Protecting Providers.
Promoting Safety.

Are You Safe?

Patient safety risks for office-based practices

Standardized Communication:
Did the specialist change the treatment plan??

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Opportunities for Improving Patient Safety

- **Identified through** CRICO's Office Practice Evaluation program and analysis of medical malpractice case data
- **Based on** real events that have triggered malpractice cases
- **Valuable lessons** in communication, clinical judgment, and patient care systems

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Purpose

- Help all members of office-based teams reduce the risk of patient harm in the course of diagnosis and treatment.
- Raise awareness and begin discussions about the patient safety issues that most commonly put ambulatory care patients and providers at risk.

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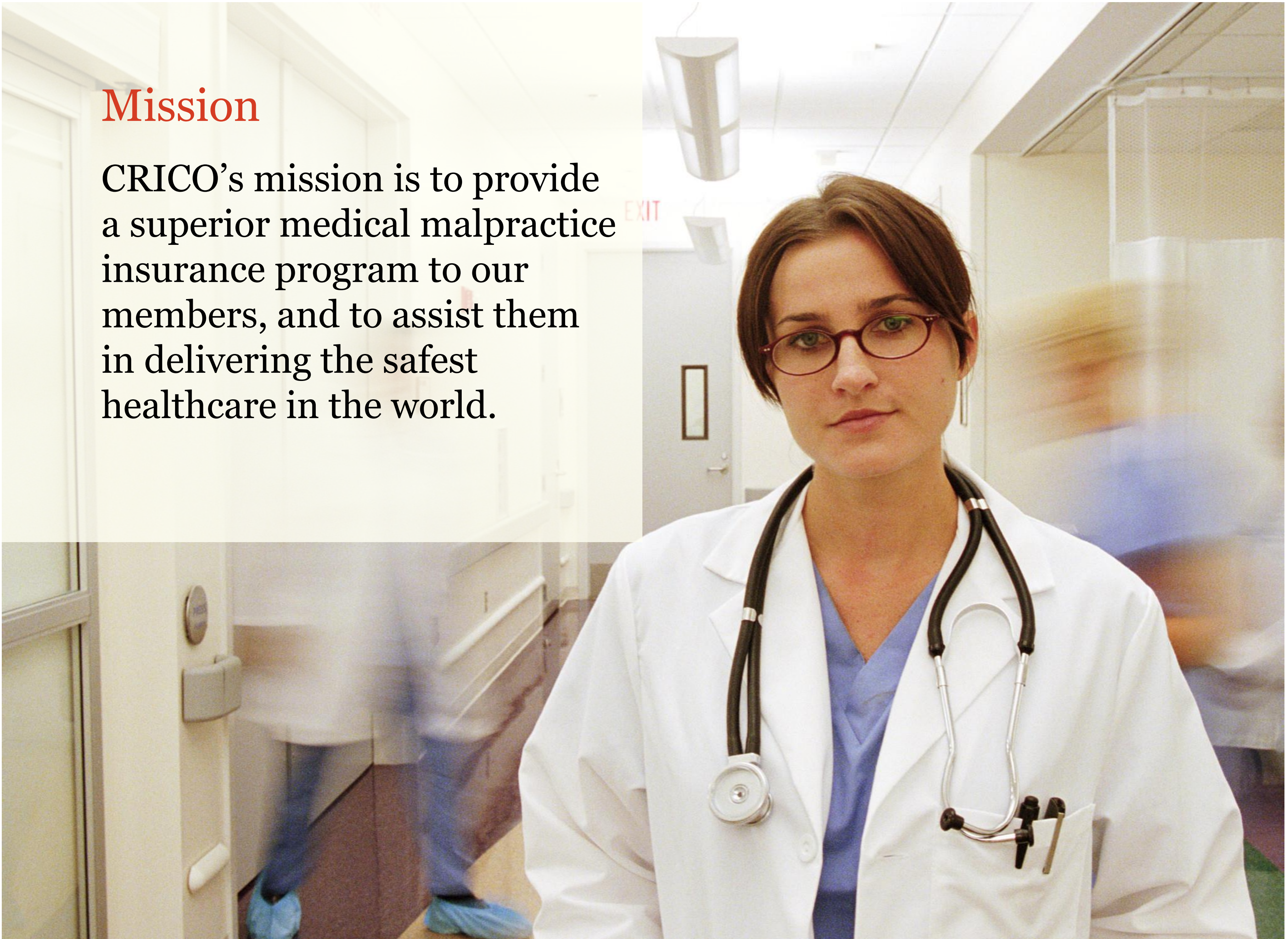

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Controlled Risk Insurance Company (CRICO)

- Captive insurer of the Harvard medical institutions
- Provides member organizations medical professional liability, general liability and other insurance coverage for:
  - 12,400+ physicians *(including nearly 4,000 residents and fellows)*
  - 32 hospitals
  - 100,000+ employees (nurses, technicians, etc.)
- Services include underwriting, claims management, and patient safety improvement
- CRICO has been analyzing medical malpractice data to drive risk mitigation for more than 30 years

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CRICO Member Organizations

- Atrius Health
  - Dedham Medical
  - Granite
  - HVMA
- Boston Children's Hospital
- Cambridge Health Alliance
- CareGroup
  - Beth Israel Deaconess Medical Center
  - Beth Israel Deaconess Needham
  - Beth Israel Deaconess Milton
  - Mount Auburn Hospital
  - New England Baptist Hospital
- Dana-Farber Cancer Institute
- Harvard Pilgrim Health Care
- Presidents and Fellows of Harvard College
  - Harvard Medical School
  - Harvard School of Dental Medicine
  - Harvard T. H. Chan School of Public Health
  - Harvard University Health Services
- Joslin Diabetes Center
- Judge Baker Children's Center
- Massachusetts Eye and Ear Infirmary
- Massachusetts Institute of Technology
- Partners HealthCare System
  - Brigham and Women's Hospital
  - Brigham and Women's Faulkner Hospital
  - Massachusetts General Hospital
  - McLean Hospital
  - North Shore Medical Center
  - Newton-Wellesley Hospital
  - Spaulding Rehabilitation Hospital

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Malpractice Data Overview

Focus: Ambulatory Diagnosis-related Allegations

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46% of CRICO malpractice cases occur in the ambulatory setting.

38% of ambulatory cases allege a wrong or delayed diagnosis.

1,011 fully coded cases	$523M losses*	• claim made 2011–2016 YTD
463 cases	$209M losses*	• claim made 2011–2016 YTD, *and* • involving ambulatory care**
175 cases	$147M losses*	• claim made 2011–2016 YTD, *and* • involving ambulatory care,** *and* alleging a wrong or delayed diagnosis

*Losses are "total incurred losses," which includes reserves on open and payments on closed cases.

**Ambulatory care cases involve an outpatient but exclude cases occurring in Emergency departments.

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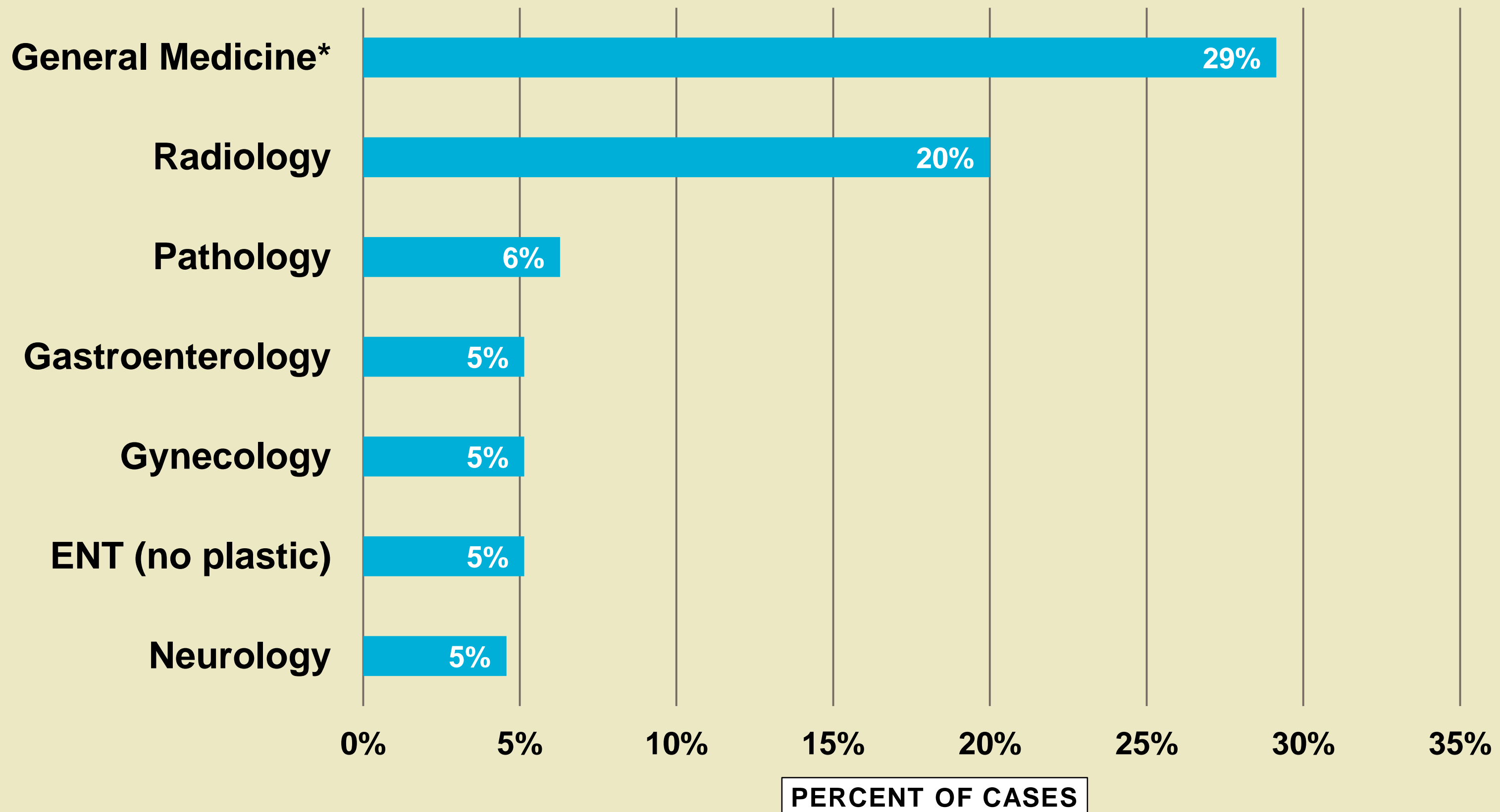
175 Ambulatory Diagnosis cases

General Medicine and Radiology are most frequently involved.

The Clinical Service Responsible for the Patient's Care at the Time of the Event



CRICO N=175 MPL cases with claim made date 1/1/11–8/31/16 involving ambulatory care and alleging diagnostic failure.

*General Medicine includes Internal Medicine and Family Practice.

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Two-thirds of cases involve permanent injury or death.

Injury Severity in Ambulatory Diagnosis Cases

CRICO N=175 MPL cases with claim made date 1/1/11–8/31/16 involving ambulatory care and alleging diagnostic failure.

Severity Scale: High=Death, Permanent Grave, Permanent Major, or Permanent Significant
Medium=Permanent Minor, Temporary Major, or Temporary Minor
Low= Temporary Insignificant, Emotional Only, or Legal Issue Only

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60% of 175 ambulatory diagnosis-related cases involve a missed/delayed cancer diagnosis

- The top ambulatory diagnosis-related allegations in CRICO ambulatory malpractice cases are:
  - Cancers (top three: breast, lung, colorectal)
  - Diseases of the heart
  - Fractures

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Case Study: Standardized Communication

Did the specialist change the treatment plan?

The following example is from a closed malpractice case.

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CRICO maps contributing factors to the way care is experienced by the patient.

CRICO Diagnostic Process of Care

STEP	CRICO % CASES	CBS % CASES
1. Patient notes problem and seeks care	1%	1%
2. History/physical	10%	8%
3. Patient assessment/evaluation of symptoms	35%	31%
4. Diagnostic processing	43%	35%
5. Order of diagnostic/lab test	40%	31%
6. Performance of tests	5%	3%
7. Interpretation of tests	37%	23%
8. Receipt/transmittal of test results (to provider)	4%	5%
9. Physician follow up with patient	21%	18%
10. Referral management	13%	21%
11. Provider-to-provider communication	12%	12%
12. Patient compliance with follow-up plan	14%	17%

*A case will often have multiple factors identified.

CRICO N=175 MPL cases with claim made date 1/1/11–8/31/16 involving ambulatory care and alleging diagnostic failure.

CBS (Comparative Benchmarking System) includes >300,000 medical malpractice cases across the nation

CBS N=2,919 MPL cases with claim made date 1/1/11–8/31/16 involving ambulatory care and alleging diagnostic failure.

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Malpractice case study focus:
Referral Management

13%
of cases

had an error in communication identified as a contributing factor, i.e., ----

CRICO N=194 MPL cases asserted 1/1/09–12/31/13 involving ambulatory care and alleging diagnostic failure.

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Case Study

Patient

Susan, 62-year-old female with history of atrial fibrillation

March

Patient has a history of atrial fibrillation treated with Coumadin. She was evaluated by her cardiologist and complained of bleeding.

An EKG was done which showed NSR. The patient had been in NSR for several years. Her Coumadin was stopped and she was started on Aspirin.

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Case Study

Susan, 62-year-old w/history of atrial fibrillation

7 months later

Susan sees her primary care physician. An EKG completed during the visit revealed atrial fibrillation.

The PCP asked if the patient was on Coumadin, she responded yes.

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Case Study

Susan, 62-year-old w/history of atrial fibrillation

3 months later

Susan was admitted to the hospital with complaints of lightheadedness and dizziness.

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Case Study

Susan, 62-year-old w/history of atrial fibrillation

Outcome

She was diagnosed with and treated for a stroke. She sustained permanent injuries due to the stroke.

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Case Study

Susan, 62-year-old w/history of atrial fibrillation

Vulnerability

Unclear communication between provider and patient can lead to incomplete or inaccurate information compromising treatment decisions.

Safer Care Recommendation

Ensuring patient understanding is critical to garner the most accurate and complete information. Consider each patient's communication style to solicit the most information and enable assessment of patient understanding.

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Case Study

Susan, 62-year-old w/history of atrial fibrillation

Vulnerability

Inadequate review of patient medications and reliance on patient memory can lead to medications/treatment not being provided

Safer Care Recommendation

Reconciling the patient medication list at every visit and providing education regarding purpose, risks, and benefits of each medication can decrease the likelihood of misunder-standing and increase compliance with recommended treatment

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Practice Assessment

Has this type of event ever happened here?

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Practice Assessment

Standardized Communication

Does our clinical team review and reconcile patient medications at each encounter?

Recommended Practices

- Obtain a medication history for each patient (including over-the-counter and alternative medications), and update at every visit
- Include the whole care team (pharmacy, nursing) in medication management and safety to ensure critical information is not lost

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Practice Assessment

Standardized Communication

What practices do we have to assess patient understanding of their medications and care plan?

Recommended Practice

For each medication, educate patients re: purpose, how to take it, and symptoms to report e.g., “teach back”

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Practice Assessment

Standardized Communication

Does we have clinical guidelines and a standard process to identify and manage patients on anticoagulation?

Recommended Practice

When multiple providers are involved in a single patient’s care ensure that each knows who is responsible/ accountable for medication management

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Practice Assessment

Standardized Communication

What else can we do to avoid a similar event?

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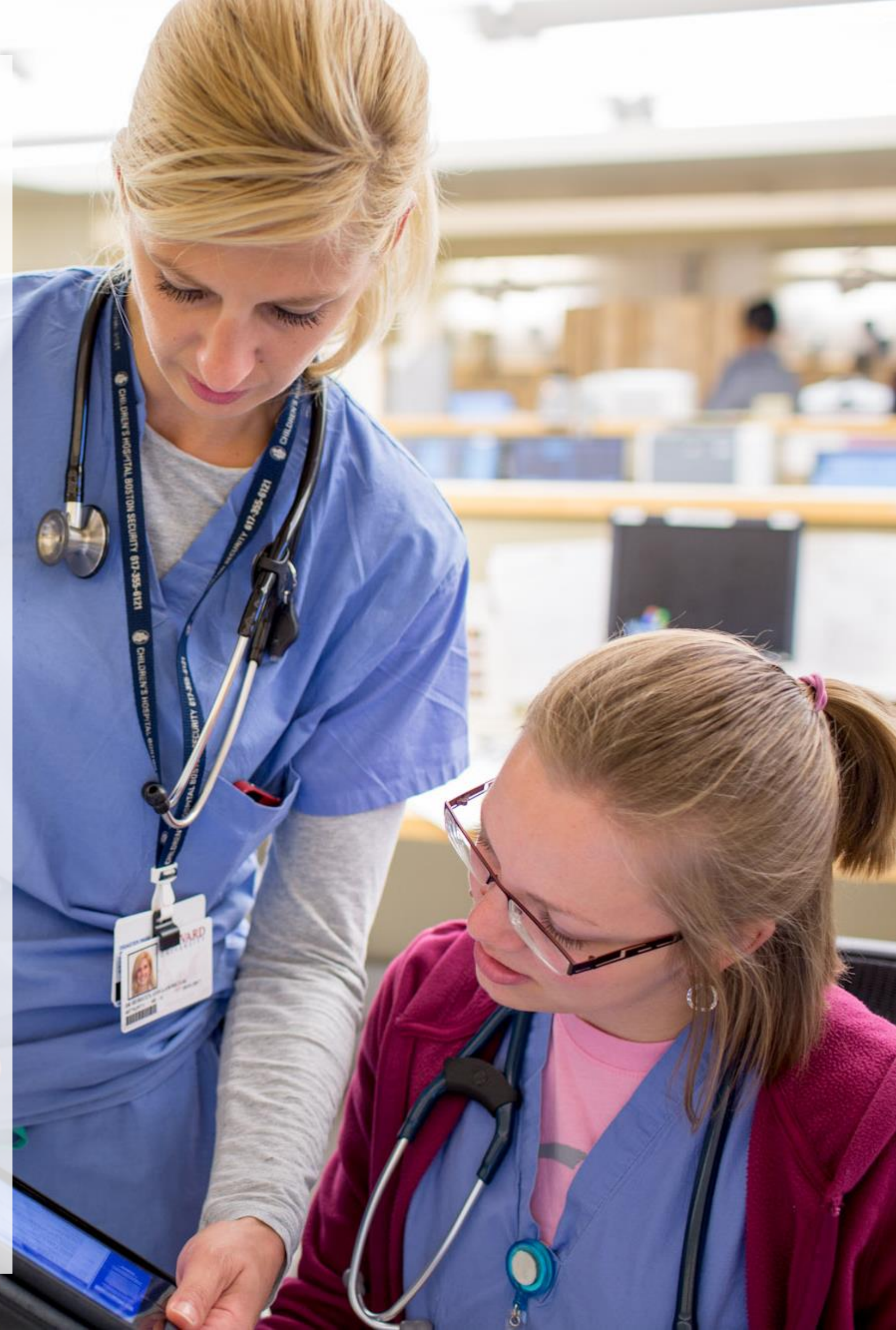
How to Earn Category 2 Risk Management Credits

This *Are You Safe?* case study is suitable for 0.25 *AMA PRA Category 2 Credit*™.

This activity has been designed to be suitable for 0.25 hours of Risk Management Study in Massachusetts.

Risk Management Study is self-claimed; print and retain this page for your recordkeeping.



Additional Resources

Standardized Communication:
Did the specialist change the treatment plan?

Are You Safe? extras

For more information

Email

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