Quick facts

4,600 clients across the State

$201 billion insured State assets

84% client satisfaction score
A case study

What did we learn? (continued)

- Differential diagnosis
- Patient's voice
- Escalation
- Policies and procedures
A state-wide perspective

Diagnosis issues in medical indemnity claims

31% diagnosis issue is a CRITICAL CAUSE

14% delay in establishing DIFFERENTIAL DIAGNOSIS

20% in costs
How do we compare?

Comparing the impact of diagnosis


Where to focus

Emergency Medicine
Orthopaedics
Obstetrics
General Surgery
General Practice
General Medicine
Oncology
Medical Imaging
Gynaecology
Neurology
Cardiothoracic Surgery
Ambulance/Pre-Acute Care Services
Emergency claims – causes and contributing factors

Emergency claims – critical causes and contributing factors

![Graph showing emergency claims by primary cause and contributing factors.](image)
Where to focus

Emergency claims

- Policies/Procedures/Checklist not followed
- Premature discharge/cessation of treatment
- Poor technique/technical skill/competence
- Inadequate examination
- Delay/failure/refusal to instigate appropriate treatment plan
- Failure to heed patient complaints or symptoms
- Delay/failure to perform diagnostic testing
- Delay/failure to establish differential diagnosis

International Comparison - US

Diagnostic errors are the most common—and costly—allegation in ED cases.

<table>
<thead>
<tr>
<th>TOP ALLEGATIONS</th>
<th>CASES FILED</th>
<th>INDEMNITY INCURRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>MISSED OR DELAYED DIAGNOSIS</td>
<td>47 %</td>
<td>62 %</td>
</tr>
<tr>
<td>MANAGEMENT OF MEDICAL TREATMENT</td>
<td>28 %</td>
<td>24 %</td>
</tr>
<tr>
<td>MEDICATION-RELATED</td>
<td>7 %</td>
<td>4 %</td>
</tr>
<tr>
<td>SAFETY OR SECURITY</td>
<td>6 %</td>
<td>2 %</td>
</tr>
<tr>
<td>SURGICAL TREATMENT</td>
<td>3 %</td>
<td>3 %</td>
</tr>
</tbody>
</table>
At a Glance...

About four of every 100,000 ED visits result in an allegation of malpractice.

47% of ED cases allege a failure to diagnose.

39% of ED cases alleging a missed diagnosis cite a judgment error related to ordering a test or image.

41% of diagnosis-related ED cases involve inadequate assessment leading to premature discharge.

Community hospital-based nurses are named twice as frequently in ED malpractice cases as are nurses in academic medical centers.

Medical malpractice indemnity costs approximately $8 per ED visit.

Targeting our focus
Behaviour Change Trials

VMIA RESEARCH AND INNOVATION PROGRAM
A Year in Review

SETTING THE AGENDA

Misdiagnosis
Multifaceted risk

Governance
Escalation of Care
Patient Voice
Patient Informed Consent

Rapid Prioritisation Process
Longform Prioritisation Process

Misdiagnosis
- Misdiagnosis
  - Independent review followed by study
  - 240 patients, case intervention and two control tests
  - To address cognitive bias in diagnostic decision-making
  - April 2019

Governance
- Governance
  - Immersive simulation testing
  - 12 health service boards
  - May to enhance their difficult decision-making and get the best they think
  - May - December 2019

Patient Voice
- Patient’s voice
  - Patient power to ask questions about their care
  - Post-operative nurses, surgeons, and patients
  - To empower patients to understand their condition and speak up with concerns
  - February - April 2019

Patient’s voice
- Patient’s voice

Misdiagnosis
- Misdiagnosis

Escalation of care
- Escalation of care

Targeting cognitive bias
- Targeting cognitive bias

Closing the loop
- Closing the loop

April 19
Global experts have highlighted five key areas of learning that clinicians can focus on to improve diagnosis and reduce misdiagnosis.