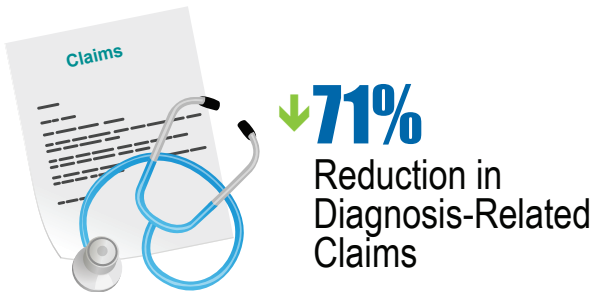




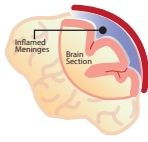
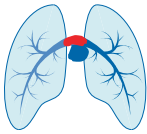
Reducing Diagnosis-Related Claims

Improving Patient Safety Through an Accurate Diagnosis

After noticing the majority of their medical malpractice claims were diagnosis-related, a large healthcare organization focused its attention on the highest risk areas that are most susceptible to missed or delayed diagnosis in emergency medicine. After implementing the **RSQ® Solutions - Emergency Medicine Program**, the organization realized significant reductions in the targeted diagnosis-related claims and built upon this success over the ten-year period measured.



*Claims reduction measured include only those targeted by the **RSQ® Solutions** Program: AAA/TAD, Acute Myocardial Infarction, Appendicitis, Subarachnoid Hemorrhage, Cerebrovascular Accident, Intra-Spinal Abscess, Fractures, Meningitis/Encephalitis, Pulmonary Embolism, Wound Comp/Infections.

Reduction in Diagnosis-Related Claims			
	↓87% Subarachnoid Hemorrhage		↓70% Meningitis
	↓84% Pulmonary Embolism		↓66% Acute Myocardial Infarction
	↓82% AAA & TAD		↓86% Appendicitis
	↓74% Fractures		↓48% Cerebrovascular Accident

Comparing 2001 & 2002 to 2009 & 2010
160 Emergency Departments & 5.7 Million Annual ED Visits

Committed to Quality Care

As most closed claims analyses indicate and the recent HMD (Health and Medicine Division - formerly IOM) report *Diagnostic Error in Health Care* states, the overwhelming majority of adverse events that lead to litigation stem from a diagnosis-related event. In response to seeing trends in their own organization, the organization was looking for a scalable program to strengthen their clinical practice and documentation compliance as well as decrease the variability of care in their emergency departments. The organization encompasses over 160 hospitals across the United States that provide care to nearly 6 million patients in their emergency departments annually.



Targeting High-Risk Diagnoses for Care Improvements

The organization implemented **RSQ® Solutions** to target the top high-risk diagnoses and related claims in emergency medicine. With **RSQ® Education**, emergency physicians, nurses and allied health professionals took online courses from an extensive library based on years of medical and legal research, including analyses of thousands of adverse outcomes and medical negligence cases (Table 1). Additionally, the ED team's performance on certain key indicators of clinical practice and documentation compliance was measured by the **RSQ® Assessment - Emergency Medicine**.

Emergency Medicine Program - Learner Impact

	Participant Count	Were You Satisfied?	Would You Recommend?	Will You Change Your Practice?
Abdominal Aortic Aneurysm	436	99.8%	98.7%	99.5%
Appendicitis	628	98.6%	96.6%	98.4%
Atypical Chest Pain in Women	1049	99.1%	97.8%	98.3%
Geriatric Abdominal Emergencies	1642	98.9%	97.6%	98.0%
Myocardial Infarction Part 1	1168	95.9%	95.1%	96.4%
Myocardial Infarction Part 2	536	99.2%	98.7%	98.9%
Pediatric Meningitis	3950	98.5%	97.6%	98.0%
Pulmonary Embolism Part 1	1829	98.7%	98.1%	98.1%
Pulmonary Embolism Part 2	1239	98.8%	98.3%	98.3%
Stroke Part 1	658	98.9%	97.5%	99.1%
Stroke Part 2	461	98.7%	98.5%	98.0%
Subarachnoid Hemorrhage	2033	98.8%	98.0%	98.2%
Thoracic Aortic Dissection	342	99.1%	98.3%	98.2%

Table 1 represents percentage of respondents who answered affirmatively

Striving for Continuous Improvement

Initially, the organization noticed a reduction in ED malpractice claims by 38% (first 3 years). Thereafter, they noticed a sustained improvement on key performance indicators within the **RSQ® Assessment** (Table 2) in concert with a reduction in ED malpractice claims. To ensure their sustained improvements, the organization continues to have their clinicians participate in the **RSQ® Education** modules for the highest risk areas in Emergency Medicine.

Key Performance Indicators	Results
Risk Factor Analysis Score	↑ 112.5%
Overall RSQ® Score	↑ 18%
Repeat of Very Abnormal Vital Signs	↑ 21%

Table 2 - Prior to Discharge