

# **Ohio 2012 Medical Professional Liability Closed Claim Report**

**April 2014**

# Ohio Medical Professional Liability Closed Claim Report - 2012

## I. Introduction

Pursuant to Ohio Revised Code (“ORC”) §3929.302 and Ohio Administrative Code (“OAC”) 3901-1-64, the Department of Insurance (“Department”) hereby submits its eighth annual report to the General Assembly summarizing the Ohio medical professional liability closed claim data received by the Department for calendar year 2012. This report also includes comparisons of calendar year 2012 data with the data from the prior seven calendar years. Copies of the prior annual reports are available on the Department's web site [www.insurance.ohio.gov](http://www.insurance.ohio.gov).

## II. Overview

ORC §3929.302 requires all entities that provide medical professional liability insurance to health care providers located in Ohio, including authorized insurers, surplus lines insurers, risk retention groups and self-insurers, to report data to the Department regarding medical professional liability claims that close during the year. In addition, each entity must report the costs of defending medical professional liability claims and paying judgments and/or settlements on behalf of health care providers and health care facilities.

The Department is required to prepare an annual report to the General Assembly summarizing the closed claim data on a statewide basis. The data is summarized in this report in order to maintain the confidentiality of the specific data filed by each reporting entity.

Copies of ORC §3929.302 and OAC 3901-1-64 are attached to this report as Appendices A and B.

## III. Data Collection

A secured application on the Department's web site has been set up in order to capture the data elements required by OAC 3901-1-64, Medical Liability Data Collection. Companies must submit data by May 1 for each medical, dental, optometric or chiropractic claim closed in the prior calendar year.

## IV. Description of Analysis

For the purposes of this report, and based on general practice, when an insurer or other insuring entity opens a file and begins to investigate the circumstances of a demand for compensation due to the alleged malpractice of a health care provider or facility, a claim has occurred, whether or not a lawsuit is ever filed. When the file is closed for one of the many reasons detailed in this report, even when the claimant receives no payment, the claim is considered closed. Multiple closed claim records can be generated from one incident, since a closed claim record must be entered for each health care provider and/or facility from which a demand for compensation is sought.

## Ohio Medical Professional Liability Closed Claim Report - 2012

In this report, two primary pieces of data are analyzed:

- **Paid Indemnity:** The amount of compensation paid on behalf of each defendant to a claimant.
- **Allocated Loss Adjustment Expense (ALAE):** The expenses incurred by a reporting entity, other than paid indemnity, which relate to a specific claim, such as the costs of investigation and defense counsel fees and expenses. As a business practice, some of the reporting entities do not allocate loss adjustment expenses to a specific claim.

This report organizes and summarizes the data to reflect the types of medical professional liability claims, the age and size of these claims, differences among regions of the state, differences among medical professionals, and several other categories.

### V. Limitations of Analysis

The analysis is based entirely on historical closed claim data. That is, claims are reported to the Department and included in this analysis based on the year in which they reach a final outcome of any sort, including a trial verdict, settlement or the passing of the statute of limitations. Some arose from recent medical incidents, but many arose from incidents that occurred several years ago.

This report is not intended to be used to evaluate past or current medical professional liability insurance rates.

In addition, this data does not reflect plaintiffs' attorney fees, which are not collected separately and cannot be identified from this data or from any data available to the Department.

### VI. Key Findings for 2012 Closed Claims

- **Total Claims:** For 2012, a total of 2,773 claims were reported by 98 entities. Authorized insurers<sup>1</sup> reported the majority of the claims, 1,542. Self-insured entities reported 1,020 claims; surplus lines insurers<sup>2</sup> reported 168 claims; and risk retention groups<sup>3</sup> reported 43 claims.

<sup>1</sup> Authorized (admitted) insurers are licensed to write business in the state; are subject to the Department's rate, policy form and solvency regulation; and are backed by the Ohio Insurance Guaranty Fund.

<sup>2</sup> Surplus lines insurers are not authorized and do not have guaranty fund backing, but are allowed to write policies for those doctors and hospitals that cannot obtain coverage from an authorized insurer. These companies must be on a list of eligible surplus lines insurers and are regulated for financial strength by their domiciliary state or country.

<sup>3</sup> Risk retention groups are permitted by federal law to cover the liability insurance risk of the group's members. These groups are not backed by the guaranty fund.

## Ohio Medical Professional Liability Closed Claim Report - 2012

- **Indemnity Payments:** A large majority of medical professional liability claims resulted in no payment to a claimant. Slightly over 79% of the claims, or 2,197, had no indemnity payments, while nearly 21% of the claims or 576, closed with an indemnity payment. The total amount paid to claimants was \$177,323,025, an average of \$307,852 per claim in which an indemnity payment was made.
- **ALAE:** While most claims closed with no payments to claimants, nearly all claims generated expenses for investigation and defense. The number of claims reported to have ALAE was 2,350. These expenses totaled \$69,727,192, an average of \$29,691 per claim.
- **Indemnity Payments and Age of Claim:** The amount paid to claimants typically increases with the age of the claim. Of the claims that closed with an indemnity payment, 167 closed within one year of being reported and had average paid indemnity of \$135,864. That figure rose to \$365,466 for 153 claims closing in their second year. Eleven claims closed seven or more years after being reported with an average indemnity payment of \$584,402.
- **ALAE and Age of Claim:** Allocated loss adjustment expense increased with the age of the claim, starting with an average of \$5,857 for claims that closed in the first year, and rising to \$18,712 for claims that closed in the second year. For claims closing seven or more years after being reported the average ALAE was \$114,867.
- **Regional Comparisons:** Nearly half of the claims, or 1,397, came from Northeast Ohio. Of these, 21% or 288 resulted in indemnity payments totaling \$111,110,756. Sixty-three percent of the total dollar amount paid to claimants statewide in 2012 arose from Northeast Ohio claims. Northeast Ohio had the highest average paid indemnity of \$385,801. The breakdown of average paid indemnity for the remainder of Ohio, in descending order, is: Northwest-\$260,021; Southeast-\$230,143; Central-\$224,320; and Southwest-\$219,744.
- **Specialty Comparisons:** When claims were broken down by medical specialty, Internal Medicine had the most claims at 131 with 6 resulting in paid indemnity averaging \$156,667. For those specialties that are broken out, Cardiovascular Disease had the highest average paid indemnity of \$708,505 for 3 claims with payments, out of 38 reported claims.
- **Treatment Comparisons:** Medical treatment, Non-Obstetrical, such as failure to treat, delay in treatment, or improper treatment produced the highest number of claims of 780 with 143 resulting in paid indemnity. Obstetrics-related claims totaled 117. Of these, 35 resulted in indemnity

## Ohio Medical Professional Liability Closed Claim Report - 2012

payments averaging \$1,129,803, the highest average payment for any type of injury.

### VII. Detailed Findings and Comparison With Prior Years

#### Claims by Outcome (Appendix C, Exhibits 1, 2 and 3)

Reporting entities were asked to indicate the method of final disposition for each closed claim:

- Of the 2,773 claims that were closed in 2012, slightly more than 79% closed with no indemnity payment. Included in this figure are five categories:
  - 68.66% of the claims closed when the claim or suit was abandoned or was dismissed without prejudice;
  - 5.59% were dismissed by summary judgment or a directed verdict;
  - 3.71% ended with a verdict for the defendant;
  - 1.15% ended through a settlement;
  - .11% ended with alternative dispute resolution.
- The remaining 21% of the claims closed with an indemnity payment. Four categories of claims are included here:
  - 18.82% reached a settlement;
  - 1.26% used alternative dispute resolution;
  - .54% had a verdict for the plaintiff;
  - .14%<sup>4</sup> ended with a summary judgment or directed verdict for the plaintiff.

Regardless of outcome, all categories of claims had expenses in the form of ALAE. That is, even though a claim may have closed without an indemnity payment, the claim was likely to generate investigation and legal expenses. Exhibit 2 provides the details. Claims/suits abandoned without an indemnity payment had average ALAE of \$14,509. The 15 claims that were disposed of by verdict, with indemnity payment, had the highest average ALAE of \$157,521.

Exhibit 3 provides a comparison of the eight years of data collected. The percentage of claims that resulted in an indemnity payment has remained at approximately 20-25%.

#### Age of Claim (Appendix C, Exhibit 4)

This exhibit displays claims by age at the time of closing, and shows that typically average indemnity and average ALAE increased with the age of the claim. Claims that closed in their first year represent 31% of the total and had nearly the lowest average indemnity of \$135,864, and ALAE of \$5,857. Costs tended to grow significantly as the claims aged. The oldest category, claims that closed seven or

<sup>4</sup> Some of these breakdowns may not add up to 100% due to rounding. See Appendix C, Exhibits 1 and 2 for actual figures.

## **Ohio Medical Professional Liability Closed Claim Report - 2012**

more years later, had average indemnity payments of \$584,402 and average ALAE of \$114,867.

### **Claims by Size (Appendix C, Exhibit 5)**

Of the 2,773 claims reported closed in 2012, approximately 21% or 576, generated an indemnity payment. Of these 576 claims, 40 claims or 6.9% generated an indemnity payment greater than \$1 million. These 40 claims generated indemnity payments of \$82.6 million or 47% of the total indemnity payments for all claims. Another 65 claims, or 11.3%, generated an indemnity payment below \$1 million but at least \$500,000. These 65 claims generated indemnity payments of \$45.6 million or 26% of the total indemnity payments for all claims. So for 2012, 72% of the total paid indemnity was generated by 18.2% of the claims that closed with an indemnity payment.

In comparison, for 2011, 69% of the total paid indemnity was generated by 15.7% of the claims that closed with an indemnity payment.

### **Claims by Insurer Type (Appendix C, Exhibit 6)**

A total of 98 entities reported closed claim information to the Department. The reporting entities are categorized as authorized (admitted) insurance companies, surplus lines insurance companies, risk retention groups and self-insurers/captives. Of the 2,773 closed claims that were reported, 56% of the claims were reported by admitted insurance companies and 37% were reported by self-insurers/captives.

### **Claims by Region (Appendix C, Exhibits 7, 8 & 9)**

Claims were reported by county. However, an exhibit showing details for each individual county would allow for identification of the specific claims in counties with very few claims, violating the requirement of confidentiality. In order to provide meaningful information regarding differences by location, the state is divided into five regions: Central, Northeast, Northwest, Southeast and Southwest. The counties within each region are shown in Exhibit 7, while Exhibit 8 displays claim data for the regions for calendar year 2012 closed claims.

Nearly half of the closed claims reported for 2012 were from the Northeast region. Excluding those claims where a region was not indicated by the reporting entity, the claims from the Northeast region had the largest average indemnity payment and incurred the largest average ALAE. Conversely, the Southwest region had the smallest average indemnity payment and the Central region incurred the smallest average ALAE. Exhibit 9 displays the regional data for all eight years combined.

## **Ohio Medical Professional Liability Closed Claim Report - 2012**

### **Claims by Physician Specialty (Appendix C, Exhibits 10 & 11)**

Exhibit 10 displays ten physician and surgeon specialties. All other specialties are grouped together as "Other" to maintain confidentiality. An average of 11% of the claims resulted in an indemnity payment. Internal Medicine had the most closed claims in 2012 followed by Emergency Medicine.

Of the physician specialties shown, Cardiovascular Disease had the highest average paid indemnity of \$708,505. Exhibit 11 displays the physician & surgeons' data for all eight years combined for all specialties.

### **Claims by Medical Provider Type (Appendix C, Exhibit 12)**

Exhibit 12 displays the 2012 closed claims experience for all the provider types. Forty-five percent of the 2,773 closed claims were reported for physicians and surgeons. The largest average paid indemnity was \$378,296 for claims reported for hospitals. The largest average ALAE of \$40,172 was for claims reported for nursing homes and assisted living facilities. While 11% of the claims reported for a physician or surgeon resulted in an indemnity payment, 36% of the claims reported for a hospital resulted in an indemnity payment.

### **Claims by Type of Injury (Appendix C, Exhibits 13 & 14)**

The reporting entities identified the primary complaint or injury that led to the medical professional liability claim. Of the 2,773 claims reported as closed in 2012, 53% of the claims were split between two categories, Non-Obstetrical Medical Treatment and Diagnosis-Related. Non-Obstetrical Medical Treatment includes failure to treat, delay in treatment, and improper treatment. Diagnosis-Related includes failure to diagnosis, misdiagnosis, and delay in diagnosis. Obstetrics-Related claims, including improper delivery method, improper management of pregnancy, and delay in delivery, had the highest average paid indemnity of \$1,129,803, and had the highest average ALAE of \$76,079. This data includes all medical provider types, including hospitals. Exhibit 14 displays the data for all eight years combined for all injury descriptions.

### **Birth Injury Claims (Appendix C, Exhibit 15)**

Reporting entities identified whether the closed claim was due to a birth injury. Of the 2,773 closed claims reported, 119 or 4.3% were identified as birth injury claims. Of these 119 birth injury claims, 28% resulted in an indemnity payment. The average indemnity payment of a birth injury claim was \$1,293,295, over four times the overall average indemnity payment of \$307,852.

Of the 27,785 closed claims reported for calendar years 2005 through 2012, 1,197 or 4.3% were identified as birth injury claims. Of these 1,197 birth injury claims, 33% resulted in an indemnity payment. The average indemnity payment of the

## **Ohio Medical Professional Liability Closed Claim Report - 2012**

combined data for a birth injury claim was \$972,599 which is more than three times the overall average indemnity payment of \$283,265.

### **Severity of Injury (Appendix C, Exhibit 16)**

Of the 2,773 claims reported as closed in 2012, 968 or 35% of the claims were due to death, with an average paid indemnity of \$347,967. For claims with injuries identified as “permanent grave”, the average paid indemnity was \$1,261,959, an amount more than four times the overall average indemnity payment. “Permanent grave” injuries include quadriplegia and brain damage, requiring lifelong dependent care.

Of the 27,785 claims reported as closed for calendar years 2005 through 2012, 9,402 or 34% were due to death. For closed claims resulting in death, 19% closed with an indemnity payment which averaged \$350,311. Closed claims for injuries identified as “permanent grave” totaled 557 for the eight years. For the closed claims that identified the injury as “permanent grave”, 28% closed with an indemnity payment which averaged \$1,208,962.

### **Age of Injured Person (Appendix C, Exhibits 17 & 18)**

Of the 2,773 claims reported as closed, 68.4% of the claims identified the injured party as an adult, age 18 to 64. Adults ages 65 or older represented 23.5% of the claims. Infants and minors together represented 7.8% the claims. The average indemnity payment for infants was the highest for the various age groupings at \$1,004,287. Exhibit 18 displays the data for all eight years combined for these groupings.

### **Gender of Injured Person (Appendix C, Exhibit 19)**

Of the 2,773 claims reported as closed, 55% of the claims reported the injured party as female and 45% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$288,330. When the injured party was a male, the average indemnity payment was \$332,777.

Of the 27,785 claims reported as closed for calendar years 2005 through 2012, 56% of the claims reported the injured party as female and 44% of the claims reported the injured party as male. When the injured party was a female, the average indemnity payment was \$252,424. When the injured party was a male, the average indemnity payment was \$325,720. For females, 23.3% of the claims resulted in an indemnity payment, while for males, 21.8% resulted in indemnity payment.

## **Ohio Medical Professional Liability Closed Claim Report - 2012**

### **Geographic Location of Injury (Appendix C, Exhibits 20 & 21)**

Reporting entities identified the geographic location where the primary injury or complaint occurred that led to the medical professional liability claim. As shown on Exhibit 20, the greatest number of claims for 2012 was generated by incidents that occurred in the operating suite, followed by incidents that occurred in the medical professional's office. These two locations represent 41% of the reported claims. The largest average indemnity payments and ALAE amounts were due to incidents that occurred in the Obstetrics Department. Exhibit 21 displays the data for all eight years combined.

### **VII. Impact of Tort Reform (S.B. 281)**

Effective April 11, 2003, the 124<sup>th</sup> General Assembly enacted Senate Bill 281 which included a comprehensive set of tort reforms aimed at reducing the costs of litigation and stabilizing the Ohio medical professional liability insurance market. The following table provides pre-SB 281 and post-SB 281 data for each year and in total.

A few points should be considered when drawing conclusions from this data. First, as noted above, the typical average indemnity payment increases with the age of the claim. Second, few claims have reached a trial or jury verdict that required separate detail of economic and non-economic damages and the potential for capping. The Department is sensitive to issues of confidentiality; therefore it cannot release any specific information regarding these claims. Lastly, the Department is not capturing any data regarding risk management efforts that would possibly impact the number of, or cost of, medical professional liability claims as such data would be beyond the scope of the General Assembly's request in Senate Bill 281. Examples of such efforts would include, but not be limited to, better communications between providers and patients, patient safety and improved treatment protocols or procedures. Any analysis of trends in claims should include information on risk management efforts along with changes in the law.

## Ohio Medical Professional Liability Closed Claim Report - 2012

Closed Claim Year	2005	2006	2007	2008	2009	2010	2011	2012	Total
Total # of Claims	5,051	4,004	3,451	3,080	3,344	2,988	3,094	2,773	27,785
# Claims with injury pre- SB 281	3,864	1,939	1,058	458	325	167	165	86	8,062
Avg Indemnity pre-SB 281 claims	\$307,899	\$342,091	\$556,191	\$422,498	\$882,645	\$527,336	\$326,297	\$886,731	\$394,181
Median Indemnity pre-SB 281 claims	\$101,250	\$100,000	\$175,000	\$153,000	\$343,750	\$172,000	\$90,000	\$71,500	
Avg ALAE pre- SB 281 claims	\$28,266	\$34,470	\$67,898	\$111,388	\$88,602	\$83,773	\$72,062	\$72,189	\$44,359
# Claims with injury post- SB 281	1,187	2,065	2,393	2,622	3,019	2,821	2,929	2,687	19,723
Avg Indemnity post-SB 281 claims	\$171,299	\$235,677	\$213,065	\$221,685	\$271,897	\$209,071	\$289,039	\$290,248	\$243,529
Median Indemnity post-SB 281 claims	\$25,000	\$45,000	\$45,000	\$50,383	\$79,184	\$50,088	\$90,000	\$85,000	
Avg ALAE post-SB 281 claims	\$9,044	\$15,768	\$18,990	\$28,738	\$33,448	\$25,739	\$31,101	\$28,192	\$25,697
# Claims where verdict could have been subject to capping	0	2	3	0	1	4	3	0	13

## Ohio Medical Professional Liability Closed Claim Report - 2012

### VIII. Conclusion

This eighth annual report continues to provide insight into the details of Ohio medical professional liability claims. Trends continue to emerge as data for multiple years is gathered. With eight years of data the following conclusions can be drawn:

- Most of the claims closed without a payment to the plaintiff. For all eight years combined, approximately 77% of the claims closed without an indemnity payment.
- Almost all of the claims had costs in the form of ALAE.
- Higher value claims tended to be older. Conversely, smaller claims closed faster.
- Claims that went to trial were more likely to close with no indemnity payment, while those that settled or went through alternative dispute resolution were more likely to close with paid indemnity.

## **3929.302 Annual claims report by medical malpractice insurers - fine - confidentiality.**

(A) The superintendent of insurance, by rule adopted in accordance with Chapter 119. of the Revised Code, shall require each authorized insurer, surplus lines insurer, risk retention group, self-insurer, captive insurer, the medical liability underwriting association if created under section 3929.63 of the Revised Code, and any other entity that provides medical malpractice insurance to risks located in this state, to report information to the department of insurance at least annually regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in any of the following results:

- (1) A final judgment in any amount;
- (2) A settlement in any amount;
- (3) A final disposition of the claim resulting in no indemnity payment on behalf of the insured.

(B) The report required by division (A) of this section shall contain such information as the superintendent prescribes by rule adopted in accordance with Chapter 119. of the Revised Code, including, but not limited to, the following information:

- (1) The name, address, and specialty coverage of the insured;
- (2) The insured's policy number;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date and amount of the judgment, if any, including a description of the portion of the judgment that represents economic loss, noneconomic loss and, if applicable, punitive damages;
- (6) In the case of a settlement, the date and amount of the settlement;
- (7) Any allocated loss adjustment expenses;
- (8) Any other information required by the superintendent pursuant to rules adopted in accordance with Chapter 119. of the Revised Code.

(C) The superintendent may prescribe the format and the manner in which the information described in division (B) of this section is reported. The superintendent may, by rule adopted in accordance with Chapter 119. of the Revised Code, prescribe the frequency that the information described in division (B) of this section is reported.

(D) The superintendent may designate one or more rating organizations licensed pursuant to section 3937.05 of the Revised Code or other agencies to assist the superintendent in gathering the information, and making compilations thereof, required by this section.

(E) There shall be no liability on the part of, and no cause of action of any nature shall arise against, any person or entity reporting under this section or its agents or employees, or the department of insurance or its employees, for any action taken that is authorized under this section.

(F) The superintendent may impose a fine not to exceed five hundred dollars against any person designated in division (A) of this section that fails to timely submit the report required under this section. Fines imposed under this section shall be paid into the state treasury to the credit of the department of insurance operating fund created under section 3901.021 of the Revised Code.

(G) Except as specifically provided in division (H) of this section, the information required by this section shall be confidential and privileged and is not a public record as defined in section 149.43 of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person.

(H) The department of insurance shall prepare an annual report that summarizes the closed claims reported under this section. The annual report shall summarize the closed claim reports on a statewide basis, and also by specialty and geographic region. Individual claims data shall not be released in the annual report. Copies of the report shall be provided to the members of the general assembly.

(I)(1) Except as specifically provided in division (I)(2) of this section, any information submitted to the department of insurance by an attorney, law firm, or legal professional association pursuant to rules promulgated by the Ohio supreme court shall be confidential and privileged and is not a public record as defined in section 149.43 of the Revised Code. The information submitted is not subject to discovery or subpoena and shall not be made public by the department of insurance or any other person.

(2) The department of insurance shall summarize the information submitted by attorneys, law firms, and legal professional associations and include the information in the annual report required by division (H) of this section. Individual claims data shall not be released in the annual report.

(J) As used in this section, medical, dental, optometric, and chiropractic claims include those claims asserted against a risk located in this state that either:

(1) Meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section 2305.113 of the Revised Code;

(2) Have not been asserted in any civil action, but that otherwise meet the definition of a "medical claim," "dental claim," "optometric claim," or "chiropractic claim" under section 2305.113 of the Revised Code.

Effective Date: 09-13-2004; 04-27-2005

## 3901-1-64 Medical liability data collection.

### (A) Purpose

The purpose of this rule is to establish procedures and requirements for the reporting of specific medical, dental, optometric and chiropractic claims data to the Ohio Department of Insurance.

### (B) Authority

This rule is promulgated pursuant to the authority vested in the superintendent under sections 3901.041 and 3929.302 of the Revised Code.

### (C) Definitions

(1) "Medical, dental, optometric and chiropractic claims" include those claims asserted against a risk located in this state that either:

(a) meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code, or

(b) have not been asserted in any civil action, but that otherwise meet the definition of "medical claim," "dental claim," "optometric claim," or "chiropractic claim" in section [2305.113](#) of the Revised Code.

(2) "Risk retention group" has the same meaning as in section [3960.02](#) of the Revised Code.

(3) "Surplus lines insurer" means an insurer that is not licensed to do business in this state, but is nonetheless approved by the department to offer insurance because coverage is not available through licensed insurers.

(4) "Self-insurer" means any person or persons who set aside funds to cover liability for future medical, dental, optometric or chiropractic claims or that otherwise assume their own risk or potential loss for such claims. "Self-insurer" includes captives.

(D) Each authorized insurer, surplus lines insurer, risk retention group, self-insurer, the medical liability underwriting association if created under section [3929.63](#) of the Revised Code, or any other entity that offers medical malpractice insurance to, or that otherwise assumes liability to pay medical, dental, optometric or chiropractic claims for, risks located in this state, shall report at least annually to the superintendent of insurance, or to the superintendent's designee, information regarding any medical, dental, optometric, or chiropractic claim asserted against a risk located in this state, if the claim resulted in:

(1) A final judgment in any amount,

(2) A settlement in any amount, or

(3) A final disposition of the claim resulting in no indemnity payment on behalf of the covered person or persons.

(E) The report required by division (D) shall include for each claim:

- (1) The name, address and specialty coverage of each covered person;
- (2) The insured's policy number, if applicable;
- (3) The date of the occurrence that created the claim;
- (4) The name and address of the injured person;
- (5) The date the claim was reported and the claim number;
- (6) The injured person's age and sex;
- (7) If the medical, dental, optometric, or chiropractic claim was filed with the court, the case number and the name and location of the court;
- (8) In the case of a judgment, the date and amount of the judgment and, if the judgment is subject to the itemization requirements in section 2323.43(B) of the Revised Code, a description of the portion of the judgment that represents economic loss, non-economic loss and punitive damages, if any;
- (9) In the case of a settlement, the date and amount of the settlement and, if known, the injured person's incurred medical expense, wage loss, and other expenses;
- (10) Any loss adjustment expenses allocated to the claim or, if known, the amount allocated to each covered person;
- (11) The loss adjustment expense, broken down between fees and expenses, paid to defense counsel;
- (12) The date and reason for final disposition, if no judgment or settlement, and the type of disposition;
- (13) Unless disclosure is otherwise prohibited by state or federal law, a summary of the occurrence which created the claim which shall include:
  - (a) The name of the institution, if any, and the location at which the injury occurred;
  - (b) The operation, diagnosis, treatment, procedure or other medical event or incident giving rise to the alleged injury;
  - (c) A description of the principal injury giving rise to the claim.

(F) Frequency

The report(s) required by this rule shall be filed with the superintendent, or the superintendent's designee, on or before May 1 of each year, and shall contain information for the previous calendar year.

(G) Noncompliance

Any person listed in division (D) that fails to timely submit the report required under this section shall be subject to a fine not to exceed \$500.00.

(H) Confidentiality

Information reported to the superintendent or the superintendent's designee pursuant to this rule shall be confidential and privileged and is not a public record as defined in section [149.43](#) of the Revised Code. The information provided under this section is not subject to discovery or subpoena and shall not be made public by the superintendent or any other person, including any rating organizations or other agencies designated by the superintendent to gather and/or compile the information.

(I) The requirements of this rule do not apply to reinsurers, reinsurance contracts, reinsurance agreements, or reinsurance claims transactions.

HISTORY: Eff 1-2-05

R.C. 119.032 review dates: 08/31/2009 and 08/30/2014

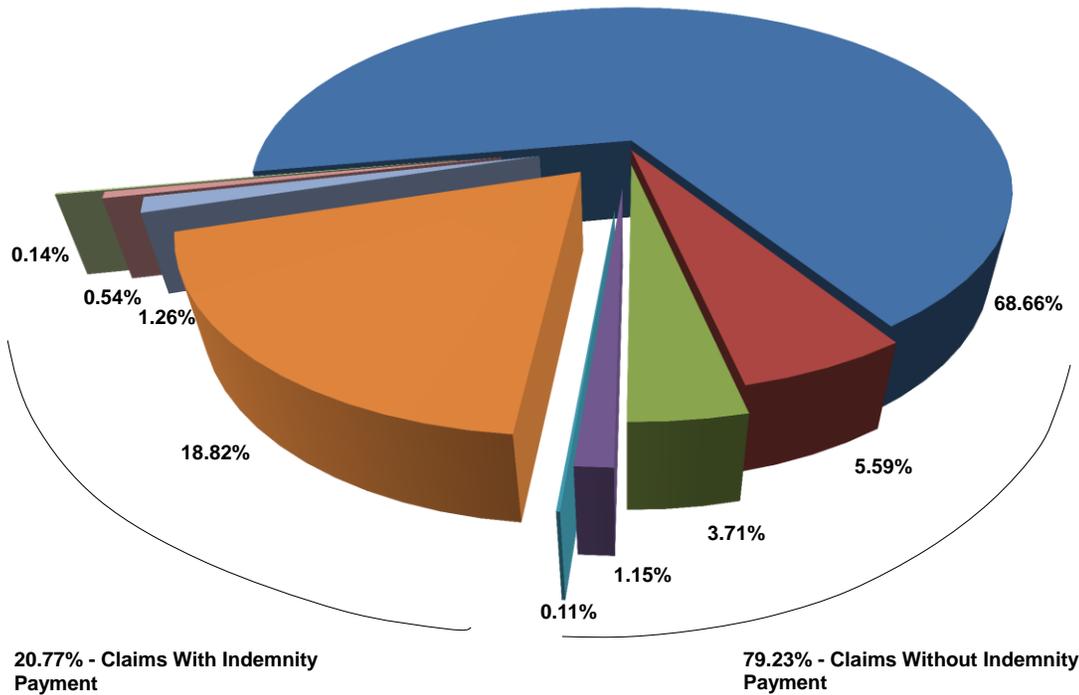
Promulgated Under: 119.03

Statutory Authority: 3901.041, 3929.302

Rule Amplifies: 3929.302

# OHIO Closed Claims in 2012 Outcome of Malpractice Claims

2773 Closed Claims



## Appendix C, Exhibit 1

- 68.66% Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice
- 5.59% Dismissed by Court - Summary Judgment/Directed Verdict -- Without Indemnity
- 3.71% Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity
- 1.15% Disposed of by Settlement Agreement -- Without Indemnity
- 0.11% Disposed of by Alternative Dispute Resolution -- Without Indemnity
- 18.82% Disposed of by Settlement Agreement -- With Indemnity
- 1.26% Disposed of by Alternative Dispute Resolution -- With Indemnity
- 0.54% Disposed of by Trial Verdict/Jury Verdict -- With Indemnity
- 0.14% Dismissed by Court - Summary Judgment/Directed Verdict -- With Indemnity

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Final**  
**Disposition Description**

<b>FINAL DISPOSITION DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>AVG</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Claim/Suit Abandoned Without Indemnity Payment, Including Dismissed Without Prejudice -- Without Indemnity	1904	68.7%	1647	\$23,895,627	\$14,509	0	\$0	\$0
Dismissed by Court -Summary Judgment/Directed Verdict -- Without Indemnity	155	5.6%	138	\$4,269,003	\$30,935	0	\$0	\$0
Disposed of by Trial Verdict/Jury Verdict -- Without Indemnity	103	3.7%	102	\$11,601,869	\$113,744	0	\$0	\$0
Disposed of by Settlement Agreement -- Without Indemnity	32	1.2%	30	\$683,652	\$22,788	0	\$0	\$0
Disposed of by Alternative Dispute Resolution -- Without Indemnity	3	0.1%	2	\$43,050	\$21,525	0	\$0	\$0

<b>FINAL DISPOSITION DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>AVG</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Disposed of by Settlement Agreement -- With Indemnity	522	18.8%	380	\$24,151,204	\$63,556	522	\$153,364,349	\$293,801
Disposed of by Alternative Dispute Resolution -- With Indemnity	35	1.3%	33	\$2,352,841	\$71,298	35	\$16,438,422	\$469,669
Disposed of by Trial Verdict/Jury Verdict -- With Indemnity	15	0.5%	14	\$2,205,295	\$157,521	15	\$6,072,368	\$404,825
Dismissed by Court -Summary Judgment/Directed Verdict -- With Indemnity	4	0.1%	4	\$524,651	\$131,163	4	\$1,447,885	\$361,971
<b>TOTALS and AVERAGES:</b>	2773	100.0%	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

## OHIO

Appendix C, Exhibit 3

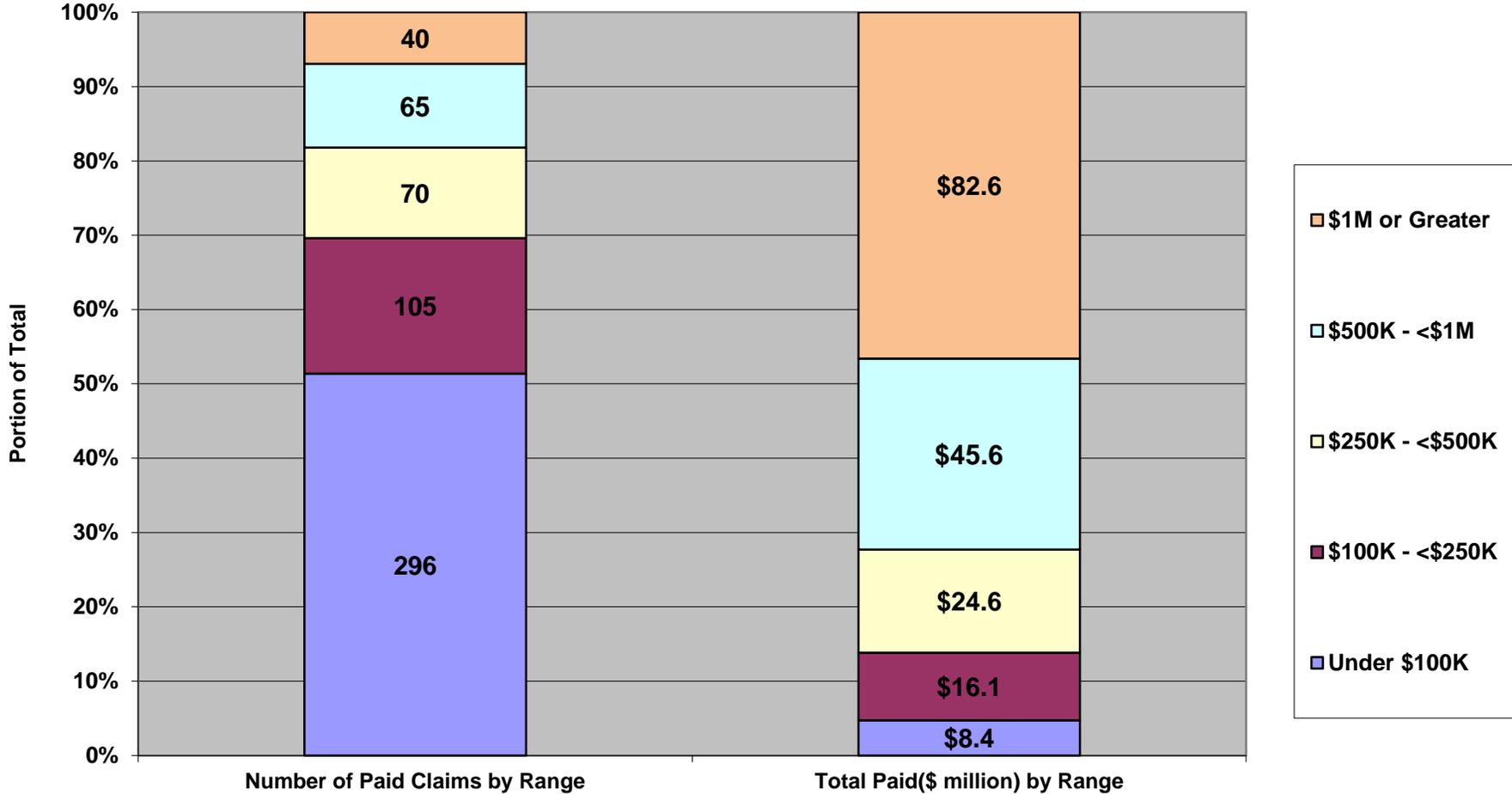
## Closed Claims for 2005- 2012 ALAE and Indemnity Payments

CLOSED CLAIM YEAR	NUMBER OF CLAIMS	PERCENTAGE OF CLAIMS WITH INDEMNITY	PERCENTAGE OF CLAIMS WITHOUT INDEMNITY	TOTAL INDEMNITY AMOUNT	AVERAGE INDEMNITY AMOUNT	TOTAL ALAE AMOUNT	AVERAGE ALAE AMOUNT
2005	5,051	20.7%	79.3%	\$281,764,938	\$269,374	\$113,194,565	\$24,443
2006	4,004	19.8%	80.2%	\$228,735,572	\$288,080	\$88,131,139	\$25,672
2007	3,451	21.6%	78.4%	\$235,463,393	\$315,635	\$103,033,668	\$35,603
2008	3,080	26.4%	73.6%	\$205,553,255	\$252,522	\$112,678,455	\$42,249
2009	3,344	24.0%	76.0%	\$258,370,436	\$322,158	\$107,739,769	\$39,350
2010	2,988	25.3%	74.7%	\$175,134,565	\$231,353	\$69,969,486	\$29,424
2011	3,094	24.3%	75.7%	\$218,260,316	\$290,626	\$84,010,903	\$33,591
2012	2,773	20.8%	79.2%	\$177,323,025	\$307,852	\$69,727,192	\$29,671
<b>TOTALS and AVERAGES:</b>	27,785	22.6%	77.4%	\$1,780,605,500	\$283,265	\$748,485,177	\$31,726

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Age of Claim**

<b>AGE IN YEARS</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Less Than 1	848	591	\$3,461,296	\$5,857	167	\$22,689,360	\$135,864
1 But Less Than 2	936	823	\$15,399,987	\$18,712	153	\$55,916,284	\$365,466
2 But Less Than 3	541	513	\$18,006,241	\$35,100	123	\$49,562,805	\$402,950
3 But Less Than 4	233	222	\$13,399,121	\$60,356	68	\$24,764,930	\$364,190
4 But Less Than 5	104	93	\$8,139,727	\$87,524	19	\$7,881,238	\$414,802
5 But Less Than 6	45	44	\$3,552,966	\$80,749	24	\$6,912,674	\$288,028
6 But Less Than 7	33	31	\$3,977,250	\$128,298	11	\$3,167,308	\$287,937
7 or Greater	33	33	\$3,790,604	\$114,867	11	\$6,428,425	\$584,402
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

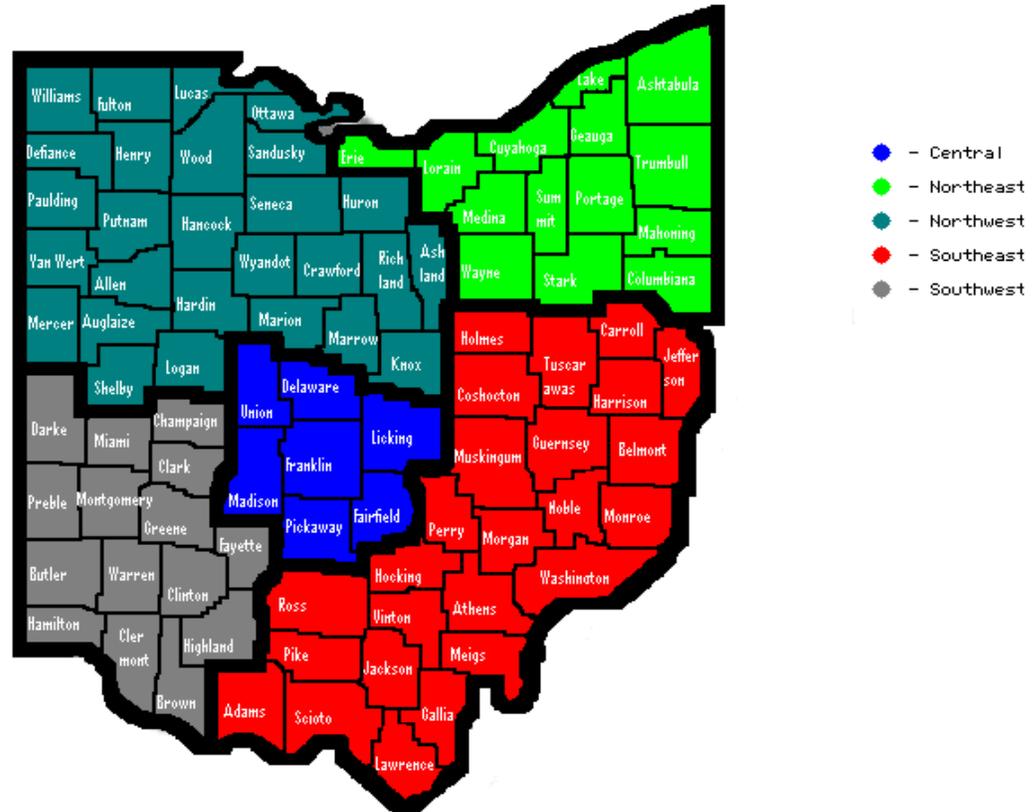
**OHIO  
2012 Closed Claims  
By Size of Payment**



**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Insurer Type**

<b>INSURING ENTITY TYPE</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Insurance Company - Authorized/Admitted	1542	1401	\$40,016,509	\$28,563	200	\$47,780,440	\$238,902
Insurance Company - Surplus Lines	168	137	\$3,431,192	\$25,045	52	\$7,676,042	\$147,616
Risk Retention Group	43	41	\$998,115	\$24,344	20	\$3,163,904	\$158,195
Self Insurers (Captives)	1020	771	\$25,281,376	\$32,790	304	\$118,702,638	\$390,469
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

# Closed Claims 2012 Regions



The counties displayed on the map include the following:

**Central:**

Delaware, Franklin, Licking, Madison, Pickaway, Union

**Northeast:**

Ashtabula, Columbiana, Cuyahoga, Erie, Geauga, Lake, Lorain, Mahoning, Medina, Portage, Stark, Summit, Trumbull, Wayne

**Northwest:**

Allen, Ashland, Auglaize, Crawford, Defiance, Fulton, Hancock, Hardin, Henry, Huron, Knox, Logan, Lucas, Marion, Mercer, Morrow, Ottawa, Paulding, Putnam, Richland, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot

**Southeast:**

Adams, Athens, Belmont, Carroll, Coshocton, Gallia, Guernsey, Harrison, Hocking, Holmes, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Pike, Ross, Scioto, Tuscarawas, Vinton, Washington

**Southwest:**

Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Miami, Montgomery, Preble, Warren

# OHIO

## 2012 Closed Claims

### ALAE and Indemnity Payment by Region and County

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
<b>Central</b>								
	Franklin	289	246	\$5,655,043	\$22,988	63	\$14,602,928	\$231,793
	Central - Remainder	42	37	\$740,297	\$20,008	9	\$1,548,084	\$172,009
<b>Totals and Averages:</b>		331	283	\$6,395,340	\$22,598	72	\$16,151,012	\$224,320
<b>Northeast</b>								
	Cuyahoga	633	482	\$14,540,062	\$30,166	149	\$75,859,399	\$509,123
	Summit	260	234	\$7,738,972	\$33,073	45	\$14,158,314	\$314,629
	Stark	87	77	\$1,463,413	\$19,005	18	\$2,955,138	\$164,174
	Mahoning	100	89	\$2,360,909	\$26,527	15	\$2,650,961	\$176,731
	Lorain	99	85	\$2,167,047	\$25,495	14	\$4,958,700	\$354,193
	Northeast - Remainder	218	194	\$5,952,361	\$30,682	47	\$10,528,244	\$224,005
<b>Totals and Averages:</b>		1397	1161	\$34,222,763	\$29,477	288	\$111,110,756	\$385,801

REGION	COUNTY	TOTAL CLAIMS	CLAIMS With ALAE	TOTAL ALAE	AVERAGE ALAE	CLAIMS with INDEMNITY	TOTAL INDEMNITY	AVERAGE INDEMNITY
<b>Northwest</b>								
	Lucas	179	162	\$4,085,965	\$25,222	27	\$9,524,668	\$352,765
	Northwest - Remainder	155	142	\$4,640,819	\$32,682	34	\$6,336,608	\$186,371
<b>Totals and Averages:</b>		334	304	\$8,726,785	\$28,707	61	\$15,861,276	\$260,021
<b>Southeast</b>								
	Southeast	141	125	\$4,256,931	\$34,055	34	\$7,824,875	\$230,143
<b>Totals and Averages:</b>		141	125	\$4,256,931	\$34,055	34	\$7,824,875	\$230,143
<b>Southwest</b>								
	Hamilton	252	189	\$5,843,907	\$30,920	46	\$9,031,033	\$196,327
	Montgomery	176	161	\$5,470,578	\$33,979	37	\$8,552,130	\$231,139
	Butler	38	31	\$1,333,386	\$43,012	11	\$730,667	\$66,424
	Southwest - Remainder	90	84	\$2,879,060	\$34,275	23	\$7,396,276	\$321,577
<b>Totals and Averages:</b>		556	465	\$15,526,931	\$33,391	117	\$25,710,106	\$219,744
<b>Unknown</b>								
	Unknown	14	12	\$598,443	\$49,870	4	\$665,000	\$166,250
<b>Totals and Averages:</b>		14	12	\$598,443	\$49,870	4	\$665,000	\$166,250
<b>GRAND TOTALS and AVERAGES:</b>		2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2005 - 2012 Closed Claims**  
**ALAE and Indemnity Payment by Region**

<b>Region</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Central	3,454	20.9%	79.1%	\$289,828	\$23,247
Northeast	13,562	22.7%	77.3%	\$298,450	\$30,229
Northwest	4,075	20.8%	79.2%	\$267,056	\$31,857
Southeast	1,526	23.5%	76.5%	\$238,035	\$29,801
Southwest	5,057	24.8%	75.2%	\$268,737	\$41,746

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Physician Specialty**

<b>PHYSICIAN SPECIALTY</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Internal Medicine	131	115	\$3,131,002	\$27,226	6	\$940,000	\$156,667
Emergency Medicine	123	108	\$2,102,616	\$19,469	20	\$5,735,000	\$286,750
Family Physicians\General Practitioners	109	103	\$3,422,051	\$33,224	20	\$7,448,720	\$372,436
Surgery - Orthopedic	101	83	\$2,257,902	\$27,204	15	\$5,547,250	\$369,817
Obstetrics/Gynecology	94	84	\$3,456,179	\$41,145	15	\$6,854,356	\$456,957
Surgery - General	90	75	\$3,481,425	\$46,419	8	\$2,027,500	\$253,438
Radiology	76	63	\$2,203,287	\$34,973	9	\$2,726,556	\$302,951
Anesthesiology	61	53	\$1,032,880	\$19,488	6	\$1,822,500	\$303,750
Neurology	41	38	\$1,586,371	\$41,747	3	\$1,300,829	\$433,610
Cardiovascular Disease	38	35	\$1,544,959	\$44,142	3	\$2,125,515	\$708,505
Other	376	326	\$8,658,908	\$26,561	33	\$9,777,910	\$296,300
<b>TOTALS and AVERAGES:</b>	1240	1083	\$32,877,580	\$30,358	138	\$46,306,135	\$335,552

**OHIO**  
**2005 - 2012 Closed Claims**  
**ALAE and Indemnity Payments by Physician Specialty**

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
All P & S Specialties	12,802	14.1%	85.9%	\$330,749.12	\$30,145.67
Internal Medicine	1,539	10.7%	89.3%	\$242,548.33	\$31,302.63
Family Physicians\General Practioners	1,181	19.6%	80.4%	\$296,656.86	\$33,360.53
Surgery - General	1,114	14.0%	86.0%	\$311,827.74	\$35,672.86
Emergency Medicine	1,108	12.6%	87.4%	\$291,475.03	\$26,311.29
Obstetrics/Gynecology	1,018	22.8%	77.2%	\$432,796.14	\$58,201.00
Surgery - Orthopedic	967	13.3%	86.7%	\$269,155.28	\$21,277.05
Radiology	826	11.9%	88.1%	\$302,084.47	\$24,033.10
Anesthesiology	537	14.9%	85.1%	\$514,715.12	\$22,895.09
Cardiovascular Disease	431	10.7%	89.3%	\$348,688.25	\$26,198.34

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Neurology	419	9.8%	90.2%	\$549,640.11	\$34,641.19
Gastroenterology	285	9.8%	90.2%	\$434,848.18	\$23,921.50
Pediatrics	263	14.4%	85.6%	\$446,513.16	\$29,184.41
Surgery - Plastic	254	13.0%	87.0%	\$132,815.06	\$21,441.70
Surgery - Cardiac	233	6.4%	93.6%	\$357,800.00	\$29,133.21
Pulmonary	215	7.4%	92.6%	\$318,960.82	\$22,132.29
Ophthalmology	184	21.7%	78.3%	\$180,524.98	\$19,220.84
Urology	177	14.1%	85.9%	\$416,686.45	\$18,528.11
Surgery - Thoracic	166	7.8%	92.2%	\$314,730.77	\$27,241.67
Surgery - Vascular	165	10.9%	89.1%	\$135,111.11	\$30,347.94
Otorhinolaryngology	144	26.4%	73.6%	\$219,754.11	\$29,574.39
Psychiatry	130	17.7%	82.3%	\$199,386.20	\$30,426.96
Hospitalists	111	7.2%	92.8%	\$621,387.21	\$11,955.77

Specialty	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
Pathology	111	21.6%	78.4%	\$668,031.25	\$24,942.44
Surgery - Head	100	7.0%	93.0%	\$355,928.57	\$25,257.66
Nephrology	96	6.3%	93.8%	\$318,580.15	\$22,759.10
Gynecology	95	22.1%	77.9%	\$334,127.67	\$34,785.84
Hematology	88	11.4%	88.6%	\$501,833.08	\$36,858.63
Dermatology	81	17.3%	82.7%	\$63,818.57	\$15,221.37
Surgery - Urological	66	16.7%	83.3%	\$203,727.18	\$17,930.53
Physical Medicine & Rehabilitation	65	10.8%	89.2%	\$527,857.14	\$26,888.33
Infectious Diseases	62	8.1%	91.9%	\$510,000.00	\$16,412.45
Other	56	16.1%	83.9%	\$155,823.78	\$17,334.00
Unknown	50	22.0%	78.0%	\$90,160.73	\$22,079.03
Pain Management	50	16.0%	84.0%	\$166,250.00	\$14,734.47
Oncology	46	13.0%	87.0%	\$637,166.67	\$26,094.28

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Endocrinology	41	9.8%	90.2%	\$230,416.67	\$18,941.13
Surgery - Colon & Rectal	38	2.6%	97.4%	\$50,000.00	\$25,796.42
Rheumatology	35	20.0%	80.0%	\$487,142.86	\$25,527.20
Surgery - Traumatic	35	11.4%	88.6%	\$459,375.00	\$22,530.35
Physicians NOC	34	8.8%	91.2%	\$385,833.33	\$17,694.84
Geriatrics	26	11.5%	88.5%	\$42,333.33	\$18,007.60
Intensive Care Medicine	26	7.7%	92.3%	\$387,500.00	\$12,788.51
Physicians Assistants	20	15.0%	85.0%	\$283,333.33	\$4,952.66
Neonatal/Perinatal Medicine	20	25.0%	75.0%	\$423,333.33	\$57,796.98
General Preventive Medicine	19	10.5%	89.5%	\$200,000.00	\$35,887.06
Surgery - Pediatric	18	16.7%	83.3%	\$866,666.67	\$12,469.33
Surgery - Hand	15	0.0%	100.0%	\$0.00	\$13,909.38
Radiology Therapeutic	15	20.0%	80.0%	\$475,000.00	\$17,381.15

<b>Specialty</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Family Physicians\General Practioners with Delivery	14	21.4%	78.6%	\$271,666.67	\$55,446.78
Surgery - Abdominal	13	23.1%	76.9%	\$95,500.00	\$22,335.13

# OHIO

## 2012 Closed Claims

### ALAE and Indemnity Payments by Medical Provider Type

<b>PROVIDER TYPE</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Physicians/Surgeons	1240	1083	\$32,877,580	\$30,358	138	\$46,306,135	\$335,552
Hospitals	744	579	\$21,681,026	\$37,446	265	\$100,248,532	\$378,296
Corporation	489	442	\$9,716,598	\$21,983	67	\$17,675,551	\$263,814
Other Medical Professionals	191	157	\$2,640,088	\$16,816	48	\$4,185,695	\$87,202
Nursing Home/Assisted Living	57	53	\$2,129,133	\$40,172	40	\$6,676,712	\$166,918
Other Facilities	26	19	\$434,730	\$22,881	5	\$1,203,260	\$240,652
Clinic	22	16	\$247,989	\$15,499	9	\$1,019,284	\$113,254
Pharmacy	4	1	\$47	\$47	4	\$7,854	\$1,964
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Injury**

<b>INJURY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Medical Treatment, Non-Obstetrical (Failure to Treat, Delay in Treatment, Improper Treatment, etc.)	780	647	\$17,410,549	\$26,910	143	\$37,052,047	\$259,105
Diagnosis-Related (Failure To Diagnose, Misdiagnosis, Delay In Diagnosis, etc.)	676	608	\$19,793,742	\$32,555	109	\$36,650,501	\$336,243
Surgery-Related (Delay in Surgery, Improper Performance of Surgery, etc.)	545	461	\$12,141,264	\$26,337	89	\$25,765,847	\$289,504
Safety & Security-Related (Falls, Failure To Ensure Safety, Failure to Protect From Assault)	167	127	\$2,740,571	\$21,579	71	\$8,124,314	\$114,427

<b>INJURY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Blood-Related (Wrong Blood Type, Contaminated Blood, etc.)/Medication-Related (Failure to Order, Wrong Medication, Wrong Dosage, etc.)	153	124	\$3,465,066	\$27,944	38	\$11,407,123	\$300,187
Obstetrics-Related (Improper Delivery Method, Improper Management of Pregnancy, Delay in Delivery, etc.)	117	107	\$8,140,483	\$76,079	35	\$39,543,097	\$1,129,803
Anesthesia-Related (Improper Choice, Improper Administration, etc.)	94	84	\$1,647,881	\$19,618	19	\$3,785,772	\$199,251
Other (No Listed Category Applies)	92	74	\$749,363	\$10,127	16	\$1,418,640	\$88,665
Patient Monitoring-Related (Failure to Monitor, etc.)	74	62	\$2,282,370	\$36,812	29	\$9,825,362	\$338,806

<b>INJURY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Equipment-Related (Improper Use of Equipment, Improper Maintenance, Equipment Failure/Malfunction, etc.)	33	22	\$468,940	\$21,315	13	\$739,920	\$56,917
Breach of Confidentiality/Communication-Related (Failure To Instruct, Failure to Obtain Consent, etc.)	27	22	\$381,152	\$17,325	8	\$327,501	\$40,938
Policies & Procedures-Related (Failure To Follow, Negligent Credentialing, etc.)/Supervision-Related (Supervision of Residents, Nurses, etc.)	15	12	\$505,813	\$42,151	6	\$2,682,900	\$447,150
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

# OHIO

## 2005 - 2012 Closed Claims

### ALAE and Indemnity Payments by Injury Type

Injury Description	Total Number of Claims	Percentage of Claims With Indemnity	Percentage of Claims Without Indemnity	Average Indemnity Amount	Average ALAE Amount
All Injury Types	27785	22.6%	77.4%	\$283,265	\$31,726
Anesthesia Related	536	21.1%	78.9%	\$469,534	\$33,799
Blood Related	1378	32.7%	67.3%	\$304,222	\$37,609
Breach of Confidentiality\Communication	373	29.2%	70.8%	\$126,772	\$34,219
Diagnosis-Related	7171	17.5%	82.5%	\$354,417	\$35,736
Equipment Related	366	45.6%	54.4%	\$101,166	\$18,522
Medical Treatment \Non-Obstetrical	7345	18.4%	81.6%	\$213,180	\$23,934
Obstetrics Related	1210	31.7%	68.3%	\$874,166	\$96,813
Other	1427	20.5%	79.5%	\$133,455	\$16,670
Patient Monitoring Related	911	39.1%	60.9%	\$340,382	\$35,212
Policies & Procedures Related	212	40.1%	59.9%	\$131,568	\$33,340
Safety & Security Related	1302	55.0%	45.0%	\$88,489	\$22,365
Surgery Related	5554	18.1%	81.9%	\$255,046	\$25,156

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Birth Injury**

<b>BIRTH INJURY</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
No	2654	2238	\$61,042,766	\$27,276	543	\$134,644,292	\$247,964
Yes	119	112	\$8,684,426	\$77,540	33	\$42,678,733	\$1,293,295
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Severity**

<b>SEVERITY DESCRIPTION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Death	968	885	\$31,855,749	\$35,995	161	\$56,022,701	\$347,967
Emotional	62	42	\$906,789	\$21,590	10	\$660,484	\$66,048
Permanent Grave	34	27	\$1,639,147	\$60,709	15	\$18,929,386	\$1,261,959
Permanent Major	224	203	\$11,725,169	\$57,759	60	\$60,711,255	\$1,011,854
Permanent Minor	214	180	\$4,916,963	\$27,316	52	\$4,321,150	\$83,099
Permanent Significant	218	209	\$7,612,522	\$36,424	42	\$22,454,930	\$534,641
Temporary Low Significance	122	69	\$849,480	\$12,311	44	\$1,798,527	\$40,876
Temporary Major	364	305	\$4,512,441	\$14,795	76	\$7,803,385	\$102,676
Temporary Minor	567	430	\$5,708,931	\$13,277	116	\$4,621,207	\$39,838
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Age**

<b>AGE RANGE</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Adult (Ages 18-64)	1896	1602	\$43,284,489	\$27,019	333	\$92,173,281	\$276,797
Senior (Age 65+)	652	557	\$14,826,366	\$26,618	166	\$31,614,223	\$190,447
Infant ( Less than 1 year old)	119	104	\$8,580,674	\$82,506	41	\$41,175,748	\$1,004,287
Minor (Ages 1 to 17)	97	78	\$2,899,459	\$37,173	35	\$11,609,772	\$331,708
Unknown	9	9	\$136,205	\$15,134	1	\$750,000	\$750,000
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2005 - 2012 Closed Claims**  
**ALAE and Indemnity Payments by Age**

<b>Age</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Adult 18 - 64	18,916	19.4%	80.6%	\$254,650	\$28,117
Senior 65 +	6,104	28.2%	71.8%	\$150,860	\$24,676
Infant	1,383	34.0%	66.0%	\$896,625	\$102,951
Minor 1 - 17	1,258	30.1%	69.9%	\$382,350	\$36,771

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Gender**

<b>GENDER</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Female	1530	1285	\$36,842,735	\$28,671	323	\$93,130,475	\$288,330
Male	1243	1065	\$32,884,458	\$30,877	253	\$84,192,549	\$332,777
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2012 Closed Claims**  
**ALAE and Indemnity Payments by Location**

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Operating Suite (Includes Pre-Op & Operating Rooms)	688	582	\$16,171,686	\$27,786	128	\$29,332,507	\$229,160
Medical Professional's Office	422	364	\$9,326,042	\$25,621	84	\$22,385,899	\$266,499
Emergency Room/Emergency Department	420	362	\$8,601,027	\$23,760	85	\$21,916,366	\$257,840
Patient's Room, Including Patient Bathroom for Inpatient Areas Not Otherwise Specified	393	330	\$11,072,497	\$33,553	79	\$26,989,103	\$341,634

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Other (No Listed Location Applies)	143	124	\$2,637,596	\$21,271	23	\$3,590,500	\$156,109
Obstetrics Department (Labor & Delivery, Recovery & Post-Partum)	131	116	\$7,796,928	\$67,215	34	\$38,773,567	\$1,140,399
Radiology (Includes Mammography, CT, MRI, Radiation Therapy & Nuclear Medicine)	125	109	\$2,694,014	\$24,716	23	\$4,620,268	\$200,881
Special Procedure Room (Includes Cardiac Cath Lab, EEG, Dialysis, Endoscopy, Sleep Lab, etc.)	88	69	\$3,175,447	\$46,021	16	\$5,959,924	\$372,495
Nursing Home (Includes Assisted Living, Extended Care & Long-Term Care)	83	77	\$2,122,008	\$27,559	26	\$3,535,664	\$135,987
Outpatient/Ambulatory Care Areas or Facilities	73	52	\$1,622,808	\$31,208	23	\$4,222,964	\$183,607

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Critical Care Unit (ICU/CCU/NICU)	66	64	\$1,060,635	\$16,572	10	\$5,179,209	\$517,921
Patient's Home	49	28	\$905,054	\$32,323	12	\$2,558,743	\$213,229
Ancillary Services (Includes Laboratory, Pharmacy, and Blood Bank)	27	21	\$1,260,616	\$60,029	9	\$2,105,419	\$233,935
Recovery Room (Post-Anesthesia Care Unit)	14	14	\$172,102	\$12,293	3	\$584,812	\$194,937
Nursery/Pediatric Ward	14	11	\$730,270	\$66,388	10	\$5,004,962	\$500,496
Mental Health (Includes Psychiatric and Drug & Alcohol Addiction)	12	10	\$144,562	\$14,456	0	\$0	\$0

<b>LOCATION</b>	<b>TOTAL CLAIMS</b>	<b>CLAIMS With ALAE</b>	<b>TOTAL ALAE</b>	<b>AVERAGE ALAE</b>	<b>CLAIMS With INDEMNITY</b>	<b>TOTAL INDEMNITY</b>	<b>AVERAGE INDEMNITY</b>
Physical Therapy Dept.	10	6	\$109,821	\$18,303	6	\$380,657	\$63,443
Facility Support Areas (Including Administrative Areas, Hallways, Elevators, Cafeteria, Gift Shop & Public Restrooms)	10	6	\$66,091	\$11,015	5	\$182,461	\$36,492
Hospice Area or Facility	5	5	\$57,989	\$11,598	0	\$0	\$0
<b>TOTALS and AVERAGES:</b>	2773	2350	\$69,727,192	\$29,671	576	\$177,323,025	\$307,852

**OHIO**  
**2005 - 2012 Closed Claims**  
**ALAE and Indemnity Payments by Location**

<b>Location</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Operating Room	6,674	18.9%	81.1%	\$286,594	\$26,593
Medical Professional Office	5,553	20.0%	80.0%	\$223,891	\$24,161
Emergency Department	3,739	18.1%	81.9%	\$222,676	\$27,994
Patient's Room	3,525	27.3%	72.7%	\$239,501	\$33,280
Other	1,331	20.7%	79.3%	\$172,519	\$21,667
Obstetrics Department	1,300	32.2%	67.8%	\$902,144	\$103,664
Radiology	1,257	19.9%	80.1%	\$231,116	\$39,842
Nursing Home	1,072	37.2%	62.8%	\$104,438	\$23,380
Outpatient/Ambulatory Care	735	26.7%	73.3%	\$270,919	\$21,394
Critical Care Unit	620	21.0%	79.0%	\$546,685	\$32,946

<b>Location</b>	<b>Total Number of Claims</b>	<b>Percentage of Claims With Indemnity</b>	<b>Percentage of Claims Without Indemnity</b>	<b>Average Indemnity Amount</b>	<b>Average ALAE Amount</b>
Special Procedure Room	606	19.6%	80.4%	\$206,843	\$30,154
Patient's Home	394	29.9%	70.1%	\$220,832	\$39,507
Ancillary Services	248	36.3%	63.7%	\$219,695	\$30,756
Nursery/Pediatric Ward	163	38.7%	61.3%	\$648,680	\$76,765
Facility Support Areas	129	55.8%	44.2%	\$56,989	\$26,622
Physical Therapy Dept	124	35.5%	64.5%	\$92,237	\$17,910
Recovery Room	123	34.1%	65.9%	\$287,680	\$25,175
Mental Health	121	24.8%	75.2%	\$174,765	\$29,650
Hospice	71	31.0%	69.0%	\$92,070	\$22,998