STATE OF MARYLAND
DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663
Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

To: All Hospital Chief Executive Officers

From: Wendy Kronmiller, Director

Date: May 8, 2009

RE: **Medical Professional Liability Closed Claim Form.**

In 2007, regulations changed to require the submission of medical liability claims on the designated form of the Department of Health and Mental Hygiene form (DHMH 4668). Unfortunately, compliance with the use of the form has been inconsistent, interfering with our ability to evaluate the information provided.

The regulations at COMAR 10.07.01.25 require a hospital to complete and submit to the Department the approved Medical Professional Liability Closed Claim form, DHMH form #4668, for each medical liability claim filed regarding the care or services received by a patient under the care of that hospital. The regulations require that that regardless of the result of a closed claim, the hospital shall submit the Medical Professional Liability Closed Claim form to the Department within 90 days after the end of the quarter during which the final judgment, settlement, or final disposition of the claim was made.

A copy of DHMH 4668 is attached and is available on our website at:
http://dhmh.state.md.us/ohcq/download/hospcapp/med_pro_liab_clos_claim_survey.pdf

Please provide this form to appropriate hospital staff to insure future compliance with the regulation. If you have any questions you may contact Renee Webster, Assistant Director for Hospitals, Laboratories and Patient Safety at (410) 402-8090.

MEDICAL PROFESSIONAL LIABILITY CLOSED CLAIM SURVEY

(1) Claim File Identification:

(2) Name of Hospital:

(3) Name and Phone Number of Person Completing Form:

(4) Date of Injury:

(5) Date Form Completed:

(6) Date Claim Reported to Insurer:

(7) Date Claim Closed:

(8) Name of Insurer, Self Insured Health Care Entity, or Risk Retention Group:

(9) Name of health care facility or office where injury occurred, if applicable, or county where injury occurred if location of health care facility or office is not known:

(10) Age of Injured Person at Time of Injury:

(11) Gender of Injured Person at Time of Injury:

(12) Type of Alleged Injury:

- ○ Death
- ○ Permanent Total Disability
- ○ Other Bodily Injury
- ○ A physical or mental impairment that substantially limits one or more of the major life activities of an individual lasting more than 7 days or still present at the time of discharge.
- ○ Other, specify:

(13) Description of injury or alleged injury, including, if applicable, a description of the misdiagnosis or alleged misdiagnosis, a description of the procedure giving rise to the claim and a description of the principal injury giving rise to the claim:

(14) Type of medical professional liability policy:

- ○ Occurrence
- ○ Claims made – basic
- ○ Claims made – tail

(15) Type of patient:

- ○ Inpatient
- ○ Emergency room patient
- ○ Other outpatient
- ○ Unknown

(16) If a health care provider was named in claim.

A. Type of health care provider by category

- ○ Physician, no surgery
- ○ Nurse
- ○ Pharmacist
- ○ Psychologist
- ○ Nurse Anesthetist
- ○ Surgeon (major & minor surgery)
- ○ Nurse Midwife
- ○ Chiropractor
- ○ Dental
- ○ Hospital or other health care facility
- ○ Psychiatrist & related specialties
- ○ Optometrist
- ○ Podiatrist

Other, specify:_______________

B. The physician ISO classification, or equivalent classification, if applicable:

C. Name of health care provider: License Number:

(17) Policy limits for each claim or medical incident:

(18) Policy limits for annual aggregate:

(19) Was this a zero payment claim file?

(20) Full name of the court where the suit was filed and the case was tried:

(21) Case Number for Court where Case was Tried:

(22) Whether settlement was reached or award was made at one of the following stages:

- ○ Arbitration
- ○ Mediation
- ○ Before suit was filed
- ○ After suit was filed, but before trial
- ○ During trial, but before court verdict
- ○ Court verdict
- ○ After verdict
- ○ After appeal was filed

(23) If settlement was reached or an award was made by court verdict.

- ○ Directed verdict for plaintiff
- ○ Directed verdict for defendant
- ○ Judgment notwithstanding the verdict for the plaintiff
- ○ Judgment notwithstanding the verdict for the defendant
- ○ Judgment for plaintiff
- ○ Judgment for defendant
- ○ For plaintiff, after appeal
- ○ For defendant, after appeal
- ○ Any other

(24) If there was no final judgment or settlement (no payment) the date the claim was closed:

(25) If there was no final judgment or settlement (no payment), the reason for the final disposition:

(26) If case went to trial, whether the case was tried by a jury or tried by a judge:

(27) The amount paid to the claimant:

(28) The amount paid by the insurer:

(29) The amount paid by the insured due to retention or deductible:

(30) If applicable and known, the amount paid by an excess carrier:

(31) If applicable and known, the amount paid by the insured due to settlement or award in excess of policy limits (do not include deductible or retention amounts):

(32) If applicable and known, the amount paid by other defendants or contributors:

(33) Whether a structured settlement or periodic payment was used:

- ○ Structured settlement
- ○ Periodic payment

(34) If a structured settlement/periodic payment was used.

A. The amount of immediate payment:

B. The present value of the projected total future payout (price of annuity if purchased):

C. The projected total future payout:

(35) The cost of the structure:

(36) If a neutral expert was used, the findings of a neutral expert witness regarding:

- ○ Future medical expenses, if applicable.
- ○ Future loss of earnings, if applicable

(37) If case was tried to verdict, the amount awarded for:

- ○ Past medical expenses, if known and applicable.
- ○ Future medical expenses, if known and applicable.
- ○ Past lost wages, if known and applicable.
- ○ Future lost wages, if known and applicable.
- ○ Non-economic damages, if known and applicable.
- ○ Other damages, if known and applicable.

(38) The total allocated loss adjustment expense:

(39) Of the total allocated loss adjustment expense, what amount represents:

- ○ Fees paid to defense counsel:
- ○ Expenses not included in defense counsel fees: