2021 BENCHMARKING REPORT

Illuminating Value

Frontline Stories of Data-informed Change

TDCGROUP
The Doctors Company
Healthcare Risk Advisors
TDC Specialty Underwriters
Medical Advantage

Membership in Candello's MPL benchmarking community brought credibility and understanding to operating rooms, catalyzing surgeons' readiness to implement patient safety improvement strategies.

Candello
Solutions by CRICO

Healthcare Risk Advisors / TDC Group

The Force Behind Patient Safety Improvement

Improving Surgical Safety

by David L. Feldman, MD, MBA, CPE, FAAPL, FACS; Patricia Kischak, RN, MBA, CPHRM; Veronique Grenon, FCAS; Donna Somerville, MS, CPHQ, CPPS

THE PROBLEM

Understanding the impact of improvement initiatives on malpractice.

Yes, data demonstrated that surgical events account for a third of our medical professional liability (MPL) cases...but that is true pretty much everywhere. In discussions with surgical safety leaders in our hospitals, we determined that their institutions were especially exposed to risks related to: 1) preoperative preparation of patients with significant co-morbidities, 2) breakdowns in intraoperative communication, 3) postoperative care following vascular surgery, and 4) morbidly obese patients undergoing non-bariatric procedures.

About half of inpatient surgery involves patients with chronic/potentially life-threatening disease who are at risk for a medical complication during/after surgery. When we tasked a clinical collaborative of hospitalists with expertise in perioperative medical care to determine how best to help these patients, they developed a standardized pre-op medical assessment (POMA) for high-risk patients, flagging specific issues needing preoperative optimization. We also recognized that many of these same patients needed postoperative attention to their co-morbidities, which could benefit from the expertise and availability of hospitalists. We piloted this program in vascular surgery patients due to the frequency of concomitant medical conditions. To help our OR staff improve intra-operative communication, we introduced OR teamwork communication training across all our hospitals using the AHRQ TeamSTEPPS model.

Concurrent with our work on these issues, we looked at the potential risks of morbidly obese patients. Although patients who undergo bariatric procedures are managed with a

Everybody who practices in our hospitals has heard about or been part of a case where something that negatively impacted a patient could have been avoided. By continuously analyzing and sharing data—and continuously comparing ourselves to these national benchmarks—all of us can improve the work that we do.

MICHAEL LEITMAN, MD
GENERAL SURGEON, MOUNT SINAI BETH ISRAEL HOSPITAL

mandated set of specific pre/intra and post-operative criteria, obese patients undergoing a non-bariatric procedure were not, even though they faced many of the same risks. Our recommendations that certain safety protocols be extended to all morbidly obese surgery patients have now been adopted.

Because we are the MPL insurer and manager of self-insurance programs, and not the care delivery entity, we are in constant collaboration with our hospitals to adopt and sustain these changes. We brought to them the credibility of our understanding of the problems they faced with these high-risk patients—including their MPL risks. That meant that when we sat down with surgeons, nurses, pain management specialists, hospitalists, etc. they were ready to implement our suggested changes.

These and other patient safety success stories—some driven by MPL premium incentives—have created a reliable partnership. Given the average indemnity for an MPL claim or suit in New York, preventing even a few cases justifies costs associated with remedial programs. This has helped all our constituents recognize Candello as a force behind patient safety improvement.

Candello is a game-changer for us because we can begin to work to understand where problems are. The only way you can understand where problems are is to have data and data that's actionable.

PETER SHAMAMIAN, MD
CHIEF QUALITY OFFICER,
MONTEFIORE MEDICAL CENTER

David L. Feldman is the Chief Medical Officer for The Doctors Company and TDC Group.

Patricia Kischak is the Vice President of Risk Management and Chief Nursing Officer, Veronique Grenon is the Vice President of Data Strategy, and Donna Somerville is the Assistant Vice President of Risk Management, Research and Data for Healthcare Risk Advisors, part of TDC Group.

In a field of research plagued by inadequate data, [Candello] is a treasure. It contains information on claims that did not result in a payment, as well as physicians' specialty and detailed information on the allegations, injuries, and their causes.

ALLEN KACHALIA, MD, JD
JOHNS HOPKINS MEDICINE
MICHELLE M. MELLO, JD, PHD
STANFORD UNIVERSITY
IN *JOURNAL OF HOSPITAL MEDICINE*, VOL. 16, NO. 7, JULY 2021

Deeply-coded surgical data helped HRA/TDC pinpoint risks related to pre-operative preparation of morbidly obese patients undergoing non-bariatric procedures, breakdowns in intraoperative communication, and mismanagement of recovering vascular surgery patients—and enables measurement of the demonstrable impact of interventions on malpractice claim rates.

To learn more about Candello, email us at candello@rmf.harvard.edu