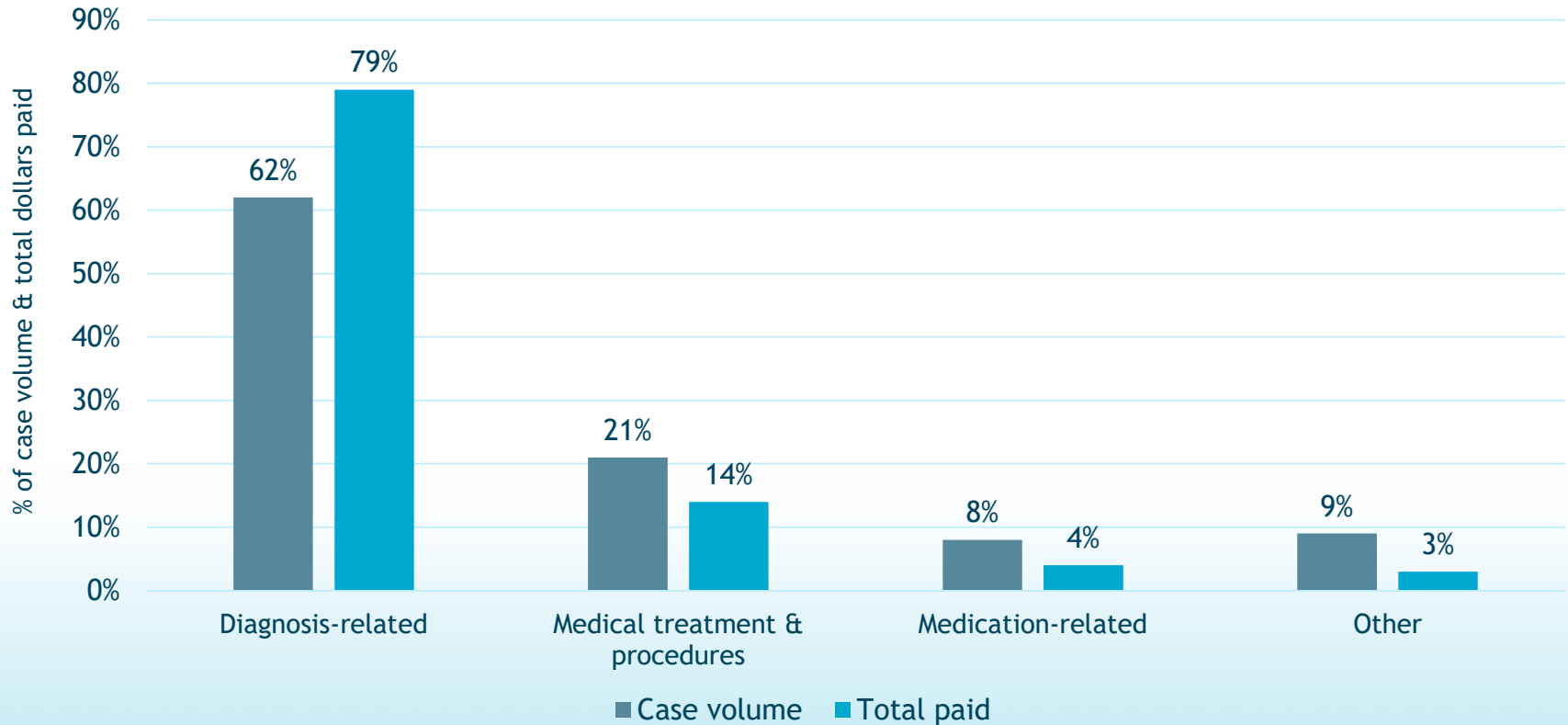
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Diagnosis-related and medical treatment & procedure allegations account for over 80% of pediatric cases.

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

▶ Allegations & dollars



▶ Most frequent allegation details

Diagnosis-related

- Involves missed and delayed diagnoses, including infections (particularly appendicitis & meningitis), and cancer

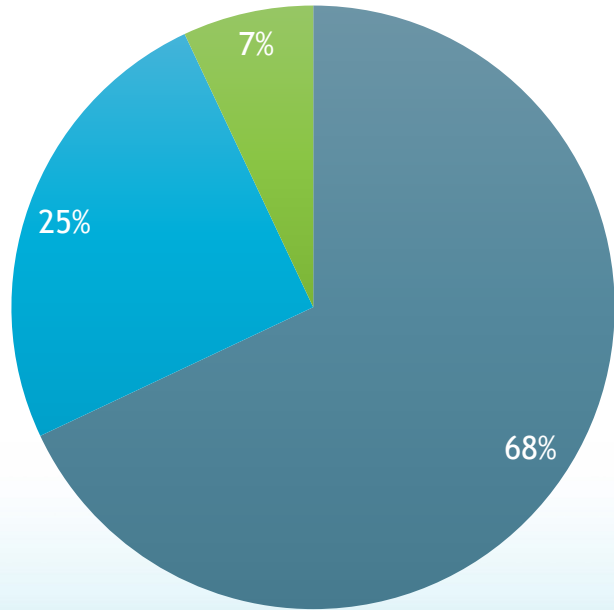
Medical treatment

- Management of courses of treatment
- Performance of procedures, most often circumcisions

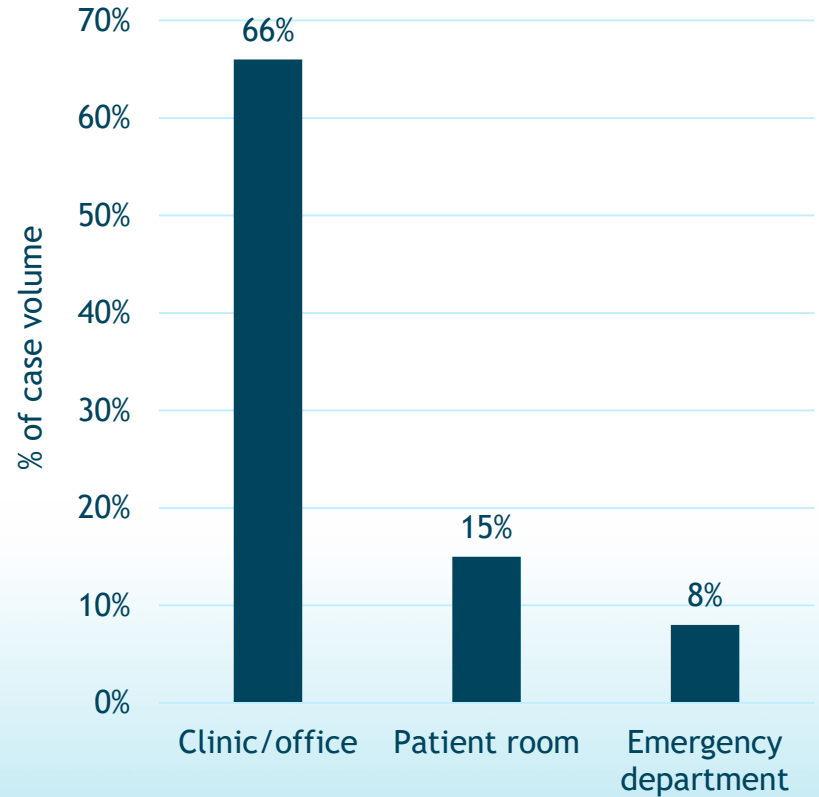
Medication-related

- Management of medication regimens

▶ Claimant type & top locations

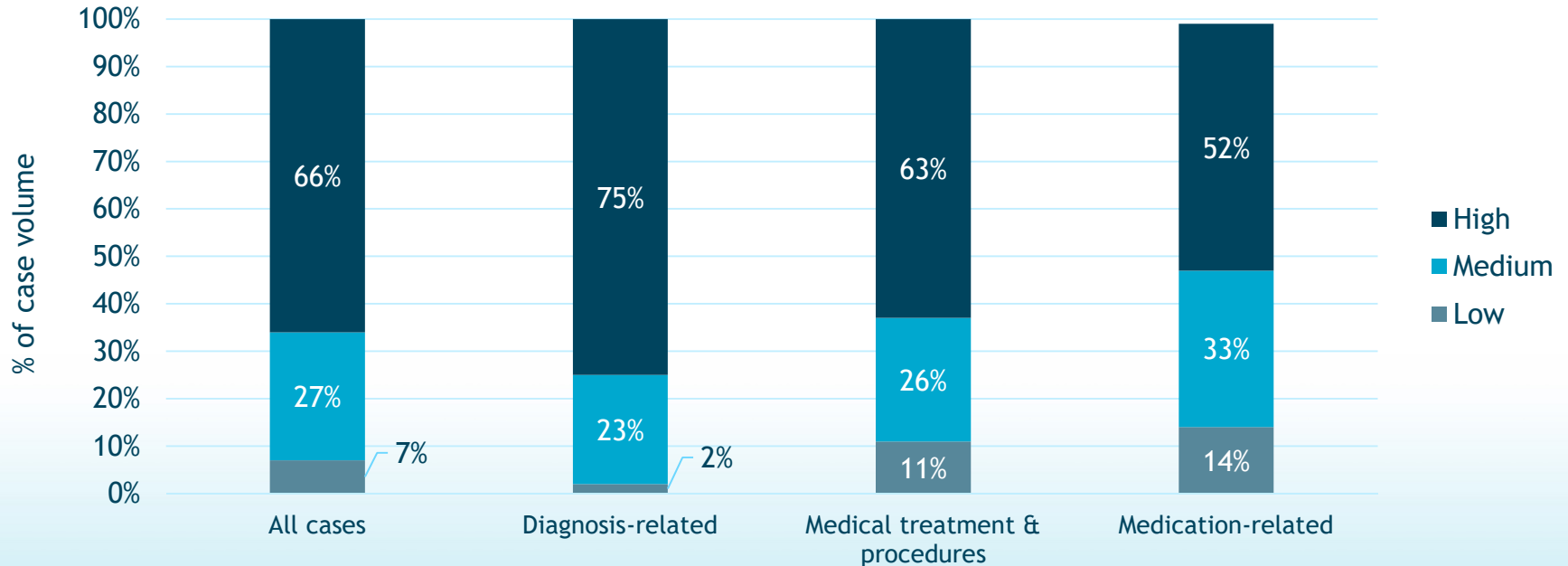


■ Outpatient ■ Inpatient ■ Emergency



▶ 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 downwards trend in the volume of the most severe patient outcomes over the last 10 years.

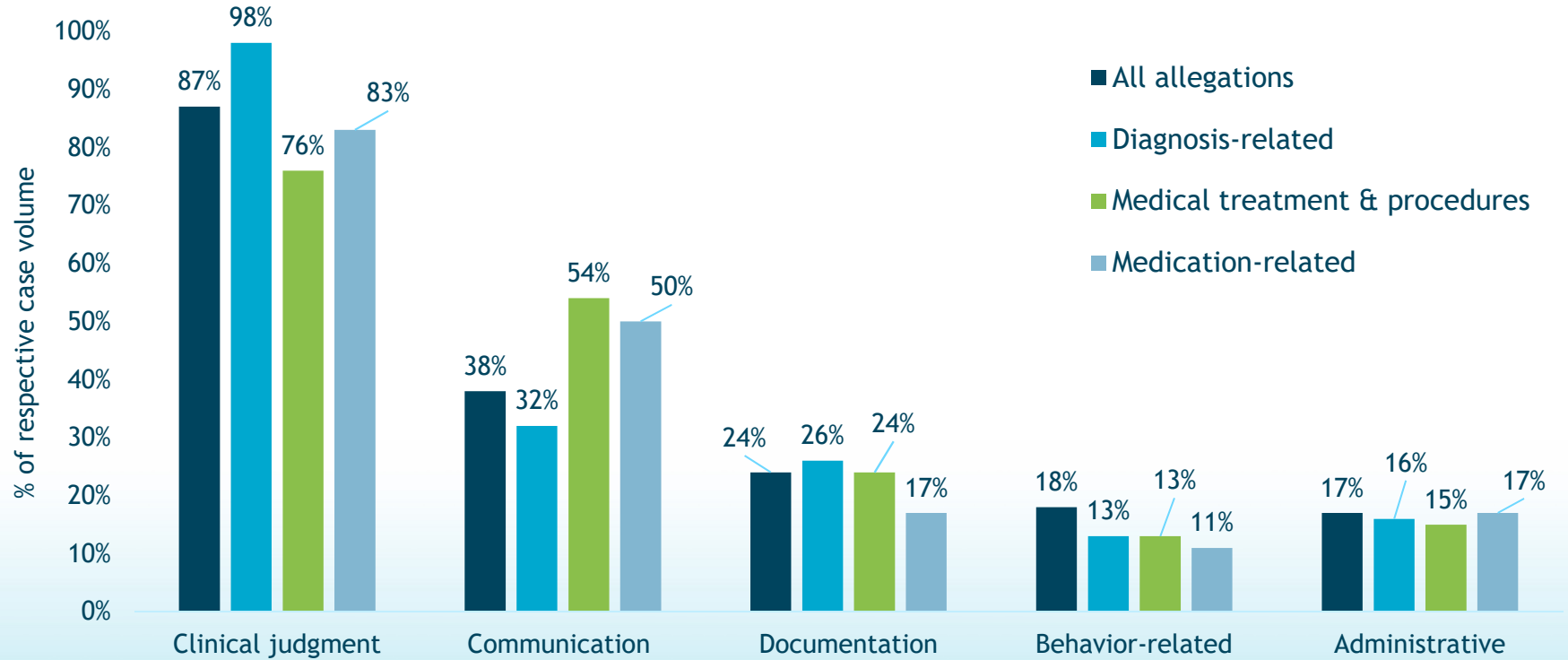
▶ Contributing factors



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



▶ These specific factors in diagnosis-related allegations...

...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	Failure to appreciate/reconcile relevant sign/symptom/test result	91%
	Delays or failures in obtaining consults/referrals	59%
	Delays or failures in ordering diagnostic testing	48%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	93%
Documentation	Insufficient documentation about clinical findings	103%
Patient behavior	Non-adherence with follow-up calls/appointments	55%
Administrative	Failure to follow existing policies/protocols & adequacy of staffing	124%

▶ In summary: where to focus your efforts

- ▶ Conduct an appropriate and thorough assessment of the patient.
 - ▶ Understand patient complaints and concerns.
 - ▶ Update and review medical and family history at every visit to ensure the best decision-making.
 - ▶ Be alert to high-risk diagnoses.
 - ▶ Maintain problem lists.
- ▶ Communicate with each other.
 - ▶ Focus on care coordination if other specialties are involved, including next steps and determining who is responsible for the patient.
 - ▶ Give thorough and clear patient instructions.
- ▶ Document.
 - ▶ Describe the rationale for inclusion/exclusion of differential diagnoses.
 - ▶ Timely document thorough, objective information about the results of patient assessments, education of the patient/family about treatment plans - including medication regimens, and any instances of patient nonadherence.
 - ▶ Thorough, consistent documentation in the chart enhances communication between providers and provides a supportive framework for defense of any subsequent malpractice case.
- ▶ Engage patients/family as active participants in their care.
 - ▶ Consider the patient's health literacy and other comprehension barriers.
- ▶ Follow policies & procedures in place to ensure consistent delivery of quality healthcare.

▶ MedPro advantage: online resources

Find us at

www.medpro.com/dynamic-risk-tools



Follow us on Twitter @MedProProtector

twitter.com/MedProProtector



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.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and/or may differ between companies.

© 2020 MedPro Group Inc. All rights reserved.