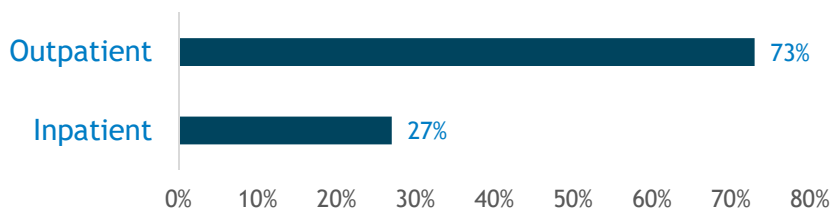


## Claims Involving Issues Related to Electronic Health Records

We are curious about what the ultimate impact of electronic health records (EHRs) will be on patient outcomes and medical malpractice claims. We hope that the advanced features of EHRs will assist caregivers in mitigating the risks faced in a non-electronic world, such as illegible documentation, erroneous dosages, test result follow-up failures and inadequate communication among healthcare teams and with patients. We fear, among other things, that system training could be inadequate, the learning period too lengthy, that the EHR will contain incorrect or insufficient patient information, and that shortcuts will propagate incorrect information, all leading to more risk and claims.

MedPro Group is watching its claims experience to assess the impact of EHRs. To date there are a few notable findings. While less than 2% of all claims involve an EHR-related issue, that number exceeds 5% in the last year of this ten year analysis. Importantly, EHR-related claims have a 50% higher frequency of indemnity payment compared to all other claims despite no real increase in the severity of patient injuries (less than 10% higher clinical severity).

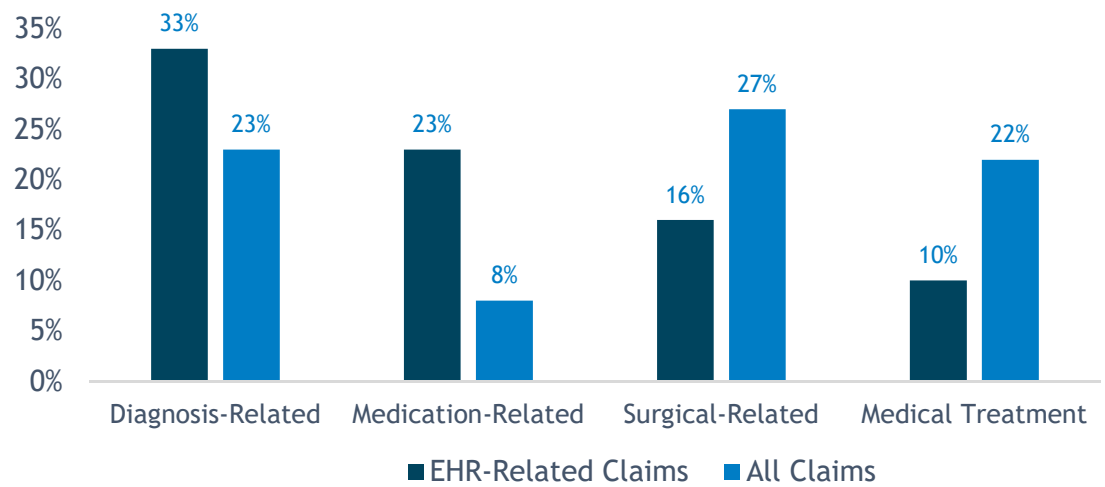
### Patient Type



Nearly three-quarters of the cases arise in an outpatient setting, most notably in a physician office or emergency department.

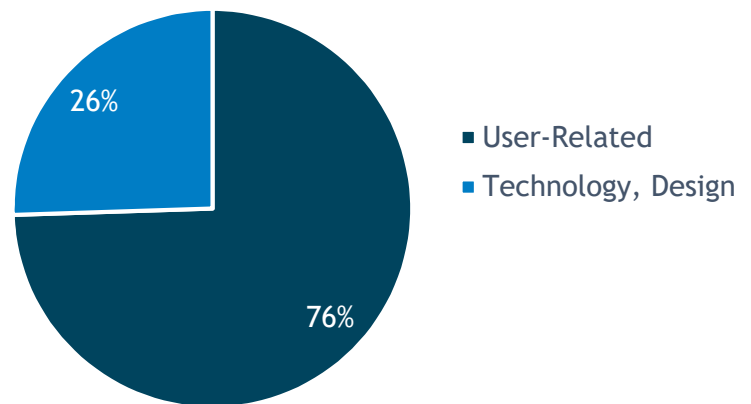
### Allegation Categories

Claims involving EHRs are disproportionately related to diagnostic and medication-related allegations, accounting for nearly 60% all claims. The majority of the diagnosis and medication-related allegations arise in an outpatient setting.



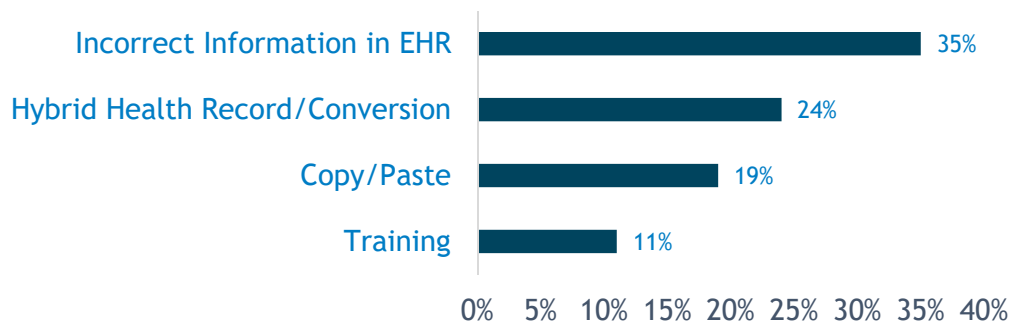
### EHR-Related Risk Factors

Specific EHR-related risk factors in claims more frequently identify user-related issues rather than technical or design issues. It should be noted, however, that poor system design can make user failure more likely to occur.



### User-Related Risk Issues

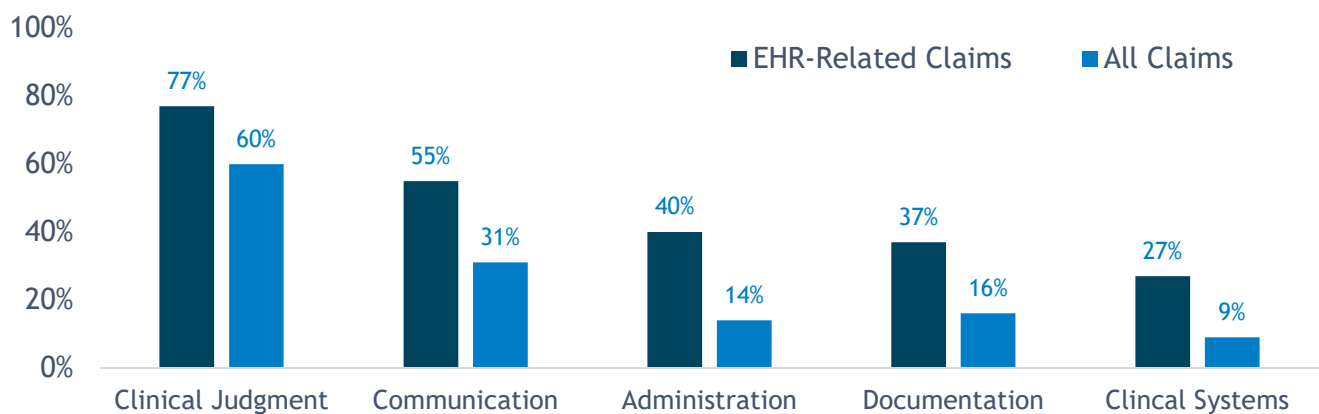
The most common EHR user-related mishaps involve incorrect information in the EHR (often related to medications), prepopulating or copying/pasting which led to the propagation of an error, or missing information that was present in the paper record



but did not get scanned into the EHR during the conversion process. These issues contribute readily to the diagnostic and medication allegations.

### Other Key Risk Factors

It is also interesting to note that in claims involving EHR risk factors, several other key risk factors are noted more frequently than in other claims. Notable within these factors are failure to read the content of the medical record, insufficient documentation of all clinical findings, and failures in tracking and reporting findings of test results or referrals, all of which can lead to poor clinical judgment and decision-making.



### Take Home Points

- Verify key patient information is in EHR and is accurate at every visit, including drug allergies, prior test results, problem lists and medication dosages/regimens. Do not maintain partial or hybrid records.
- Copying, pasting and autofill options are ripe for errors. Should these functions be utilized, take the time to review all notes to ensure consistency and accuracy.
- Staff and provider learning curves with EHRs can last for quite some time, during which the risk for error is highest. Proper training and demonstrated competence with EHR design, flow, and content is critically important.
- Use key functions to assist in the tracking for referrals and test results to ensure that patient referrals and their test results are not lost.

## Case Illustrations

**Case 1:** A patient with a strong family history of breast cancer presented to her OBGYN. The physician ordered a BRCA analysis. The results were received and scanned into the office's newly implemented EHR system. The top portion of the paper report showed a positive finding for deleterious mutation in large, capitalized and bold lettering, but that section was not visible on the scanned document. A different section of the report contained small print within an outlined box indicating no mutation was detected in either the site rearrangement or the sequencing panel; it was this text that the physician relied upon to make clinical decisions about treatment. One year later the patient was diagnosed with stage IIIC fully differentiated serous ovarian cancer with very poor prognosis. Experts felt that the patient's cancer was not present at time of BRCA testing, but had the patient undergone bilateral salpingo-oophorectomy at that time, the risk of cancer would have been drastically minimized.

**Case 2:** The patient information sheet had not yet been incorporated into the EHR system at a family physician's office. Per office policy, this sheet was to be scanned into the EHR by office staff upon patient completion of the sheet prior to the visit. At an initial office visit, this policy was not followed, and the new patient's family physician, who utilized and relied upon the EHR, did not read the written information sheet which, for this patient, indicated drug allergies to ace inhibitors. In the EHR at the time of the visit there were no allergies listed. The physician prescribed Lisinopril (an ace inhibitor) which was taken by the patient who subsequently suffered a severe allergic reaction which required hospitalization.

## Resources

- [EHR Liability & Risk Management Strategies](#)
- [Patient Safety & Liability Concerns in the Era of Electronic Health Records](#)

## Data Source

MedPro Group closed claims data, 2007-2016

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