Oregon
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Oregon Medical Board

MEDICAL NEGLIGENCE & MALPRACTICE CLAIM REPORT FORM

Instructions & Code Definitions

Malpractice reporters, as defined in ORS 742.400, shall use this form to report professional negligence (malpractice) claims against any physician (MD/DO), podiatrist (DPM), or physician assistant (PA) that they insure. ORS 742.400 requires reporters to submit the form to the Oregon Medical Board within 30-days after receiving notice of the claim, and again within 30-days after the date of any settlement, award, judgment or other closure. ORS 742.400 defines a claim as a written demand for payment that is made in a complaint filed with a court. Such reports are made public only after the claim is closed. Reporters (ie, Insurers) may also submit non-court filed claims to the Board; however such claims will not be made public.

Submit one report for each claim against each professional that you insure. Consolidate information into one report if you provide both primary and excess coverage, or if you otherwise create multiple claim records. If you have more than one insured involved in an incident or if there is more than one claimant, then submit a report for each claimant-insured pair.

INSTRUCTIONS BY FORM SECTIONS:

Reporting Entity Information:

Initial Report	☐ Yes ☐ No	**Previous Report Closure Info.**	☐ Yes ☐ No	**Correction to Previous Report**	☐ Yes ☐ No	**Previously Reported, but Re-opened**	☐ Yes ☐ No

Reporting Entity: _____ **NAIC #:** _____ **Claim File ID:** _____

Contact Person: _____ **Phone #:** _____

Mailing address: **City:** **State:** **ZIP:**

This section must be completed when submitting new claim information.

CORRECTED OR PREVIOUSLY REPORTED FORMS:
Indicate whether or not this is an initial report, closure information related to a previously reported claim, a correction to a previous report or a claim that has been re-opened.

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REPORTING ENTITY: Enter the complete name of the specific company reporting this claim, the contact person, the telephone number & the complete mailing address.

NAIC NUMBER: Enter the five-digit numeric reporter (ie, insurer) code supplied by the National Association of Insurance Commissioners. If you are unsure of your NAIC number, they can often be found on page 1 of the reporter statutory annual statement. If a reporter does not have a NAIC number, the Board can create one for you.

CLAIM FILE ID: Enter the claim number assigned by the reporter. This number will allow the Board to identify the specific claim, should additional information be needed.

Covered Practitioner (MD, DO, DPM, PA only):					
License #:		Name:		Date of Birth:	
Address:				Phone:	( )
City:			State:	Zip:	
Board certified (code):		Specialty (code):		Other spec. (code):	

This section must be completed when submitting new claim information.

LICENSE NUMBER: Enter the seven-digit license number assigned to the insured by the Oregon Medical Board (MD12345).

PRACTITIONER NAME: Enter the full name of the practitioner, last name first.

PRACTITIONER DATE OF BIRTH: Enter the date of birth for the practitioner in the following format: 01/01/2008.

ADDRESS: Enter the address where the insured principally practiced at the time of the alleged injury.

BOARD CERTIFIED: Enter the appropriate specialty code if the practitioner is Board certified.

SPECIALTY CODE: If the insured has practiced under more than one specialty, select the specialty relating to this incident.

OTHER SPECIALTY: Enter the code for any specialty in which the insured is Board certified, other than the previously coded specialty.

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Injury/Incident Data:

Injured person's name: _____ Age: _____ ☐ M ☐ F

Date of injury: _____ Date reported to insurer: _____ If re-opened, date re-opened: _____

Is Claim Court-Filed? ☐ Yes ☐ No **If Yes, Date Filed in Court:** _____

Place where injury occurred (code): _____ City: _____ State: _____ Zip: _____

Name of institution (if injury occurred in institution): _____ Location in institution (code): _____

Total defendants involved in claim: _____ Derivative claim (code): _____

Plaintiff attorney's name: _____ Address: _____

City: _____ State: _____ Zip: _____

Severity of injury (code): _____ Misadventures in procedures (code): _____ Misadventures in diagnosis (code): _____

Others contributing to injury (code): Associated issues (code): Coverage (code):

Companion claim file identification:					

Allegations and reasons for claim. State the patient's actual, original, abnormal condition and any material diagnosis, procedure, planning error, medical injury or other allegation: *(Please be as detailed as possible)*

This section must be completed when submitting new claim information.

INJURED PERSON'S NAME: Enter the name of the injured person. In a case involving stillbirth, the name of the injured is "baby girl" (or boy), together with the last name of the parent. If a baby was born alive, but was injured or subsequently died, the newborn should be named as the injured person. If claims were made on behalf of both the mother and the newborn, file two reports.

AGE OF INJURED PERSON: Enter the age of the injured person on the date of the injury. Enter an infant's age as "0." If the exact age is unknown, but the approximate age is known, enter the approximate age and indicate as such. If the age is unknown, enter "?" in that field.

GENDER OF INJURED PERSON: Select the gender of the injured person as "M" (Male) or "F" (Female).

DATE OF INJURY: Enter the date of the alleged injury using the following format: (01/01/2008).

DATE REPORTED TO INSURER: Enter the date the claim was reported to you, the reporter.

IF RE-OPENED, DATE RE-OPENED: When reporting a re-opened case, enter the date the case was re-opened.

CLAIM COURT FILED? Check the "Yes" or "No" box. If "Yes," enter date it was filed in Court.

PLACE WHERE INJURY OCCURRED: Enter the appropriate code for the place where the principal injury occurred. If the claim resulted from a diagnostic error, place the code where the error occurred, regardless of where it was discovered or treated.

(1)	Hospital Inpatient Facility.	(4)	Nursing Home.
(2)	Emergency Room.	(5)	Insured's Office.
(3)	Hospital Outpatient Facility.	(6)	Patient's Home.
		(7)	Other: Outpatient Facility (including industrial clinics, family planning clinics), Hospital/ Institutional Locations (including elevator, hallway, lounge, office, hospital grounds), Other (please specify).

CITY, STATE, ZIP: Enter the city, state and zip code for the place of the injury.

NAME OF INSTITUTION: Enter the name of the institution if the injury occurred in an institution. Otherwise, enter "NA."

LOCATION OF INSTITUTIONAL INJURY: Enter the appropriate code for the location within the institution where the injury occurred:

(1)	Patient's Room.	(6)	Special Procedure Room.
(2)	Labor and Delivery Room.	(7)	Nursery.
(3)	Operating Suite.	(8)	Radiology.
(4)	Recovery Room.	(9)	Physical Therapy Department.
(5)	Critical Care Unit.	(99)	Not Applicable.

This question is applicable only when the "Place Where Injury Occurred" is coded 1 or 4. In all other cases, enter “99.” Injuries occurring in the emergency room, hospital outpatient facility or other hospital/institutional location are already identified as place of injury 2, 3 or 8.

TOTAL # OF DEFENDANTS INVOLVED IN THE CLAIM: Enter the total number of defendants (persons and institutions other than John Does) involved in the claim.

DERIVATIVE CLAIM: Enter the appropriate code (below) if there was also a derivative claim (on behalf of someone other than the medically injured) made by:

(1)	Spouse.	(3)	Parent.
(2)	Children.	(4)	Personal Representative.

This question should be coded only on the report for the medically injured person. If more than one derivation claim is made, enter the code for the most significant claim.

PLAINTIFF ATTORNEY NAME & ADDRESS: Enter the complete name and address of the plaintiff’s attorney.

SEVERITY OF INJURY: Enter the severity of the injury from the scale provided below. Code the principal injury if several injuries are involved.

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Code	Severity of Injury Scale	Examples
(1)	Emotional Only	Fright, no physical damage.
(2)	Insignificant	Lacerations, contusions, minor scars, rash. No delay.
	Temporary	
(3)	Minor	Infections, mis-set fracture, fall in hospital. Recovery delayed.
(4)	Major	Burns, surgical material left, drug side-effect, brain damage. Recovery delayed.
(5)	Minor	Loss of fingers, loss or damage to organs. Includes non-disabling injuries.
(6)	Significant	Deafness, loss of limb, loss of eye, loss of one kidney or lung.
	Permanent	
(7)	Major	Paraplegia, blindness, loss of two limbs, brain damage.
(8)	Grave	Quadriplegia, severe brain damage, lifelong care or fatal prognosis.
(9)	Death	

MISADVENTURES IN PROCEDURES: Enter the appropriate misadventures code(s) if the procedure was:

(1)	Not adequately indicated or unnecessary.	(5)	Improperly performed.
(2)	Contraindicated.	(6)	Not performed.
(3)	There was a more appropriate alternative.	(7)	Occasioned by misdiagnosis.
(4)	Delayed.		

For other health1care personnel, enter the appropriate misadventures code(s) if any were factors in the claim:

(8)	Inadequate assessment.	(12)	Failure to obtain a proper order.
(9)	Misidentification of the patient.	(13)	Failure to instruct patient.
(10)	Delay in notifying physician.	(99)	Not applicable.
(11)	Failure to notice an improper order.		

If the insured is a physician or surgeon, codes 1-7 or 99 only may apply. If another healthcare person is named as the insured in this report, or if other healthcare personnel are indicated as "others contributing," codes 1-13 may be appropriate. Codes 8 through 13 are primarily intended to classify procedural misadventures of nursing personnel. Up to three codes can be entered.

MISADVENTURES IN DIAGNOSIS: Enter the appropriate code if any of the following misadventures in diagnosis caused or aggravated the injury. Enter the code for the major contributing misadventure if more than one is involved.

(1)	Delay in diagnosis.
(2)	Misdiagnosis of an abnormal condition (including failure to diagnose).
(3)	Misdiagnosis in the absence of an abnormal condition.
(99)	Not Applicable.

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OTHERS CONTRIBUTING TO THE INJURY: Enter the appropriate code(s) for any person(s) other than the insured named in this report that caused or contributed to the injury, regardless of whether the claim was filed against them. Do not enter a code for the insured. Up to three codes can be entered.

(1)	Attending Physician.	(15)	Physician's Assistant.
(2)	House Staff.	(16)	O.R. Technician.
(3)	Consultant.	(17)	Physical Therapist.
(4)	Nurse, RN.	(18)	Inhalation Therapist.
(5)	Nurse, LPN or LVN.	(19)	Other Therapist.
(6)	Aide.	(20)	Other Technician.
(7)	Orderly.	(21)	Dietician.
(8)	Pharmacist.	(22)	Maintenance Personnel.
(9)	Radiologist.	(23)	Engineer.
(10)	Radiology Technician.	(24)	Administrator.
(11)	Anesthesiologist.	(25)	Other Personnel.
(12)	Anesthetist.	(26)	Patient.
(13)	Pathologist.	(27)	Another Patient.
(14)	Laboratory Technician.	(99)	Not Applicable.

ASSOCIATED ISSUES: Enter the appropriate code(s) if one or more of the following factors were associated issues in the claim (up to three codes can be entered):

Code	**Legal Issues**		**Other Associated Issues**
(1)	Abandonment.	(2)	Premature discharge from institution.
(3)	False Imprisonment.	(4)	Lack or delay of consultation.
(6)	Breach of confidentiality.	(5)	Lack of supervision.
(9)	Failure to conform to regulation or statutory rule.	(7)	Failure to prevent abnormal condition.
(13)	Products liability.	(8)	Failure to accomplish intended result.
(16)	Lack of consent from proper person.	(10)	Lack of adequate facilities or equipment.
(17)	Inadequate information for an informed consent.	(12)	Pharmacy error.
(18)	Procedure exceeded consensual understanding.	(14)	Failure to timely disclose.
(19)	Breach of contract.	(15)	Failure to provide warning instructions.
(20)	Warranty.	(46)	Records.
(21)	Assault and battery.	(47)	Billing and collection.
(22)	Res Ipsa Loquitur.	(48)	Inter-professional relations.
(49)	Vicarious liability.		
(50)	Statute of limitations.		
(51)	Punitive damages.		

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Code	Maintenance & Operation of Equipment		Laboratory
(23)	Emergency equipment.	(11)	Laboratory error (not otherwise classified).
(24)	Cooling devices.	(35)	Laboratory mislabeling.
(25)	Heating Devices.	(36)	Laboratory computation error.
(26)	Cautery Equipment.	(37)	Laboratory inadequate specimen.
(27)	X-ray equipment.	(38)	Laboratory lost specimen.
(28)	Radiation therapy equipment.	(39)	Laboratory interpretation.
(29)	Traction equipment.	(40)	Laboratory reporting error.
(30)	Anesthesia equipment.	(41)	Laboratory delay in reporting.
(31)	Operative equipment.		
(32)	Surgical instruments and materials.		
(33)	Food preparation equipment.		
(34)	Laboratory equipment.		

Code	Infection Control Techniques		
(42)	Sterilization of equipment.	(45)	Isolation for infection control.
(43)	Skin preparation.	(99)	Not Applicable.
(44)	Aseptic technique.		

COVERAGE CODE: Enter the appropriate code for the type of policy covering the claim:

(1) Policy covers claims made during the term of the policy.
(2) Policy or endorsement covers claim(s) made for events which occurred during a designated previous policy term.
(3) Policy covers all claims whenever presented for events which occur during the policy term.

COMPANION CLAIM FILE IDENTIFICATION: Enter complete Claim File Identification numbers (up to five) for all claims against other defendants or from other claimants involved in this same incident, regardless of whether your company or another insurer provided that coverage. If you do not know the claim numbers from another insurer, enter the name of the insurer.

ALLEGATION AND REASONS FOR THE CLAIM: State the patient's actual, original, abnormal condition and any material diagnosis, procedure or planning error, medical injury or other allegation.

Include any important aspects of this claim which cannot be clearly explained by the other information supplied on this form. Your response may change between the initial 30-day report and the closure report, when more is known about the claim. A final assessment of the patient's actual, original condition is necessary for statistical analysis of claims data.

If the patient's actual condition was misdiagnosed, resulting in improper treatment or failure to treat, describe the misdiagnosis. Example: Appendicitis might have been an initial diagnosis, but during surgery, an ectopic pregnancy was discovered. Appendicitis is the misdiagnosis and the ectopic pregnancy is the actual original condition.

State any operation, diagnostic or treatment procedure which allegedly caused injury. If anesthesia or drugs are involved, give the specific names and methods of administration.

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Closure Data:

Closure date: _____ Claim disposition (code): _____ Settlement (code): _____

Court (code): _____ Binding arbitration (code): _____ Review panel (code): _____

	Economic	Non-economic	Punitive	Unspecific
Indemnity insurer paid on behalf of defendant:	$	$	$	$
Other indemnity paid by/on behalf of defendant:	$	$	$	$
Indemnity paid by all parties (for all defendants):	$	**Additional Comments:** _____		
Loss adjustment expense paid to defense counsel:	$			
All other allocated loss adjustment expenses paid:	$			

This section must be completed when submitting claim closure information.

CLOSURE DATE: Enter two digits each for the month, the day and the year of the claim disposition. When reporting a re-opened case, enter the new closure date.

CLAIM DISPOSITION: For all closed claims, enter the final method of disposition:

(1)	Settled by parties (including claims abandoned).	(3)	Disposed of by binding arbitration.
(2)	Disposed of by a court (including dismissals).		

SETTLEMENT CODE: Enter the appropriate code if the claim was settled by agreement of parties:

(1)	Before filing suit or demanding arbitration hearing.	(6)	During appeal.
(2)	Before trial or hearing.	(7)	After appeal.
(3)	During trial or hearing.	(8)	Claim or suit abandoned by plaintiff.
(4)	After trial or hearing, but before judgment or decision (award).	(9)	During review panel or non-binding arbitration.
(5)	After judgment or decision, but before appeal.	(99)	Not Applicable.

COURT CODE: Enter the appropriate court code:

(0)	No court proceedings were initiated.	(5)	Judgment for plaintiff.
(1)	Directed verdict for plaintiff.	(6)	Judgment for defendant.
(2)	Directed verdict for defendant.	(7)	Judgment for plaintiff after appeal
(3)	Judgment notwithstanding verdict for plaintiff (judgment for defendant).	(8)	Judgment for defendant after appeal.
(4)	Judgment notwithstanding verdict for defendant (judgment for plaintiff).	(9)	All others (including dismissals & claims settled after initiation of court proceedings).

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BINDING ARBITRATION CODE: Enter the appropriate binding arbitration code:

(0)	Claim not subject to arbitration.	(2)	Award for plaintiff.
(1)	Claim subject to arbitration, but previously coded disposition reached in lieu of award; i.e. claim was settled by "disposition" or disposed of by a court process "disposition."	(3)	Award for defendant.

REVIEW PANEL CODE: If a review panel or screening panel was used as a preliminary action and there was some finding, enter:

(1)	Finding for plaintiff.	(99)	Not Applicable.
(2)	Finding for defendant.		

This item is completely independent of all other closure data. For the remaining items, record amounts in whole dollars only (round-off & drop cents). Enter "0" if no monetary amount is involved.

For the first two items only (payments on behalf of this defendant), distinguish the amounts paid as (a) Economic ("specific") damages; (b) Non-economic ("general") damages; or (c) Punitive damages. If the amounts cannot be so distinguished, enter all as (b), Non-economic.

INDEMNITY PAID BY YOU ON BEHALF OF THIS DEFENDANT: If more than one policy is involved, total the amounts paid by your company under all policies (for this defendant only).

OTHER INDEMNITY PAID BY OR ON BEHALF OF THIS DEFENDANT: Enter all indemnity paid by other parties on behalf of this defendant.

INDEMNITY PAID BY ALL PARTIES (FOR ALL DEFENDANTS): Enter the total indemnity paid by all parties on behalf of all defendants involved in this incident.

LOSS ADJUSTMENT EXPENSE PAID TO DEFENSE COUNSEL: Enter the loss adjustment expense paid by you to the defense counsel for this defendant.

ALL OTHER ALLOCATED LOSS ADJUSTMENT EXPENSE PAID BY YOU: Enter all other allocated loss adjustment expense paid by you for this defendant. Include filing fees, telephone charges, photocopying fees, expenses of defense counsel, etc.

Revised 7/08