About CRICO Strategies’

Comparative Benchmarking System

CBS provides data-driven intelligence to identify vulnerabilities and engage physicians and clinical leaders in solutions to mitigate risk.
Comparative data. Collaborative insights.

CRICO Strategies’ national Comparative Benchmarking System (CBS) delivers the intelligence you need to identify your clinical risks, benchmark against peers, and prioritize your patient safety efforts. Membership in CBS provides unparalleled opportunities to analyze medical malpractice claims data and share in a collaborative community focused on best practices in safe care.

Data is the most valuable tool we have to understand medical error. Organizations best poised to protect patients and providers from the personal and financial impact of medical error use a data-driven strategy to understand their risk and prioritize their patient safety agendas. Through our proprietary coding taxonomy, our data provides detailed analysis of key factors driving an organization’s malpractice claims enabling them to engage their physicians and clinical leaders to help transform the safety of patient care.

**OUR DATA CAN HELP SAVE LIVES.**

For more than 40 years, CRICO—the patient safety and medical malpractice insurer for the Harvard medical community—has used data-driven evidence from its malpractice claims to promote patient safety and minimize lawsuits. This proven, learn-from-our-mistakes approach has resulted in both lower premiums for CRICO members and favorable trends in their malpractice claims.

CRICO Strategies, a division of CRICO, extends that data philosophy to organizations across the country, building a national health care community with a database exceeding 350,000 medical malpractice claims. Application of our proprietary coding taxonomy and detailed clinical analysis has resulted in a robust database that allows participants extensive opportunities for benchmarking performance with some of the most highly regarded health care organizations in the nation.

**Vulnerabilities revealed. Clinical trends explored.**

CRICO Strategies’ Annual Benchmarking Reports

[www.rmf.harvard.edu/CBSReport](http://www.rmf.harvard.edu/CBSReport)

The annual CBS Report is an in-depth evaluation of current trends in clinical risk. Based on our national CBS data, the reports provide insights to key patient safety vulnerabilities and inform proven solutions to mitigate clinical risks.

To date, CBS Reports include malpractice risks in:

- Surgery
- Obstetrics
- Diagnostic Process
- Emergency Medicine
- Routine Medical Procedures
- Communication Failures

CBS members include medical centers and insurance organizations, such as: Massachusetts General Hospital, Brigham and Women’s Hospital, Georgetown University Hospital, Rush Memorial Hospital, University of California (UCLA, UCSF, etc.), University of Maryland, University of Florida/Shands, The Doctors Company, MedPro Group, MIEC, and MMIC Group.
How does our organization compare to our peers?

**CBS MEMBERSHIP**

Through participation in CBS, members have access to detailed individual analysis and aggregated peer comparisons that answer how care systems fail, why miscommunication happens, and where clinical judgment falters. This detailed clinical intelligence allows you to identify current and emerging risk indicators in your organization. Armed with this information, leadership can prioritize identified vulnerabilities that lead to medical error and financial loss, and allocate resources for development of targeted interventions.

Our collaborative community offers members a number of opportunities for networking with our clinical experts and fellow CBS members. Regular interactive forums, including bi-monthly calls and webinars and an annual educational symposium, bring members together to share common concerns, insights, and best practice solutions.

**CLINICAL CODING TAXONOMY**

Our proprietary Clinical Coding Taxonomy is the foundation of our national CBS database, providing insight into the specific factors driving patient harm and financial loss. The taxonomy is a structured set of concepts and underlying code sets that classify and describe malpractice and patient safety events in order to facilitate analysis and reporting.

This highly governed taxonomy is overseen by our Taxonomy Governance Committee—including expert representation from legal, underwriting, analytics, risk, and patient safety—which ensures the taxonomy remains consistently relevant and effective for identification and analysis of current and emerging risk.

The coding is managed by seasoned RNs who serve as our Clinical Taxonomy Specialists (CTS). Their collective breadth of experience across clinical services ensures a consistent interpretation of the medical and legal elements critical to comprehensive case analysis. Consistency is further supported through regular audits of the data output and ongoing CTS education.

**BREAKDOWNS IN THE DIAGNOSTIC PROCESS OF CARE**

<table>
<thead>
<tr>
<th>CASE TYPE</th>
<th>% OUR CASES</th>
<th>% PEERS’ CASES</th>
<th>OUR LOSSES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient notes problem and seeks care</td>
<td>3%</td>
<td>1%</td>
<td>$45,000</td>
</tr>
<tr>
<td>History/physical</td>
<td>3%</td>
<td>8%</td>
<td>$4,590,000</td>
</tr>
<tr>
<td>Patient assessment/evaluation of symptoms</td>
<td>32%</td>
<td>29%</td>
<td>$18,001,000</td>
</tr>
<tr>
<td>Diagnostic processing</td>
<td>37%</td>
<td>33%</td>
<td>$22,571,000</td>
</tr>
<tr>
<td>Order of diagnostic/lab tests</td>
<td>30%</td>
<td>31%</td>
<td>$19,723,000</td>
</tr>
<tr>
<td>Performance of tests</td>
<td>2%</td>
<td>3%</td>
<td>$1,605,000</td>
</tr>
<tr>
<td>Interpretation of tests</td>
<td>30%</td>
<td>24%</td>
<td>$15,357,000</td>
</tr>
<tr>
<td>Receipt/transmittal of test results</td>
<td>4%</td>
<td>4%</td>
<td>$872,000</td>
</tr>
<tr>
<td>Physician follow-up with patient</td>
<td>15%</td>
<td>19%</td>
<td>$8,271,000</td>
</tr>
<tr>
<td>Referral management</td>
<td>21%</td>
<td>20%</td>
<td>$4,682,000</td>
</tr>
<tr>
<td>Provider-to-provider communication</td>
<td>14%</td>
<td>13%</td>
<td>$4,357,000</td>
</tr>
<tr>
<td>Patient compliance with follow-up plan</td>
<td>16%</td>
<td>15%</td>
<td>$2,702,000</td>
</tr>
</tbody>
</table>

*Cases may involve breakdowns at multiple points in the process.

**Why CRICO Strategies CBS?**

Are issues in outpatient surgical cases the same in your academic and community hospital(s)? Is the distribution the same as your peers?

Are issues driving your diagnostic cases arising from assessment, test result management, or consultation issues? How do these issues compare to your peers?

Which of your services have higher rates of paid claims than your peers? Do the clinical drivers differ?

CBS allows you to explore these questions and more, with such peer groups, volume metrics, and clinical dimensions as:

- academic medical centers (by size)
- teaching and/or community hospitals (by size)
- inpatient and outpatient days
- births, surgeries, visits
- primary/secondary service, allegations, severity, causation factors

Translating data from seemingly unique cases into a clinical process that triggers an awareness of clinical vulnerabilities is what brings these stories to life. Coupling this with benchmarking data that demonstrates the significance of our vulnerabilities as compared with the rest of the world has made all the difference in engaging our providers in improvement efforts.

—Larry Smith
MedStar Health
Do you know what drives your malpractice claims?

- Where in your process of care are the breakdowns that lead to diagnostic failure?
- Are your communication breakdowns in internal medicine similar to other hospitals of the same size?
- How do challenges related to resident supervision compare between surgery and other services?
- How does your rate of claims (e.g., surgical, OB, ED) compare to your peers?
- Are you spending more defending your claims than your peers?

**WE CAN HELP YOU WITH THESE COMMON QUESTIONS AND MORE.**

“Improved collaboration between health professional liability insurance carriers and health care professionals and organizations could help to identify resources, prioritize areas of concern, and devise interventions.”

—IOM Report, Improving Diagnosis in Health Care