
Are You Safe?

Patient safety risks for office-based practices

Closing the Loop:

Are we properly tracking test results and referrals?

Opportunities for Improving Patient Safety

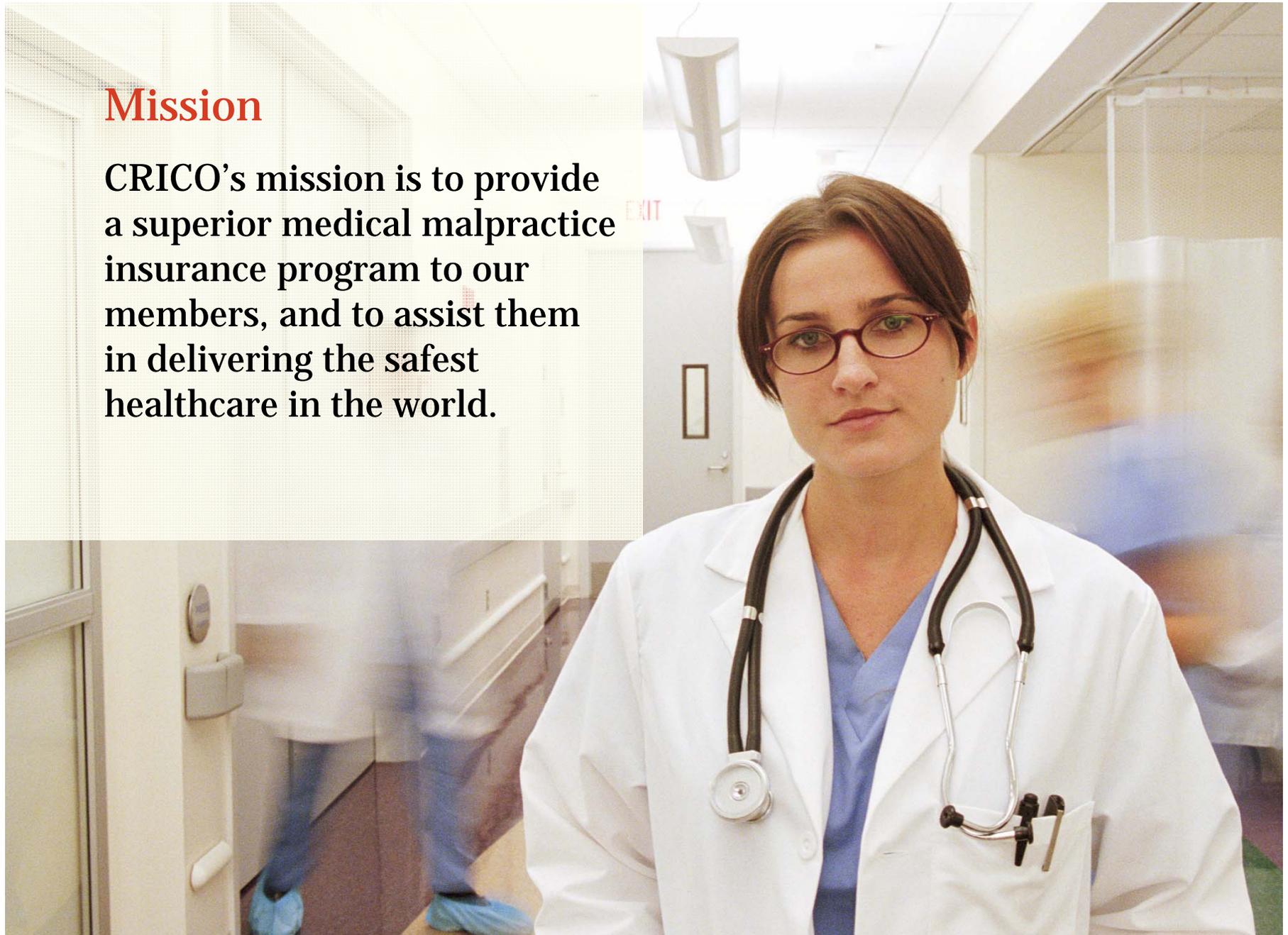
- **Identified through** CRICO's Office Practice Evaluation program and analysis of medical malpractice case data
- **Based on** real events that have triggered malpractice cases
- **Valuable lessons** in communication, clinical judgment, and patient care systems

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 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

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*

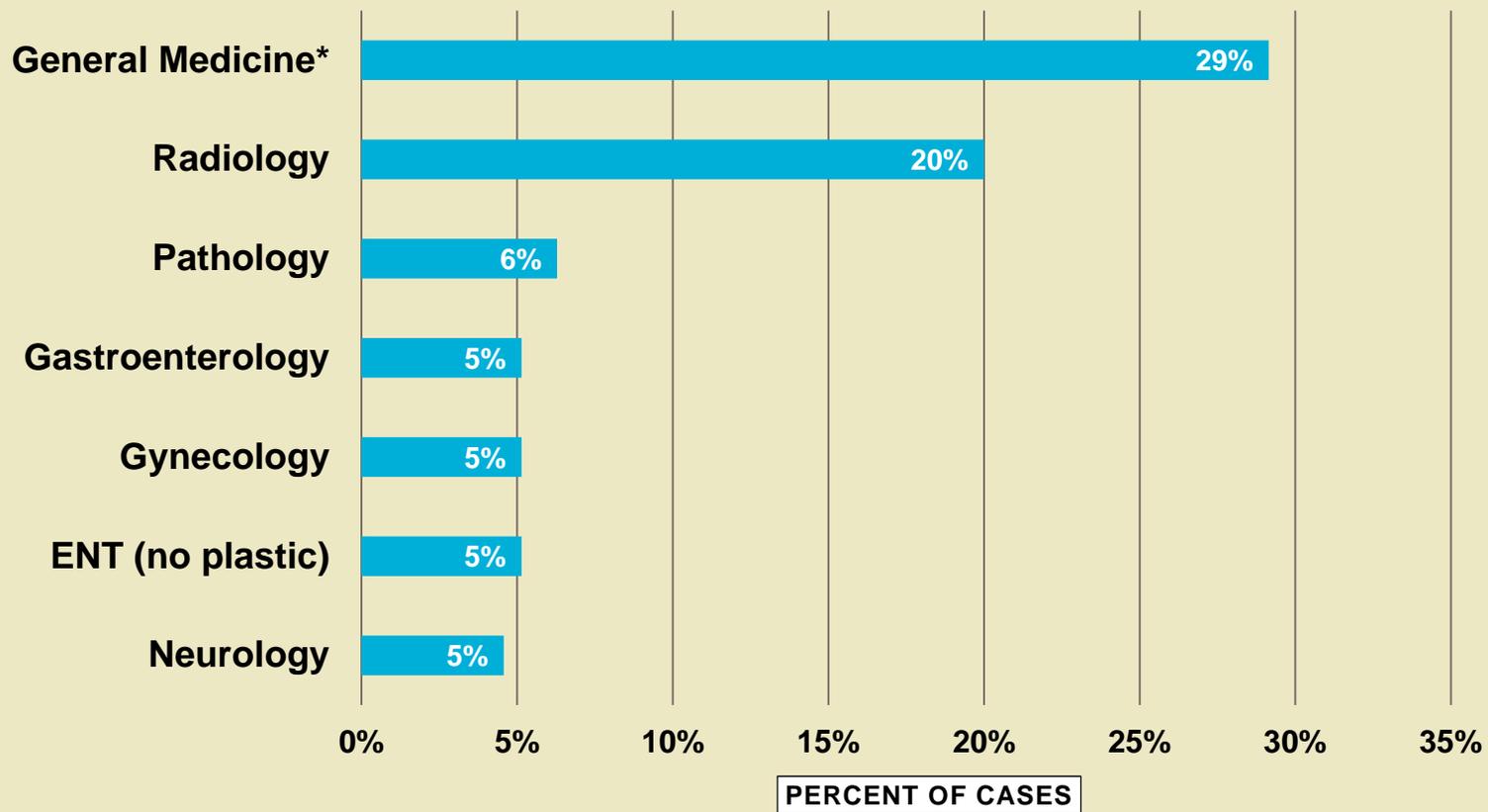
• claim made 2011–2016 YTD, *and*
• involving ambulatory care,** *and*
alleging a wrong or delayed diagnosis

*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. CRICO N=175 MPL cases with claims made date 1/1/11 – 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.

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

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: Closing the Loop

*Are we properly tracking test results
and referrals?*

The following example is from a closed malpractice case.

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: Test Result Management

4%

of cases

had a **test result management** error identified as a contributing factor, i.e., receipt/review of test result by ordering physician is not completed or is significantly delayed

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

Case Study



Patient

Leslie, 8-year-old female

Day 1

- Leslie, who has a history of forearm fractures and osteopenia, is referred to an endocrinologist, whose interim diagnosis is idiopathic juvenile osteoporosis (IJO)
- Leslie is referred to a gastroenterologist to rule out celiac disease as the underlying cause

Case Study

Leslie, 8-year-old female w/history of fractures and osteopenia



Days 5-10

- An upper endoscopy is performed by a physician different from the GI to whom Leslie was referred
- The endoscopy indicates all structures appear normal. Five days later, the pathology report is positive for celiac disease.

Case Study

Leslie, 8-year-old female w/history of fractures and osteopenia



Three years later

- Over the next three years, Leslie is treated by her GI, endocrinologist, and orthopedic surgeon for IJO
- When Leslie develops abdominal pain and constipation, her PCP (different from three years prior) conducts a celiac test, which is positive
- The endocrinologist asks the GI if a patient can become celiac positive three years after a negative test

Case Study

Leslie, 8-year-old female w/history of fractures and osteopenia



Three years later (continued)

- Upon review, the GI sees the celiac-positive results from three years prior in the patient's chart
- Neither the endocrinologist nor the referring gastroenterologist had ever reviewed them

Case Study

Leslie, 8-year-old female w/history of fractures and osteopenia



Outcome

- When notified, the girl's parents say that they had been told the initial test results were negative, but cannot recall by whom
- With a gluten-free diet, the girl's condition gradually improves

Case Study

Leslie, 8-year-old female w/history of fractures and osteopenia



Vulnerability

The pathologist routed the (initial) celiac test results to the gastroenterologist who performed the endoscopy, but not to any of the patient's other caregivers

Safer Care Recommendation

Patients undergoing a test/procedure expect coordination among all of the providers involved. A system that allows abnormal results to be go unnoticed by subsequent providers needs to be assessed and fixed.

Case Study

Lamesha, 8-year-old female w/history of fractures and osteopenia



Vulnerability

Several caregivers proceeded with a misguided treatment plan for three years after the celiac test results were reported

Safer Care Recommendation

The decision to order a test must include a commitment to close the loop all the way through reviewing and sharing the results with subsequent providers and the patient

Practice Assessment

Has this type of event ever happened here?

Practice Assessment

Closing the Loop

What is our process for closing the loop on test results/consult reports?

Recommended Practice

Obtain a baseline assessment by performing a random audit of normal and abnormal result notifications

Practice Assessment

Closing the Loop

Do we document an expected turnaround time for test results/consults?

Recommended Practices

Develop written procedures for managing the critical results of tests and diagnostic procedures

Practice Assessment

Closing the Loop

What is our turnaround time goal for reporting results to a patient?

Recommended Practices

- Ensure that all providers involved in a single patient's care know who is responsible/accountable for reporting test results to the provider and the patient, and the expected timing
- Encourage patients to inquire about test results if they haven't been notified

Practice Assessment

Closing the Loop

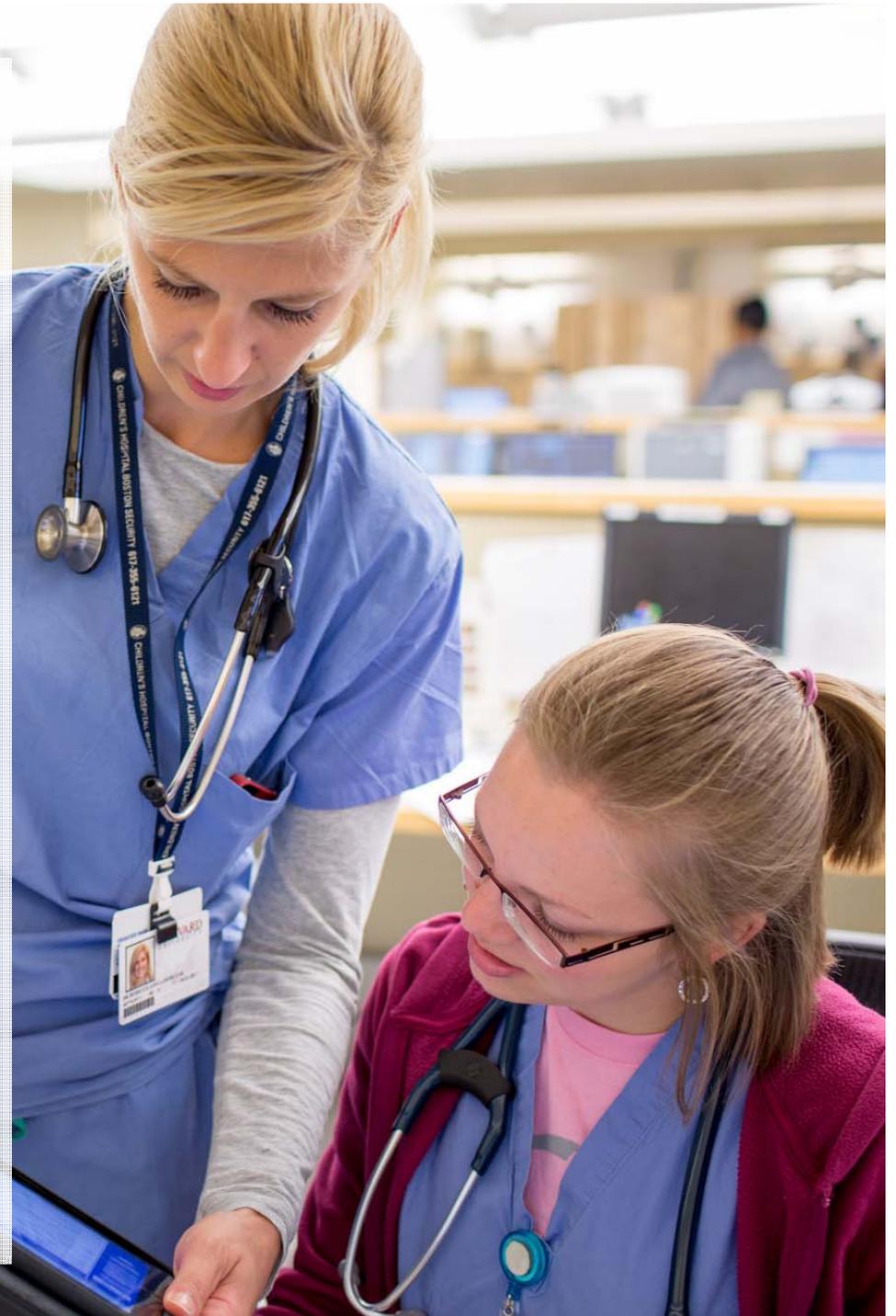
What else can we do to avoid a similar event?

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

Closing the Loop:
*Are we properly tracking
test results and referrals?*

[Are You Safe? extras](#)

For more information

[Email](#)

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