Risk Management Introduction and Background

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Objectives

1. Describe trends in healthcare and medical physics that have increased risk incrementally in recent years
2. Explain proactive risk management strategies to simultaneously improve patient outcomes and reduce financial risk

Why are we really here?

- Catastrophic patient injuries and deaths implicating medical physicist errors
- Large $$ settlements and judgments
- Unsustainable expenses for the AAPM PLI program
- Change in insurer / program rehabilitation

History

- From 2011-2016, AAPM's PLI program:
  - Collected just under $5M in premiums
  - Paid just over $5M in claims and expenses
  - 1 each @ $2.5M, $900k, $400k
- In 2016, our PLI carrier cancelled the program
- Our new carrier went live in April 2018

Our members are asking…

- "What can we learn from these bad outcomes?"
- "Why are diagnostic and therapy practices priced the same?"

Factors

- Common errors and omissions "could happen to anyone"
- "Bread and butter" technologies and clinical procedures
- State and case law, court and local political influences

Additional factors

- Medical physicists tend to do poorly in court as defendants
- Patients are highly sympathetic plaintiffs

Severity vs. Frequency

- Our intuitive notions of risk mostly relate to frequency (probability of occurrence)
- Severity driven by magnitude of loss at stake in a single claim
- Reducing already-small probabilities may not help much

Our Opportunities

- Learn from insurance industry partners and other health professions
- Leverage related patient-safety work (TG-100 implementation, incident learning, etc.)

Please Welcome:

- Brenda Wehrle, BS, LHRM, CPHRM
- Senior Patient Safety & Risk Management Consultant, MedPro