Appendix A

CRICO has a validated, peer-reviewed method of data extraction.[[1]](#endnote-1),[[2]](#endnote-2) Allegations and contributing factors were coded by a clinical taxonomy specialist, who is a clinical nurse specialist with at least 10 years of working in a quality or risk management environment. Coders function as claims content experts who undergo extensive training in standardized protocols and algorithms, who then apply a proprietary coding taxonomy for each claim. A taxonomy governance committee, which is composed of legal, underwriting, risk, patient safety, and analytic experts, regularly performs audits to assure data integrity and historical consistency. These clinical taxonomy specialists meet at twice a week to discuss difficult coding scenarios, as well as receive feedback and act on recommendations based on the audit proceedings.

Coders review volumes of medical records and legal documents including depositions and legal proceedings. Unlike other legal databases, the protocol takes account of the points of view of the defendant, plaintiff, and expert witnesses of both parties. The coders focused on: 1) communication-related factors; and 2) clinical judgement factors and decision-making process including gaps in care, omissions or commissions that delayed the diagnosis and/or led to worse outcomes. At the conclusion of each review process, the coders write a detailed case summary that highlights contributing factors, management errors, and technical issues surrounding each claims.

References

1. Newman-Toker DE, Schaffer AC, Yu-Moe CW, et al. Serious misdiagnosis-related harms in malpractice claims: The "Big Three" - vascular events, infections, and cancers. *Diagnosis (Berl)*. 2019;6(3):227–240.

2. Gartland RM, Bloom JP, Fong ZV, et al. What Have We Learned From Malpractice Claims Involving the Surgical Management of Benign Biliary Disease?: A 128 Million Dollar Question. *Ann Surg*. 2019;269(5):785–791.

1. [↑](#endnote-ref-1)
2. [↑](#endnote-ref-2)