

# Radiology

## 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 radiologist\* 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

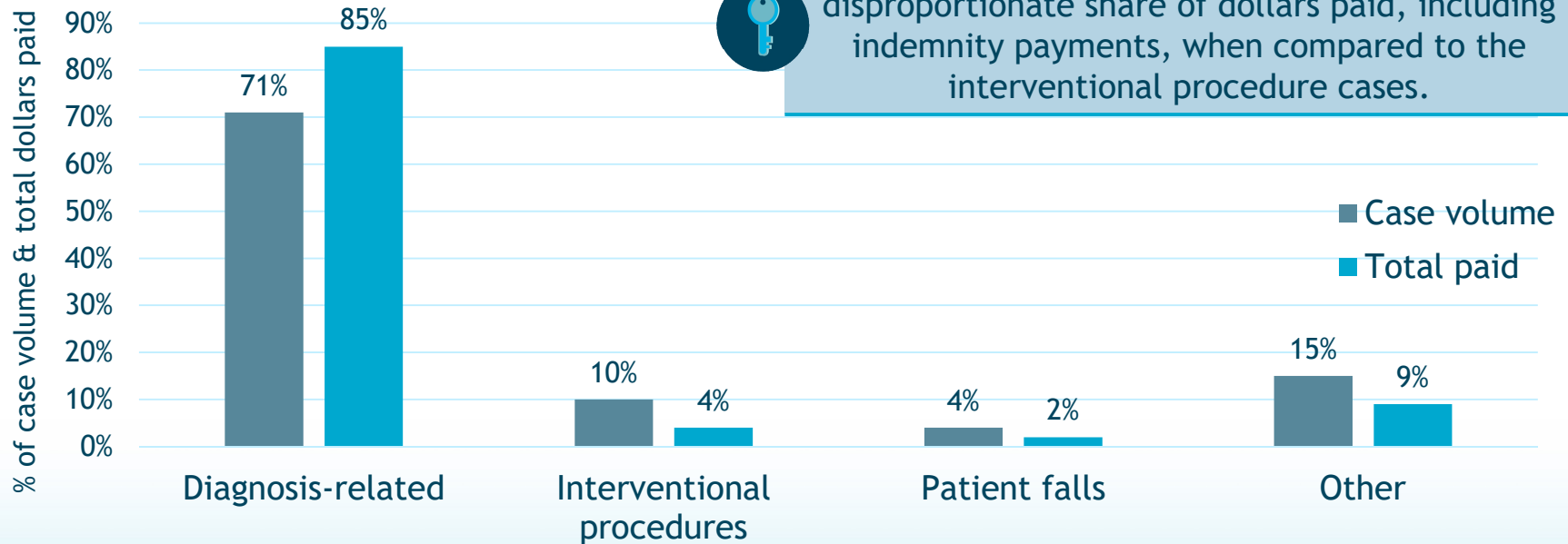


Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



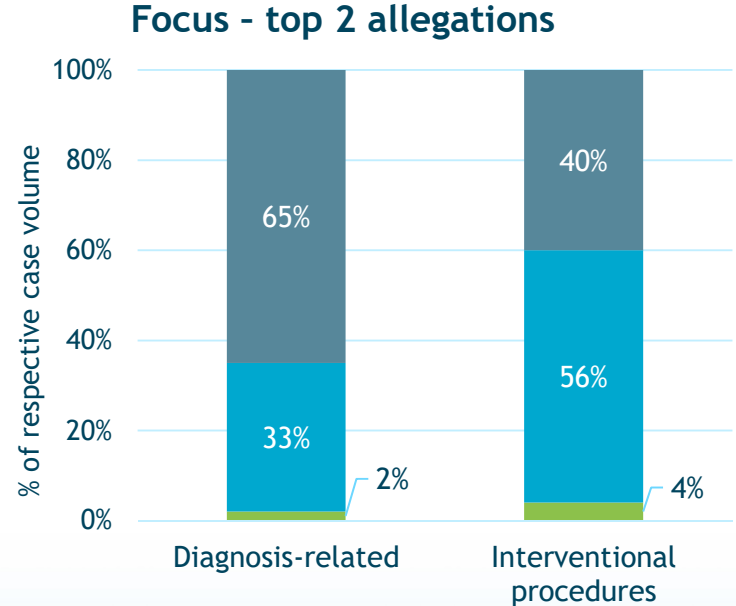
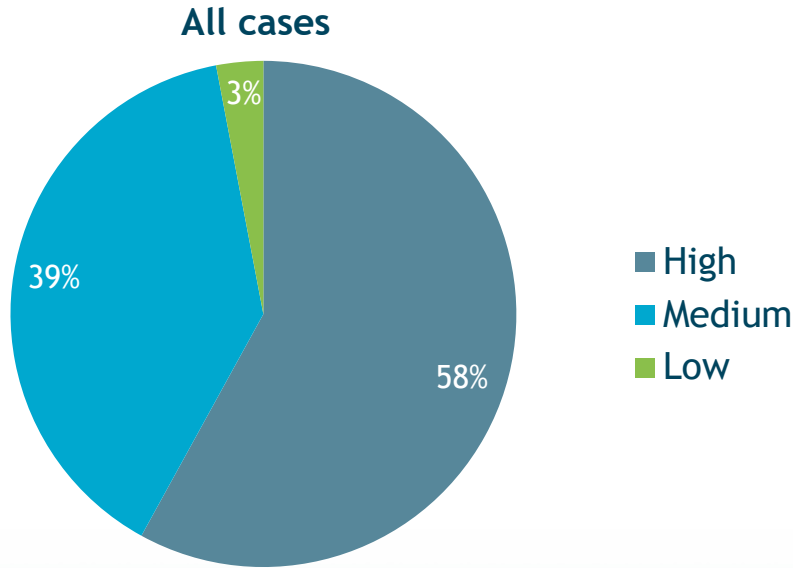
Diagnosis-related and interventional procedural performance allegations account for the majority of radiology case volume and total dollars paid.

## ▶ Allegations & dollars



The “other” category includes cases involving non-interventional procedures (i.e., x-rays, mammograms, CT, MRI), the management and/or monitoring of patients, and a few medication and equipment-related cases.

# ▶ Clinical severity\*

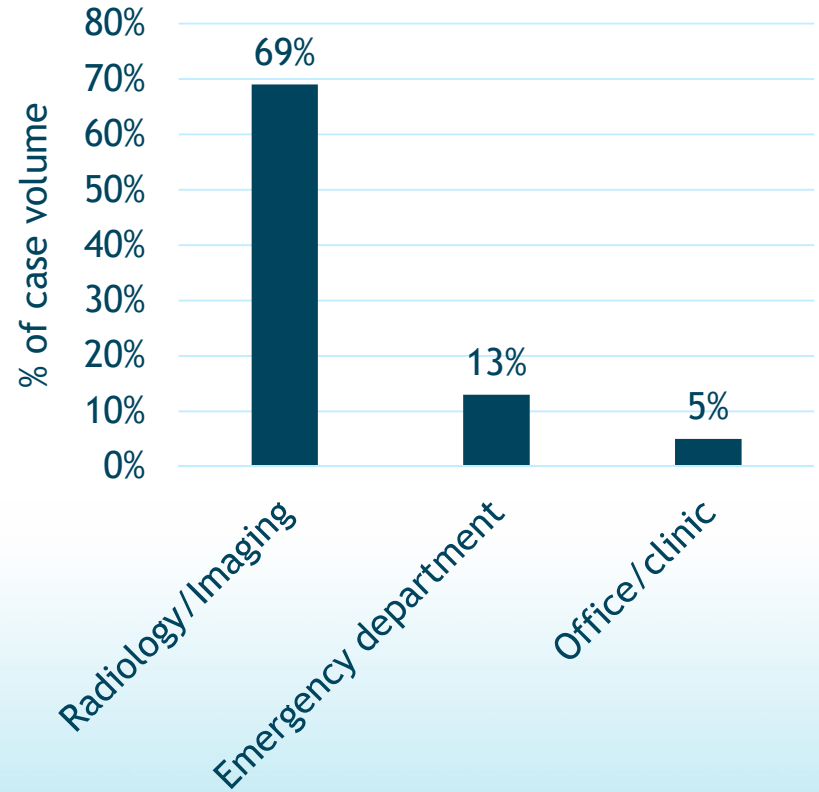
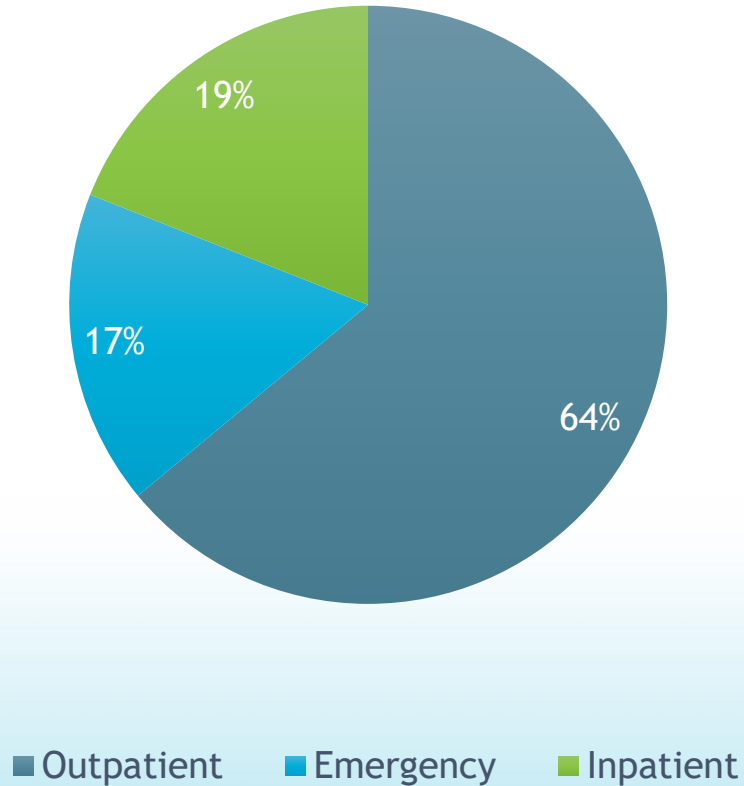


Within the high severity cases are permanent patient injuries ranging from serious to grave, and patient death. Typically, the higher the clinical severity, the higher the indemnity payments and the more frequently an indemnity payment occurs.



There has been an upwards trend in the volume of high severity patient outcomes over the last 10 years.

## ▶ Claimant type & top locations



# ▶ Focus on diagnosis-related allegations - diagnoses

Cases involving missed diagnoses of cancers account for 44% of the diagnosis-related case volume. Fractures account for another 13%.

Aneurysms and strokes are among the myriad of other diagnoses noted in the data.

Focus on cancer -  
as a percentage of all cancer diagnoses:

Breast: 54%

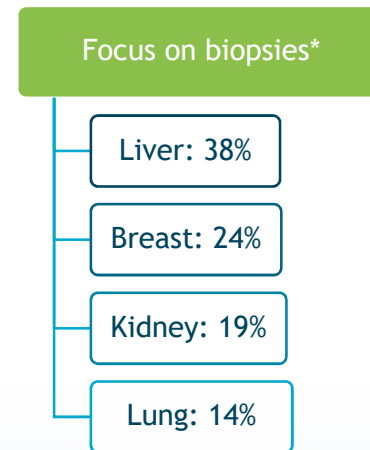
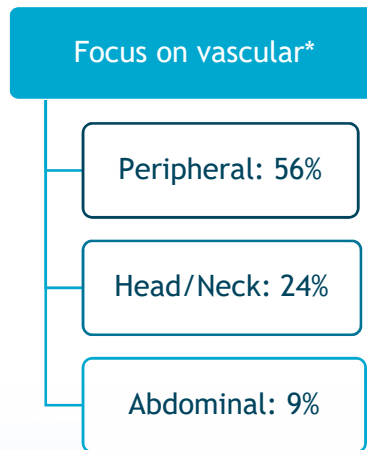
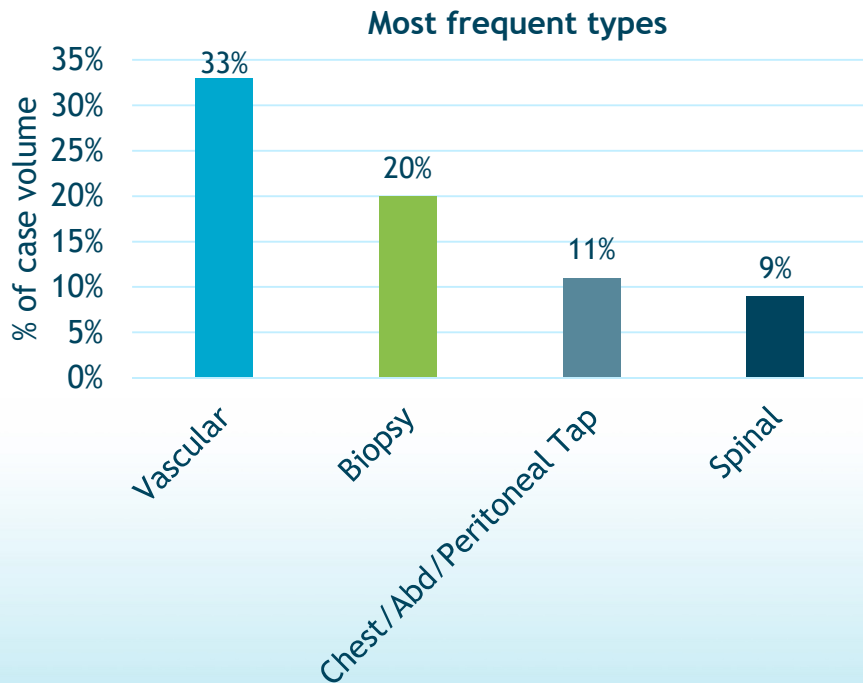
Lung: 7%

Kidney/renal  
pelvis: 2%

# ▶ Focus on interventional procedure types




Procedural performance can be complicated by delayed recognition of clinical symptoms, and/or inadequate assessment of the patient.





## ▶ Patient falls

Cases involving patient falls, while representing just 4% of the total case volume, do tend to close with an indemnity payment 24% more frequently than do the average of all cases against radiologists.

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These cases most often involve inadequate patient monitoring by radiology team staff (i.e., patients who fall while attempting to step down from an exam table, or who roll off of the gurney when a staff member is not standing nearby). Failure of radiology staff to follow department policies for safe patient care is a recurring risk issue in these cases.

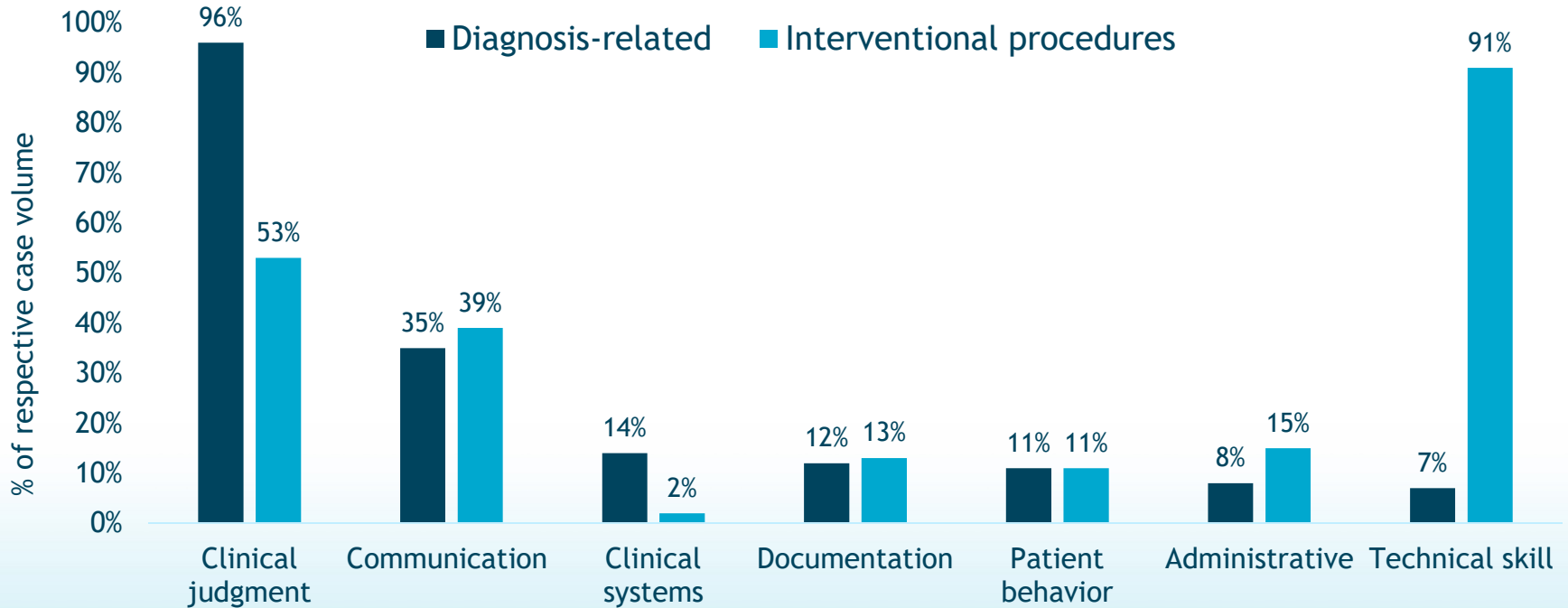
## ▶ Contributing factors



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



## ▶ In diagnosis-related cases, these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.\*

As with any diagnosis-related case, the diagnostic decision-making process most often involves more than one specialty; radiologists are but one critical part of that process.

Factor category	The details	How much more expensive?*
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury (sometimes, the provision of tele-radiology services are also fraught with communication failures)	35%
Clinical systems	Failures in the processes designed to ensure patients are notified of test results	17%
Documentation	Insufficient documentation about clinical findings, including the radiologist's documentation that ordering providers were notified of critical test results; can impact the defensibility of a subsequent malpractice case	33%

## ► In interventional cases, 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?*
Technical skill	Improperly utilized equipment	26%
	Poor procedural technique	21%
Clinical judgment	Inadequate patient assessments/monitoring, both during & after procedures	49%
	Issues involving the selection & timing of the most appropriate/effective procedures given the patient's presenting condition & co-morbidities	85%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	109%
Administrative	Failure to follow established policies & protocols	67%

## ▶ In summary – where to focus your efforts

- ▶ Communication failures between radiologists and other providers are frequently noted in the diagnosis-related cases.
  - ▶ Sometimes, small pieces of information that alone seem insignificant but in combination are crucial to the diagnostic process, can aid in the formation of differential diagnoses. For example, radiologists' access to the patient's medical history and to the ordering physician's clinical rationale for the test can be critically valuable.
- ▶ In procedural cases, communication failures between radiologists and patients/families are noted in more than one-third of all cases, most often involving an inadequate informed consent for procedures.
  - ▶ Malpractice cases are often initiated due to a breakdown in patient comprehension of possible outcomes.
  - ▶ When procedural complications arise, patients who don't fully understand the risks/benefits are more apt to be dissatisfied with the overall process.
    - When educating patients and/or their families prior to a procedure, consider their health literacy and other comprehension barriers.

## ▶ In summary – where to focus your efforts

- ▶ The majority of radiology cases with a technical skill factor reflect the occurrence of a known procedural complication.
  - ▶ Often, these cases are compounded by delay in recognizing and taking steps to address the complication. A few are related to poor procedural technique.
    - Ongoing evaluation of procedural skills and competency with equipment is critically important.
- ▶ Adhere to systems in place to report diagnostic test results.
  - ▶ Also ensure that there is a process to follow up on test results which are returned after patient discharge. The clinician who ordered the test should have responsibility for reviewing the results and either acting on those results, if appropriate, or getting the result(s) into the hands of the provider in charge of managing the patient's care.
- ▶ Document.
  - ▶ Describe the rationale for inclusion/exclusion of differential diagnoses. Thorough, consistent documentation in the chart enhances communication between providers and provides a supportive framework for defense of any subsequent malpractice case.
- ▶ Follow patient safety precautions before, during, and after each procedure.

# ▶ 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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