
Comparative Benchmarking System (CBS)

CRICO STRATEGIES' COMPARATIVE BENCHMARKING SYSTEM (CBS) DELIVERS THE INTELLIGENCE YOU NEED TO IDENTIFY YOUR CLINICAL RISKS AND PRIORITIZE YOUR PATIENT SAFETY EFFORTS.

Data analysis 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 drive their patient safety agendas.

CRICO Strategies' Comparative Benchmarking System (CBS) is a robust database of more than 300,000 open and closed medical malpractice cases (representing approx. 30% of US malpractice cases¹). Cases originate from nearly 550 hospitals and healthcare entities across the US—including more than 20 academic medical centers—covered by both captive and commercial insurers, which contain the two largest physician insurers in the US.

Participants in the CBS database are comprised of both CRICO/Harvard affiliated organizations such as, Massachusetts General Hospital, Brigham and Women's Hospital, Beth Israel Deaconess Medical Center, as well as a growing list of national institutions including UCLA, UCSF, University of Florida, Stanford University, MMIC Group, Med-Pro, The Doctors Company, and many community hospitals.

The Clinical Coding Process

Our proprietary Clinical Coding Taxonomy is the foundation of CBS, 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 to facilitate analysis and reporting. This highly governed taxonomy, overseen by our Taxonomy Governance Committee—including expert representation from legal, underwriting, analytics, risk and patient safety—ensures that 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 thorough regular audits of the data output and ongoing CTS education.

The coding taxonomy captures multiple clinical and system factors on each case, creating a rich database that allows for comparative analyses that expose the root causes of real vulnerabilities driving patient and provider risk in the healthcare setting. In addition to these fields, clinical taxonomy specialists compose a clinical description that provides a narrative and further explanation of the codes chosen for each case.

¹ National Practitioner Database

Coded fields: (Many fields have multiple levels for analytic specificity)

- Allegation
- Clinical Severity (using National Association of Insurance Commissioners scale)
- Primary and Secondary Responsible Services
- Location of event (outpatient vs inpatient, patient room, OR, ICU, etc.)
- Injury/condition
- Initial and Final Diagnosis
- Contributing (causation) Factors (e.g. communication, technical skill, clinical judgment)
- Co-morbidities contributing to event in question
- Physician extender involvement (NP, PA, CNM)
- Procedure, device and/or medication involved in case
- Disclosure/apology – whether these occurred or not

Taxonomy recently updated with additional codes sets for :

- Human Factors
- Electronic Health Record

Comparison Groups and Denominators included in the CBS Database

To facilitate comparative analysis with similar peers, organizations contributing cases to the database are categorized by organizational type (Academic Medical Center, Teaching Hospital, and Community Hospital) and size (volume of deliveries, surgeries, number of beds, etc.).

Jurisdictional considerations

Data in the CBS database originate from organizations across different jurisdictions with different statutes of limitations, degrees of tort reform, financial caps, etc. However, such jurisdictional differences do not impact the clinical environment in which care is delivered. As such, comparison of deeply coded malpractice data allow users to evaluate the clinical factors that drive risks and impact outcomes. The data presented in CBS are based on Assert Year (or Claim Made Year) rather than Loss Year (or Event Date), to further remove variability based on statute of limitations. Jurisdictional factors do affect financials. As such, the most impactful comparisons are across qualitative and causative factors in these cases.