Participation in Candello provides unparalleled opportunities for benchmarking performance with peers from across the country. It also offers tools that enable organizations to analyze and mine their data. An example is the Loss Abstract available for each case—coded from medical and legal documents—which provides a summary of the case data.

Loss Abstract 31703

As of 9/27/2019

CASE

Status:	CLOSED	Loss Date:	05/07/03	Filing Date:	08/10/2004
Coverage:	PL	Obs Date:	12/31/03	Trial Date:	NA
Claim Rep:	WILLIAM WILLIAMSON	Claim Made:	08/09/2004	Close Date:	08/15/2005
Supervisor:	JOHN JOHNSON	Assert Date:	08/09/2004	Entry Date:	08/10/2004

CLAIMANT

Name	Age	Gender	Plaintiff Firm
DOE, JOHN	58	MALE	KEN KENNETH & ASSOCIATES

CLAIM DESCRIPTION

Delay in dx of mesenteric artery obstruction resulted in organ damage and death.

RESERVES

Total Current Reserves: $0

Date	Indemnity	Expense
08/11/2004	$500,000.00	$40,000.00
06/15/2005	$0.00	$40,000.00
12/14/2005	$0.00	$0.00

PAYMENTS

	Indemnity	Expense	Total
Net	$400,000.00	$4,594.99	$404,594.99
Gross	$400,000.00	$4,594.99	$404,594.99

INSURED INFORMATION

Name	Und Specialty	Type	Status	Sponsor Org	Insured Org	Org Class
JACKSON, JACQUELINE	INTERNAL MED	PHYS	MD STAFF	GET WELL HOSPITAL	CRICO	HOSPTIAL
MARKSON, MARK	EMERGENCY	PHYS	MD RESIDENT	GET WELL HOSPITAL	CRICO	HOSPTIAL

CASE OUTCOME

Name	Defense Firm	Ind Res	Ind Pd	Exp Pd	Disp
JACKSON, JACQUELINE	MOSS & ASSOCIATES	$250,000.00 50%	$200,000.00 50%	$2,297.50	SETTLED
MARKSON, MARK	MOSS & ASSOCIATES	$250,000.00 50%	$200,000.00 50%	$2,297.50	SETTLED

NON-COVERED DEFENDANTS

Name	Carrier	Contribution

[No Non-Covered Defendants data]

CLINICAL SUMMARY

Comorbidities: Coronary Artery Disease (CAD), Peripheral Vascular Disease (PVD), smoker

This case is of delayed dx of mesenteric artery occlusion as a result of a failure to appreciate/ follow up on abnormal clinical findings and order correct testing

Pt 58 YO male w/hx smoking, post stroke-effected right foot, CAD, PVD, and chronic HTN presented w/abdominal pain after eating.

5/7/03 Pt with c/o abdominal pain immediately after eating x's several weeks, seen by insured Internal Med #1. Exam: abdominal distended, +BS, abdominal bruit audible (not normal and indicative of abdominal vascular disease.), rectum full-large amount of hard stool. No rectal bleeding. Differential diagnosis included: ulcer, gastritis, constipation. Upper GI and abdominal US ordered and done, Upper GI showed slight hiatal hernia. US within normal limits. Pt dx's with heartburn and constipation. Rx for Prevacid and counseled on dietary changes (more fiber). Pt advised to follow up with w/PCP office in 2 weeks. (No mention of plan to follow up on abdominal bruit or significance of).

Pt seen multiple times by Ins IM from 5/2003-6/2003 with repeated c/o of abdominal pain, now w/nausea. Also during this time period pt lost 15 lbs unintentionally. Previous diagnosis of constipation was reiterated. No diff dx, referrals, or diagnostic testing done. 7/22/03 daughter called PCP due to pt's continued abdominal pain, weight loss- down another 7 lbs. Ins IM referred pt to Ins gastro. Ins gastro performed a colonoscopy which was within normal limits. Dx w/motility disorder (no differential dx considered).

12/5/03 pt w/abdominal pain, taken to ED, noted to be constipated, "cleaned out" and discharged. 9/30/04 Pt to ED with abdominal pain. For the first time, differential diagnosis included mesenteric artery occlusion. Abdominal arteriogram ordered. Pt dx w/ischemic necrotic bowel, d/t superior mesenteric artery occlusion (this artery comes off aorta then feeds the colon). Pt required resection ascending colon, most of small bowel had to be removed. Pt had complicated and declining post-op course due to his CAD and was discharged home on hospice with TPN. All providers were criticized for missing the classic signs of mesenteric artery occlusion (MAO) which includes nausea, weight loss, and abdominal bruit. Smokers w/CAD and PVD are at greater risk for MAO.

Pt died at home one month later. Case Settled.

CONTRIBUTING FACTORS

CJ 1004	Failure to establish a differential diagnosis
CJ 1014	Failure to r/o abnormal finding
CJ 1023	Failure to respond to pt's repeated complaint/s
CJ 4001	Failure delay in obtaining consult/referral
CJ 1021	Failure to order a diagnostic test (X-ray)
CJ 1012	Lack/inadequate pt assessment-history and physical

ALLEGATIONS

0515	DIAGNOSIS-RELATED (FAILURE, DELAY, WRONG)	MAJOR

RESPONSIBLE SERVICES

Admitting:		NA
Responsible:	120	INTERNAL MEDICINE
Secondary:	040	EMERGENCY

LOCATIONS

Claimant Type:	OP	OUTPATIENT	
Location:	510	HEALTH CENTER	
Site:		GET WELL HEALTH CENTER	Ins: Y

OTHER LOSS PREVENTION DATA

Injury Severity:	9	
Initial Diagnosis:	564	CONSTIPATION
Final Diagnosis:	557.1	VASCULAR INSUFFICIENCY INTESTINE CHRONIC

Procedure:	NA
Device:	NA
Medication:	NA

Injury/Condition		Body Part/System		Type
140	DEATH		NA	MAJOR
030	OBSTRUCTION	090	BLOOD VESSEL	OTHER
042	ORGAN DAMAGE	070	INTESTINE SMALL	OTHER

CODING HISTORY

	Date	Coder ID
Entry	11/8/2004 12:00:00 AM	carolm
Last Update	10/30/2007 12:00:00 AM	christinea rmf