CRICO | Protecting Providers.
Promoting Safety.

Are You Safe?
Patient safety risks for office-based practices

Partnering with Patients:
Is my patient's history up to date?

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.
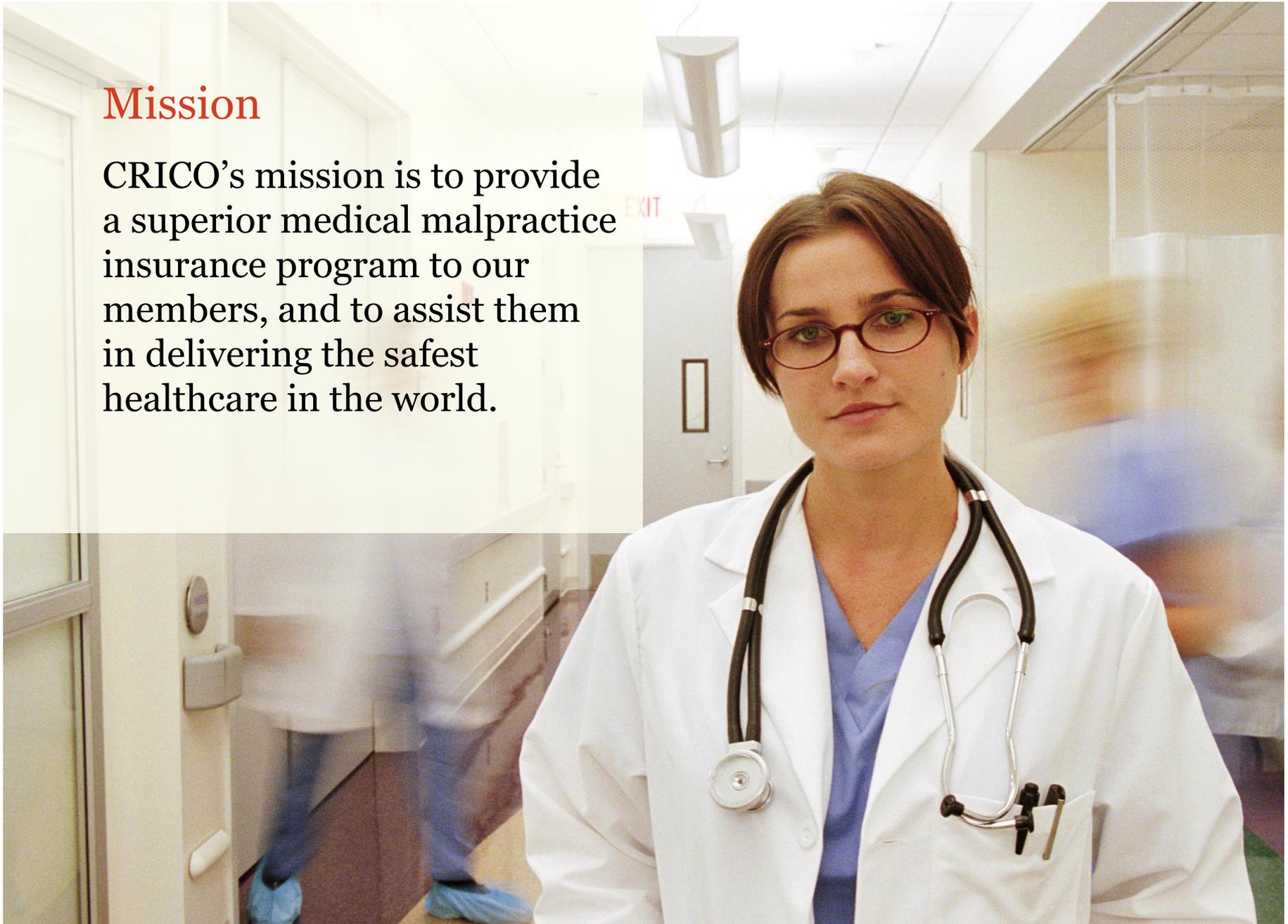
Controlled Risk Insurance Company (CRICO)

- Captive insurer of the Harvard medical institutions

- Provides member organizations medical professional liability, general liability and other insurance coverage for:
  - 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   **$523**M losses*
- claim made 2011–2016 YTD

463 cases   **$209**M losses*
- claim made 2011–2016 YTD, *and*
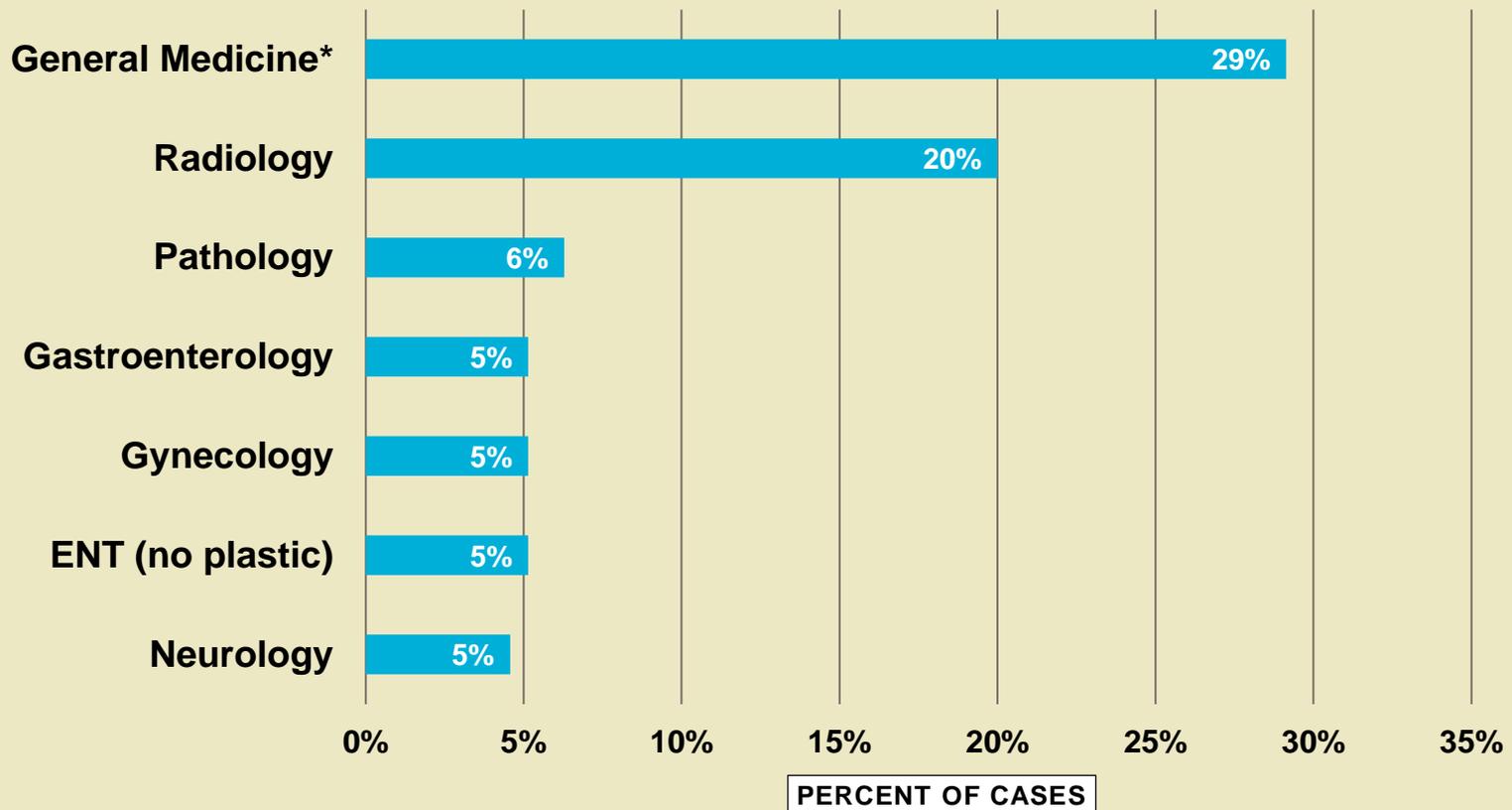- involving ambulatory care**

175 cases   **$147**M 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 date1/1/11 – 8/31/16.

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General Medicine and Radiology are most frequently involved.

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

Clinical Service	Percent
General Medicine*	29%
Radiology	20%
Pathology	6%
Gastroenterology	5%
Gynecology	5%
ENT (no plastic)	5%
Neurology	5%

PERCENT OF CASES

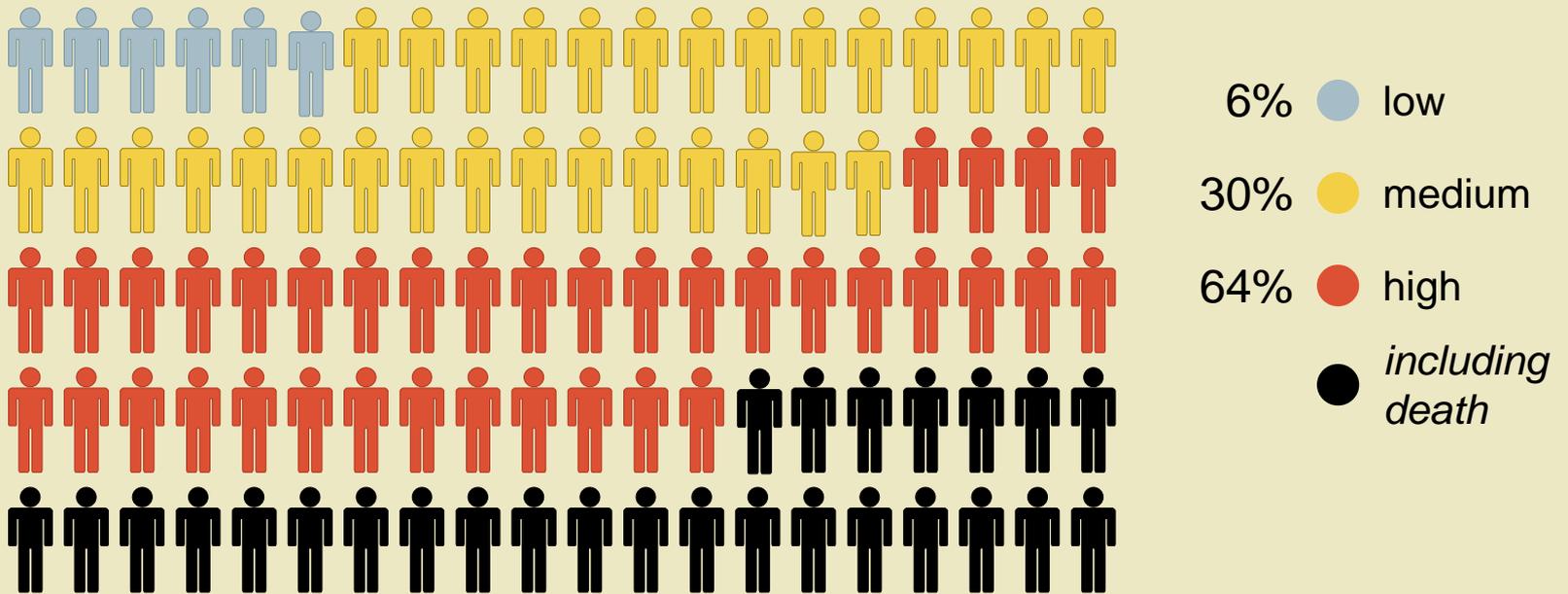(x-axis: 0%, 5%, 10%, 15%, 20%, 25%, 30%, 35%)

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

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: Partnering with Patients
Is my patient's history up to date?
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: Assessment and Diagnosis

43% of cases

had an error in diagnostic processing identified as a contributing factor, i.e., a narrow diagnostic focus, failure to establish a differential diagnosis, or reliance on a chronic condition or previous diagnosis

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

Case Study
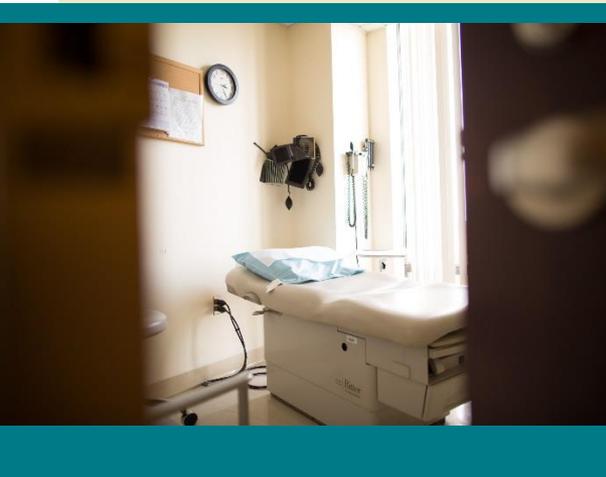
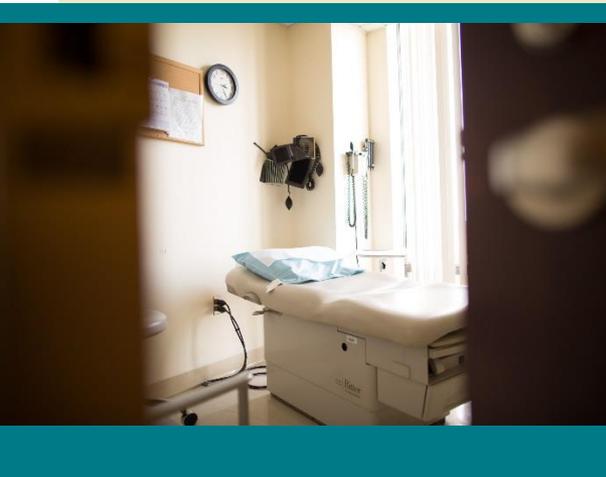## *Patient*

Ted, 57-year-old male w/history of two MIs, sleep apnea, and hypertension

Day 1

Ted is seen in his PCP's office for complaints of jaw pain (8/10 severity) and chest tightness. Vital signs are reported as normal; exam reveals good range of motion in jaw.

Case Study

Ted, 57-year-old male

Day 1 (continued)

Ted's PCP believes his jaw pain may be related to the CPAP mask Ted uses for sleep apnea. He diagnoses temporomandibular joint (TMJ) disorder.

Case Study

Ted, 57-year-old male

Day 1 (continued)

Ted had two previous EKGs showing myocardial damage, however, the provider does not retrieve them at the time of the visit and no cardiac workup is performed.

Case Study

Ted, 57-year-old male

Day 5

Ted presents to the ED with nausea and vomiting. Upon further evaluation, he is diagnosed with an MI, then progresses into cardiogenic shock.
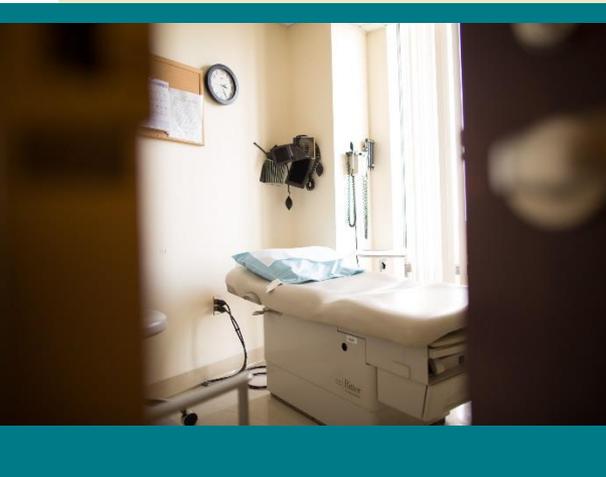
Case Study

Ted, 57-year-old male

Outcome

- Further testing reveals a lateral wall myocardial rupture, requiring surgery.
- Ted's condition worsens, he suffers kidney and liver failure, and subsequently dies from advanced system failure.

Case Study

Ted, 57-year-old male

Vulnerability

Fixation on Ted's complaint without full assessment of his symptoms and history led to a narrow focus and a missed diagnosis.

Safer Care Recommendation

Be aware of any tendency toward cognitive fixation. Techniques to avoid this include:

- Expanding differential diagnoses
- Seeking additional information from the patient and the medical record
- Engaging a peer consult for patients with continued, unresolved symptoms

Practice Assessment

Has this type of event ever happened here?

Practice Assessment

Partnering with Patients

What type of trigger or templates do we use to obtain and update patient history that may be missed (e.g., family history, previous testing or procedures)? Whose responsibility is it to update this information?

Recommended Practice

To avoid narrow diagnostic focus, broaden the list of diagnostic possibilities via history and physical.

Practice Assessment

Partnering with Patients

Do we cut and paste information in medical records (without reviewing it)?

Recommended Practice

Review all content that is not originated in an individual patient's record for appropriateness and accuracy.

Practice Assessment

Partnering with Patients

Do we have a process to retrieve and update pertinent patient medical records?

Recommended Practices

- Use checklists for triggering questions related to patient history that may be missed (e.g., family history, previous testing)

- Embed decision support tools in EHR to assist in maintenance of patients histories.

Practice Assessment

Partnering with Patients

Does our culture support/encourage providers to ask for peer help when the patient situation is confounding?

Recommended Practice

Seek a consult for patients who return repeatedly for the same symptoms.

Practice Assessment

Partnering with Patients

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

Partnering with Patients:
Is my patient's history up to date?

[Are You Safe? extras](#)

For more information

[Email](#)

areyousafe@rmf.harvard.edu