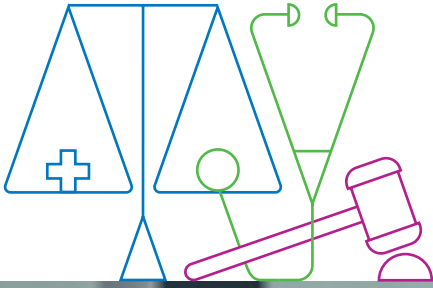


# HOSPITALIST SPECIALTY OVERVIEW



## HOSPITALIST CASE STUDY

# How poor communication and lack of follow-up among the healthcare team led to patient harm and litigation

### Allegation

- Failure to document the consulting physician's communication and rationale for IV contrast administration in a high-risk patient, resulting in worsening renal failure, delayed intervention, and death.

### Brief Facts

- A 72 YOM with a complex medical history including congestive heart failure, chronic ischemic heart disease, ischemic cardiomyopathy, hypertension, hyperlipidemia, diabetes, prostate cancer, GERD, nephrolithiasis, COPD, flash pulmonary edema, and chronic anemia with intermittent thrombocytopenia presented to the ED with shortness of breath.
- During admission, the hospitalist consulted a nephrologist regarding the use of IV contrast for a CTA to rule out pulmonary embolism as the patient's creatinine rose to 2.8 mg/dL. Although the nephrologist verbally approved the contrast, the conversation and rationale were not documented.
- The patient later developed uremia and pneumonia, required hemodialysis, and ultimately expired two weeks later. The cause of death included acute kidney injury requiring dialysis and bilateral pneumonia. Documentation gaps and conflicting expert testimony complicated the defense, leading to concerns about an excess verdict in a challenging venue.



## Discussion

- Expert support for the nephrologist was weak due to the absence of documentation confirming the consultation and approval of IV contrast. The nephrologist's partner, who was also treating the patient, was prepared to testify against the use of contrast based on the patient's elevated creatinine and a negative D-dimer result.
- This lack of coordination and unclear documentation placed the hospitalist and nephrologist at significant legal risk, highlighting the need for consistent communication, shared decision-making, and contemporaneous documentation in co-managed patients.

## Where the Breakdown Happened

- **Documentation Gaps:** No written record of the nephrologist's approval or the decision-making rationale.
- **Co-Management Confusion:** Unclear division of responsibility between hospitalist and consultant.

## Resolution

- A settlement was reached due to documentation inconsistencies and expert disagreements, rather than a clear breach in standard of care. The case underscores how documentation failures and unclear communication in co-managed patients can create substantial liability even in the presence of otherwise defensible clinical care.

# Risk Reduction Strategies

## Communication & Documentation

- Always document specialist consultations, especially when verbal recommendations guide critical decisions.
- Include clinical rationale and risk-benefit assessments for interventions in the medical record.
- Use read-back protocols to confirm understanding among providers, and ensure documentation is placed in expected locations.

## Coordination of Care

- Clarify roles in co-management scenarios, specifying who leads medical vs. procedural decision-making.
- Establish workflows that ensure both surgical and medical teams review pending labs and vital updates.
- Encourage interdisciplinary rounds or huddles to align on care plans and risk factors.

## Follow-Up Systems

- Implement electronic flags or automated alerts for critical lab values or pending consults.
- Review overnight events and lab results during morning handoffs to avoid missed information.
- Create protocols for escalating unresolved consults or documentation gaps to appropriate leadership.



# HOSPITALIST DATA & INDUSTRY TRENDS

ProAssurance utilizes the Candello Discover national claims database. The data listed here includes claims data showing industry trends specific to hospitalist claims from 2014-2023. Using this information, our Risk Management department can target specific areas of hospitalist care to deploy risk mitigation strategies and resources.

**Source for all data at right:**  
Most Common Hospitalist Claim Event Types. National Candello Database. Candello Discover Dashboard (2014-2023). Retrieved by ProAssurance (April 23, 2026).

Data referenced is from the national Candello database and used with permission of The Risk Management Foundation of the Harvard Medical Institutions Incorporated all rights reserved. Event Years: 2014-2023

*“Data gathered while analyzing hospitalist trends helps us craft targeted tools and strategies to help mitigate risk and safeguard your practice or facility.”*

**Mallory B. Earley, JD, CPHRM**  
Assistant Vice President,  
Risk Management

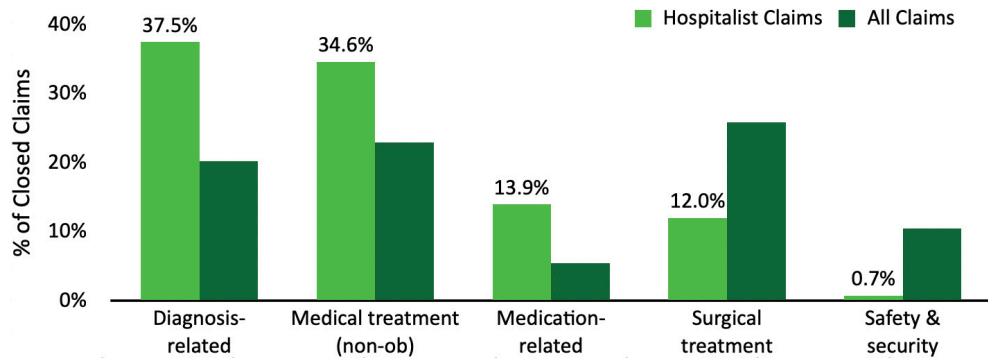
## Hospitalist to All Specialties Claims Comparison

Specialty	Closed Claims	% Closed with Indemnity	Average Indemnity
Hospitalist	552	41.5%	\$562.2K
All Specialties	36,614	47.3%	\$444.8K

From 2014-2023, 41.5% of hospitalist claims closed with indemnity, 5.8% less than the percent closed with indemnity across all claims.

The average indemnity paid toward hospitalist claims was 23.3% higher than the average paid across all claims.

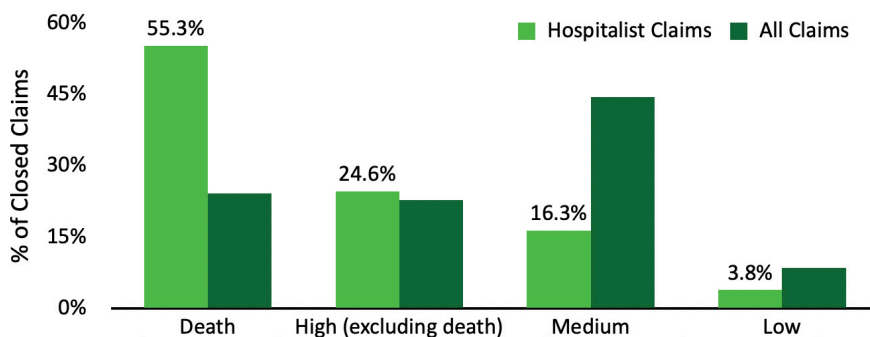
## Most Common Hospitalist Claim Event Types



“Diagnosis-related” was the most common event type among hospitalist closed claims from 2014-2023. This was the third most common event type among all claims.

“Surgical treatment” was the most common event type among all closed claims.

## Clinical Severity Distribution



Death was the most common clinical severity associated with hospitalist closed claims, making up 55.3% of hospitalist claims and only 24.1% of all closed claims from 2014-2023.

Medium was the most common clinical severity associated with all closed claims.



*“Our hospitalist risk management resources are developed in response to closed claims and validated industry data. Our goal is to identify risks to keep our caregivers out of the courtroom and in position to help patients.”*

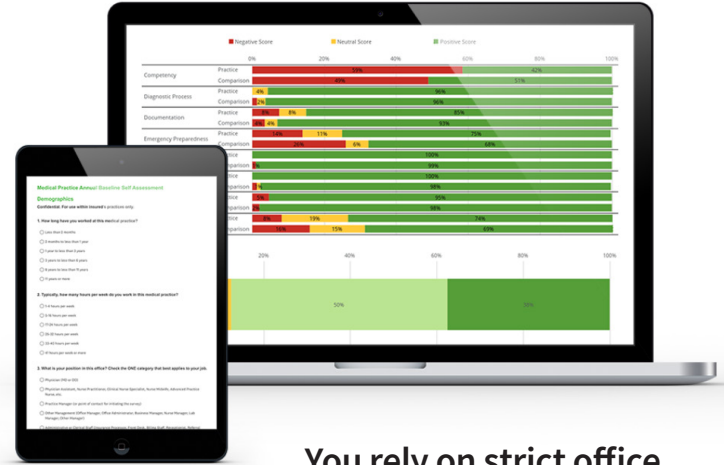
**Mallory B. Earley, JD, CPHRM**  
Assistant Vice President, Risk Management

# ASSESSING MEDICAL LIABILITY KNOWLEDGE

## Annual Baseline Self-Assessment

The **Annual Baseline Self-Assessment (ABSA)** is a comprehensive survey conducted among the entire healthcare team at medical practices. The ABSA evaluates critical risk areas that impact the effectiveness and safety of healthcare delivery. This includes diagnostic testing protocols, infection control measures, and emergency preparedness strategies.

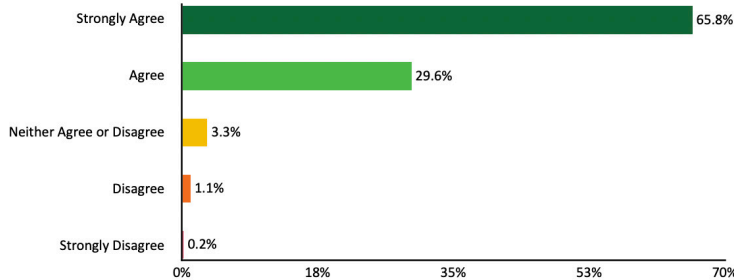
By analyzing the survey results, the Risk Management team can identify specific gaps in knowledge and comprehension among healthcare professionals. This enables us to create tailored educational programs and resources to minimize liability risks and enhance overall practice safety.



**Statement:**

An informed consent document is used for invasive treatments and procedures.

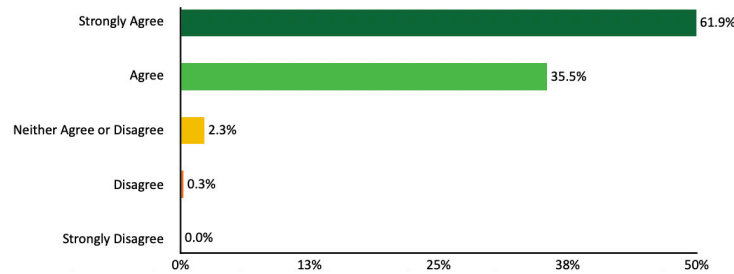
**Sample Results:**



**Statement:**

The physicians and practice staff consistently document a patient's refusal of medical treatment.

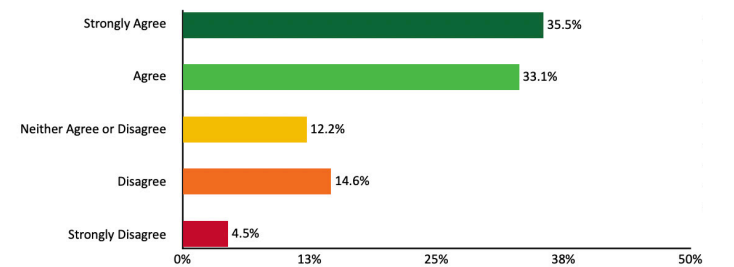
**Sample Results:**



**Statement:**

I have received training on responding to hostile or aggressive behavior.

**Sample Results:**



You rely on strict office protocols to serve your patients with confidence.

Have you considered whether your staff might benefit from additional training?



To request the ABSA, scan the QR code at left.


In 2025  
**3,051**  
 assessments were taken  
 by staff at  
**546**  
 practices to evaluate  
 medical liability  
 risk management  
 knowledge gaps.

*These numbers were extracted from 2025 ProAssurance medical professional liability risk management data.*

# RISK MANAGEMENT SERVICES

We're here to help you promote patient safety, minimize risk, and improve defensibility of claims by providing comprehensive assessment and training resources that are relevant and easy to share.



- **Online loss prevention seminars** are available on-demand.
- **Claims Rx online CME courses** offer claims-based learning and risk reduction strategies on trending topics.
- **Malpractice Case Studies** offer risk management insights on a variety of specialty-focused cases. 
- **“2 Minutes: What’s the Risk?” videos** feature clinical, quality, and legal consultants discussing medical liability issues.
- **Medical liability articles** and content bundles on current topics are in regular development.
- **Sample letters, checklists, forms, and guidelines** are available on the ProAssurance website to support proper documentation and best practices.
- **Rapid Risk Review podcast** delivers concise, practical insights on healthcare liability, featuring legal and clinical guests who share perspectives on emerging risks, case outcomes, and strategies to support safer care.

## Risk Management Helpline

Your physicians, administrators, and healthcare staff have access to a team of risk consultants with a wide range of backgrounds, including prior experience as healthcare administrators, attorneys, nurses, and quality professionals. Risk consultants assist insureds using specialized knowledge of healthcare risk management issues and the Company’s experience defending claims.

Helpline: 844-223-9648,  
Monday through Friday, 8 a.m. – 5 p.m.

Email: [RiskAdvisor@ProAssurance.com](mailto:RiskAdvisor@ProAssurance.com)



**2,300+**

Helpline or email contacts are made with risk management consultants each year.

## HELPING HOSPITALISTS

- Minimize exposure
- Maximize defensibility
- Practice with confidence

We consider all cases seriously, and if our insured receives notice of a potential claim, we provide experienced malpractice counsel, bringing clarity developed on a national scale to the hospitalist claims process.



[ProAssurance.com](https://ProAssurance.com)

### ProAssurance National Claims Summary, 2021-2025\*

**17,300+**

open malpractice claims  
managed by ProAssurance.

**95.5%**

of closed claims resolved  
without going to trial.

**76.2%**

of claims closed without indemnity  
(no money was paid to the plaintiff).

\*These numbers represent medical malpractice claims from 2021 to 2025 extracted from the ProAssurance MPL claims reporting system.