crico | Protecting Providers. Promoting Safety.

Are You Safe?

Patient safety risks for office-based practices

Reliable Diagnoses:

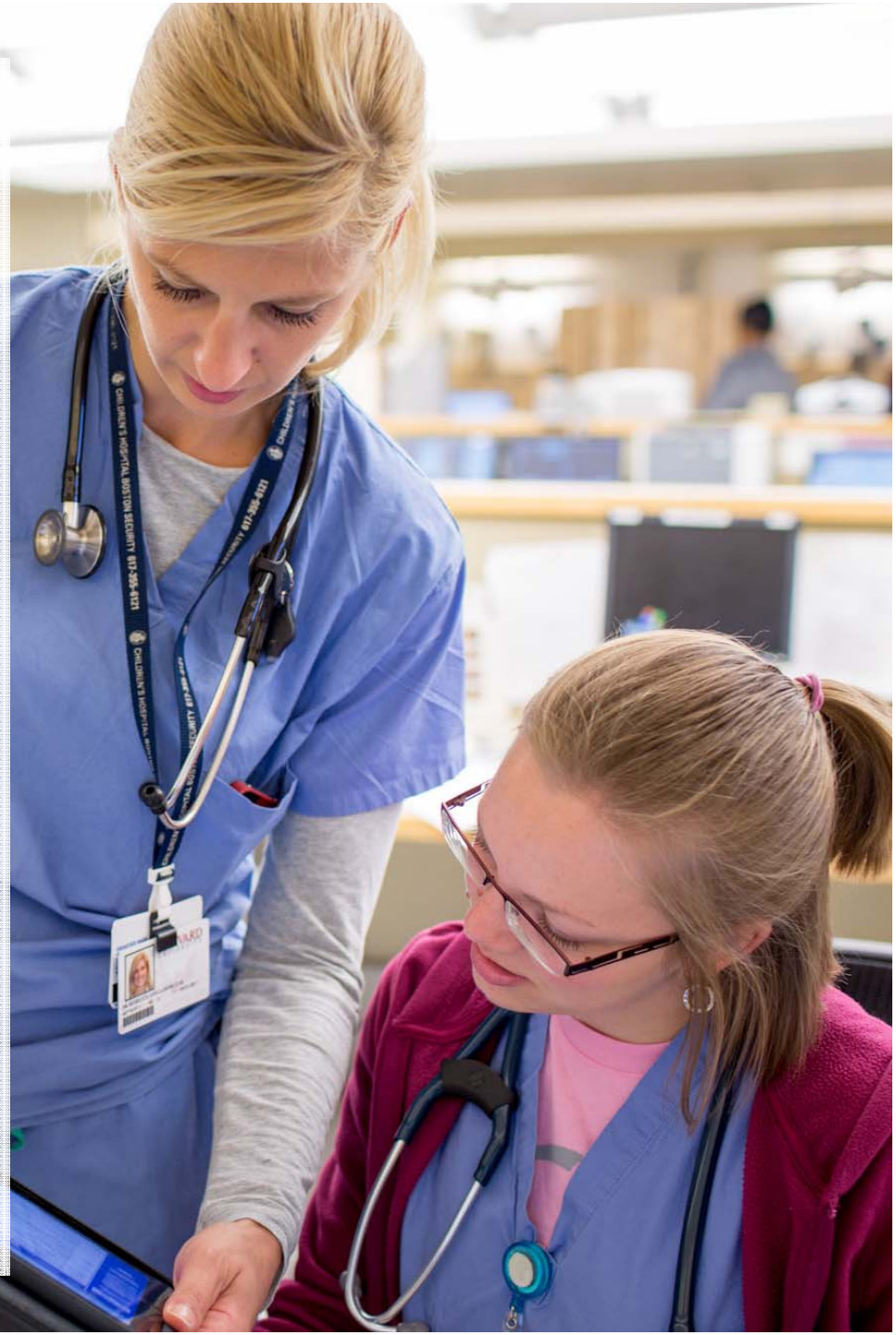
Are we prepared to triage this patient call?

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.



Opportunities for Improving Patient Safety

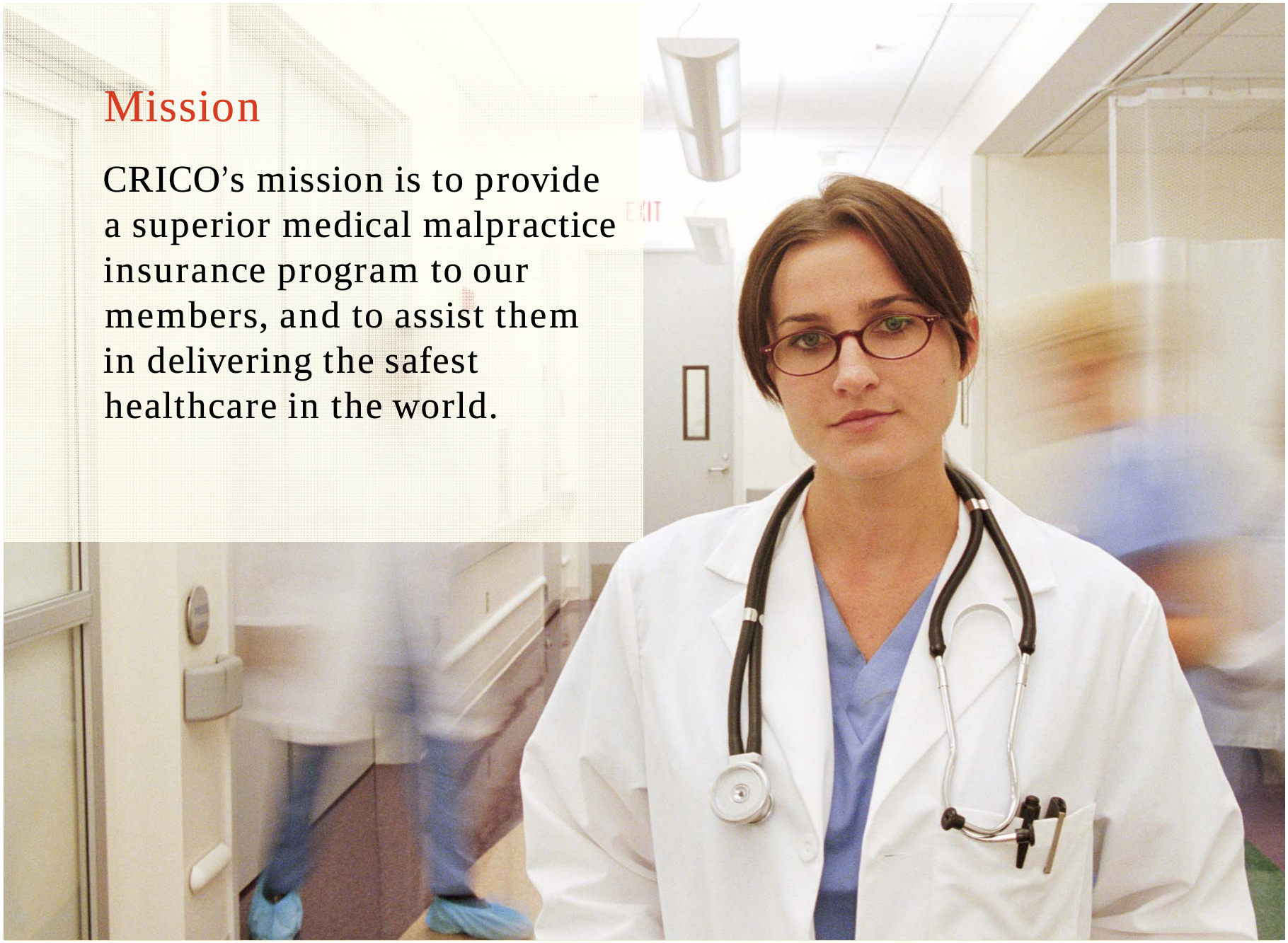
- **Identified through** CRICO's Office Practice Evaluation program and analysis of medical malpractice case data
- **Based on** real events that have triggered malpractice cases
- **Valuable lessons** in communication, clinical judgment, and patient care systems

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.

Mission

CRICO's mission is to provide a superior medical malpractice insurance program to our members, and to assist them in delivering the safest healthcare in the world.



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:
  - Nearly 13,000 physicians *(including 3,500 residents and fellows)*
  - 25 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

crico | are you safe?

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

Malpractice Data Overview

Focus: Ambulatory Diagnosis-related Allegations

crico | are you safe?

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

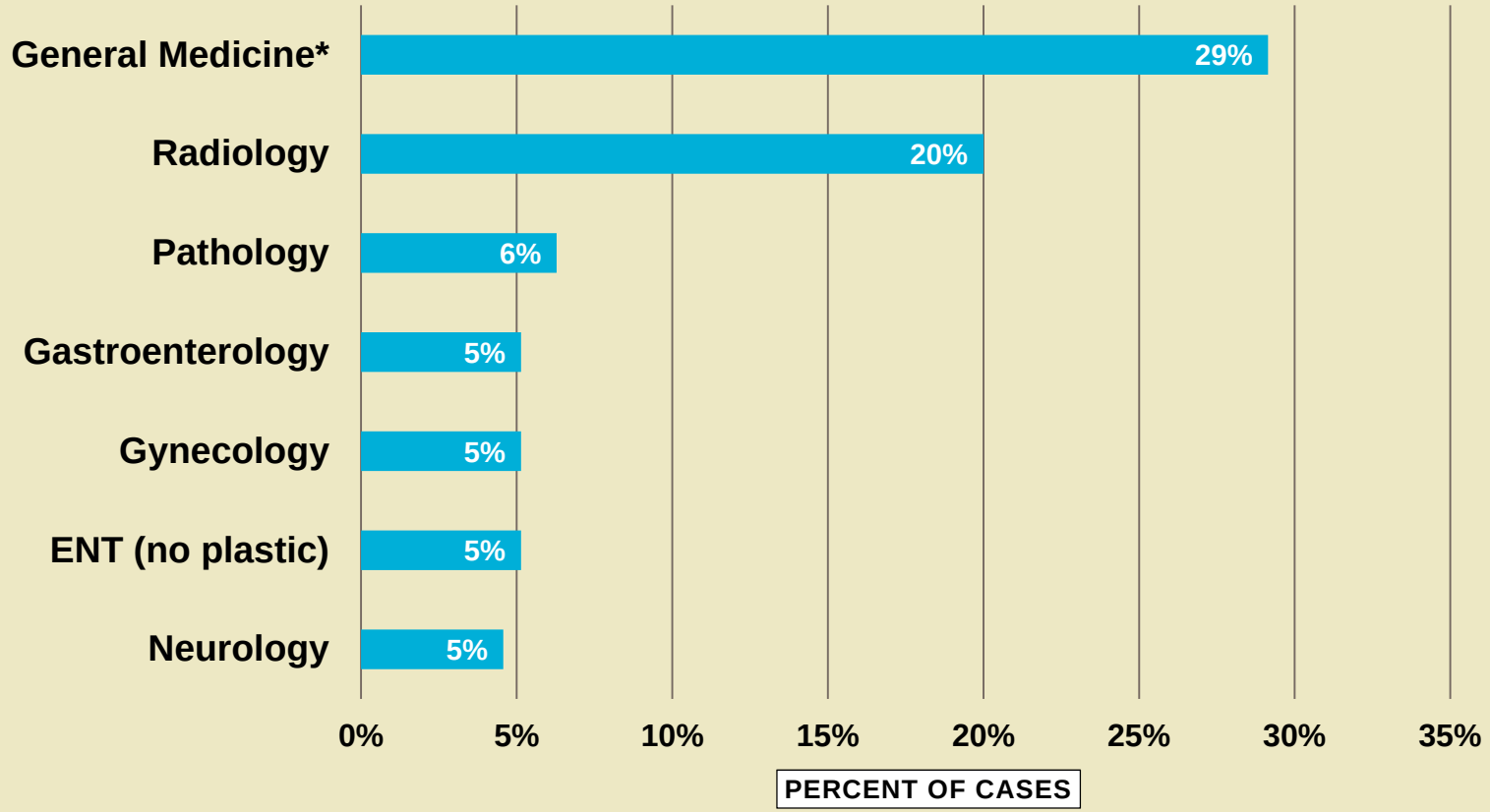
38% of ambulatory cases allege a wrong or delayed diagnosis.

*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. CRICO N=175 MPL cases with claims made date1/1/11 – 8/31/16.

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.

crico | are you safe?

Two-thirds of cases involve permanent injury or death.

Injury Severity in Ambulatory Diagnosis Cases

6% low

30% medium

64% high

including death

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

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

Case Study: Reliable Diagnoses

Are we prepared to triage this patient call?

The following example is from a closed malpractice case.

crico | are you safe?

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.

Malpractice case study focus: Patient Assessment

35%
of cases

had an error in patient assessment identified as a contributing factor, i.e., the patient's complaints or symptoms were not thoroughly addressed

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

crico | are you safe?

Case Study

Patient

Willy, 9-year-old male

Saturday, 8:00 p.m.

Father calls his son's pediatrician's office and tells the nurse practitioner (NP) that his 9-year-old has not felt well for three days: nausea, vomiting, decreased oral intake, weakness, and lethargy (sleeping 24 hours straight).

crico | are you safe?

Case Study

Willy, 9-year-old

Saturday, 8:00 p.m.

- Suspecting the flu, the NP asks if the boy is alert (yes), has passed urine (yes), or has a fever or rash (no).
- When asked if his son should be seen right away, the father says he doesn't think so, but is concerned that the boy hasn't eaten.
- The NP advises pushing ginger ale and making sure he is urinating.

crico | are you safe?

Case Study

Willy, 9-year-old

Sunday morning, 4:00 a.m.

Upon checking, the boy is sleeping and his breathing was more rapid

Sunday morning, 8:30 a.m.

The father finds his son is not breathing, calls 911, and starts CPR…but the boy can not be revived

crico | are you safe?

Case Study

Willy, 9-year-old

Outcome

Autopsy reveals diabetic ketoacidosis (the child had undiagnosed diabetes mellitus). His blood sugar was 1,165 (nl 50-80) and his HgA1C was 15.3% (nl 4-5.9%).

crico | are you safe?

Case Study

Willy, 9-year-old

Vulnerability

Once the child's symptoms were ascribed to the flu, the history-taking was cut short and the NP jumped to a conclusion (i.e., fixation error) and prematurely moved on to the plan

Safer Care Recommendation

Evaluating symptoms over the telephone requires focused and relevant history-taking. Open-ended questions may improve the quality of the information collected, resulting in a more reliable diagnosis.

crico | are you safe?

Case Study

Willy, 9-year-old

Vulnerability

The NP relied on the patient's father to decide whether the problem was emergent enough to require immediate attention.

Safer Care Recommendation

Patients (or parents) should not be doing their own triage. Calling back after an established timeframe can be reassuring as a way to check the initial triage decision and an opportunity, if necessary, to revise the plan.

Case Study

Willy, 9-year-old

Vulnerability

The NP did not ask any questions to hone in on the seriousness of the situation

Safer Care Recommendation

- Effective use of telephone triage protocols may lead to a more disciplined approach and improved safety
- Instructions that the patient be evaluated right away must be clear, repeated twice, and documented

Practice Assessment

Has this type of event ever happened here?

Practice Assessment

Reliable Diagnoses

What is our practice/policy for telephone triage for patients calling-in after hour?

Recommended Practice

- Make an extra effort to talk directly with the patient when possible
- Avoid premature closure in your decision-making

Practice Assessment

Reliable Diagnoses

Have we implemented best practices for telephone triage? Can we leverage decision-support tools?

Recommended Practices

Adopt telephone triage protocols, especially for ruling out serious problems

Practice Assessment

Reliable Diagnoses

Can we integrate triage call notes into the EHR?

Recommended Practices

Document all after-hours calls in the medical record

Practice Assessment

Reliable Diagnoses

How do we close the loop with the primary care physician related to the after-hours care?

Recommended Practices

Close the loop with the primary care provider

Practice Assessment

Reliable Diagnoses

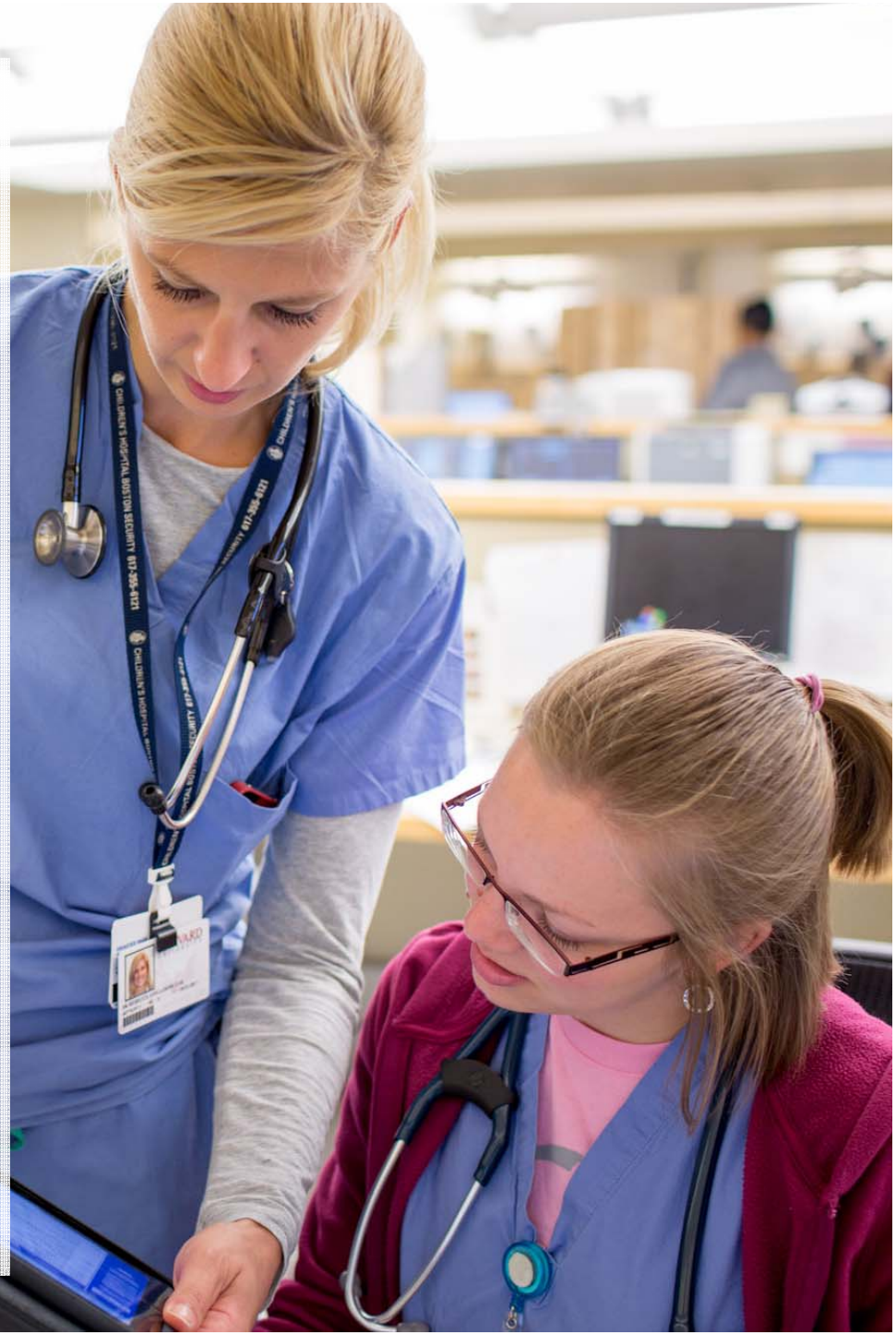
What else can we do to avoid a similar event?

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

Reliable Diagnoses:
Are we prepared to triage this patient call?

Are You Safe? extras

For more information

Email
areyousafe@rmf.harvard.edu