

Podiatry

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 podiatrist 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



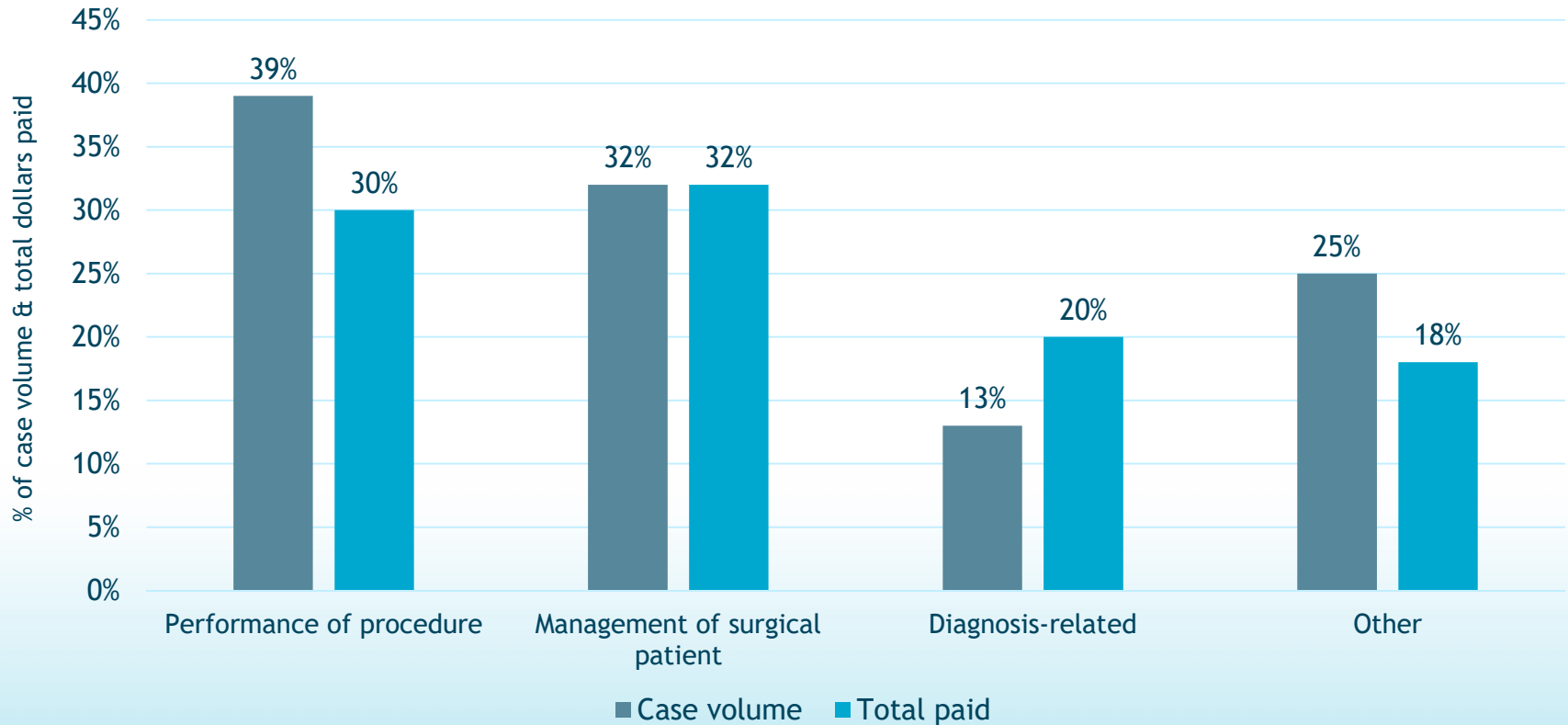
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Procedural performance, management of surgical patients and diagnosis-related allegations drive three-fourths of all podiatry case volume.

On average, diagnosis-related allegations are most expensive to resolve.

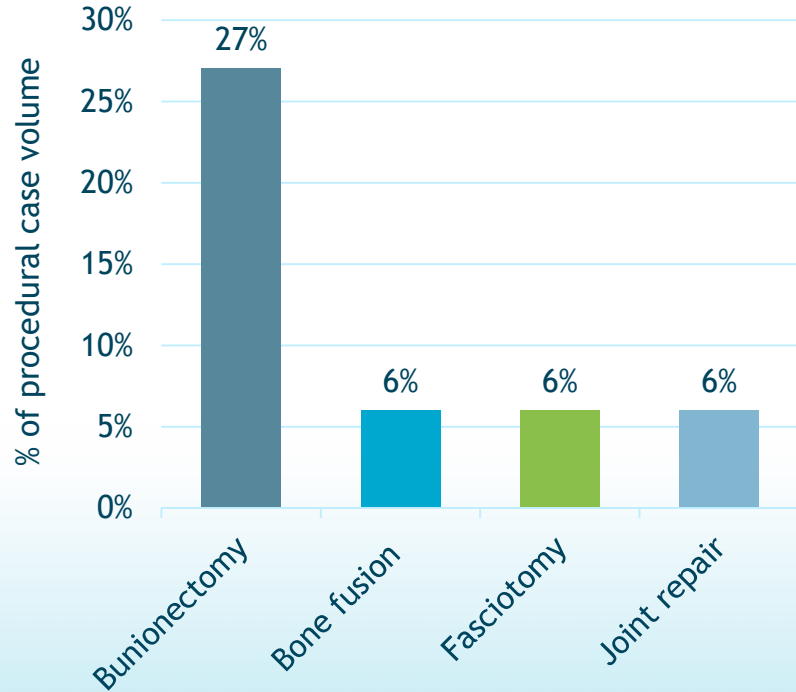
▶ Allegations & dollars



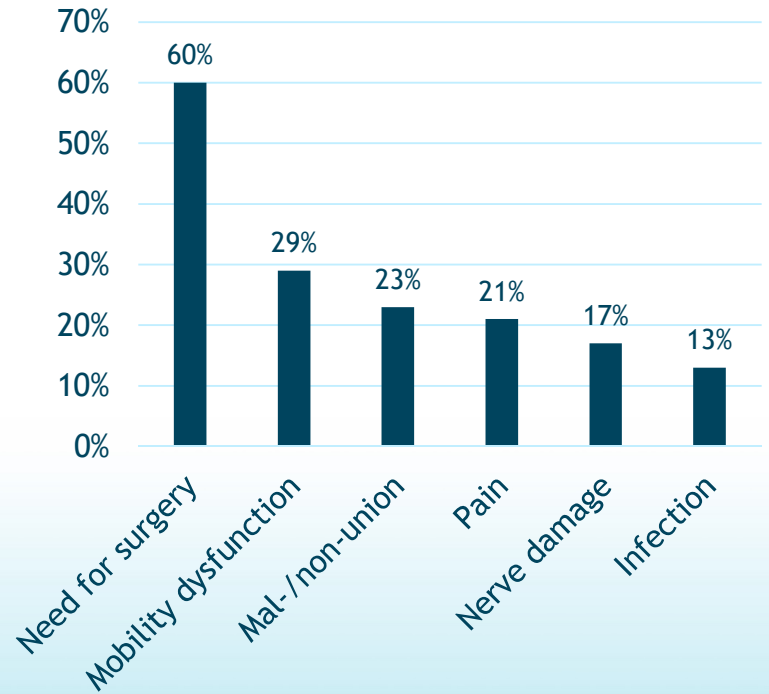
Data source: MedPro Group closed cases, podiatry as responsible service, 2009-2018; total paid = expense + indemnity dollars; “other” includes allegations for which no significant case volume exists.

▶ Focus on procedural performance cases

Most frequent procedure types



Most frequent patient injuries*



▶ Focus on management of surgical patients

Cases involving the management of surgical patients, including the podiatrist's response to developing complications, are on average 18% more expensive* than cases arising from the actual procedural performance.

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.

▶ Focus on diagnosis-related cases

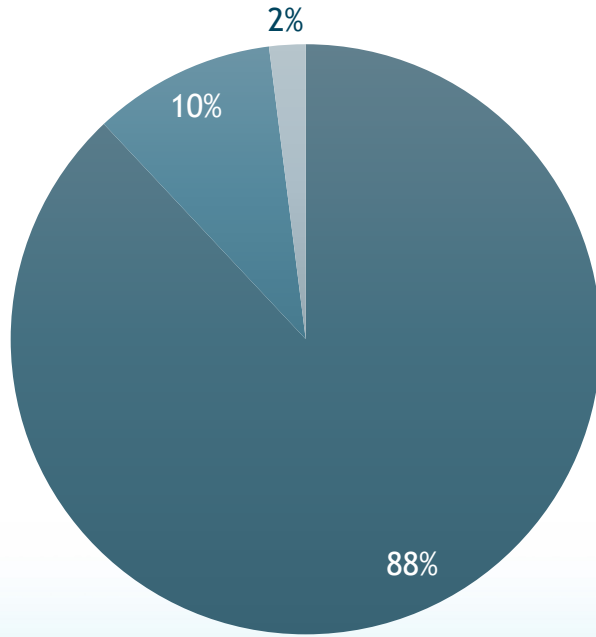


Diagnosis-related cases are inclusive of missed, wrong & delayed diagnoses.

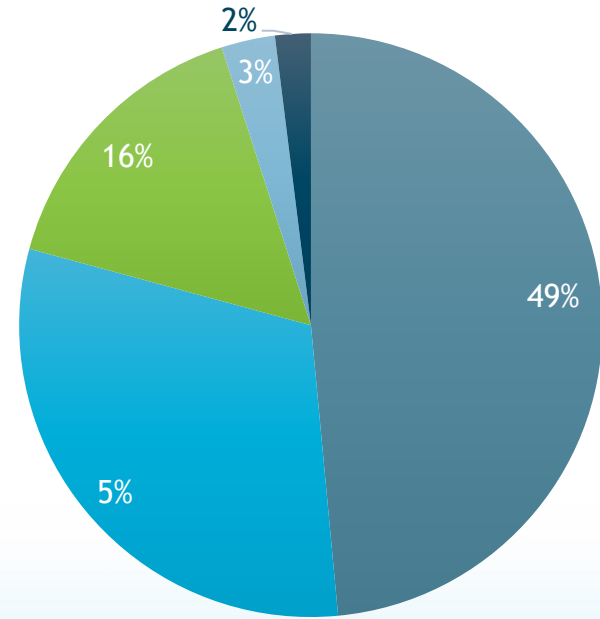


The diagnoses involved are varied, with no one specific diagnosis accounting for much of the case volume. Included are skin melanomas, fractures, and infections.

▶ Claimant type & top locations



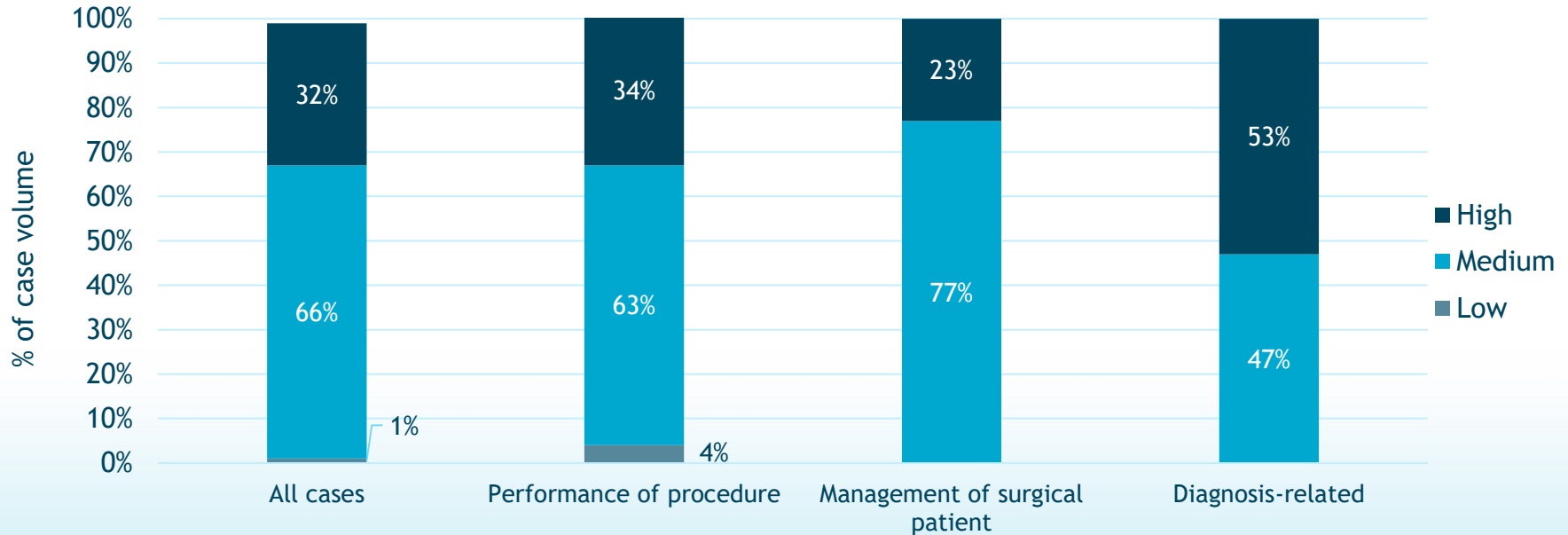
■ Outpatient ■ Inpatient ■ Emergency



■ Clinic/office ■ Ambulatory OR ■ Inpatient OR
■ Patient room ■ Emergency dept

▶ 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.

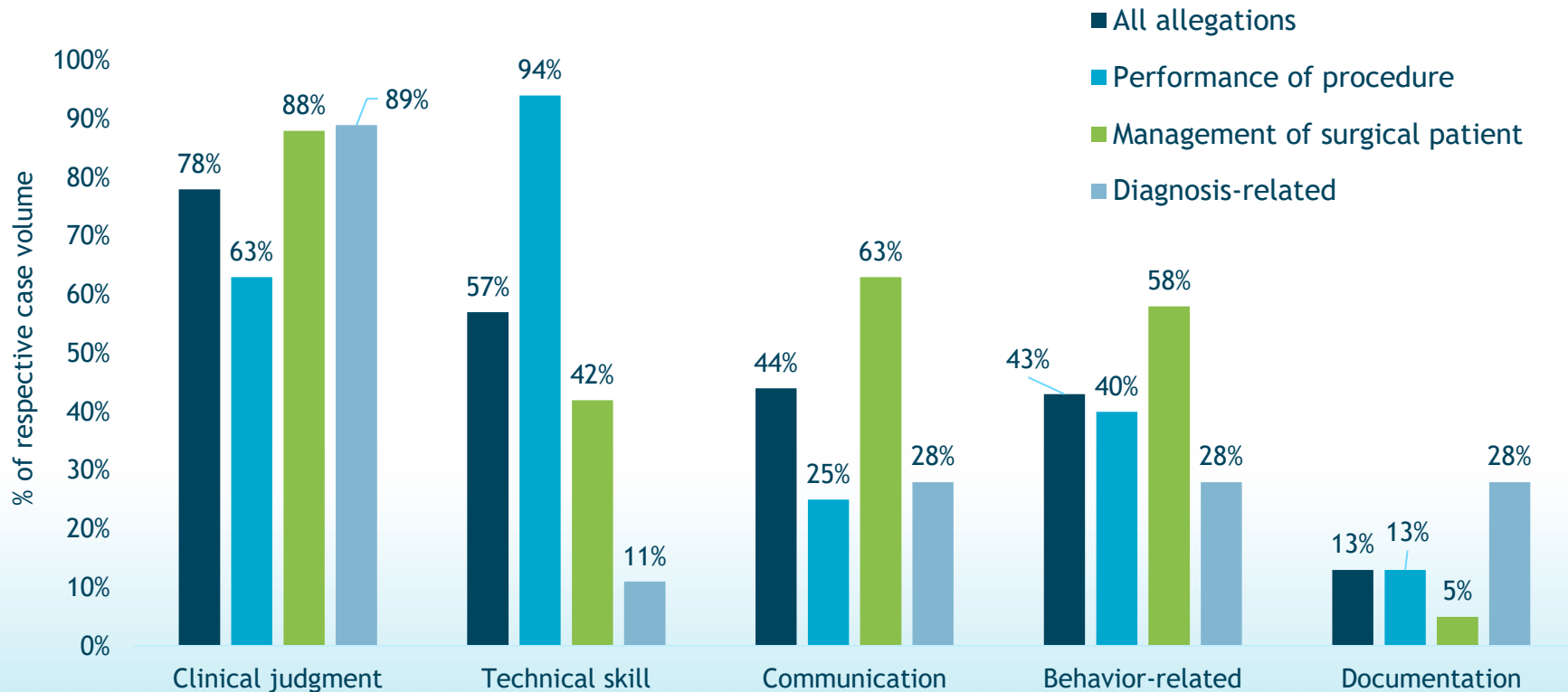
▶ Contributing factors



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



▶ Focus on procedural performance cases - these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Technical skill	Occurrence of known complications (and management thereof)	54%
	Poor technique	40%
Clinical judgment	Issues with selection of the most appropriate procedure given the patient's condition	42%
	Inadequate patient assessments	29%
Patient behavior	Includes dissatisfaction with care & non-adherence to treatment regimens	38%
Communication	Failed communication between provider & patient, including inadequate informed consent	25%

▶ Focus on surgical management cases - these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Clinical judgment	Issues with selection of the most appropriate treatment to manage the patient intra- and/or post-operatively	67%
	Inadequate patient assessments	63%
Patient behavior	Includes dissatisfaction with care & non-adherence to treatment regimens	58%
Technical skill	Occurrence of known complications (and management thereof)	40%
Communication	Failed communication between provider & patient, including inadequate informed consent	58%

▶ Focus on diagnosis-related cases - these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Clinical judgment	Inadequate patient assessments	89%
	Failure/delay in obtaining consult/referral	22%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	22%
Documentation	Insufficient documentation about clinical findings	17%

▶ 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.
- ▶ Ensure a process is in place for ongoing evaluation of procedural skills and competency with equipment.
- ▶ 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.
- ▶ Engage patients as active participants in their care.
 - ▶ Consider the patient's health literacy and other comprehension barriers.
- ▶ Document.
 - ▶ Verify that documentation supports the clinical rationale for the method of treatment.
 - ▶ 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, 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.

▶ 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

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