

As seen the week of:

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Strategy aids emergency rooms most in need of med mal help

By **DAVE LENCKUS**

Data analysis tells you that medical malpractice claims arising from treatment at HCA Inc.'s emergency rooms are in line with hospital industry norms.

James D. Hinton tells you that is not good enough.

Inherent in the concepts of averages and norms is the understanding that there are outlier numbers, or, in HCA's case, emergency rooms that generate a volume of claims that is considerably higher than the norm.

So while averages and norms indicate "we don't need to do anything," there are "hospitals that need help," said Mr. Hinton, vp-risk and insurance.

Mr. Hinton does not accept that medical malpractice claims are a price of doing business. To that end, he has attacked the outlier ER claim problem using the same strategy he has used successfully to reduce other malpractice as well as workers compensation claims at HCA: Identify the outliers, show them they have a problem, offer them claim-busting tools from respected professional sources and provide them with financial incentives to use the tools.

Claim figures indicate that the effort, which began in 2002, is working. ER claims in 2004 were 38% lower than in 2001.

ER claims spiked in 2003 to their highest level in the 2001-2004 period, but an analysis of all types of claims filed against HCA suggests that the increase was an ironic aberration fostered by the medical malpractice liability tort reforms enacted in Texas that year, Mr. Hinton said. With little time to evaluate the merits of many claims before the deadline to file lawsuits under the expiring tort system, plaintiffs' attorneys filed a large number of claims that year that they otherwise would have turned away, he said.

Triage on ER claims

The first order of business in reducing ER claims was identifying the types of patients most often at the center of malpractice claims.

Data analysis by Mr. Hinton's department showed that physicians most often faced claims after providing treatment for chest pain, abdominal pain, abdominal pain in patients aged 50 or older, fractures and wounds. There are two abdominal pain claim categories because a

misdiagnosis of that symptom typically leads to a different set of problems for older patients than for younger patients, Mr. Hinton said.

With that information in hand, Mr. Hinton retained hospital risk management consultant Dr. Daniel Sullivan, president and chief executive officer of The Sullivan Group of Oakbrook Terrace, Ill.

In his independent research of hospital industry claims, Dr. Sullivan already had identified the major drivers in the types of claims that Mr. Hinton's department found were most often plaguing HCA's emergency rooms.

Using that analysis, Mr. Hinton began asking HCA's emergency rooms to conduct semiannual audits of a sampling of ER physician charts. For each physician, HCA hospitals audit the charts of five patients in each category of high-risk symptoms. To compensate hospitals for the expense of conducting the audits on about 30,000 charts, Mr. Hinton has arranged a payment of \$20 per record.

In the audits, the hospitals looked for specific diagnostic, care and documentation practices that Dr. Sullivan has determined are crucial to minimize treatment errors.

For example, with a patient who had chest pains, an audit looks for how thoroughly the physician researched the patient's history, how fast the patient was moved to a bed and how quickly the patient underwent an electrocardiogram to detect potential heart abnormalities.

The audits also look at when the last abnormal vital sign was charted on an ER patient before the patient was discharged. If the last vital sign recorded before discharge was abnormal, "we have a totally indefensible claim" if that patient develops medical complications shortly after leaving the hospital, Mr. Hinton noted.

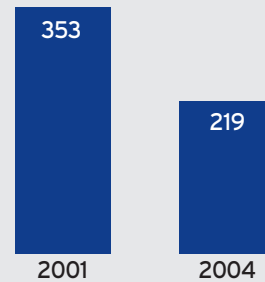
The last vital signs for that patient actually may have been normal but were not charted, he said.

Another high-risk factor the audits reveal are unresolved discordance between physicians' and nurses' documentation.

The data from those audits go to The Sullivan Group, which prepares reports on how HCA fa-

Reduced claims

The number of ER-related claims filed against HCA Inc. has dropped by 38% in the past four years.



cilities compare to the hospital industry. The reports allow Mr. Hinton's department to identify the ER departments and physicians that are the greatest potential malpractice risks.

Assistance to outliers

Armed with the claims data and chart audit analyses, Mr. Hinton approaches the outliers with an offer designed to encourage them to minimize their malpractice risks.

A hospital can earn a 1% malpractice insurance premium credit if its ER's medical director

fashions a plan to reduce the department's risk. An additional 1% credit is awarded if the ER department reaches its claim-reduction goals.

While Mr. Hinton's program focuses on outliers, it does not ignore the rest of HCA.

Dr. Sullivan has developed a two-hour Web-based education program on each of the five types of symptoms that are generating the most ER-related claims for HCA, and Mr. Hinton has taken several measures to encourage physicians to participate in the program.

In some cases, he has asked hospital management to stress that the physicians' group contracts with the facilities will not be renewed unless the physicians complete the program.

Some group contracts contain provisions that require physicians to complete the program.

And, the malpractice coverage that HCA's captive insurer writes for some of the groups requires physicians to complete the program.

About 1,600 physicians and 5,000 nurses work in HCA emergency rooms. Physicians and nurses typically sign up for two to four courses, said Mr. Hinton. In 2004, 1,053 physicians—or two thirds—and 2,403 nurses - almost half - took at least one course in the Web-based education program.

Once the current group of outliers has resolved its claims issues, Mr. Hinton plans to deal with the next tier of claim issues besetting HCA's emergency rooms—again using The Sullivan Group. Mr. Hinton said he decided to deal with claim problems on a piece-meal basis to avoid overwhelming hospitals with data collection requirements.