



Protecting Providers.
Promoting Safety.

Are You Safe?

Patient safety risks for office-based practices

Reliable Diagnoses:

Should I use a decision support tool?

Opportunities for Improving Patient Safety

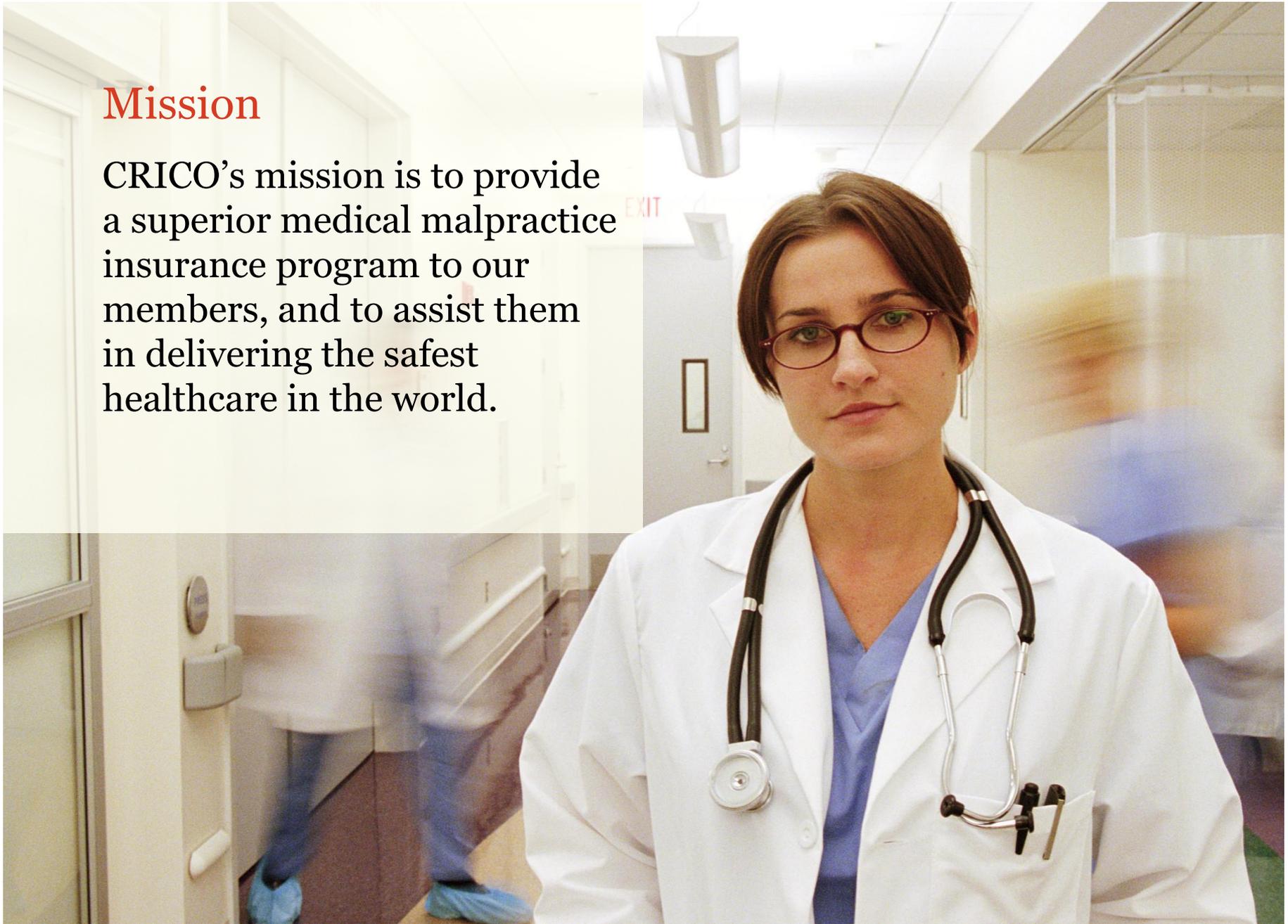
- **Identified through** CRICO's Office Practice Evaluation program and analysis of medical malpractice case data
- **Based on** real events that have triggered malpractice cases
- **Valuable lessons** in communication, clinical judgment, and patient care systems

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*

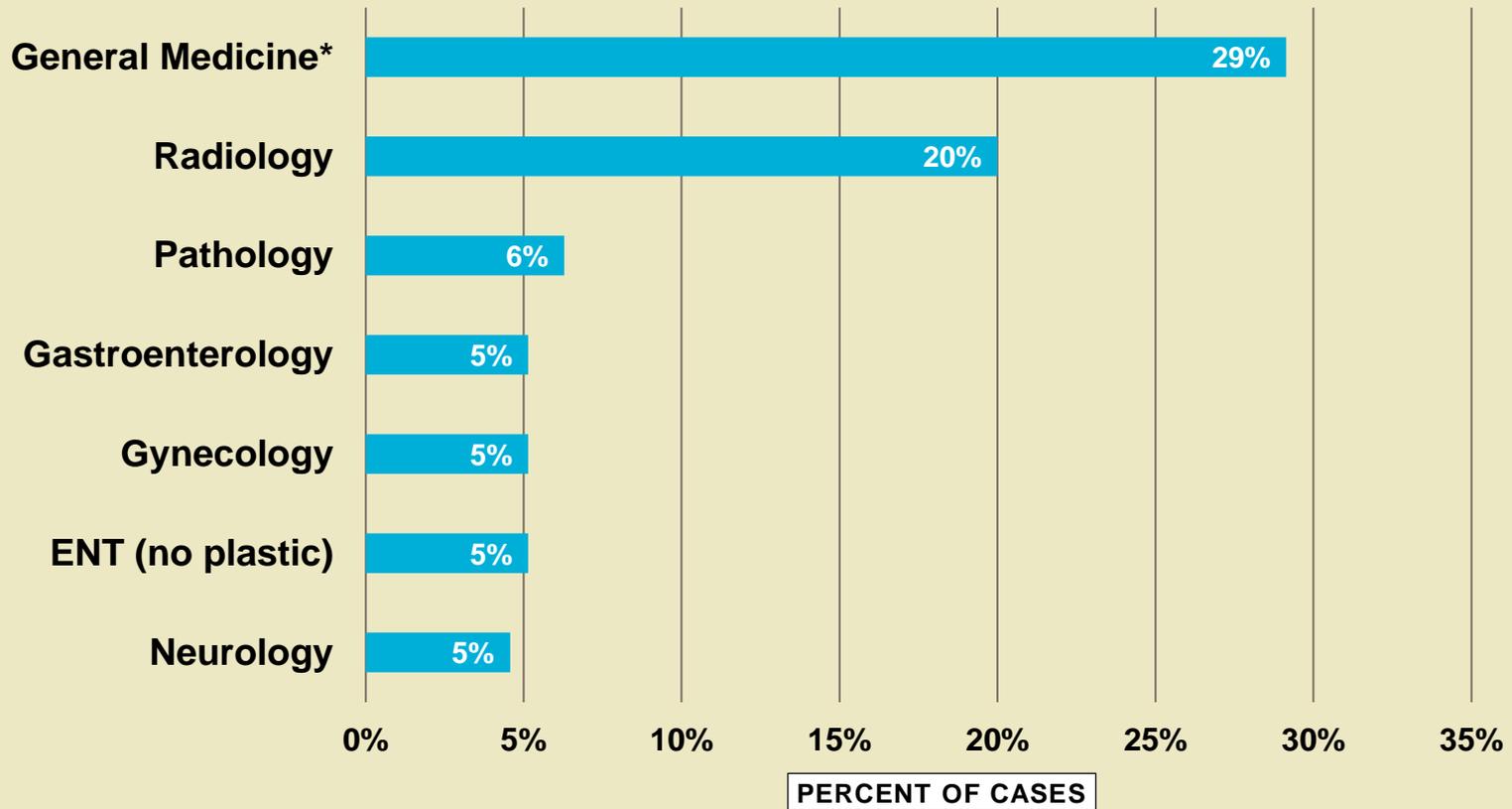
• claim made 2011–2016 YTD, *and*
• involving ambulatory care,** *and*
alleging a wrong or delayed diagnosis

*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

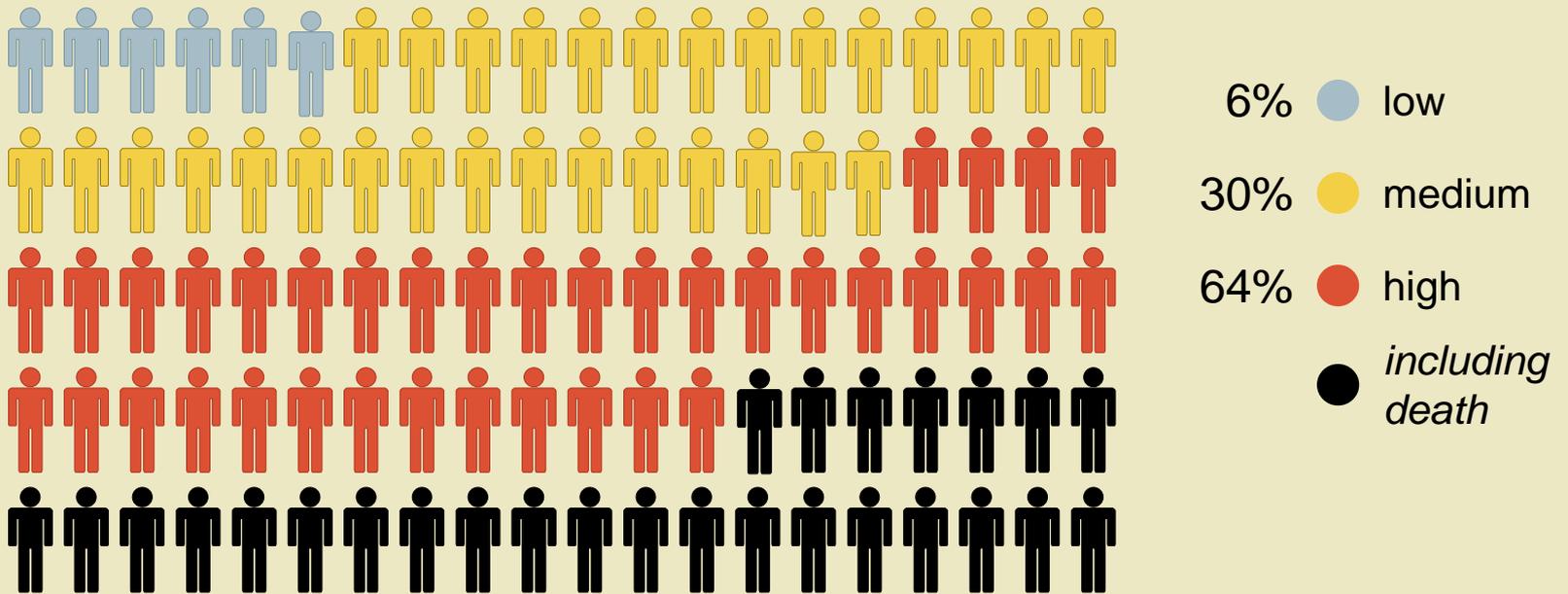


CRICO N=175 MPL cases with claim made date 1/1/11–8/31/16 involving ambulatory care and alleging diagnostic failure.

*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: Reliable Diagnoses

Should I use a decision support tool?

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: 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.

Case Study



Patient

Gina, 34-year-old female

Day 1

Gina is seen in her gynecologist's office for a self-detected breast lump. Her physical exam is noted as normal. The gynecologist orders a mammogram, but does not indicate Gina's complaint (lump) on the order.

Case Study

Gina, 34-year-old female



Four months later

- Gina undergoes a screening mammogram, which is reported as “normal” with a “very dense stromal pattern” noted.
- The gynecologist receives the Radiology report, which does not recommend an ultrasound.

Case Study

Gina, 34-year-old female



Nine months later

Gina returns to her gynecologist, complaining of the same breast lump. The gynecologist palpates the lump and orders a diagnostic mammogram and surgical consult. The workup reveals breast cancer.

Case Study

Gina, 34-year-old female

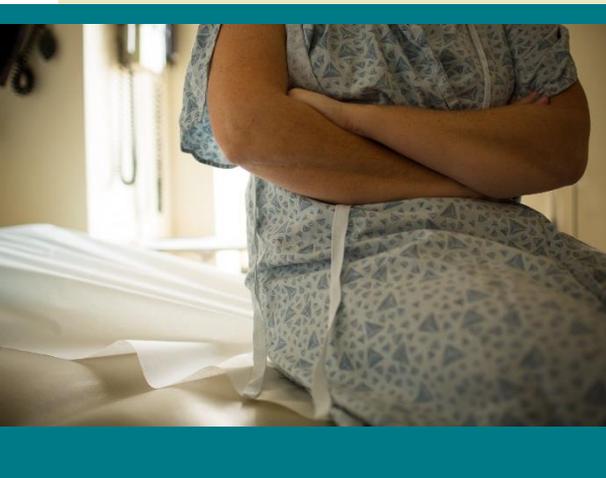


Outcome

- Gina undergoes a radical mastectomy and axillary node dissection; she has metastases to her spine.
- *After* her diagnosis, Gina's medical record was updated to reflect that her family history included a relative with breast cancer.

Case Study

Gina, 34-year-old female w/fh of breast cancer



Vulnerability

Failure to order the appropriate test and consult led to a delayed diagnosis.

Safer Care Recommendation

Prioritize efforts to decrease diagnosis-related harm through use of decision support tools such as the [CRICO Breast Care Management Algorithm](#).

Case Study

Gina, 34-year-old female w/fh of breast cancer



Vulnerability

Failure to update Gina's family history led to a missed opportunity to identify her as at increased risk for breast cancer.

Safer Care Recommendation

Consider using a checklist or template for details that are often overlooked (e.g., family history) but can be relevant for improving diagnostic reasoning.

Practice Assessment

Has this type of event ever happened here?

Practice Assessment

Reliable Diagnoses

Does our clinical team use disease-specific recommended guidelines?

Recommended Practice

Identify relevant clinical guidelines (e.g., [CRICO Breast Care Management Algorithm](#)) for all practice providers.

Practice Assessment

Reliable Diagnoses

How do we incorporate recommended guidelines into our provider education and practice?

Recommended Practices

- Educate staff regarding implementation of practice guidelines and periodically audit compliance.
- Establish a systems-based process to identify that patients undergo recommended tests per guidelines.

Practice Assessment

Reliable Diagnoses

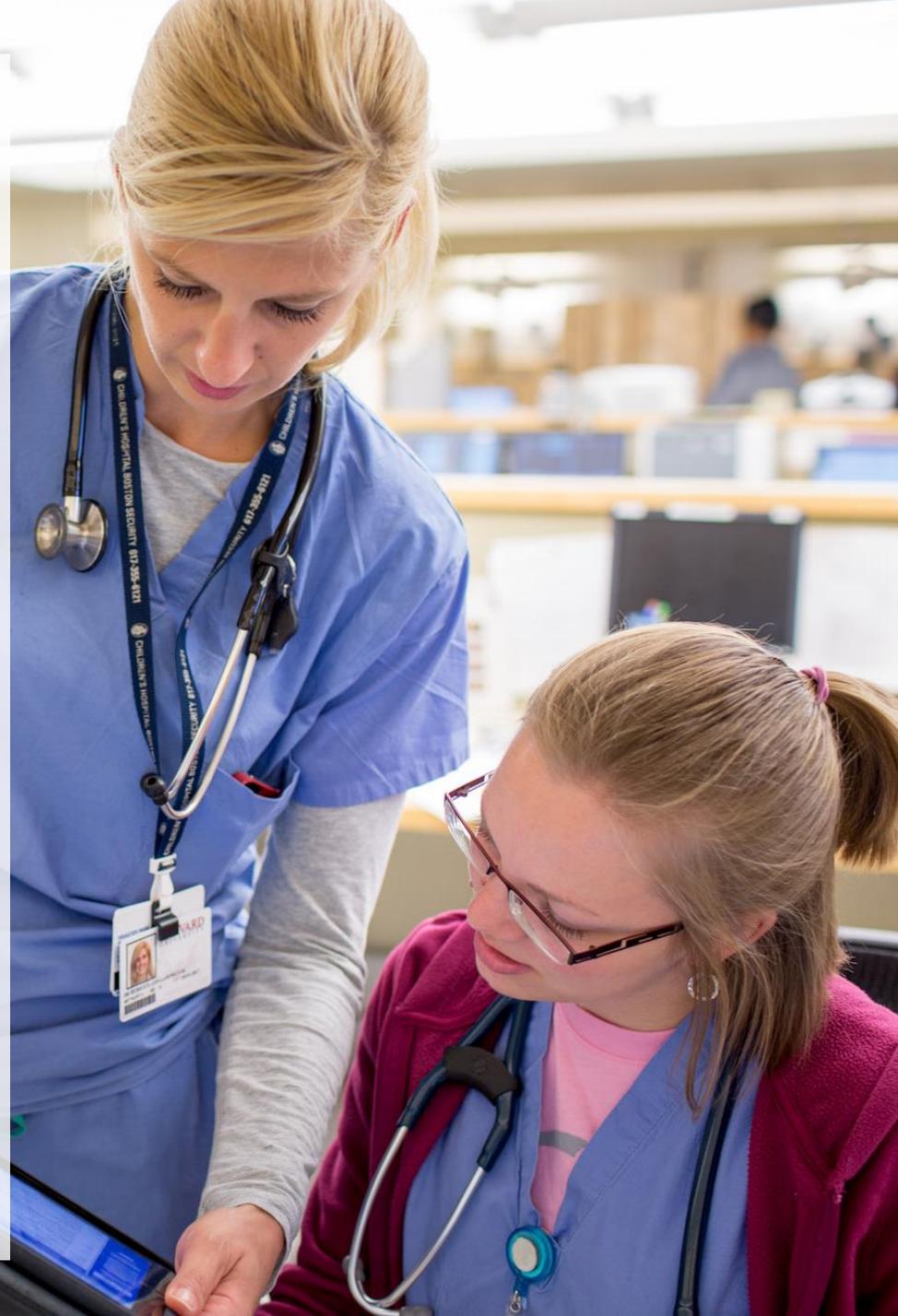
What else can we do to avoid a similar event?

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:
*Should I use decision
support?*

[Are You Safe? extras](#)

For more information

[Email](#)

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