crico | Protecting Providers. Promoting Safety.

Are You Safe?

Patient safety risks for office-based practices

Closing the Loop:
Who is responsible for follow up?

Opportunities for Improving Patient Safety

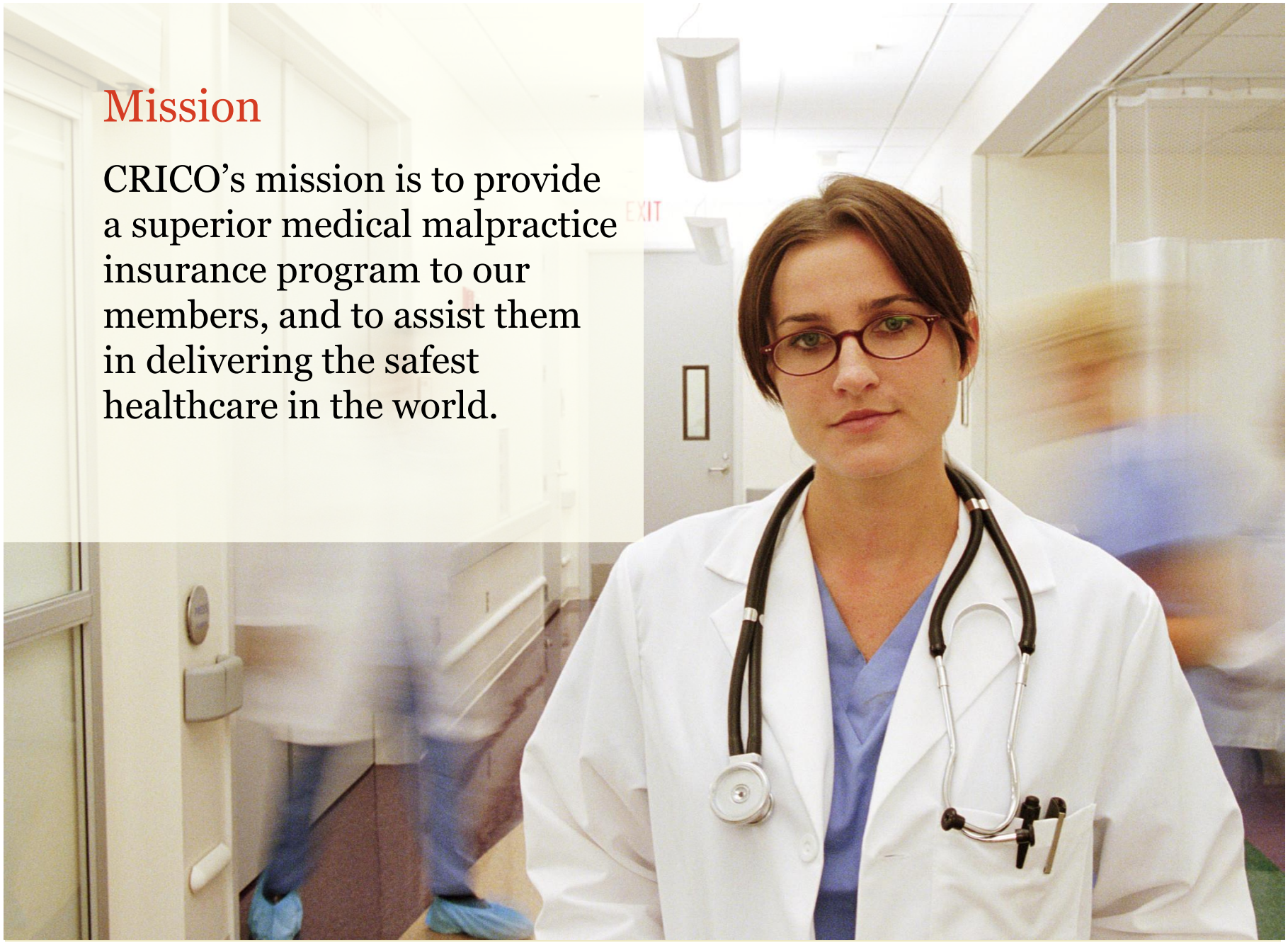
- **Identified through** CRICO's Office Practice Evaluation program and analysis of medical malpractice case data
- **Based on** real events that have triggered malpractice cases
- **Valuable lessons** in communication, clinical judgment, and patient care systems

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

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46% of CRICO malpractice cases occur in the ambulatory setting.

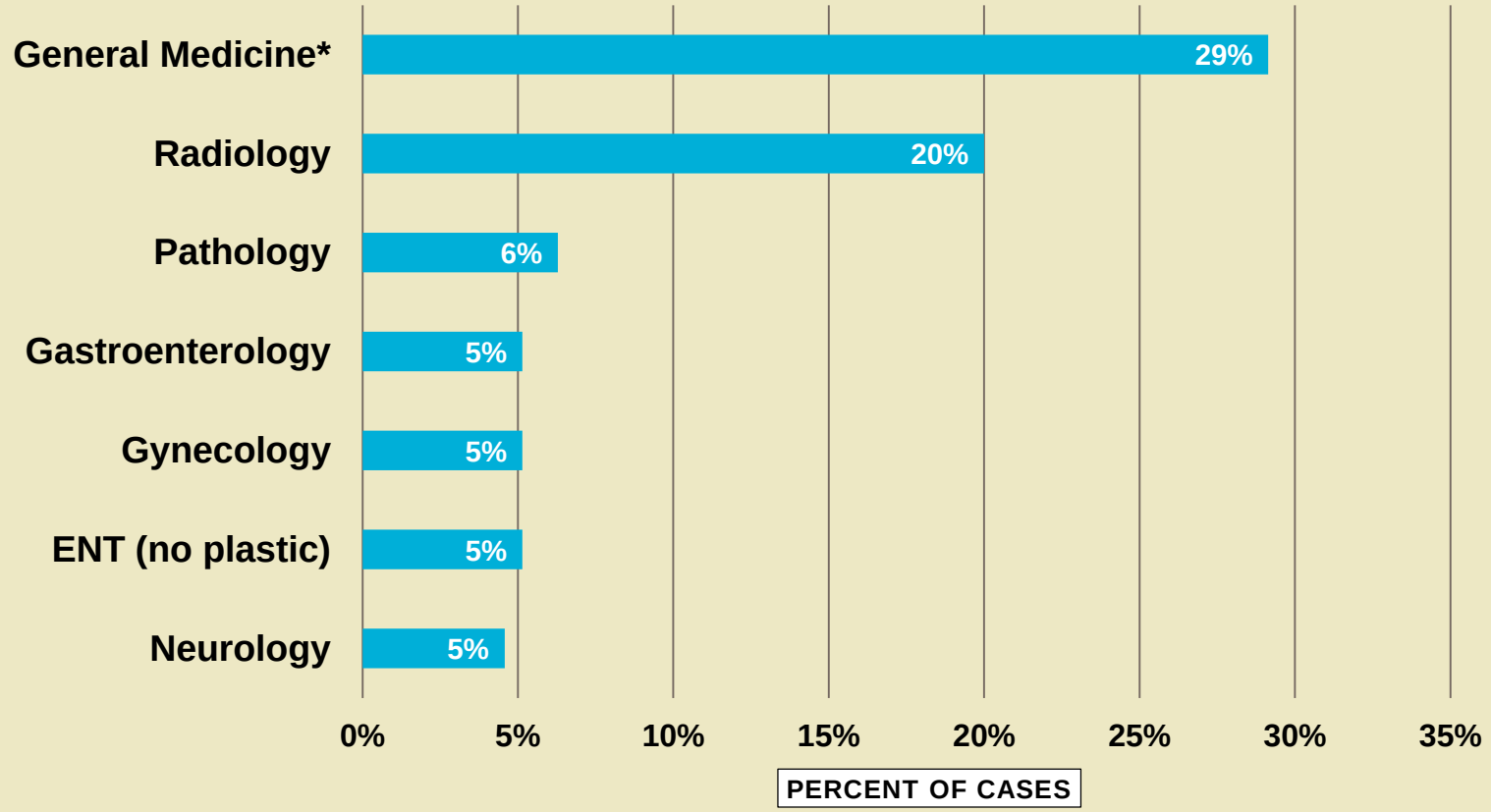
38% of ambulatory cases allege a wrong or delayed diagnosis.

*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.

General Medicine and Radiology are most frequently involved.

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

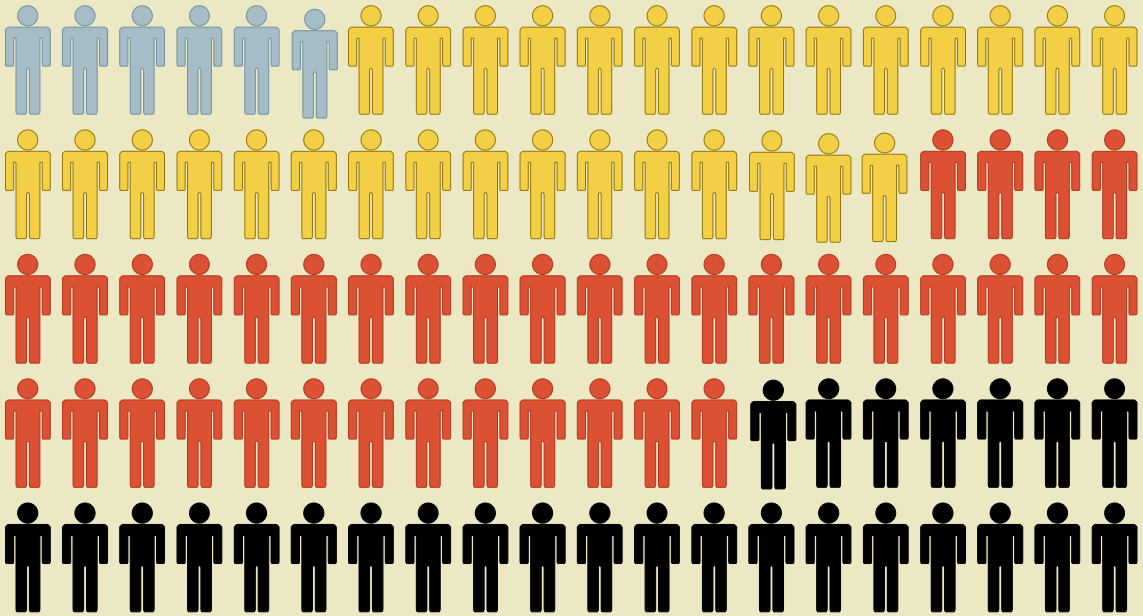


CRICO N=175 MPL cases with claim made date 1/1/11–8/31/16 involving ambulatory care and alleging diagnostic failure.

*General Medicine includes Internal Medicine and Family Practice.

Two-thirds of cases involve permanent injury or death.

Injury Severity in Ambulatory Diagnosis Cases



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: Closing the Loop

Who is responsible for follow up?

The following example is from a closed malpractice case.

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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.

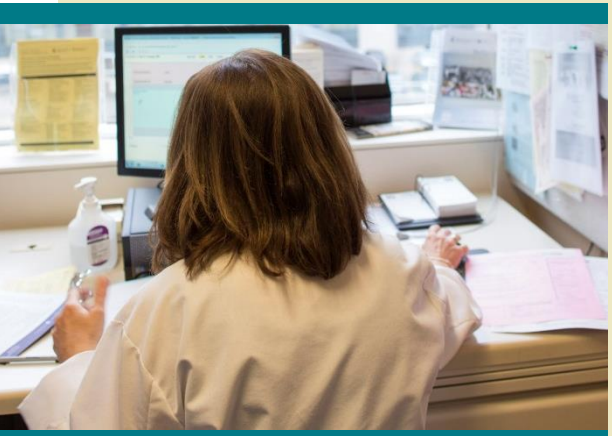
Malpractice case study focus: Referral Management

13%
of cases

had an error in referral management identified as a contributing factor, i.e., appropriate referrals to specialists (or consults) are not made or adequately managed, or identification of the physician responsible for ongoing care is unclear.

CRICO N=194 MPL cases asserted 1/1/09–12/31/13 involving ambulatory care and alleging diagnostic failure.

Case Study



Patient

Anjelo, 74-year-old male

Day 1

During a hospital stay for encephalitis, Anjelo is advised to see a pulmonologist for a specific opacity in his right upper lobe (suspicious for carcinoma) seen on a CT scan.

Case Study

Anjelo, 74-year-old male w/upper R lobe opacity

Day 11

Anjelo sees his PCP, who refers him to a pulmonologist.

Case Study

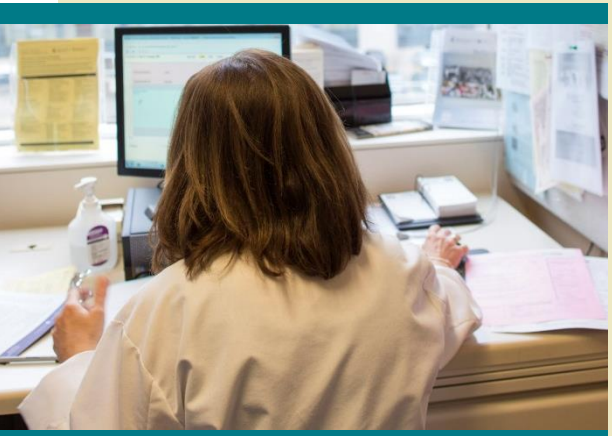
Anjelo, 74-year-old male w/upper R lobe opacity

Day 28

Anjelo sees the pulmonologist, who notes a spot on the lung and advises additional follow up.

Case Study

Anjelo, 74-year-old male w/upper R lobe opacity

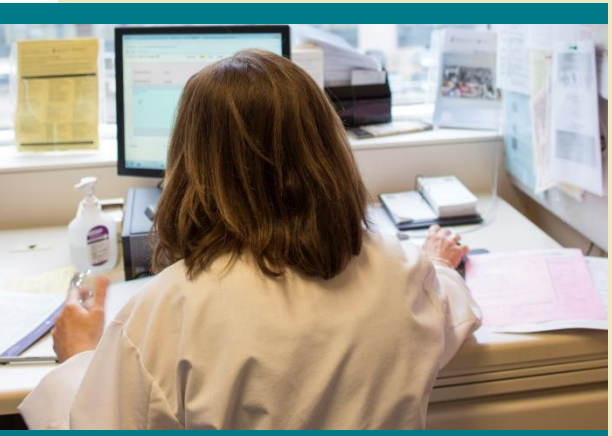


Next four years

Over four years, Anjelo has regular visits with his PCP, who is unaware of the pulmonologist's recommendation for additional follow up regarding the initial lung concern.

Case Study

Anjelo, 74-year-old male w/upper R lobe opacity



Outcome

At age 78, Anjelo is diagnosed with Stage IV lung cancer. He dies three months later.

Case Study

Anjelo, 74-year-old male w/upper R lobe opacity

Vulnerability

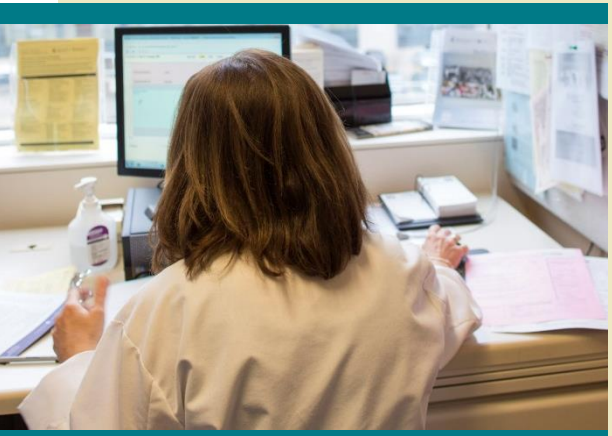
Anjelo's PCP was not notified by the pulmonologist and the PCP did not pursue any information regarding the referral visit.

Safer Care Recommendation

To avoid a "person specific" referral management process, develop reliable processes to ensure 1) patients are referred to specialists in a consistent manner,
2) outstanding visits are followed up, and
3) specialist reports are brought to the attention of the care team and patient.

Case Study

Anjelo, 74-year-old male w/upper R lobe opacity



Vulnerability

Anjelo failed to appreciate the importance of his pulmonology referral and, thus, did not alert his PCP to the pulmonologist's recommendation for follow up.

Safer Care Recommendation

Having all parties involved in referral trans-action reduces the risk of patients or reports falling through the cracks. Referral systems without closed-loop communication create gaps in patient care. Build a redundant system for the entire care team and patient.

Practice Assessment

Has this type of event ever happened here?

Practice Assessment

Closing the Loop

What is our system for referral management? What role does each of us (including the patient) play?

Recommended Practices

- Referrals are ordered and documented/scanned in the EHR.
- A process to identify which referrals are outstanding and which are completed.

Practice Assessment

Closing the Loop

How do we communicate high priority referrals to the clinical team and patient?

Recommended Practices

- The reason/urgency for the referral is communicated to the patient and specialist, and an appointment is made for the patient prior to him/her leaving the office.
- Embed decision support tools in electronic health record to assist in maintenance of patient's personal and family medical history.

Practice Assessment

Closing the Loop

Do we document all patient communication in the medical record?

Recommended Practice

Provider review of all incoming referrals is tracked.

Practice Assessment

Closing the Loop

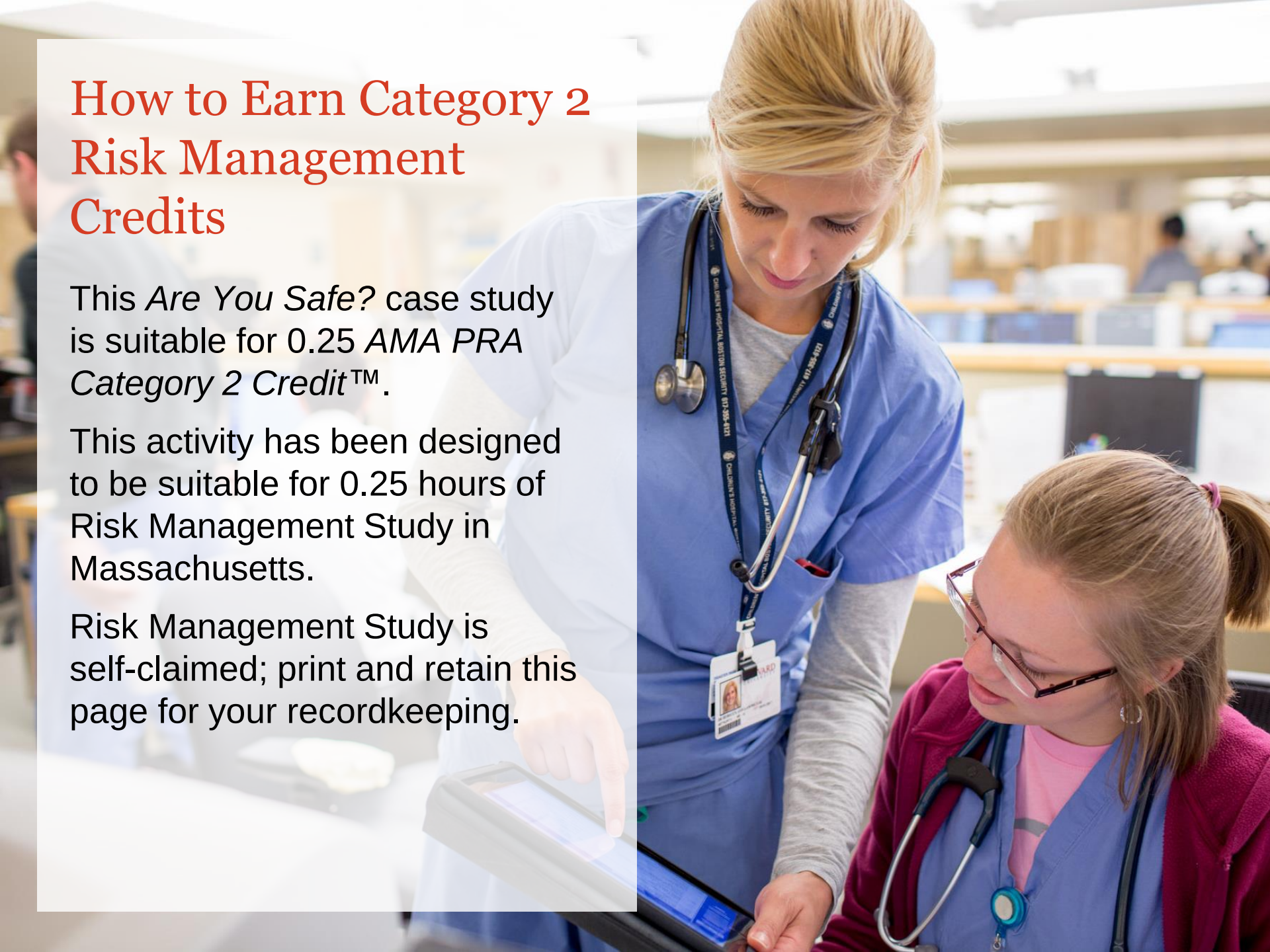
What else can we do to avoid a similar event?

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:
Who is responsible about follow up?

Are You Safe? extras

For more information

Email

areyousafe@rmf.harvard.edu