



# **2011 Physical Therapist and Physical Therapist Assistant Claim Survey**

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## **BACKGROUND**

The purpose of this survey was to examine the relationship between liability and a variety of professional factors including demographic profile and workplace attributes of physical therapists and physical therapist assistants insured through the CNA/HPSO program who have filed a professional liability claim that resulted in financial loss compared to those who have never filed a claim.

Two similar survey instruments were fielded to HPSO customers with and without claims. The sample for those with claims consisted of 915 PTs and PTAs who were identified as having a claim filed with HPSO/CNA within the past 10 years. Conversely, the non-claims sample of HPSO customers was produced from a randomized sample of current HPSO customers that approximately matched the geographic distribution of the claims group.

## **OBJECTIVES**

Physical therapists (PTs) and physical therapist assistants (PTAs) must have an understanding as to the type and number of professional liability claims brought against them, as well as strategies to mitigate risk. To help build that understanding, CNA/HPSO engaged Wolters Kluwer Health, Lippincott Williams & Wilkins to survey PTs and PTAs on the relationship between claims experience, average paid indemnity, and such variables as:

- experience and education
- the effect of annual continuing education (CE) requirements on average paid indemnity
- the effect of states allowing consumers direct access to physical therapy services
- characteristics of the incident such as number of patient visits scheduled per session time
- presence of adequate staffing and risk management policies

## **METHODOLOGY**

A hybrid methodology was used, consisting of a printed mail survey along with an e-mailed invitation to complete an online version of the survey. To ensure a PT or PTA did not take the survey twice, each was either sent the print or the online invitation. Those receiving the print version were invited to take the online survey via a generic link. Each survey was labeled with a unique identifier to further avoid duplicate respondents.

## **RESPONSE RATE**

The reader is reminded that the survey findings are based on self-reported information and thus may be skewed due to the respondents' personal perceptions and recollections of the requested information. The qualitative HPSO survey results are not comparable to the quantitative CNA physical therapy closed claims data or the physical therapy license protection closed claims data and are not representative of all HPSO-insured physical therapy paid claims or physical therapy paid claims in general. The chart below summarizes the response rates for the survey.

	Claims			Non-claims		
	Print	Online	Total	Print	Online	Total
Initial sample size	604	311	915	1,000	4,250	5,250
Undeliverable/Opt out	---	32	32	---	244	244
Usable sample	604	279	883	1,000	4,006	5,006
Number of respondents	140	67	207	203	848	1,051
Response rate	23%	24%	23%	20%	21%	21%

Within this document, results are reported on overall responses for both HPSO customers with and without claims. The margin of error at the 95% confidence level for the claims portion of the survey was  $\pm 5.2\%$ . The margin of error for the non-claims portion was  $\pm 3.4\%$ . In either case, 95% of the time we can be confident that percentages in the actual population would not vary by more than this in either direction.

Some figures and narrative findings include a reference to the average paid indemnity of the respondents' closed claims. It is important to remember that the average paid indemnity related to the survey reflects only the average of those indemnity payments made on behalf of HPSO-insured PTs and PTAs who had a closed claim and who responded to the survey.

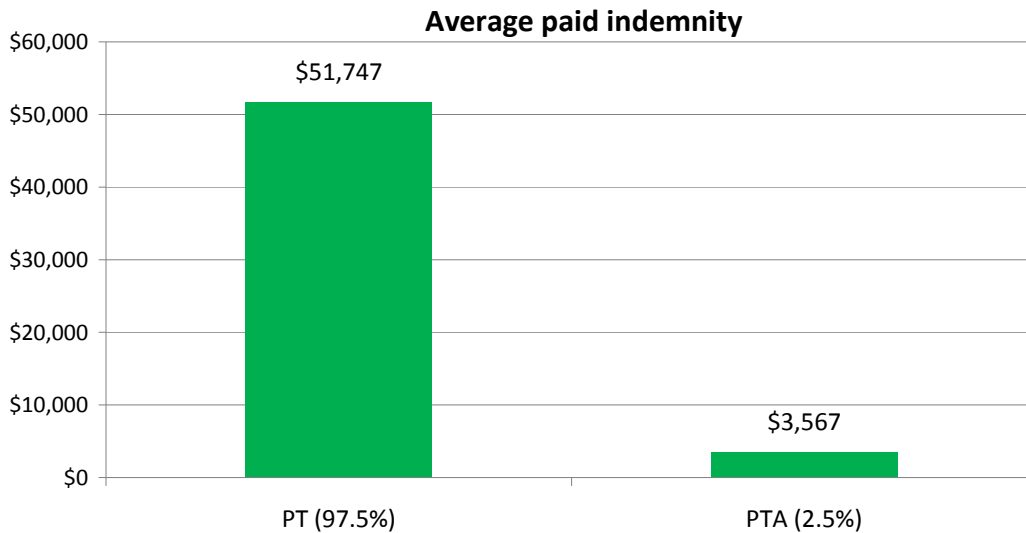
## **RESPONDENT DEMOGRAPHICS**

### **Physical therapy licensure**

The majority of respondents who experienced claims were licensed PTs. PTAs were less likely to experience claims. PTs who experienced claims were subject to a higher average paid indemnity than PTAs.

<b>Physical therapy licensure</b>		
	<b>Claims</b>	<b>Non-claims</b>
PT	97.5%	85.7%
PTA	2.5%	10.6%
Student	---	3.7%

Q: Please indicate your current physical therapy licensure.

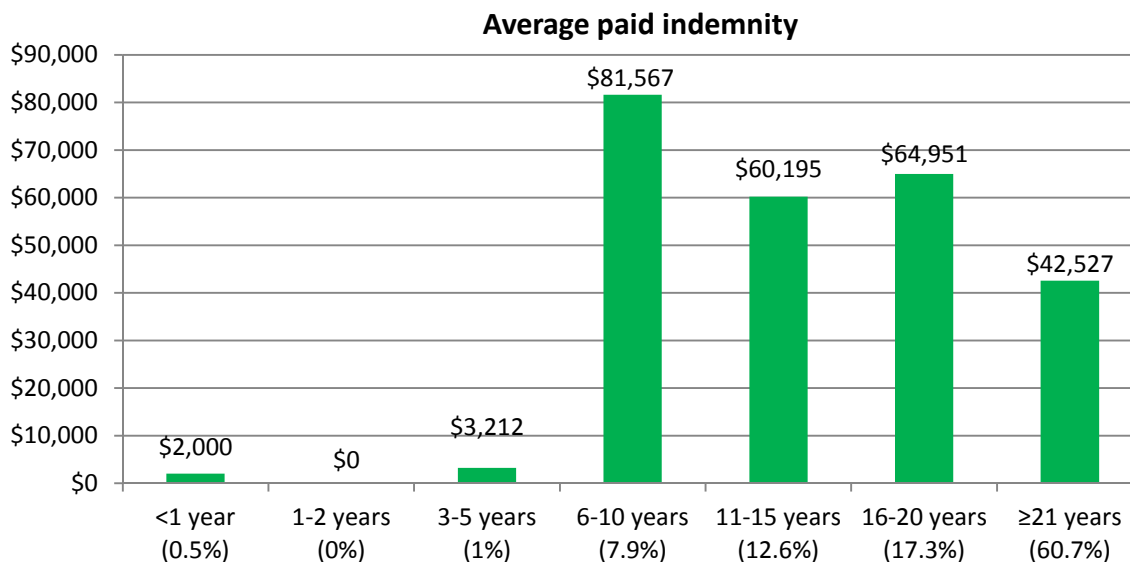


## Years as a licensed PT/PTA

The majority of respondents (60.7%) who experienced claims had been licensed for 21 years or more. More experience was associated with higher average paid indemnities. The number of claims increased with respondents' years as a licensed PT/PTA. This correlates with the fact that the longer a PT/PTA is in practice, the more their risk of experiencing a claim increases. Respondents with less than 5 years' experience rarely experienced claims, which may be a result of less-experienced PTs/PTAs having more supervision or of PTs/PTAs entering the workforce with more education than their colleagues with more experience. It is unknown if respondents with more years of experience were in management positions at the time of the incident.

Years as a licensed PT/PTA		
	Claims	Non-claims
Less than 1 year	0.5%	4.8%
1 to 2 years	0.0%	8.1%
3 to 5 years	1.0%	12.0%
6 to 10 years	7.9%	16.1%
11 to 15 years	12.6%	17.8%
16 to 20 years	17.3%	12.0%
21 years or more	60.7%	29.2%

Q: How many years have you been a licensed physical therapist/physical therapist assistant?

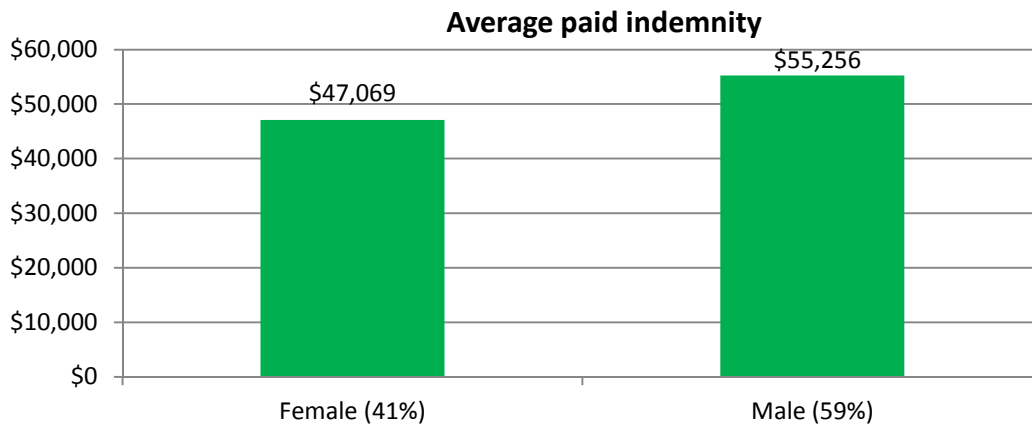


## Gender

A higher proportion of respondents who experienced claims were men, and men had a higher average paid indemnity compared to women (\$55,256 vs. \$47,069). According to the U.S. Bureau of Labor Statistics (2003), the breakdown of PTs by gender is 70% women and 30% men. Interestingly, this is reflected in the respondents without claims, but not in the respondents who experienced claims.

Gender		
	Claims	Non-claims
Female	41.0%	75.5%
Male	59.0%	24.5%

Q: What is your gender?



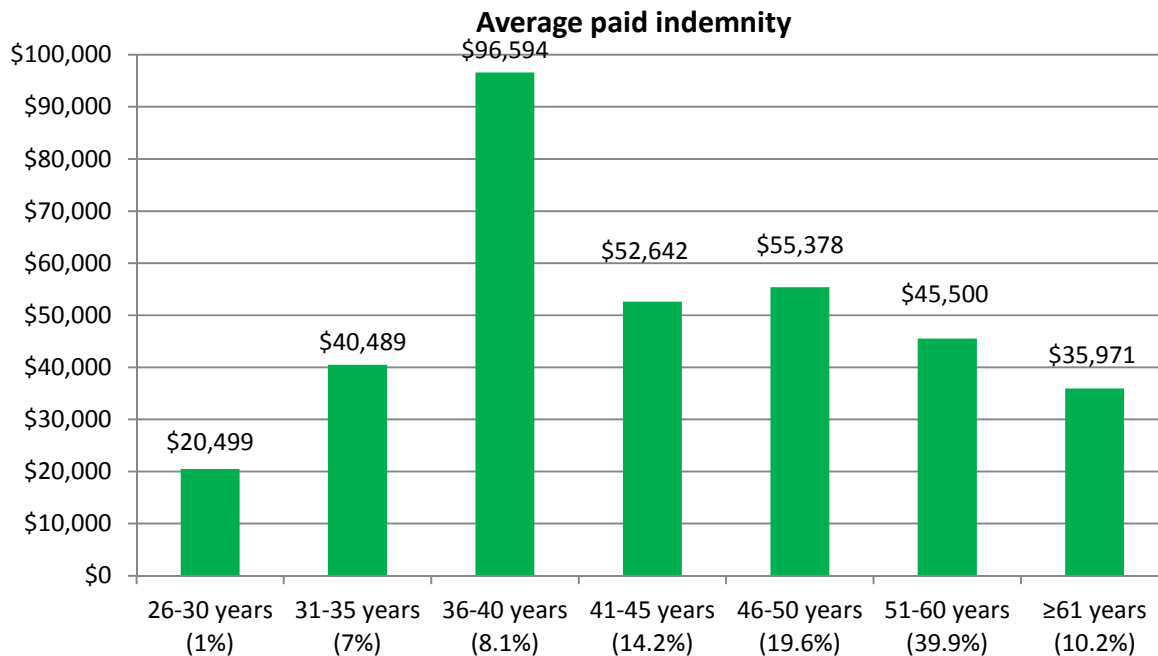


## Age

Respondents who experienced claims tended to be more than 40 years old, with 50.1% older than 50 years compared to 23.1% of those without claims older than 50 years. The highest average paid indemnity occurred in respondents 36 to 40 years old (\$96,594). Average paid indemnity tended to be higher in respondents over age 35. Respondents under the age of 30 rarely experienced claims. These results correlate with the fact that PTs/PTAs who are in the workforce longer increase their chances of experiencing a claim. (Note: Three large payouts in the 36 to 40 years group [\$800,000, \$235,000, and \$200,000] may be skewing the results for this group.)

Age		
	Claims	Non-claims
25 years or younger	0.0%	4.0%
26 to 30 years	1.0%	15.7%
31 to 35 years	7.0%	15.9%
36 to 40 years	8.1%	14.0%
41 to 45 years	14.2%	13.9%
46 to 50 years	19.6%	13.4%
51 to 60 years	39.9%	18.3%
61 years or older	10.2%	4.8%

Q: What is your age?

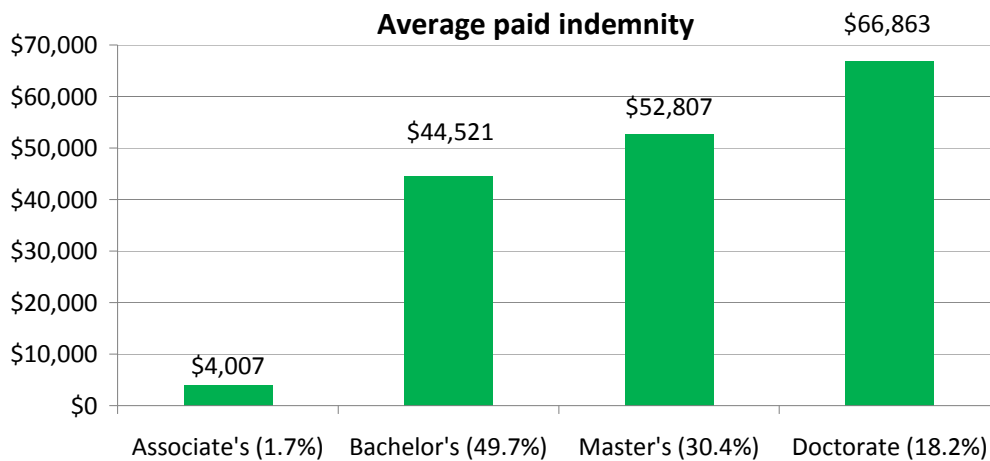


### Highest level of education

A greater percentage of respondents who experienced claims had a bachelor's degree compared to those without claims (49.7% vs. 31.7%). Because the bachelor's degree was phased out in the late 1990s and replaced with master's and doctorate degrees, most PTs with a bachelor's degree are older and therefore have been in practice longer, increasing the opportunity of experiencing a claim. A smaller percentage of respondents who experienced claims had a doctorate degree compared to those without claims (18.2% vs. 30.7%). Average paid indemnity was directly correlated with level of education, with higher levels experiencing a higher average paid indemnity.

Highest level of education		
	Claims	Non-claims
Associate's degree	1.7%	8.4%
Bachelor's degree	49.7%	31.7%
Master's degree	30.4%	29.2%
Doctorate degree	18.2%	30.7%

Q: What is your highest level of education completed in physical therapy?



### Practice setting where you currently work

Respondents working in nonhospital-affiliated clinics or clinic offices experienced a significantly higher percentage of claims than those without claims (75.1% vs. 38.2%). The only other setting with this same pattern was fitness/wellness center (6.1% vs. 3.1%). All other practice settings had a lower percentage in those experiencing claims compared to those without claims. Respondents with the highest average paid indemnities reported their practice settings as fitness/wellness centers (\$72,279), patient’s home (\$66,539), physician office (\$55,250), and school system (\$54,126).

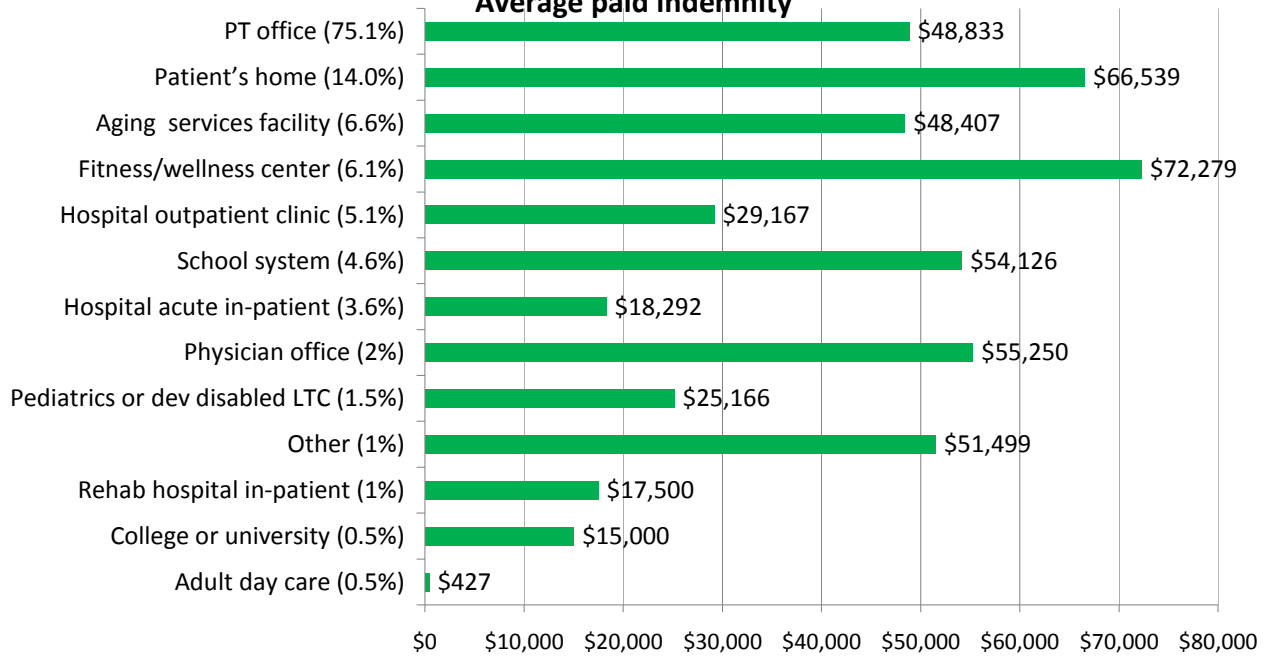
Practice setting where you currently work		
	Claims*	Non-claims*
PT clinic office or clinic – nonhospital-affiliated	75.1%	38.2%
Patient’s home	14.0%	26.3%
Aging services facility	6.6%	12.0%
Fitness/wellness center	6.1%	3.1%
Hospital outpatient clinic	5.1%	12.4%
School system	4.6%	10.6%
Hospital acute in-patient	3.6%	8.7%
Physician office	2.0%	2.1%
Pediatrics or developmentally disabled LTC	1.5%	2.7%
Other	1.0%**	1.1%
Rehabilitation hospital in-patient	1.0%	5.5%
College or university	0.5%	3.1%
Adult day care	0.5%	1.1%

Q: What area best describes your practice setting where you currently work as a physical therapist? (*check all*)

\*Percentages add to more than 100% due to the question being “check all that apply”

\*\*Medical equipment company, on medical leave

### Average paid indemnity



### Specialist certification

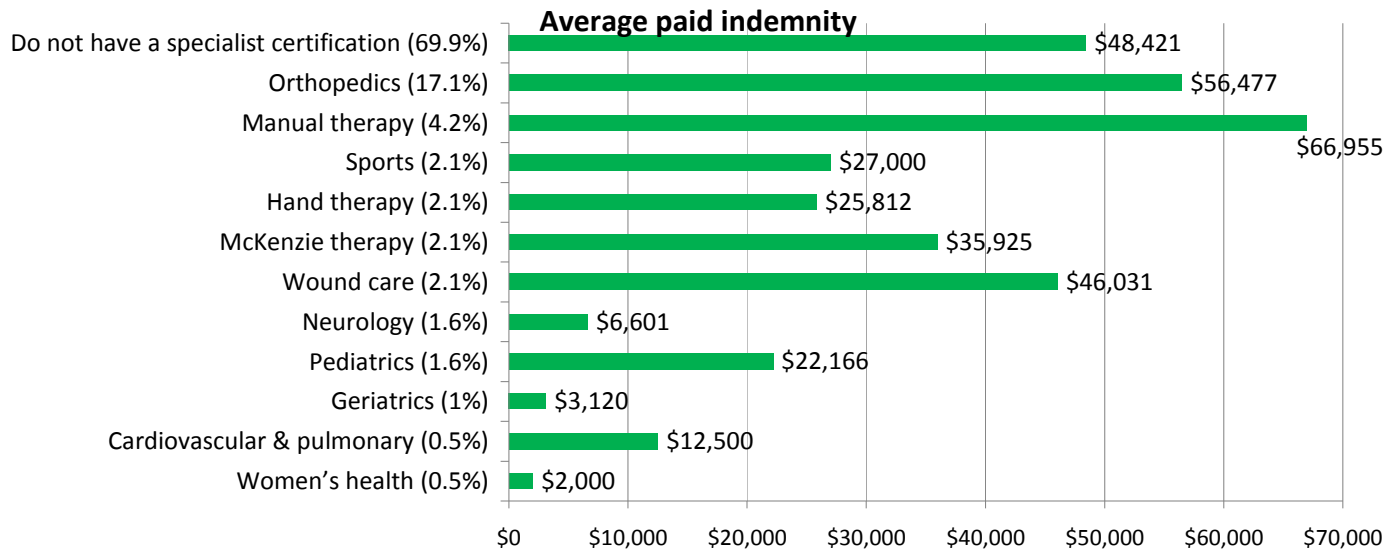
Respondents experiencing claims were less likely to have specialist certification (69.9% vs. 81.6%) than respondents without claims. “Specialist certification” was not defined for the respondents. Of those respondents with a specialty, most were certified in orthopedics (17.1%), which was significantly higher than second most common specialty of manual therapy (4.2%). Respondents with the highest average paid indemnities were certified in manual therapy (\$66,955) or orthopedics (\$56,477). Respondents with the lowest average paid indemnities were certified in women’s health (\$2,000), geriatrics (\$3,120) and neurology (\$6,601).

Specialist certification		
	Claims*	Non-claims*
Do not have a specialist certification	69.9%	81.6%
Orthopedics	17.1%	5.9%
Manual therapy	4.2%	3.2%
Sports	2.1%	1.8%
Hand therapy	2.1%	0.3%
McKenzie therapy	2.1%	0.3%
Wound care	2.1%	2.1%
Neurology	1.6%	0.5%
Pediatrics	1.6%	2.6%
Geriatrics	1.0%	1.4%
Cardiovascular & pulmonary	0.5%	0.2%
Women’s health	0.5%	0.2%
Clinical electrophysiology	0.0%	0.2%
Other	---	4.1%**

Q: Do you have a specialist certification? If so, in which area(s)? (check all)

\*Percentages add to more than 100% due to the question being “check all that apply”

\*\*Lymphedema therapy, kinetic control

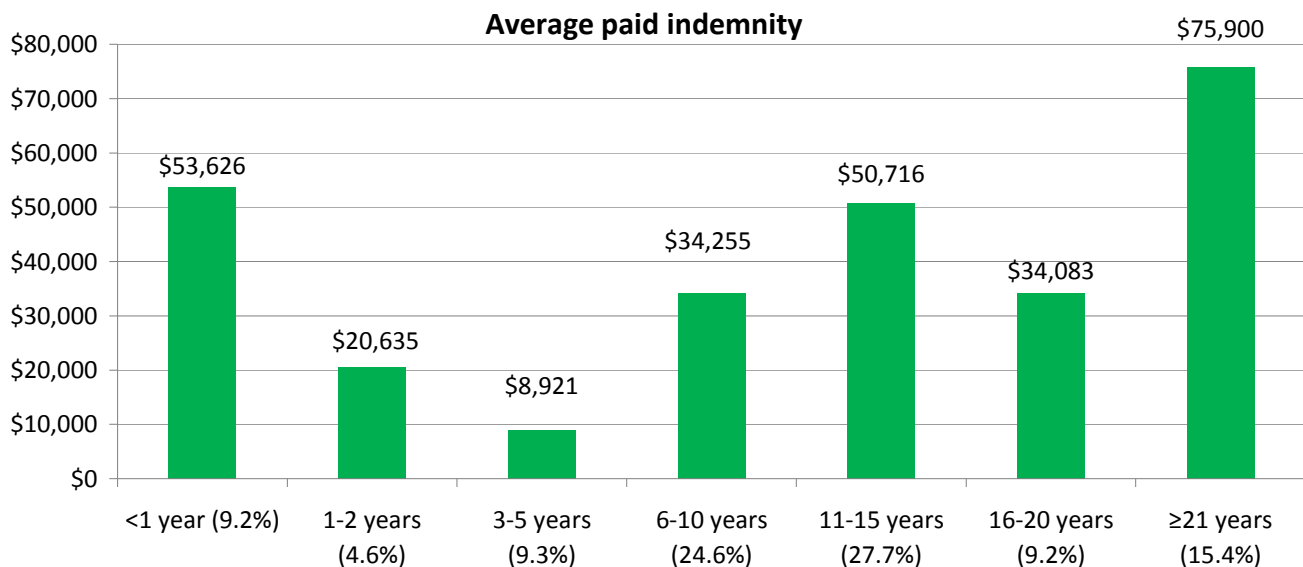


### Years since specialist certification

This add-on question to Specialist Certification found that the proportion of respondents who were certified 5 years or less was lower in those experiencing claims compared to those without claims, but this trend reversed from 6 years to 21 years or more. Respondents with the highest paid indemnities had been certified for 21 years or more (\$75,900), significantly more than the next two groups of less than one year (\$53,626) and 11 to 15 years (\$50,716). There does not seem to be a correlation between the number of years since an initial specialist certification and average paid indemnity.

Years since specialist certification		
	Claims	Non-claims
Less than 1 year	9.2%	29.9%
1 to 2 years	4.6%	12.3%
3 to 5 years	9.3%	13.5%
6 to 10 years	24.6%	21.5%
11 to 15 years	27.7%	13.8%
16 to 20 years	9.2%	2.6%
21 years or more	15.4%	6.4%

Q: How many years has it been since your initial specialist certification?

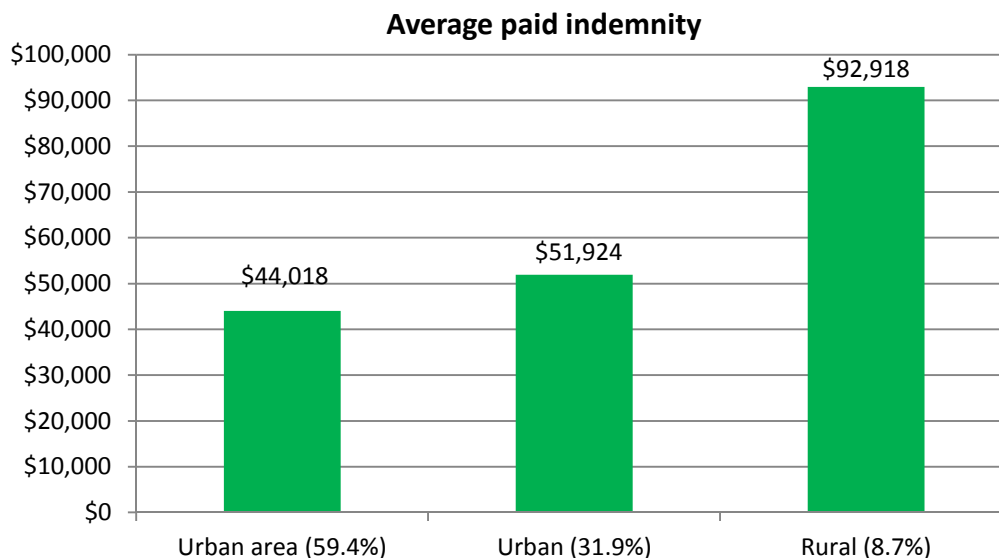


### Location of practice

Respondents who worked in an urban area (59.4%) or an urban cluster (31.9%) were significantly more likely to have experienced claims than their rural counterparts, but respondents who worked in rural locations had the highest average paid indemnity at \$92,918. The overall distribution of practice location was consistent between the two groups.

Location of practice		
	Claims	Non-claims
Urban area (population of 50,000 or more)	59.4%	58.8%
Urban cluster (population of 2,500 to 50,000)	31.9%	33.2%
Rural (population of less than 2,500)	8.7%	8.0%

Q: Which of the following best describes the location of your practice?





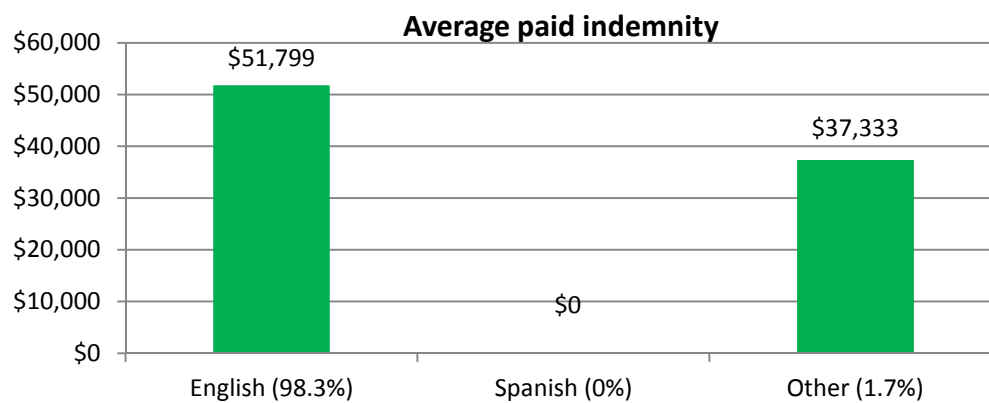
## Primary language

English was the predominant language of all respondents.

Primary language		
	Claims	Non-claims
English	98.3%	97.0%
Spanish	0.0%	0.9%
Other	1.7%*	2.1%

Q: Which is your primary language?

\*Chinese, Arabic, Dutch

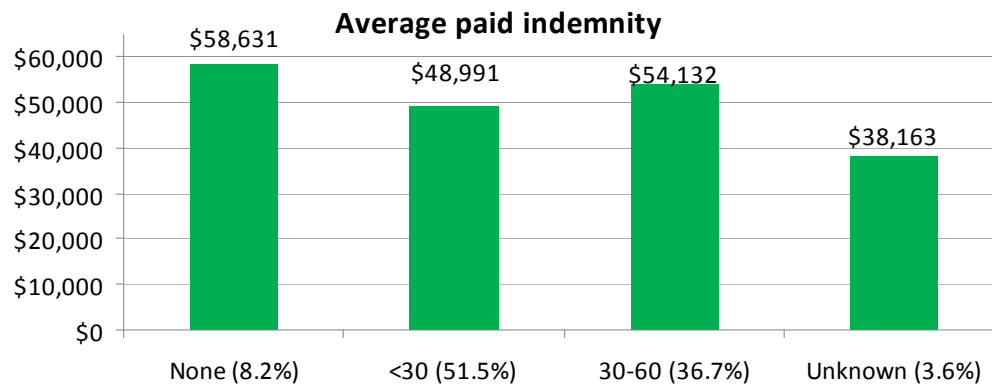


### Annual continuing education (CE) requirements

The annual CE requirements were comparable between respondents, with 88.2% of respondents experiencing claims needing CE compared to 86% of those without claims. The highest average paid indemnity (\$58,631) occurred in respondents without any annual CE requirements. Overall, annual CE requirements slightly decreased the average paid indemnity to respondents experiencing claims. (Note: Four large payouts in the 30 to 60 group ranging from \$495,426 to \$235,000 may be skewing the results for this group.)

Annual continuing education (CE) requirements		
	Claims	Non-claims
None	8.2%	9.5%
Less than 30	51.5%	48.9%
30 to 60	36.7%	37.1%
Unknown	3.6%	4.5%

Q: According to your State Licensing Board, how many continuing education (CE) credits are you required to complete annually to retain your physical therapy licensure?



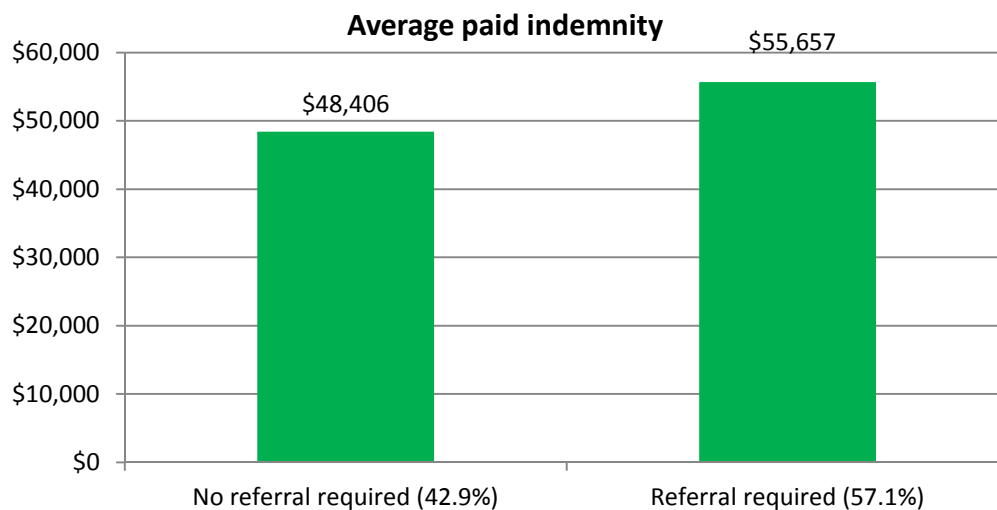
## **SURVEY HIGHLIGHTS**

### **Seeking PT without a referral**

Respondents who experienced claims were significantly more likely to work in states that require a referral (57.1%) compared to respondents without claims (38.8%). The average paid indemnity was lower in states that do not require a referral (\$48,406) than those that do require a referral (\$55,657).

<b>Seeking PT without a referral</b>		
	<b>Claims</b>	<b>Non-claims</b>
Yes, my state did not require a referral to initiate treatment by a licensed PT	42.9%	61.2%
No, my state required a physician/licensed independent practitioner referral to initiate treatment by a licensed PT	57.1%	38.8%

Q: At the time of the incident, did your state allow consumers to seek physical therapy treatment without a referral (i.e. direct access physical therapy)?



## Employment status

Employment status appears to significantly impact whether or not a claim is filed. Respondents who were self-employed were more likely to have experienced claims (64.5%) than respondents who were employed by others (35.5%). Respondents who worked full-time were more likely to have experienced claims than respondents who worked part-time (83.6% vs. 14.8%, respectively). Respondents who were self-employed had higher average paid indemnities than respondents who were employed by others, which reflects the higher first-dollar payout that self-employed PTs and PTAs experience.

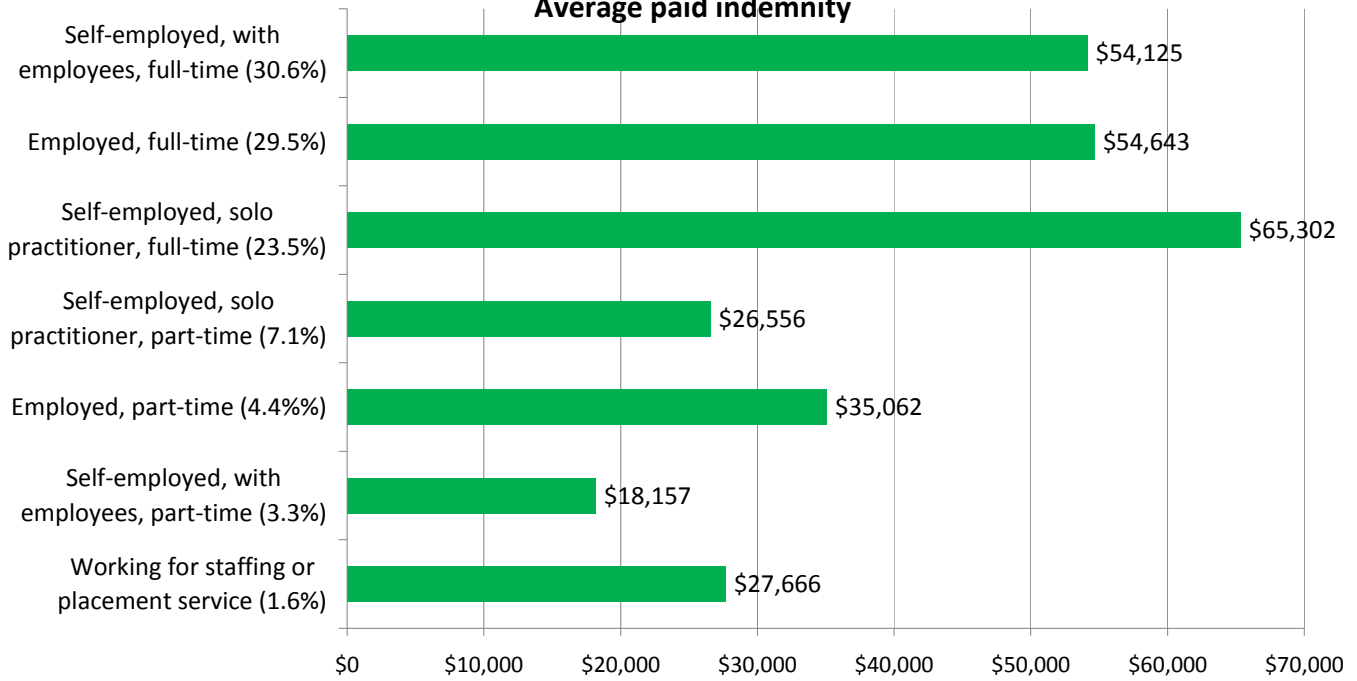
Employment status		
	Claims	Non-claims
Self-employed, with employees, full-time	30.6%	2.3%
Employed, full-time	29.5%	51.2%
Self-employed, solo practitioner, full-time	23.5%	7.0%
Self-employed, solo practitioner, part-time	7.1%	10.1%
Employed, part-time	4.4%	15.8%
Self-employed, with employees, part-time	3.3%	0.3%
Working for staffing or placement service	1.6%	1.5%
Retired	0.0%	0.3%
Permanently disabled	0.0%	0.0%
Unemployed, seeking work	0.0%	0.5%
Student at the time	0.0%	3.2%
Other	---	7.8%*

Q: At the time of the incident, what was your employment status? (Claims)

Q: Please indicate your current physical therapy licensure: (Non-claims)

\*per diem, PRN, mix of prompted choices

### Average paid indemnity

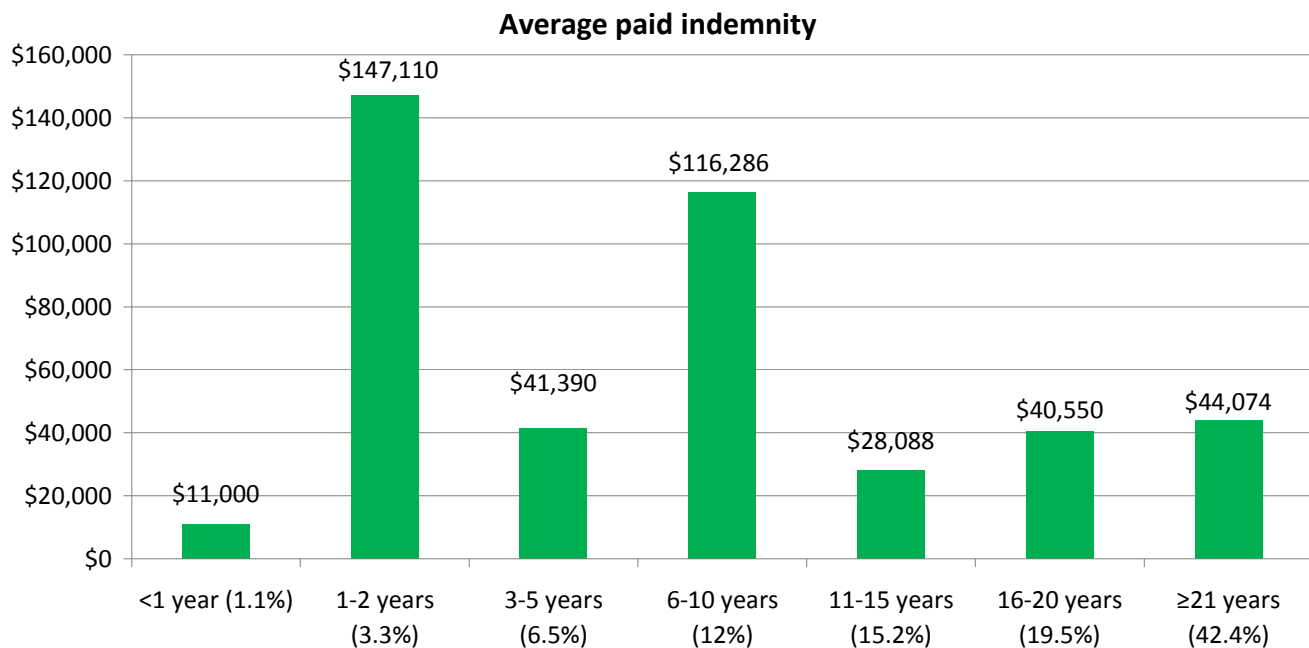


### Years of practice at time of incident

Nearly two-thirds of respondents who experienced claims (62 percent) had practiced for 16 years or more when the claim-related incident occurred. Respondents practicing 1 to 2 years and 6 to 10 years had the highest average paid indemnities (\$147,110 and \$116,286, respectively; these are most likely large payouts that are skewing the results). Respondents practicing more than 21 years had the highest percentage of claims (42.4%) and the third highest average paid indemnity of \$44,074. Note that this information is different from years of practice as a *licensed* PT or PTA.

Years of practice at time of incident	
	Claims
Less than 1 year	1.1%
1 to 2 years	3.3%
3 to 5 years	6.5%
6 to 10 years	12.0%
11 to 15 years	15.2%
16 to 20 years	19.5%
21 years or more	42.4%

Q: At the time of the incident, how many years have/had you practiced physical therapy?



### Practice setting where the incident occurred

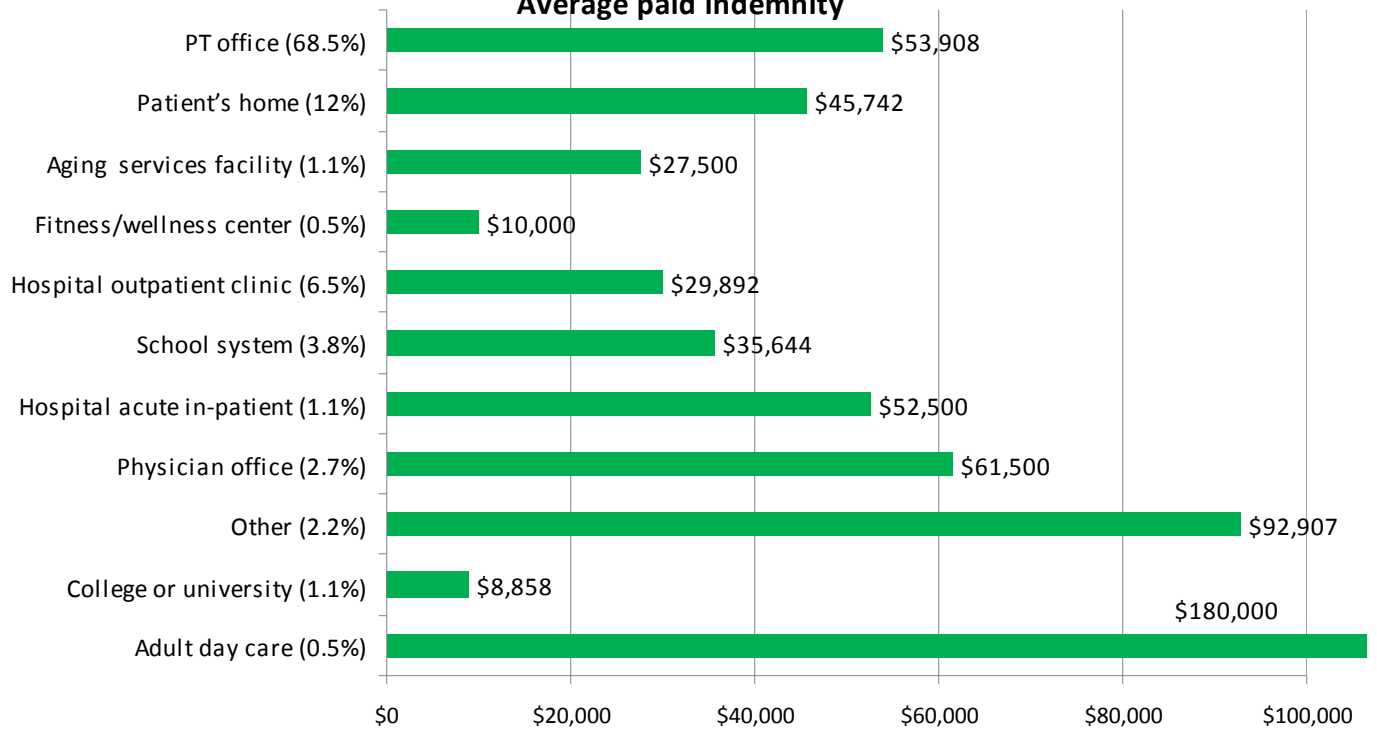
More than two-thirds (68.5%) of claim-related incidents described by respondents occurred in a nonhospital-affiliated physical therapy office or clinic. Rounding out the three most common practice settings were patient's home (12.0%) and hospital outpatient clinic (6.5%). The highest average paid indemnity among respondents was an isolated incident in adult day care (\$180,000). The next highest average paid indemnity among respondents was on the road driving and traveling between patients (\$92,907), followed by physician office (\$61,500), PT office (\$53,908), and hospital acute in-patient facility (\$52,500).

Practice setting where the incident occurred	
	Claims
PT clinic office or clinic – nonhospital-affiliated	68.5%
Patient's home	12.0%
Hospital outpatient clinic	6.5%
School system	3.8%
Physician office	2.7%
Other	2.2%*
College or university	1.1%
Hospital acute in-patient facility	1.1%
Aging services facility	1.1%
Adult day care	0.5%
Fitness/wellness center	0.5%
Rehabilitation hospital in-patient	0.0%
Pediatrics or developmentally disabled LTC	0.0%

Q: Which of the following best describes your practice setting where the incident occurred?

\*On the road driving, traveling between patient visits

### Average paid indemnity





## Patient care assistance

Among respondents who experienced claims, nearly half (44.8%) did not have assistance in caring for the patient. This factor was significantly lower for respondents without claims (21.1%). Assistance to those who experienced claims was most commonly provided by a physical therapy aide (23.0%) or another PT (20.2%). Respondents without claims were most commonly assisted by a PTA (42.5%) or another PT (41.8%). Higher average paid indemnities occurred when assistance was provided by a physical therapy aide (\$89,149) or a PTA (\$62,485). Note that PTAs are licensed by the state in which they work, and physical therapy aides are not.

Patient care assistance		
	Claims*	Non-claims*
No one	44.8%	21.1%
Physical therapy aide	23.0%	24.4%
Other PT	20.2%	41.8%
PTA	15.3%	42.5%
Other	4.4%**	6.7%
Other licensed HCP	1.6%	20.7%
Visitor, family member	1.1%	18.7%

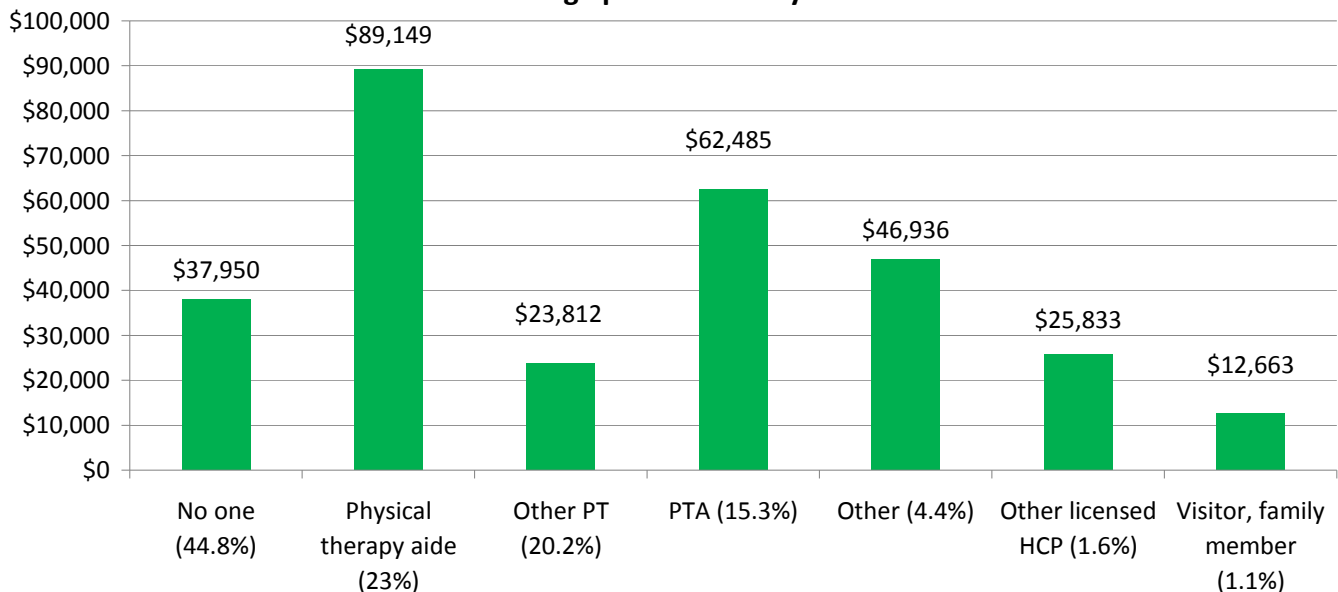
Q: At the time of the incident, who was assisting you in the care of your patient? (*check all*) (Claims)

Q: Do any of the following assist you in the care of your patients? (*check all*) (Non-claims)

\*Percentages add to more than 100% due to the question being "check all that apply"

\*\*Occupational therapist, athletic trainer

## Average paid indemnity



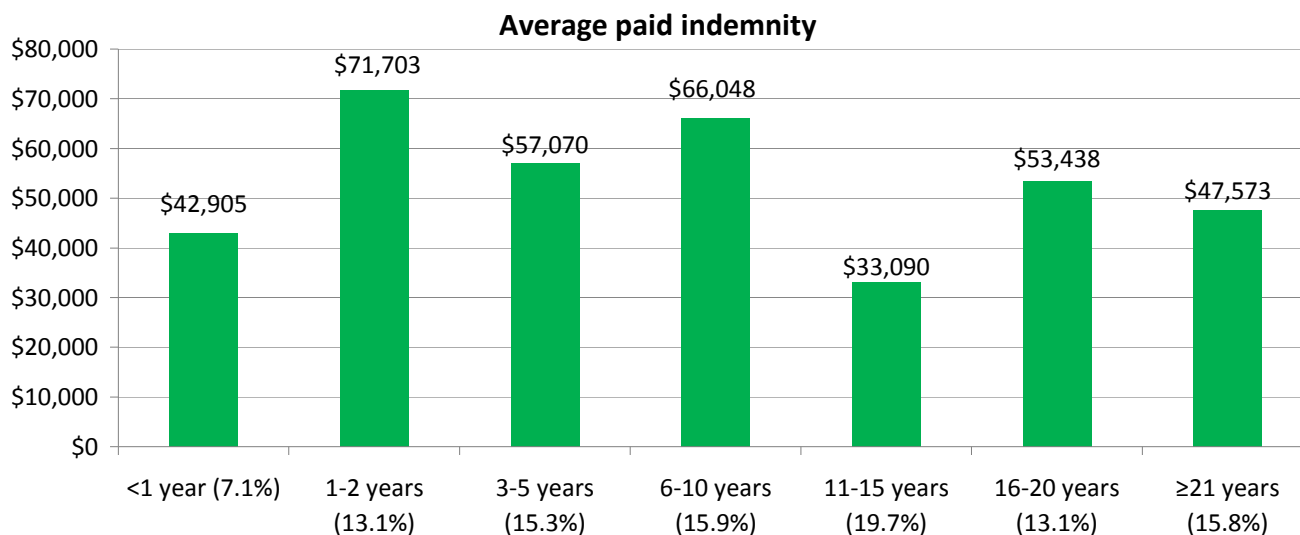
### Years in position at time of incident

At the time of the incident, respondents who had experienced claims were fairly equally distributed from 1 year to 21 years or more. Conversely, respondents without claims had less experience. The average paid indemnity had no consistent pattern. It ranged from \$71,703 for respondents with 1 to 2 years of experience to \$33,090 for respondents with 11 to 15 years of experience.

Years in position at time of incident		
	Claims	Non-claims
Less than 1 year	7.1%	17.9%
1 to 2 years	13.1%	22.2%
3 to 5 years	15.3%	26.2%
6 to 10 years	15.9%	18.1%
11 to 15 years	19.7%	7.9%
16 to 20 years	13.1%	3.9%
21 years or more	15.8%	4.0%

Q: At the time of the incident, how many years had you worked in this particular position? (Claims)

Q: How many years have you worked in your current position? (Non-claims)



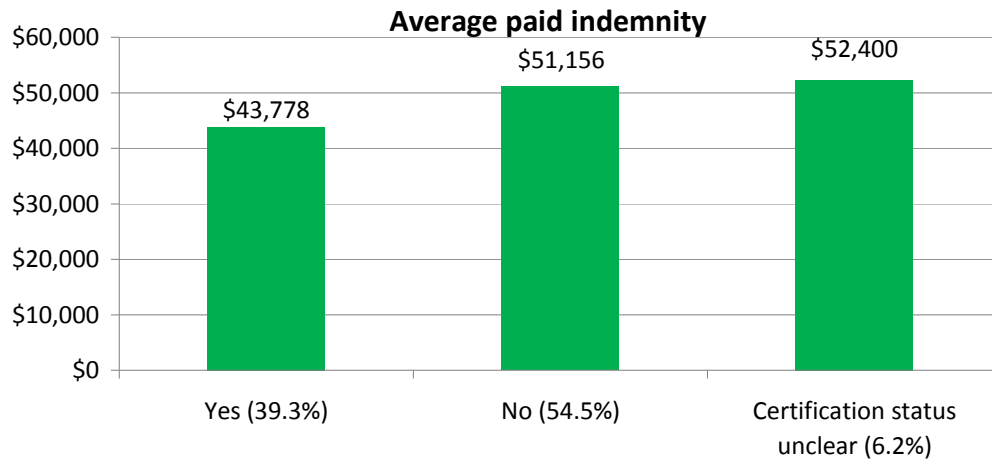
### Certified in practicing specialty

Respondents who experienced claims were more likely to be certified in a specialty; at the time of the incident, 39.3% of respondents who experienced claims had specialty certification compared to 24.9% of those without claims. Respondents with certification had a lower average paid indemnity (\$43,778) compared to those without certification (\$51,156).

Certified in practicing specialty		
	Claims	Non-claims
Yes	39.3%	24.9%
No	54.5%	70.7%
Specialty certification status unclear	6.2%	4.4%

Q: At the time of the incident, were you certified in the specialty area in which you were practicing?

Q: Are you certified in the specialty area in which you are currently practicing?

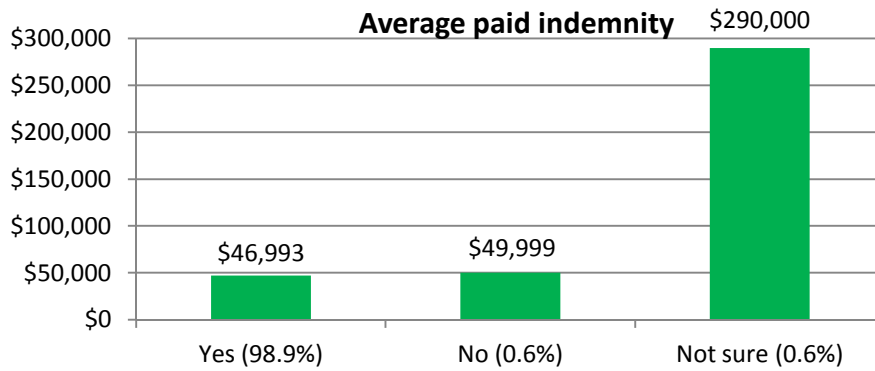


### Working within trained ability

Nearly all respondents who experienced claims felt they were fully trained in the services they were providing at the time of the incident. They also had a slightly lower average paid indemnity (\$46,993) compared to respondents who did not feel fully trained (\$49,999).

Working within trained ability	
	Claims
Yes	98.8%
No	0.6%
Training level unclear	0.6%

Q: Were you providing services in an area where you believe you were fully trained to provide clinical services?



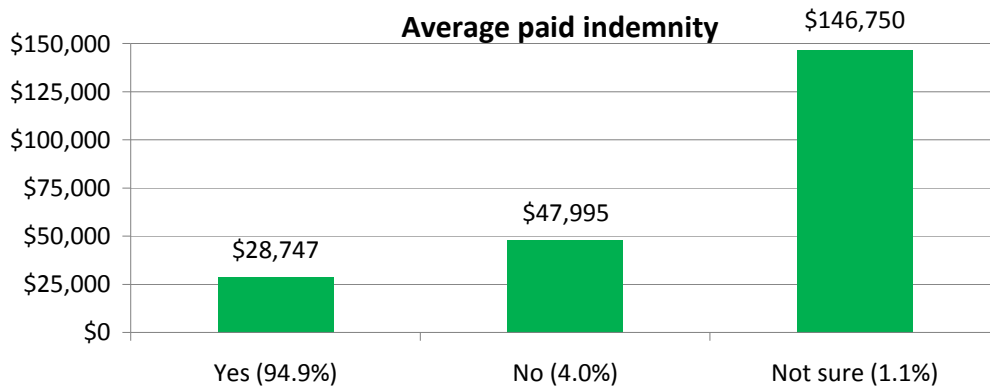
### Practicing out of scope

Regardless of whether they experienced claims, nearly all respondents reported they were working or worked within their scope of practice. Average paid indemnities were substantially higher for respondents who did not work within their scope of practice (\$47,995) at the time of the incident than those who did (\$28,747). The two respondents who were unsure about scope of practice had the highest average paid indemnity (\$146,750).

Practicing out of scope		
	Claims	Non-claims
Yes	94.9%	5.7%
No	4.0%	92.4%
Not sure	1.1%	1.9%

Q: Were you working inside of your scope of practice? (Claims)

Q: Do you ever work outside of your scope of practice? (Non-claims)

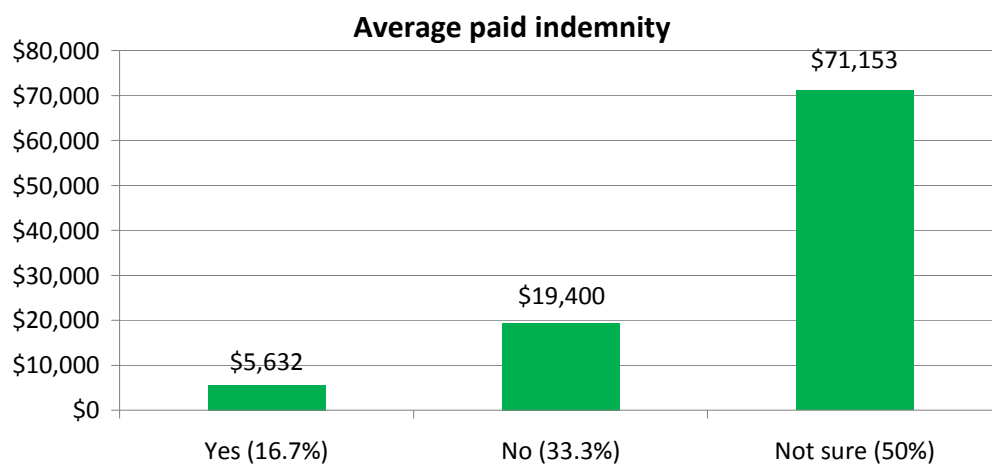


### Awareness of working out of scope of practice

Only 16.7% of respondents who experienced claims knew they were working outside their scope of practice, and they experienced the lowest average paid indemnity. Respondents who were unsure had the highest average paid indemnity (\$71,153).

Awareness of working out of scope of practice	
	Claims
Yes	16.7%
No	33.3%
Not sure	50.0%

Q: If no, did you know you were working outside of your scope of practice?

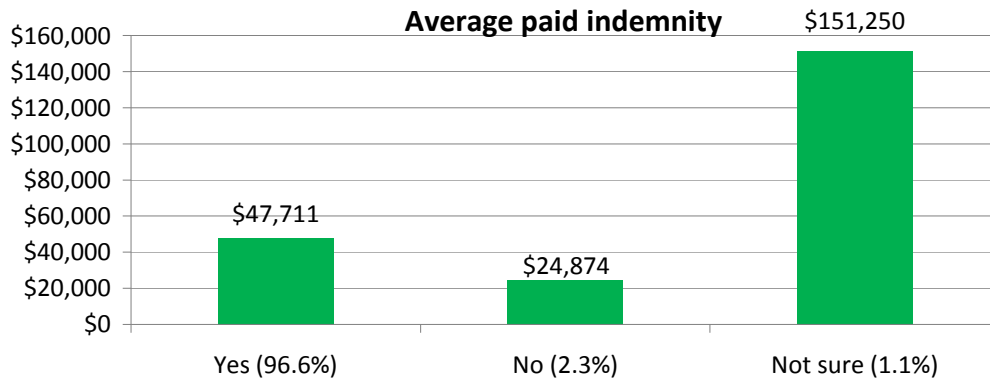


### Working within facility policy

Nearly all respondents (96.6%) who experienced claims were working within their facility’s policy at the time of the incident, which was associated with a lower average paid indemnity (\$47,711).

Working within facility policy	
	Claims
Yes	96.6%
No	2.3%
Not sure	1.1%

Q: Were you working within your organization/practice’s policies and protocols?

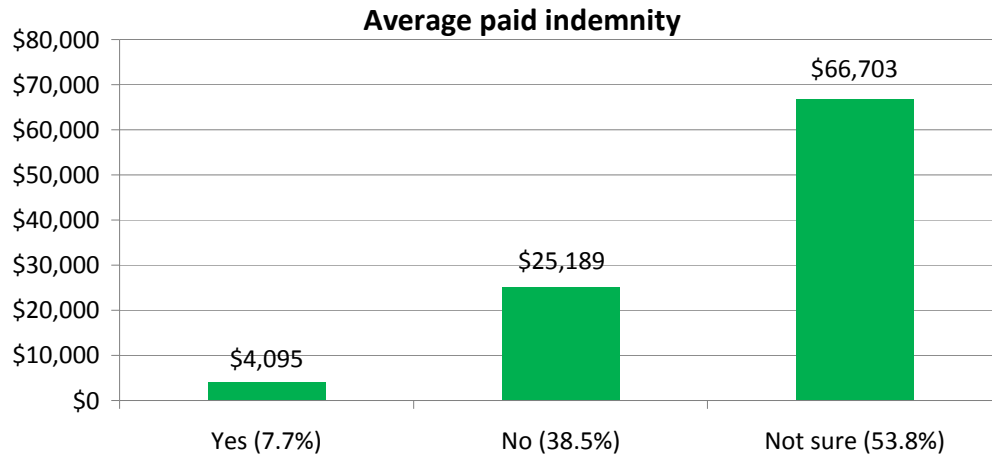


### Awareness of working outside of facility policy

Of the respondents who responded “No” to the question of whether or not they were working within their facility’s policy, a majority who experienced claims (53.8%) were unsure if they were working outside of organization or practice’s policies at the time. They also had the highest average paid indemnity (\$66,703). These results emphasize the need for practitioners to know their facility’s policy, and for business owners to increase the education of their staff on their policy.

Awareness of working outside of facility policy	
	Claims
Yes	7.7%
No	38.5%
Not sure	53.8%

Q: If no, did you know you were working outside of your organization/practice’s policies?





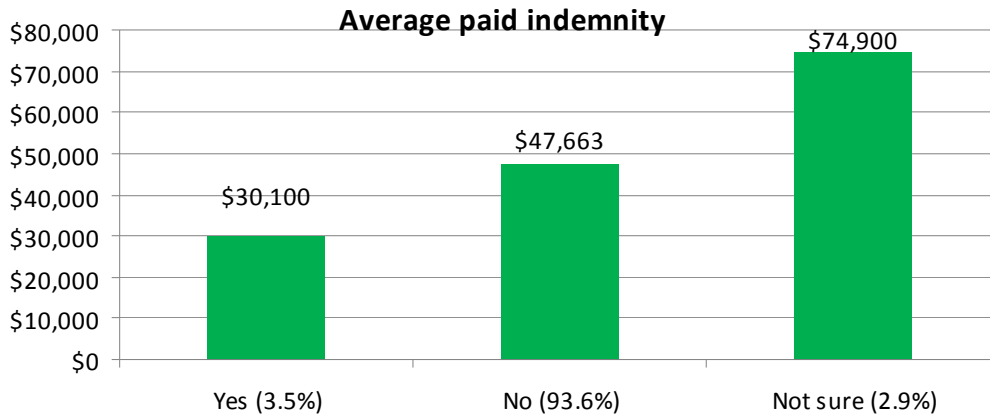
### Required to work out of scope

Most respondents did not have pressure from their facilities to work outside their scope of practice, although the percentage was higher for respondents who experienced claims than those who did not (93.6% vs. 86.1%, respectively). Respondents who were not required to work outside their scope of practice had a higher average paid indemnity (\$47,663) than respondents who were (\$30,100). These results indicate that approximately 10% of all respondents stated their facilities allowed/required/encouraged them to work outside of their scope of practice, putting patients, PTs and PTAs, and the facilities at risk.

Required to work out of scope		
	Claims	Non-claims
Yes	3.5%	6.9%
No	93.6%	86.1%
Not sure	2.9%	7.0%

Q: Did your facility allow or require you to work outside of your scope of practice? (Claims)

Q: Does your facility allow and/or encourage you to work outside of your scope of practice? (Non-claims)



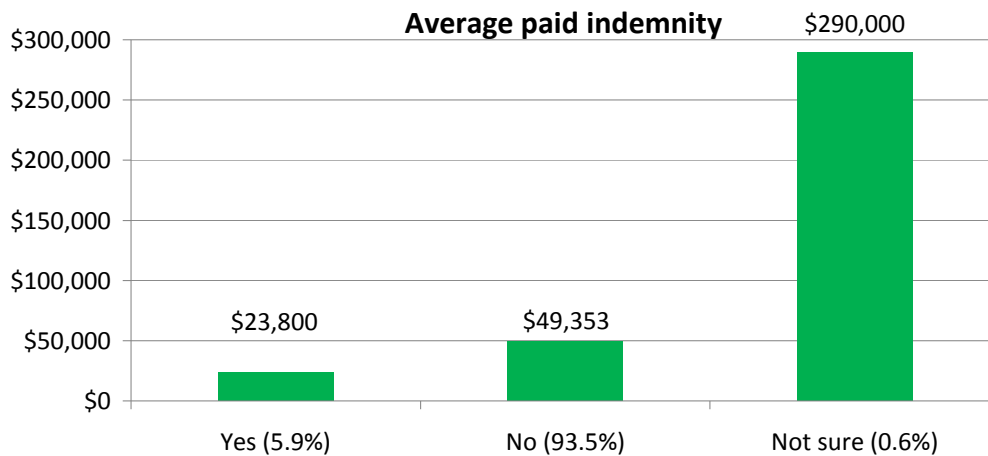
## Working overtime

Nearly all (93.5%) respondents who experienced claims were not working overtime at the time of the claim-related incident, nor did their employers require overtime. Only 5.9% of respondents who experienced claims reported they were working overtime at the time of the incident. Notably, 57.5% of respondents without claims reported they worked additional hours. Respondents who experienced claims and were working overtime had a lower average paid indemnity (\$23,800) compared to respondents who experienced claims and were not working overtime (\$49,353).

Working overtime		
	Claims	Non-claims
Yes	5.9%	57.5%
No	93.5%	41.1%
Not sure	0.6%	1.4%

Q: At the time of the incident, were you working additional hours over and above your normal shift? (Claims)

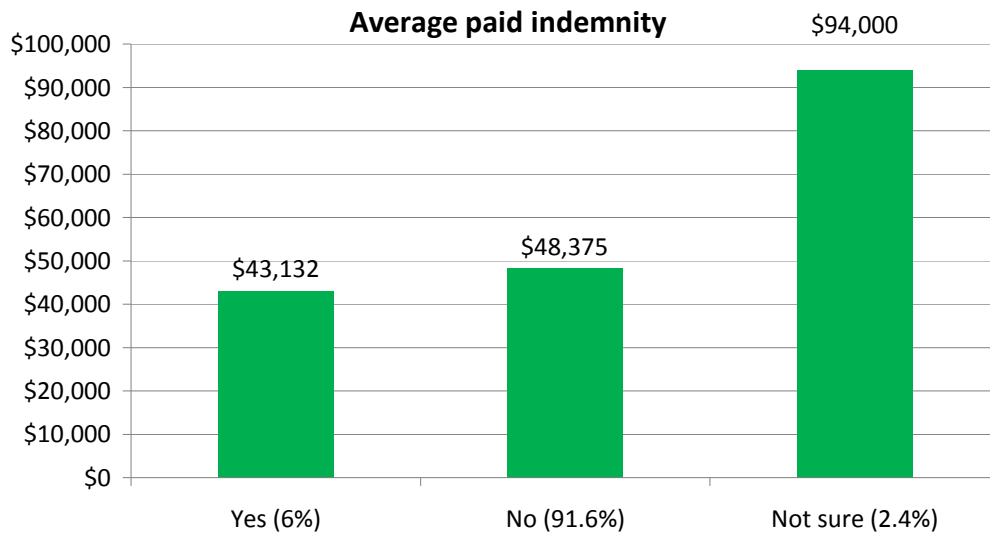
Q: Does your employer require you work additional hours over and above your normal shift? (Non-claims)



Working overtime required		
	Claims	Non-claims
Yes	6.0%	8.3%
No	91.6%	88.8%
Not sure	2.4%	2.9%

Q: At the time of the incident, did you employer require you to work overtime? (Claims)

Q: Does your employer require you to work overtime? (Non-claims)

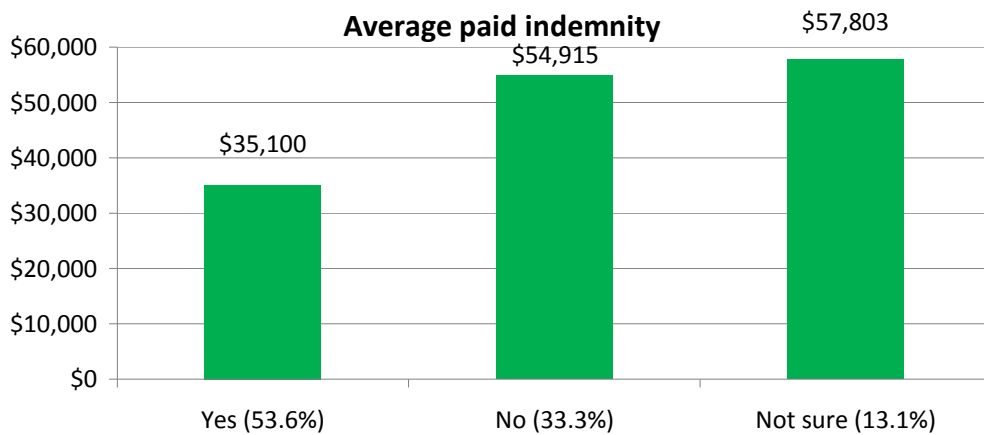


**Policy on disclosure of mistakes**

Slightly more than half (53.6%) of respondents who experienced claims reported their employers had a policy on mistake disclosure at the time of the claim-related incident, which was associated with a lower average paid indemnity. Significantly fewer respondents who experienced claims did not know if their employers had a policy on disclosing mistakes compared to respondents without claims (13.1% vs. 35.9%, respectively). The average paid indemnity was substantially higher for respondents experiencing claims whose employers did not have a policy on mistake disclosure.

Policy on disclosure of mistakes		
	Claims	Non-claims
Yes	53.6%	43.3%
No	33.3%	20.8%
Not sure	13.1%	35.9%

Q: At the time of the incident, did your employer have a policy around disclosures of treatment errors? (Claims)  
 Q: Does your employer have a policy around the disclosure of treatment errors? (Non-claims)



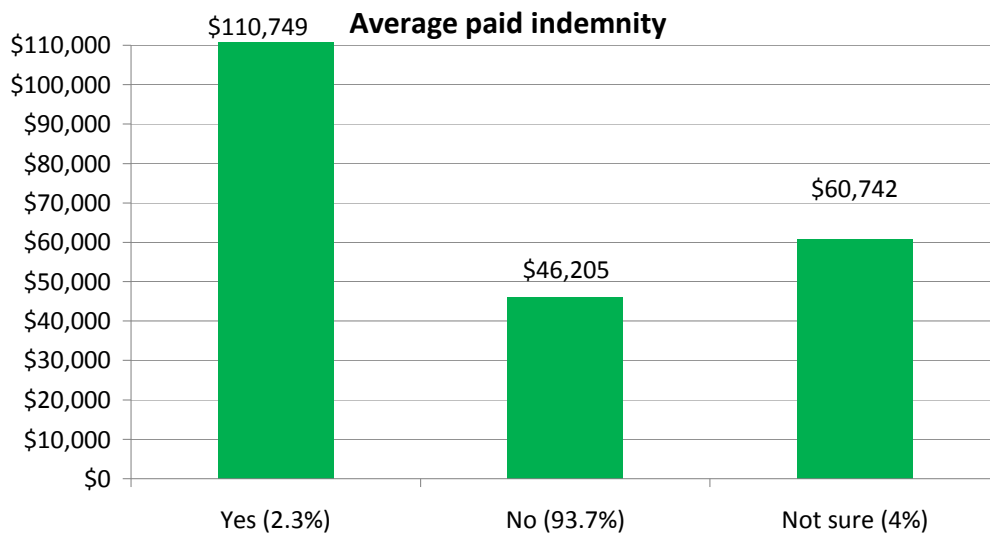
### Effect of inadequate staffing

At the time of the incident, only 2.3% of respondents who experienced claims perceived that inadequate staffing levels were a contributing factor. This is in complete contrast to respondents without claims—more than two-thirds (68.6%) perceived that inadequate staffing could contribute to the cause of incidents. Respondents who experienced claims and believed inadequate staffing was a contributing factor had a substantially higher average paid indemnity (\$110,749). (Note: Two large claims of \$290,000 and \$100,000 in the Yes group may have skewed the results for this group.)

Effect of inadequate staffing		
	Claims	Non-claims
Yes	2.3%	68.6%
No	93.7%	18.9%
Not sure	4.0%	12.5%

Q: Did you perceive that inadequate staffing levels contributed to the cause of the incident? (Claims)

Q: Do you perceive that inadequate staffing levels can contribute to the cause of incidents? (Non-claims)



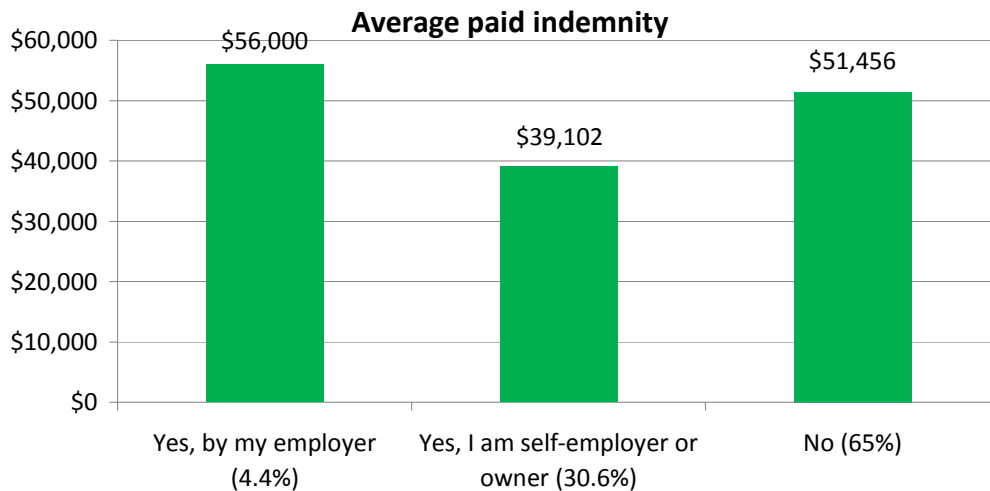
### Compensation structure

Compensation based on productivity did not appear to play a role in claim-related incidents. The proportion of respondents whose compensation was not based on productivity was consistent between those who experienced claims (65.0%) and those who did not (67.8%). Although 30.6% of respondents who experienced claims and were self-employed or owned their practice reported compensation was based on productivity, they had the lowest average paid indemnity (\$39,102).

Compensation structure		
	Claims	Non-claims
Yes, by my employer	4.4%	15.9%
Yes, I am self-employed or owner of practice	30.6%	16.3%
No	65.0%	67.8%

Q: At the time of the incident, was your compensation based on your volume of productivity, i.e. patient visits per day? (Claims)

Q: Is your volume of productivity, i.e. patient visits per day? (Non-claims)



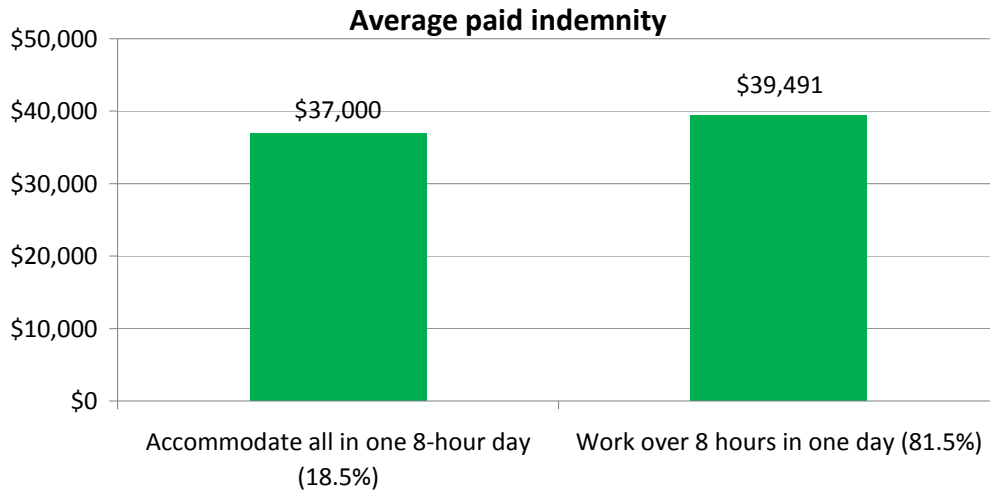
### Accommodating increased patient load

Of those whose compensation was based on productivity, respondents experiencing claims were significantly more likely than respondents without claims to be encouraged to work more than 8 hours a day to accommodate patients (81.5% vs. 68.3%, respectively). This correlates with the fact that PTs and PTAs are ethically obligated to take care of patients who need their services; this usually results in PTs and PTAs working overtime to make sure all patients are cared for. Average paid indemnity was similar whether respondents were encouraged to work more than 8 hours a day or to accommodate all patients in 8 hours.

Accommodating increased patient load		
	Claims	Non-claims
Accommodate all patients in one 8-hour day	18.5%	31.7%
Work over 8 hours in one day to accommodate all patients	81.5%	68.3%

Q: If you answered "Yes" to the previous question, if volume increased are you encouraged to: (Claims)

Q: If you answered "Yes" to the previous question, if volume increases are you encouraged to: (Non-claims)



### Number of patient visits per day assigned

Respondents who experienced claims tended to have more assigned patient visits per day than those without claims. Respondents assigned 19 or fewer patient visits represented 60.9% of the claims. Average paid indemnity was highest for respondents with one patient visit (\$111,333), followed by 40 or more (\$100,000), and 15 to 19 (\$73,269). The highest percentage of respondents, either experiencing or not experiencing claims, had from 5 to 14 patient visits assigned per day, respectively. This correlates with information from an APTA 2009 PT Productivity Survey that indicated an average of 50 patients are seen per week in outpatient and 30 patients are seen per week on a home-care basis. (Note: Both respondents in the 40 or more category were supervisors, which could explain why their average paid indemnity was so high.)

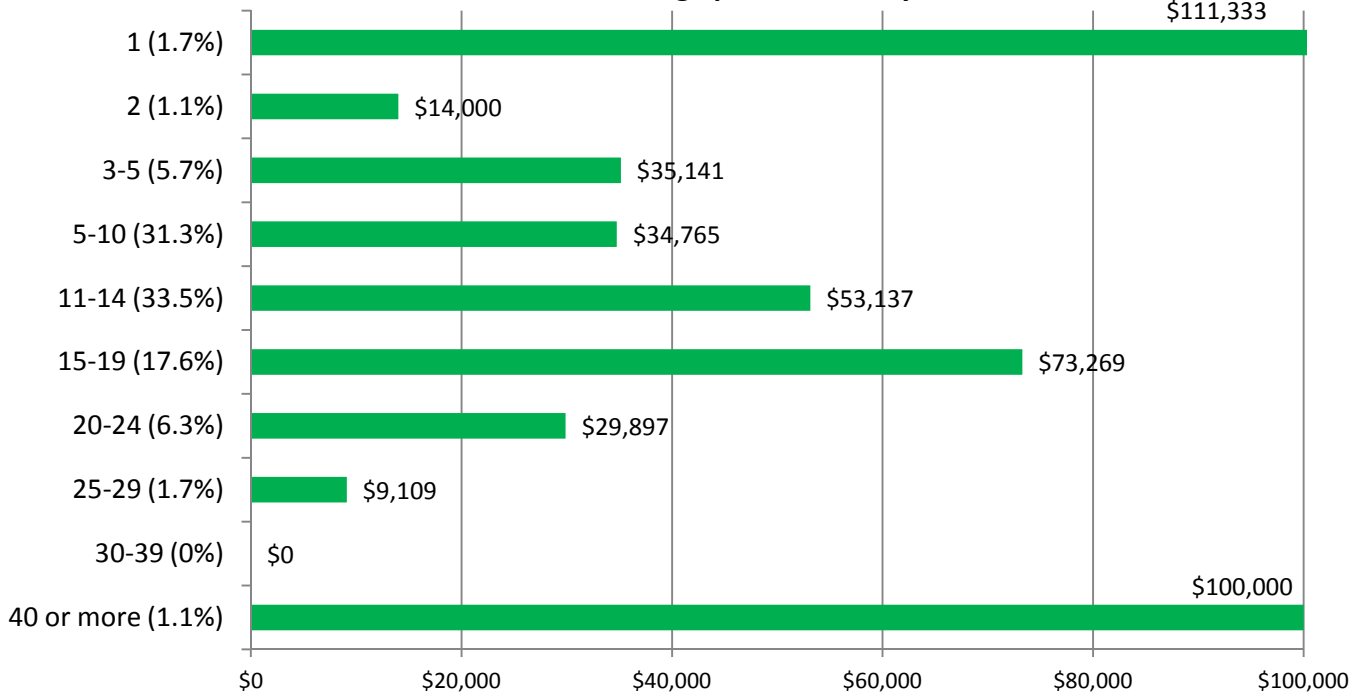
Number of patient visits per day assigned		
	Claims	Non-claims
1	1.7%	1.8%
2	1.1%	1.6%
3 to 5	5.7%	12.1%
5 to 10	31.3%	48.8%
11 to 14	33.5%	22.0%
15 to 19	17.6%	9.2%
20 to 24	6.3%	2.9%
25 to 29	1.7%	1.2%
30 to 39	0.0%	0.2%
40 or more	1.1%	0.2%

Q: At the time of the incident, which best describes the number of patient visits per day assigned to you? (Claims)

Q: Which best describes the number of patient visits per day assigned to you? (Non-claims)



### Average paid indemnity



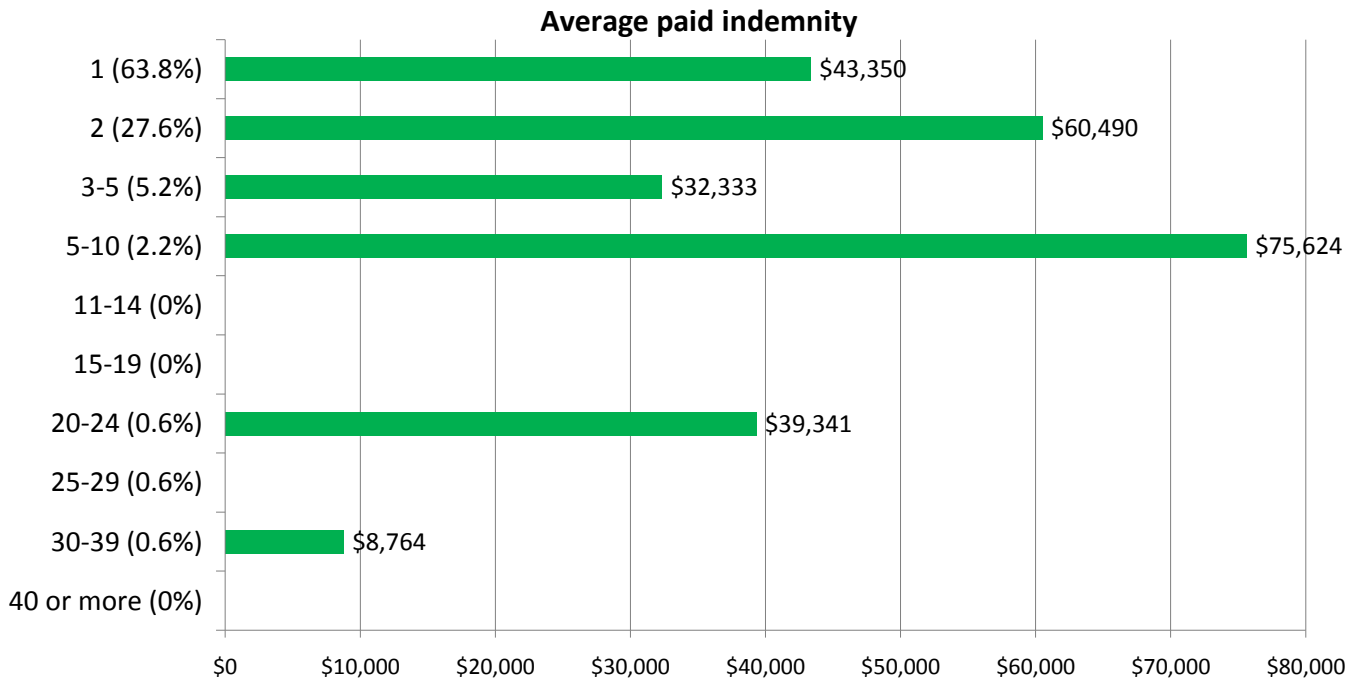
### Number of patient visits scheduled per single appointment session time

In 91.4% of incidents reported by respondents, the number of patient visits scheduled in a single appointment session time was two or less, but respondents experiencing claims were significantly more likely than respondents without claims to have two patient visits scheduled. The average paid indemnity was highest for respondents who had 5 to 10 patient visits scheduled (\$75,624), followed by respondents who had 2 patient visits scheduled (\$60,490).

Number of patient visits scheduled per single appointment session time		
	Claims	Non-claims
1	63.8%	76.9%
2	27.6%	14.6%
3 to 5	5.2%	5.3%
5 to 10	2.2%	2.0%
11 to 14	0.0%	0.7%
15 to 19	0.0%	0.2%
20 to 24	0.6%	0.1%
25 to 29	0.0%	0.0%
30 to 39	0.6%	0.1%
40 or more	0.0%	0.1%

Q: At the time of the incident, which best describes the number of patient visits per day scheduled per single appointment session time? (Claims)

Q: Which best describes the number of patient visits scheduled per single appointment session time? (Non-claims)

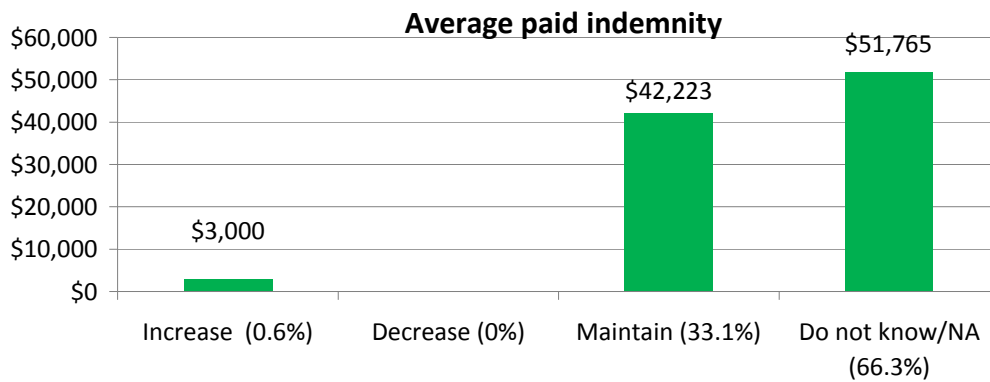


### Patient trends

At the time of the incident, few respondents (0.6%) had been asked to increase the number of patients seen per treatment session. Most respondents (99.4%) either did not know or had experienced no change. Respondents who did not know had the highest average paid indemnity (\$51,765).

Patient trends		
	Claims	Non-claims
Increase number seen per day/treatment session	0.6%	15.7%
Decrease number seen per day/treatment session	0.0%	1.0%
Maintain number seen per day/treatment session	33.1%	35.1%
Do not know, not applicable	66.3%	48.2%

Q: At the time of the incident, were you specifically asked to or had you chose to: (Claims)  
 Q: Are you specifically asked to or do you choose to: (Non-claims)

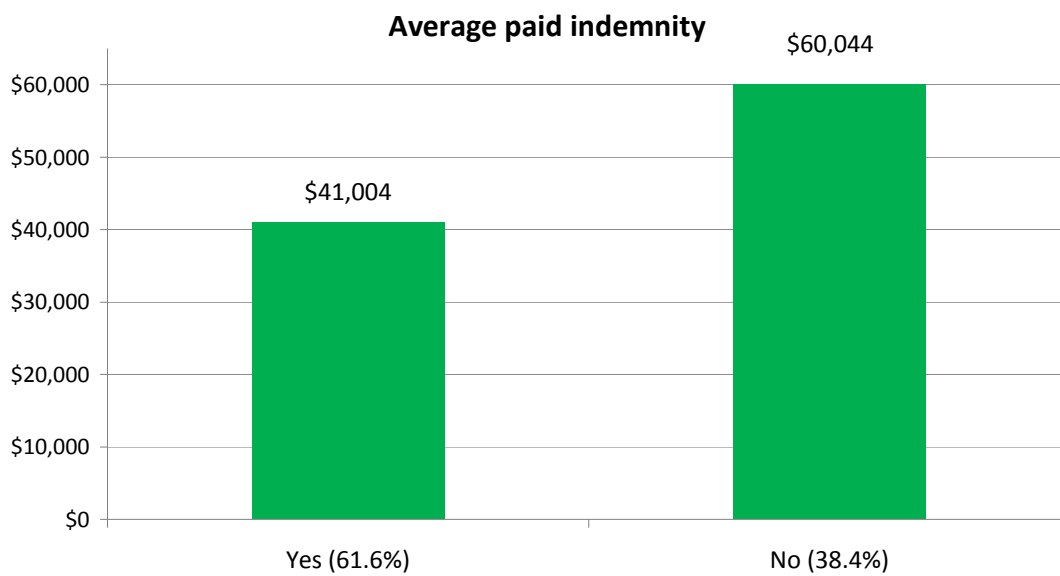


### Private practice

Most incidents reported by respondents (61.6%) occurred in private practice settings, but the average paid indemnity was substantially lower than if the incident occurred elsewhere. The sample size of respondents to this question was 177.

Private practice	
	Claims
Yes	61.6%
No	38.4%

Q: Did the incident occur in your private practice?



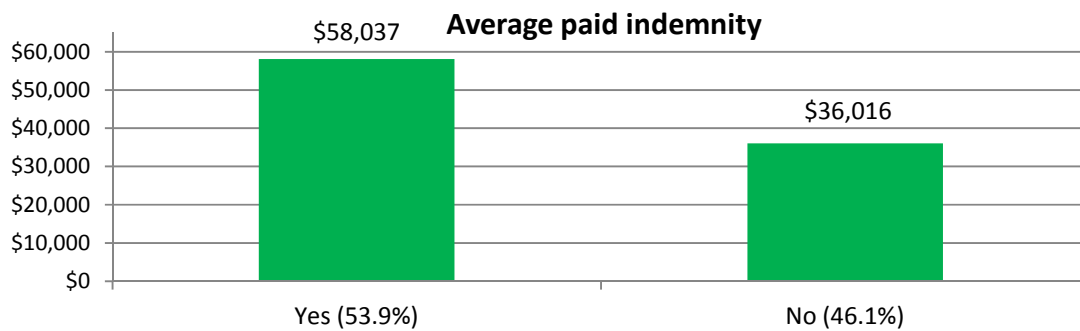
## Supervision of others

More than half (53.9%) of respondents experiencing claims were supervising others at the time of the incident. Of those who were supervising, most (77.9%) had responsibility for one or two people, fewer than what respondents without claims reported supervising. Supervision resulted in a higher average paid indemnity, and with one exception, the number of those supervised directly correlated with the level of claims.

Supervision of others		
	Claims	Non-claims
Yes	53.9%	46.1%
No	46.1%	53.9%

Q: At the time of the incident, were you responsible for supervising others? (Claims)

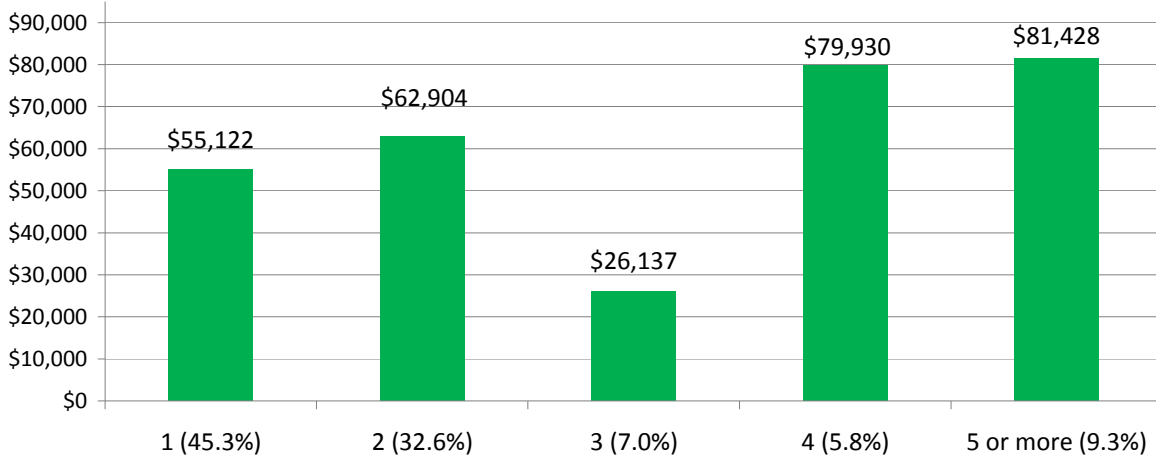
Q: Are you responsible for supervising others? (Non-claims)



How many?		
	Claims	Non-claims
1	45.3%	45.1%
2	32.6%	25.4%
3	7.0%	12.1%
4	5.8%	5.3%
5 or more	9.3%	12.1%

Q: If "yes", how many? (Both surveys)

### Average paid indemnity



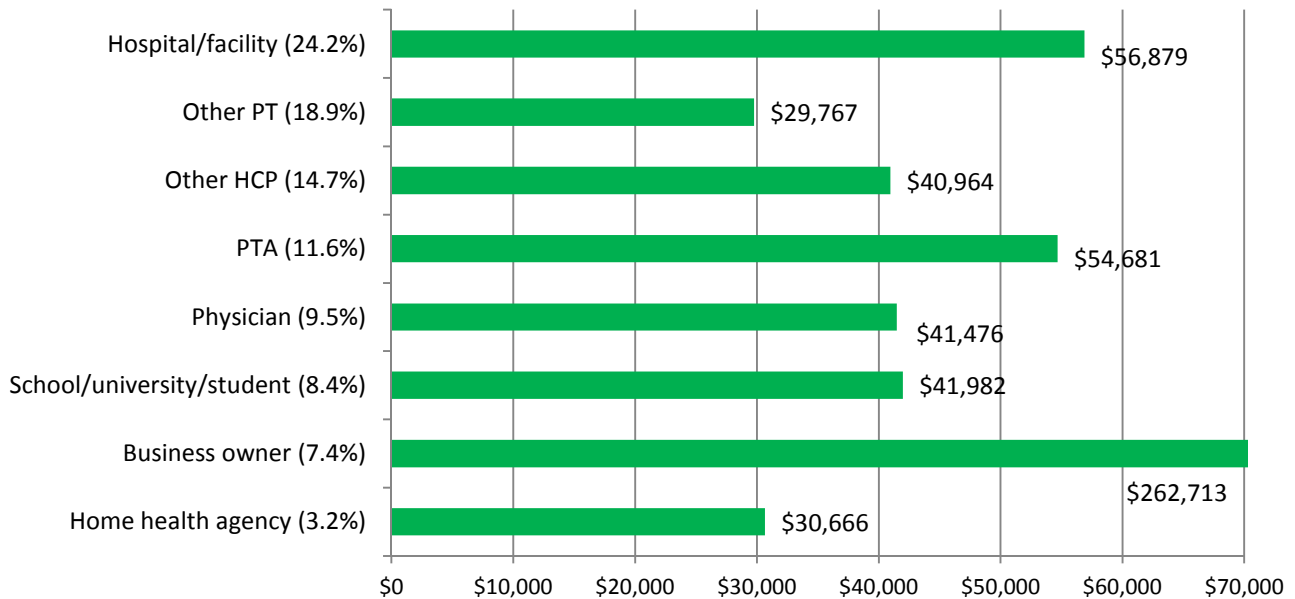
## Others named in lawsuit

In addition to the respondent, hospitals or facilities were most frequently named in lawsuits (24.2%), followed by another PT (18.9%) and another healthcare professional (14.7%). When included in the claim, physical therapy aides, business owners, hospitals and facilities, and PTAs had higher average paid indemnities compared to others. Notably, business owners were named in only 7.4% of claims, but had the second highest average paid indemnity (\$144,041).

Others named in lawsuit	
	Claims
Hospital/facility	24.2%
Other PT	18.9%
Other healthcare professional	14.7%
PTA	11.6%
Physician	9.5%
School/university/student	8.4%
Business owner	7.4%
Home health agency	3.2%
Physical therapy aide	2.1%

Q: If others were named in the lawsuit, which of the following best describes them? (check all)

## Average paid indemnity



## Type of medical records

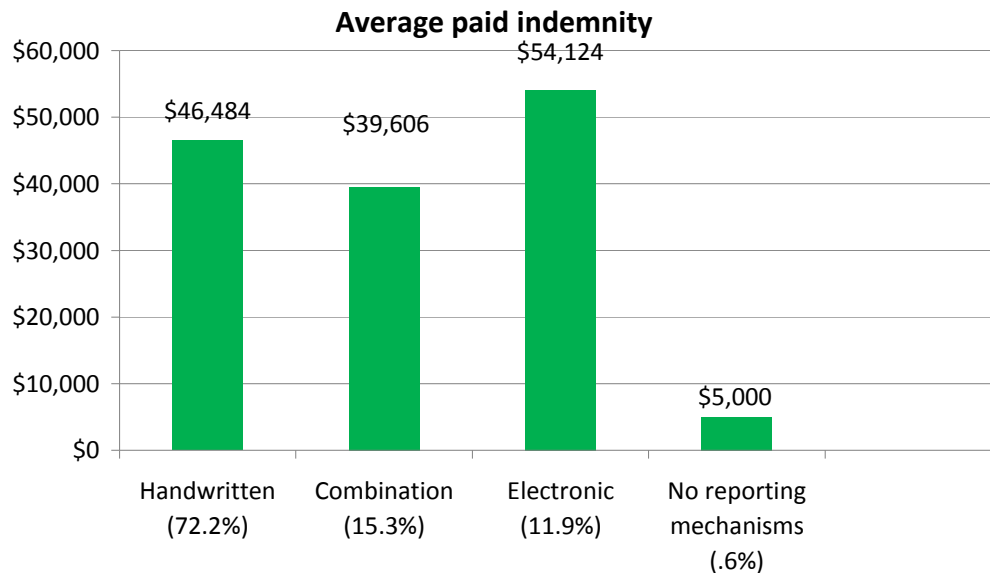
As the implementation of electronic medical records is still growing in healthcare systems, it is not surprising that most respondents who experienced claims (72.2%) used handwritten records at the time of the incident. Using only electronic medical records was associated with a higher average paid indemnity. This may be a result of fewer physical therapy practices implementing electronic records compared to larger facilities such as hospitals and large clinics, and those who are using them are still on a learning curve.

Type of medical records		
	Claims	Non-claims
Utilize handwritten records	72.2%	26.2%
Utilize a combination	15.3%	39.9%
Utilize electronic records	11.9%	30.7%
No reporting mechanisms	0.6%	0.7%
Other	0.0%	2.5%*

Q: At the time of the incident, did your facility: (Claims)

Q: Does your organization/practice: (Non-claims)

\*Not applicable; in the future, we'll be using electronic medical records; no patient contact





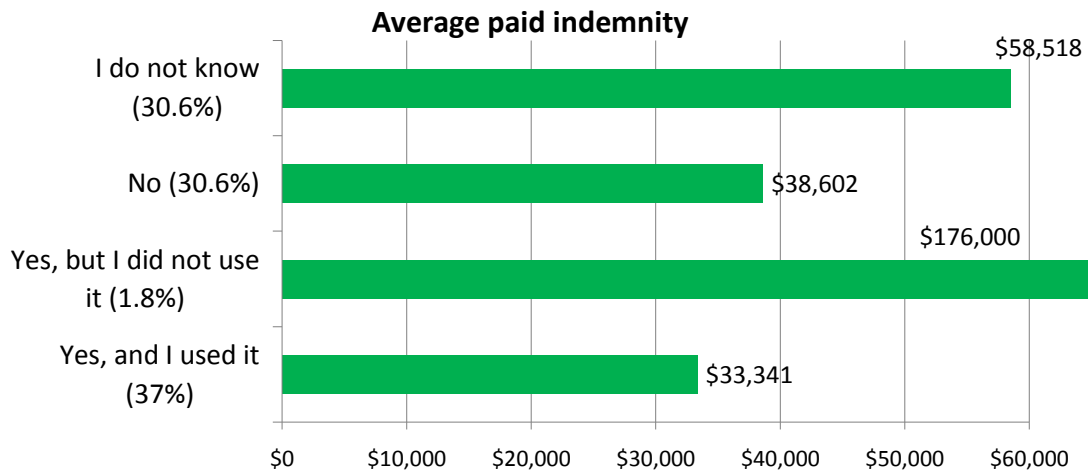
### Risk management plan

The majority of respondents who experienced claims either did not have a risk management plan in place at their facility or did not know if they had one. Most respondents with a plan were comfortable using it, which resulted in a significantly lower average paid indemnity. As expected, those without claims were more likely to have a risk management plan and to have used it.

Risk management plan		
	Claims	Non-claims
Yes, and I used it	37.0%	50.5%
Yes, but I did not use it	1.8%	3.9%
No	30.6%	9.7%
I do not know	30.6%	35.9%

Q: At the time of the incident, did your organization/practice have/use a risk management plan? (Claims)

Q: Does your organization/practice have/use a risk management program? (Non-claims)



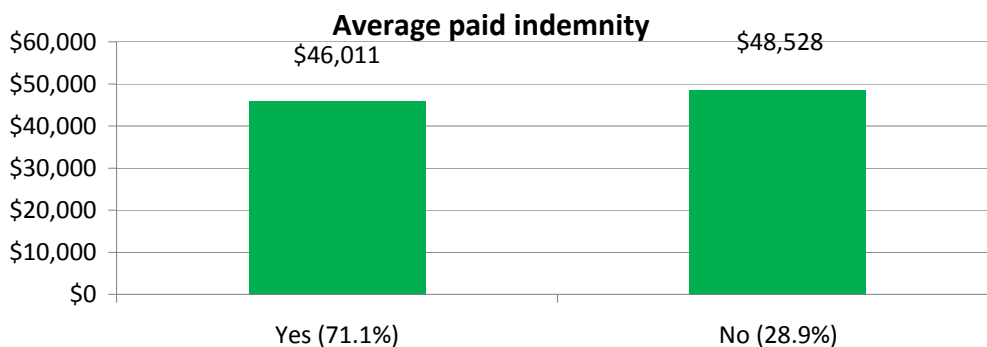
### Reporting adverse events/injuries

Among respondents who experienced claims, most reported that their facility had a form for reporting adverse events and injuries at the time of the incident (71.1%). This was associated with a slightly lower average paid indemnity.

Reporting adverse events/injuries		
	Claims	Non-claims
Yes	71.1%	85.7%
No	28.9%	14.3%

Q: At the time of the incident, did your organization/practice have a process and specific form for reporting adverse events and/or patient injuries? (Claims)

Q: Does your organization/practice have a process and specific form for reporting adverse events and/or patient injuries? (Non-claims)

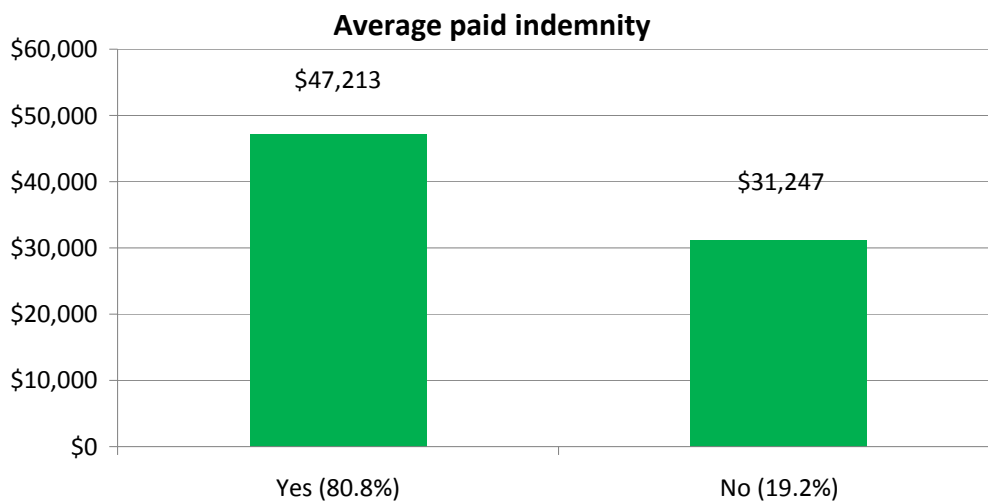


### Completion of form

Most respondents (80.8%) completed the form within 24 hours after the reported incident, yet this was associated with a higher average paid indemnity. Interestingly, respondents without claims were more likely have completed the form 24 hours after an incident.

Completion of form		
	Claims	Non-claims
Yes	80.8%	99.2%
No	19.2%	0.8%

Q: If “yes”, did you complete and submit the form within 24 hours of the incident? (Claims)  
 Q: If “yes”, do you complete and submit the form within 24 hours of the incident? (Non-claims)



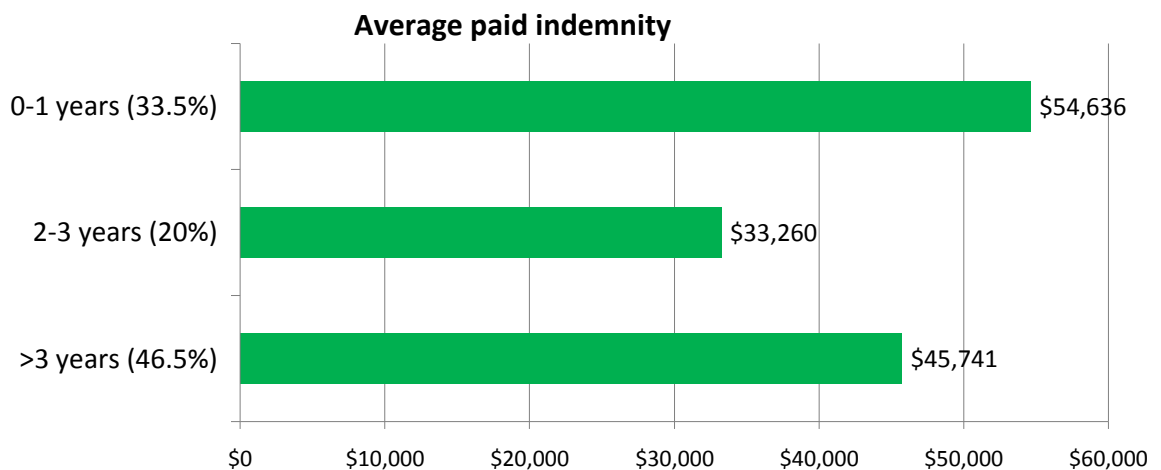
### Most recent training program

In nearly half of incidents (46.5%), respondents experiencing claims had not attended a risk management or quality improvement education session in more than 3 years. This is in significant contrast to respondents without claims, where 57.4% had attended this type of education session within 3 years or less. Attendance at these training programs did not correlate with average paid indemnity.

Most recent training program		
	Claims	Non-claims
0-1 year	33.5%	44.8%
2-3 years	20.0%	12.6%
Greater than 3 years	46.5%	16.3%
Never attended one	---	26.3%

Q: At the time of the incident, how long had it been since you attended a risk management education or quality improvement presentation/program? (Claims)

Q: How long has it been since you attended a risk management education or quality improvement presentation/program? (Non-claims)



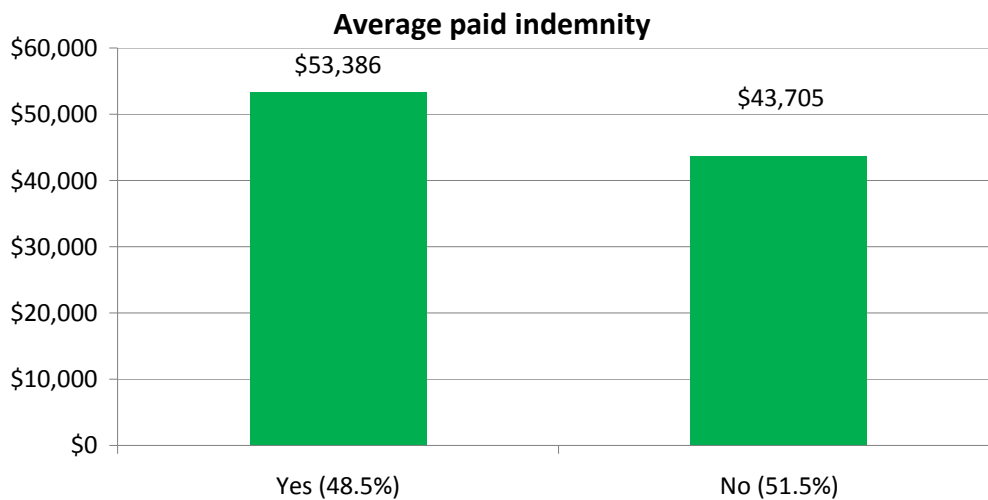
### Peer review process

Slightly less than half (48.5%) of respondents who experienced claims had a peer review process in place at the time of the incident. More than half (60.7%) of respondents without claims had a peer-review process in place. A peer review process correlated with an increase in the average paid indemnity.

Peer review process		
	Claims	Non-claims
Yes	48.5%	60.7%
No	51.5%	39.3%

Q: At the time of the incident, did your organization/practice have an ongoing process for peer review? (Claims)

Q: Does your organization/practice have an ongoing process for peer review? (Non-claims)

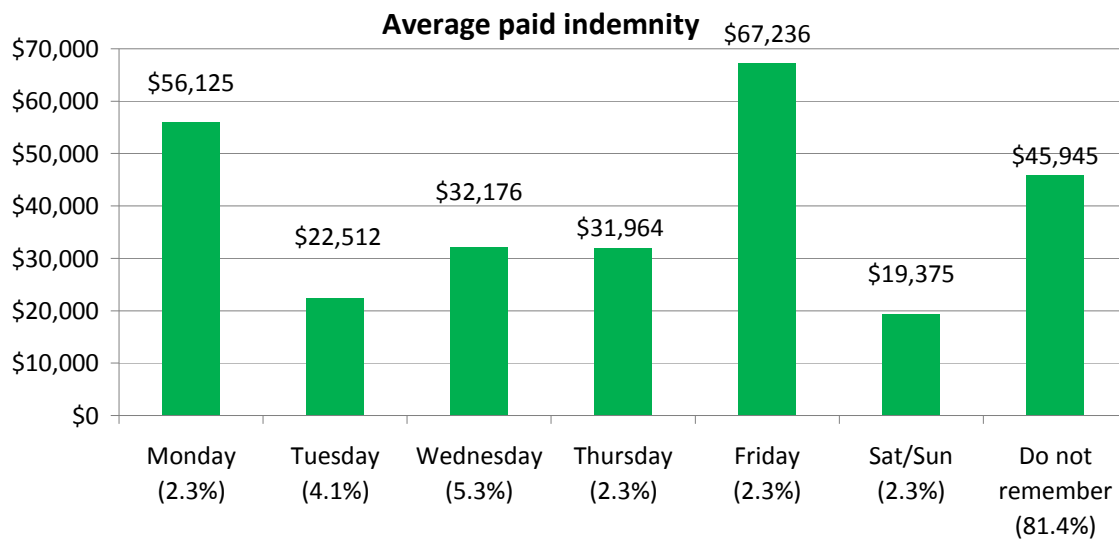


### Day of the week of incident

Most respondents who experienced claims did not remember when the incident occurred (81.4%). Incidents on Friday and Monday had the highest average paid indemnities, with the lowest for those incidents occurring on the weekend.

Day of the week of incident	
	Claims
Monday	2.3%
Tuesday	4.1%
Wednesday	5.3%
Thursday	2.3%
Friday	2.3%
Saturday/Sunday	2.3%
Do not remember	81.4%

Q: What day of the week did the incident occur?



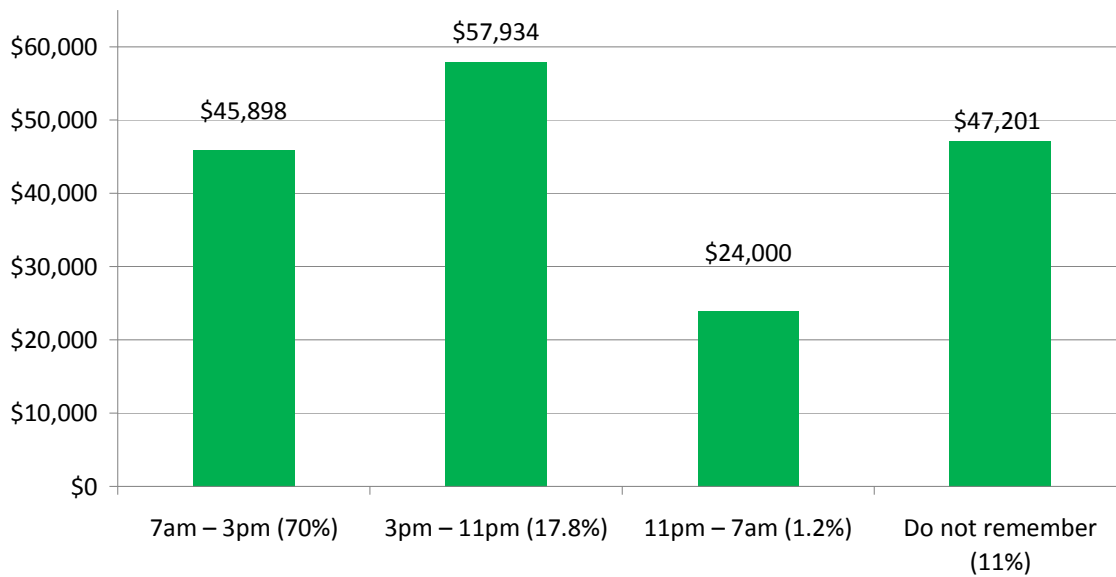
### Time of day of incident

More than two-thirds (70.0%) of respondents who experienced claims reported that the incident occurred when they were working from 7am to 3 pm.

Time of day of incident	
	Claims
7am – 3pm	70.0%
3pm – 11pm	17.8%
11pm – 7am	1.2%
Do not remember	11.0%

Q: What time of the day did the incident occur?

### Average paid indemnity



## **SUMMARY OF FINDINGS**

- The number of claims increased with respondents' experience, with the highest number of claims for those with 21 or more years of experience. Average paid indemnity was higher in respondents with 6 or more years' experience, and respondents with less than 5 years' experience rarely experienced claims. This correlates with the fact that the longer a PT/PTA is in practice, the more their risk of experiencing a claim increases.
- Most respondents who experienced claims had a bachelor's degree. Because the bachelor's degree in physical therapy was phased out in the late 1990s and replaced with master's and doctorate degrees, most PTs with a bachelor's degree are older and therefore have been in practice longer, increasing the opportunity of experiencing a claim. Average paid indemnity was directly correlated with level of education, with higher levels experiencing a higher average paid indemnity.
- Continuing education (CE) slightly decreased the average paid indemnity.
- Respondents who experienced claims were more likely to work in states that require a referral for physical therapy. They also had a higher average paid indemnity than those working in states that do not require a referral.
- Nearly half of respondents did not have anyone helping them at the time of the incident. If someone was helping, it was most likely to be a physical therapy aide or another PT. Assistance from a physical therapy aide was associated with the highest average paid indemnity.
- Slightly more than half of PTs and PTAs who experienced claims reported their employers had a policy on mistake disclosure at the time of the incident, which was associated with a lower average paid indemnity. Fewer than half of respondents without claims reported their employers had such a policy.
- More than half of PTs and PTAs who experienced claims were supervising someone else, and those supervising had a higher average paid indemnity. Supervising more people tended to result in higher claims.
- Using electronic medical records was associated with higher average paid indemnity.
- About half of respondents without claims reported that their organization or practice had a risk management plan in place. When there was an incident, respondents who did not use the risk management plan experienced a claim that resulted in a much higher average paid indemnity. Around one-third of respondents in both groups did not know if there was a plan, which may point to the need for staff education in this area.
- Ongoing education is key. Nearly 60% of respondents without claims had attended a session during the past three years. Nearly 50% of respondents who experienced claims had not attended a risk management or quality improvement education session in more than 3 years.