

The Use of Clinical Quality Reviews to Predict Medicolegal Risk in Emergency Medicine

Stephanie Winslow, MD

Francys Martin, JD

Kristin Belyew, BS

Carolyn Holland, MD, MEd

Disclosures

- No authors have any financial disclosures.

Background

- Emergency medicine has high medicolegal risk
- Many departments of emergency medicine use standard clinical triggers to identify potential adverse events
- Little evidence exists assessing the correlation between trigger cases and cases that result in medicolegal risk

Methods

- Emergency Medicine Clinical Triggers
 - Death in the ED
 - Death within 48 hours of admission
 - Return admission within 48 hours
 - Upgrade in level of care within 4 hours of admission
 - Case referred for review
- Self Insurance Program (SIP) maintains a professional liability database
 - Solitary phone inquiry
 - Request for bill waiver
 - Negotiation
 - Closed lawsuit/indemnity payment

EM clinical trigger cases were cross-referenced with SIP database using MRN and date of encounter/date of loss

Methods

- Jan 2001-Dec 2016
 - 9365 EM trigger cases
 - 534 SIP cases involving EM
- 167 cases matched MRN and date of encounter in both databases

EM Triggers	Total Cases	Matched Cases	% Matched
Referred case	575	105	18.3%
Return admit in 48 hrs	6254	42	0.7%
Death in the ED	1352	11	0.8%
Death in 48 hrs of admit	965	6	0.6%
Upgrade in care in 4 hrs	219*	3	1.4%
Total	9365	167	1.8%

*only added as a trigger in 2013

Results

Trigger	Total Cases Matching	No Patient Compensation	Patient Compensation **	Percent of Patients Compensated
Referred case	105	62	43	41.0%
Return admit in 48 hrs	42	33	9	21.4%
Death in the ED	11	10	1	9.1%
Death in 48 hrs of admit	6	6	0	0%
Upgrade in care in 4 hrs	3	3	0	0%
Total	167	114	53	31.7%

**Bill write-off only (39)
Indemnity payment only (5)
Indemnity payment **and** bill write-off (9)

Results

Total Non-matched Cases	No Compensation	Compensation to Patient***	Percent of Patients Compensated
367	254	113	30.8%
Total Matched Cases	No Compensation	Compensation to Patient***	Percent of Patients Compensated
167	114	53	31.7%

***Bill write-off, indemnity payment, or both

Conclusions

- Referred cases represent the highest proportion of cases resulting in medicolegal risk and compensation to the patient
- Robust patient safety reporting may be our greatest tool in predicting medicolegal risk
- Call to action

References

- Ferguson B, Gerald J, Petrey J, Huecker M. Malpractice in Emergency Medicine—A Review of Risk and Mitigation Practices for the Emergency Medicine Provider. *The Journal of Emergency Medicine*. 2018Nov;55(5):659–65.
- Herrington CR, Hand MW. Impact of Nurse Peer Review on a Culture of Safety. *Journal of Nursing Care Quality*. 2018Sep6:1.
- Steen, Sven, et al. “Increasing Patient Safety Event Reporting in an Emergency Medicine Residency.” *BMJ Quality Improvement Reports*, vol. 6, no. 1, 2017.