Presenting the Business Case for Patient Safety:
Professional Liability Claim Analysis

Annette M. Burke, RN, BSN, MJ, CPHRM
Risk Control Consultant
CNA, Healthcare Segment
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Dataset and **Methodology**

**Hospital Professional Liability Claim Report 2015: Stepping up to Quality Healthcare and Patient Safety**

- Dataset includes professional liability claims that met the following criteria:
  - Involved care that was provided in a hospital and/or its affiliated ambulatory care facilities.
  - Closed between January 1, 2005 and December 31, 2014.
  - Indemnity paid by CNA was between $10,000 and $1 million.
- Dataset includes 591 closed professional claims.
- Average total paid was $250,970.
- Unless otherwise specified, the denominator in graphs and charts is 591.

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**Frequency of Closed Claims by Clinical Service**

<table>
<thead>
<tr>
<th>Clinical Service</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All other/not specified</td>
<td>4.9%</td>
</tr>
<tr>
<td>Behavioral health</td>
<td>5.8%</td>
</tr>
<tr>
<td>Rehabilitation</td>
<td>5.8%</td>
</tr>
<tr>
<td>Perinatal</td>
<td>8.1%</td>
</tr>
<tr>
<td>Surgery</td>
<td>14.7%</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>19.6%</td>
</tr>
<tr>
<td>Medicine</td>
<td>20.3%</td>
</tr>
<tr>
<td>Subspecialties</td>
<td>20.8%</td>
</tr>
</tbody>
</table>

*All other/not specified includes sleep study and critical care claims, as well as claims with no specified clinical service.*
Most Frequent Closed Claims by Location*

- Perinatal unit: 7.6%
- Inpatient surgical unit: 10.0%
- Perioperative areas: 15.7%
- Emergency department: 18.1%
- Inpatient medical unit: 18.8%

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Most Frequent Closed Claims by Allegation Class*

- Assessment: 3.6%
- Monitoring: 3.7%
- Medication-related: 8.8%
- Diagnosis: 13.7%
- Treatment/care: 60.7%

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Frequency of Closed Claims by Outcome of Injury*

- Temporary injury: 24.6%
- Death: 34.3%
- Permanent injury: 41.1%

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Most Frequent Closed Claims by Allegations Related to Patient Death*

- Patient falls: 9.9%
- Assessment and monitoring: 11.8%
- Medication: 12.3%
- Diagnosis: 15.8%
- Overall improper care: 23.6%

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### Analysis of $1 Million Indemnity Payment Claims*

<table>
<thead>
<tr>
<th>Summary</th>
<th>Allegation</th>
<th>Injury</th>
<th>Clinical Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient was evaluated in the ED three separate times and discharged home after complaints of progressive back pain. Later, at another facility, she was diagnosed with a spinal epidural abscess and underwent surgical intervention. The ultimate outcome was paraplegia.</td>
<td>Diagnosis</td>
<td>Paralysis</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>The patient was admitted for induction of labor. As labor progressed, nurses observed late decelerations and notified the physician, who took no action. There is no indication that the chain of command was invoked. An emergent Cesarean section was performed, revealing a complete abruption and uterine rupture. The baby was diagnosed with hypoxic ischemic encephalopathy.</td>
<td>Treatment/care</td>
<td>Fetal/infant birth-related brain injury</td>
<td>Perinatal</td>
</tr>
</tbody>
</table>

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### Analysis of $1 Million Indemnity Payment Claims* (continued)

<table>
<thead>
<tr>
<th>Summary</th>
<th>Allegation Class</th>
<th>Injury</th>
<th>Clinical Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>The patient underwent spine surgery, which resulted in partial paralysis. The primary allegation in the lawsuit was &quot;malicious credentialing,&quot; based upon prior acts of the surgeon.</td>
<td>Governance-credentialing</td>
<td>Paralysis</td>
<td>Surgery</td>
</tr>
<tr>
<td>A patient who was a poor historian presented to the ED for treatment of an infection and was admitted to the hospital. His history of allergies was discussed. Based on his statement that he was not allergic to a specific antibiotic, the reference to the allergy was removed from the electronic medical record. The antibiotic was prescribed, dispensed and administered, resulting in a fatal anaphylactic reaction.</td>
<td>Medication-related</td>
<td>Death</td>
<td>Medicine</td>
</tr>
</tbody>
</table>

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A patient presented to the hospital's crisis center, after which the physician recommended that she be admitted to an inpatient behavioral health hospital. Neither the staff nor the physician assessment revealed signs of lithium toxicity. Therefore, lab tests were ordered as routine. Admission to the behavioral health hospital was delayed due to lack of inpatient beds. While awaiting admission, the patient was monitored appropriately, based upon initial assessments. The critical issue is related to staff failure to detect lithium toxicity, even as the patient’s neurological status was deteriorating. After being admitted to the behavioral health hospital, her condition was diagnosed and she was transferred to an acute medical hospital. The lithium toxicity resulted in toxic encephalopathy.

Frequency of Closed Claims by Category of Perinatal Allegations (Percentage of 48 Closed Claims)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category 1: Failure to Intervene</td>
<td>70.8%</td>
</tr>
<tr>
<td>Category 2: Failure to Identify or Diagnose Condition</td>
<td>14.6%</td>
</tr>
<tr>
<td>Category 3: Quality of Care</td>
<td>8.3%</td>
</tr>
<tr>
<td>Category 4: Other</td>
<td>6.3%</td>
</tr>
</tbody>
</table>
Risk Control Recommendations for Perinatal Closed Claims

- Establish a Perinatal Committee.
- Review patient care protocols.
- Monitor emergent cesarean section for “decision-to-incision” timeliness.
- Conduct obstetrical emergency drills and simulations.
- Develop and implement a perinatal department chain of command.

Risk Control Recommendations for Perinatal Closed Claims

- Provide guidelines regarding operative vaginal deliveries.
- Implement an induction protocol.
- Designate a neonatal resuscitation response team.
- Assess skills and competencies of the perinatal team.
Most Frequent **Perioperative** Closed Claims by **Allegation** (Percentage of 123 Closed Claims)*

<table>
<thead>
<tr>
<th>Allegation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>4.1%</td>
</tr>
<tr>
<td>Nursing-related allegation</td>
<td>4.1%</td>
</tr>
<tr>
<td>Patient falls</td>
<td>7.3%</td>
</tr>
<tr>
<td>Medication</td>
<td>8.1%</td>
</tr>
<tr>
<td>Overall improper care</td>
<td>10.6%</td>
</tr>
<tr>
<td>Perioperative event</td>
<td>55.3%</td>
</tr>
</tbody>
</table>

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**Risk Control Recommendations for Perioperative Closed Claims**

- Establish a multidisciplinary committee.
- Utilize a pre-operative checklist.
- Establish and enforce policies and procedures regarding correct-site/side surgery.
- Provide multidisciplinary simulation drills.
Risk Control Recommendations for Perioperative Closed Claims (continued)

- Implement policies and procedures to prevent unintended retained foreign objects.
- Maintain a surgical fire prevention and response program.
- Consistently apply surgical safety practices throughout all areas of the hospital.

Most Frequent Emergency Department Closed Claims by Allegation (Percentage of 107 Closed Claims)*

- Patient falls: 5.6%
- Nursing-related allegation: 5.6%
- Medication: 9.3%
- Assessment and monitoring: 10.3%
- Overall improper care: 15.0%
- Diagnosis: 42.1%

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Risk Control Recommendations for Emergency Department Closed Claims

- Develop and implement triage staffing based on historical patterns of patient flow.
- Reassess patients in the waiting room.
- Implement protocols to ensure a safe environment for behavioral health patients.

Risk Control Recommendations for Emergency Department Closed Claims (continued)

- Comply with all Emergency Medical Treatment and Active Labor Act (EMTALA) requirements.
- Encourage providers to consult specialists.
- Establish a process for reporting test results post-discharge.
- Ensure consistency in the management of radiology over-reads.
Risk Control Recommendations for Medicine Inpatient and Ambulatory Care Closed Claims

- Conduct Patient Safety Leadership walk-rounds.
- Audit events in which there was a delay in transferring.
- Consider implementing rapid response teams.
- Train staff to comply with infection control and prevention requirements.
Risk Control Recommendations for Medicine Inpatient and Ambulatory Care (continued)

- Instruct providers to reconcile patient information and address inconsistencies.
- Evaluate and document concerns expressed by the patient and/or family.
- Communicate changes in patient condition to the provider.

Analysis of Selected Allegations

- Communication
- Credentialing and Privileging
- Medication Errors
- Patient Falls
- Pressure Ulcers
Questions and Discussion

Thank you

Annette.burke@cna.com