USE OF CLINICAL QUALITY CASE REVIEWS IN PREDICTING MEDICOLEGAL RISK IN EMERGENCY MEDICINE

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Study Objectives

Our aim was to assess whether standard clinical triggers for quality case review utilized in our emergency department identified potential medicolegal risk, as reflected by interaction with the professional liability insurer.

Methods

The University of Florida Department of Emergency Medicine performs clinical case reviews. These clinical case reviews are generally performed due to the following events: cases referred by other departments for review by the ED, death in the ED, death within 48 hours of admission, return admission within 48 hours, or upgrade in care within 4 hours of admission. The professional liability insurer maintains information regarding any contact with the patient, a family member, or their attorney. These contacts range from a single episode of telephone contact regarding the patient to a closed resolution of a claim.

This study cross-matched the clinical quality case reviews in the Emergency Medicine database with patient contacts in the professional liability insurer database from January 2001 through December 2016. For events that appeared in both forums, information on the professional liability insurer method of interaction was examined. These included informal negotiation, formal negotiation through presuit mediation, or no legal interest/no engagement with negotiation.

Results

Of the 9,842 cases captured by emergency medicine clinical quality case reviews, 576 (5.9%) with complete data sets were identified in the professional liability information using two identifiers: medical record number and the date of visit. *(Table 1)*

Of these 576, 488 (84.7%) were attributed to other clinical services, not emergency medicine. *(Table 3)*

The remaining 88 (15.3%) that were identified in the professional liability information were attributed to the emergency medicine care. *(Table 2)*

Of these 88, 29 (32.9%) resulted in some form of compensation as referenced below. Of the 576 identified by the Emergency Medicine review and for which contact was made with the professional liability insurer, only 5% (29) resulted in some form of compensation.

TABLE 1

576	Total cases that have a matching MR# and Date of Visit
488	Not ED cases in Database (attributed to another service)
88	ED cases in Database (attributed to ED care)

TABLE 2

88	ED cases in Database (attributed to ED care)
51	No Legal Interest/No Payment
21	Write-Off Only
9	Informal Negotiations/No Payment
4	Indemnity and Write-Off
3	Indemnity Only

TABLE 3

488	Not ED cases in Database (attributed to another service)
406	No Legal Interest/No Payment
51	Write-Off Only
15	Informal Negotiations/No Payment
12	Indemnity and Write-Off
3	Indemnity Only
1	Pre-Suit Mediation/No Payment

Of the 576 events, those that were triggered as a result of cases referred by other departments for review by the ED, 33 resulted in a waiver of the patient's physician and/or hospital bills, 7 had a combination of waiver of bills and indemnity, and 3 had an indemnity payment. Those that were triggered for a return in 48 hours, only 6 resulted in a waiver of bills, 2 had a combination of waiver and indemnity payment, and 1 had an indemnity payment only. Death in the emergency department resulted in 1 indemnity payment. The remaining clinical quality case reviews identified had no form of compensation whatsoever.

Focusing solely on the resolution of the 88 events that were attributed to emergency medicine care, 51 resulted in no legal interest from, and no payment to, the patient or their family. 21 of the 88 events resulted in a waiver of some portion of the patient's physician and/or hospital bill. 9 of the 88 resulted in informal negotiations at the end of which no payment or waiver of bills was made to the patient or their family. 4 of the 88 resulted in a combination of an indemnity payment to the patient or their family and a waiver of their physician and/or hospital bill. An additional 3 of the 88 resulted in solely an indemnity payment to the patient or their family. *(Table 2)*

Conclusion

Current clinical quality indicators for internal case review in emergency medicine may be of limited use in predicting medicolegal risk given that only 5.9% were identified by the professional liability insurer, and an even smaller amount (0.9%) was ultimately attributed to emergency medicine care. They may be more predictive of risk resulting to other services when the patient first presented in the ED. Of the reviews which were present in both datasets, a significant majority resulted in no compensation to the patient. These clinical review indicators appear to be sensitive, but not very specific in identifying care that may result in medicolegal contact. However, it would appear that of the small percentage of care reviews, those indicated by REF are more likely to result in some form of compensation to the patient. Further collaborative effort in understanding clinical quality measures within emergency medicine as it compares to medicolegal data may prove to have higher utility in identifying high risk systems and processes, which may ultimately improve patient safety.