

Frequently Asked Questions

Claim Reporting Process

The Claim reporting function is an integral part of the overall process of handling matters involving Liability, Crime and/or Property Losses. It is crucial that our Subscribers notify HIROC of all actual (i.e. Statement of Claim) and potential claims. Timely notification of claims enables HIROC and its agents to initiate the investigative process when information is readily available and the details of the incident are still fresh in the minds of those involved.

According to the HIROC Composite Healthcare Insurance Policy, a Subscriber shall, as soon as practicable¹, notify HIROC upon learning of an “occurrence or accident involving injury, death, property damage or otherwise likely to involve coverage”.

What type of incidents or losses should be reported as a claim?

 The following should serve as a guide as to when an incident or loss should be reported to HIROC:

- An incident associated with patient/client harm, where there is legitimate suspicion that the involved caregiver(s) did not meet the applicable standard of care;
- An event has occurred resulting in serious medical consequences, such as permanent neurological damage, amputation, blindness, or death;
- A Notice of Action and/or a Statement of Claim has been served upon the subscriber or an employee;
- Correspondence has been received from a lawyer, law firm, or patient/client/estate requesting:
 - A copy of a health chart and impending litigation is suspected;
 - Compensation for alleged sub-standard treatment or care (a letter of demand) and/or impending litigation is suspected.
- Property losses (water damage, fire etc);
- Suspected fiduciary-crime events (e.g. internal fraud).

¹The Insured shall, upon learning of an occurrence or accident involving injury, death, property damage or otherwise likely to involve coverage, including Retroactive Coverage, provided under this policy, give as soon as practicable, notice thereof to the Insurer at its head office, or its authorized agents, with the information obtainable at the time. The Insured shall also give like notice, with full particulars of any claim made on account of any such accident or occurrence, including claims made on any prior policy likely to involve Retroactive Coverage under this policy, and every writ, letter, document or advice received by an Insured from or on behalf of any claimant shall be forwarded as soon as possible to the Insurer.” Composite Healthcare Insurance Policy, Policy Conditions, Section 1, p. 67.

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Q How do I report a claim?

- A** The requisite HIROC claims reporting forms, procedures and contact information is available on the subscriber only section of the HIROC website at <http://www.hiroc.com>. (Look for “Report a Claim” link.)

The claim reporting forms, procedures and contact information are grouped by province/territory (Alberta, Ontario, etc.).

If you have any questions about whether to report a claim, what form to use, how to submit or encounter technical difficulties with accessing the website, please contact the HIROC Claims Department at 416-733-2773 or 1-800-465-7358. For questions concerning passwords to access the Subscriber only section of the HIROC website, please e-mail the Insurance Operations department at inquiries@hiroc.com.

Q What should be included in the claim reporting form?

- A** Subscribers are asked to complete all fields within the claim reporting form. Where requested, ensure to provide a brief factual description of the incident/loss versus indicating “please see attached.” If the claim relates to a complaint letter, Statement of Claim or an internal incident report, please enclose such documents with the claim form. As the claim reporting form may not be legally protected during civil action, do not speculate or attribute the outcome to a person or process – be factual. As a guideline, consider addressing the following points within your claim report:

- WHO: state the name of the patient/claimant and their date of birth;
- WHAT: provide a brief, factual description of the incident;
- WHERE: describe the location of the incident;
- WHEN: state the date and time of the incident;
- WHY & HOW: explain why you are reporting this incident and how HIROC can help.

MATERNAL AND INFANTS RELATED ADVERSE EVENTS

Q Are there any specific guidelines related to incidents involving labour/delivery and infants?

- A** Incidents involving suspected harm to neonates/infants should be reported to HIROC immediately. The following provides some examples of situations which warrant immediate notification:

Maternal:

- Death or significant maternal harm arising during/after labour, delivery, resuscitation or immediate post-partum period;
- Suspected error or omission associated with significant maternal harm or death;
- Uterine rupture with suspected poor neonatal outcome;
- Retained foreign body (i.e. sponge) following vaginal, operative vaginal and/or C-section delivery.

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Neonates/infants:

- Suspected injury, harm or neurological impairment associated with the management of labour, delivery, resuscitation and/or care during the post-partum period – examples:
 - Neonate transfer to tertiary/pediatric facility for intensive care and/or undergoing ‘cooling’ protocol for a suspected hypoxic event;
 - Seizure activity (or other significant neurological events) suspected/observed prior to discharge from hospital, midwife birth centre and/or within 24 hours of life;
 - Abnormal MRI and/or other imaging findings during the immediate post-partum period;
 - Fetal asphyxia and/or meconium aspiration pneumonia with suspected poor neonatal outcome;
 - Clinically significant low Apgar scores and/or blood cord gases with suspected poor neonatal outcomes (note: while low Apgar and/or poor cord gases are not necessarily indicative of a poor neonatal outcome, their role in some of our most costly compromised infant cases cannot be emphasized enough);
 - Physician delay in attendance at delivery and/or resuscitation with suspected poor neonatal outcome;
 - Neonatal hypoglycemia with suspected poor neonatal outcome;
 - Shoulder dystocia with suspected short or long term injury (Erbs Palsy, brachial plexus injury);
 - Significant neonatal infections prior to discharge from hospital/birth centre (or shortly thereafter) – examples:
 - Strep A septicemia and/or meningitis;
 - MRSA suspected pre-discharge (or very shortly after);
 - Neonatal hyperbilirubinemia with suspected poor outcome and/or diagnosis of kernicterus;
 - Events deemed critical, sentinel or undergoing formal quality assurance review;
 - Suspected error or omission contributing to neonatal harm or death.

Q Why is immediate reporting of labour and delivery events or neonatal harm required?

A Obstetrical claims are HIROC’s highest ranked claim category in terms of costs and represent about 37% of all claim costs. As per HIROC’s claims database, most obstetrical and midwifery cases do not settle for approximately six to eight years after birth. In general, the limitation period for infants does not begin to run until the age of majority is reached, and may not apply to individuals with significant mental or cognitive impairments. This means a claim may be brought many years (18+ years) after the incident has occurred.

Due to their complexity and possible multi-million dollar settlements (i.e. \$8-15 million), HIROC cannot emphasize enough the importance of immediate reporting of events involving suspected neonatal harm. Recognizing the number of patients/clients cared for and the high turnaround in obstetrics, it would be difficult for any healthcare provider to recall the minute details of labour and delivery, as time elapses. Early reporting allows for early commencement of the necessary investigation. It allows HIROC’s legal representatives to become involved in timely dialogue with involved healthcare providers, answer questions, obtain medical/clinical expert opinion, offer guidance or direction where necessary, and establish privilege where possible. This, in turn, can have a positive impact on investigation expenses, potential claimant settlements/awards and healthcare providers’ mental well being.

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Q Are there any additional reporting considerations for midwives recognizing that midwives are the primary care providers for women during pregnancy, labour, delivery, resuscitation and post-partum?

A Yes. The following list includes additional situations that warrant immediate reporting to HIROC regarding:

- Fetal death, still birth or neonatal demise;
- Shoulder dystocia events (including cases of 'sticky shoulders');
- Midwife regulatory body complaints and investigations;
- Prolonged second stage labour with suspected poor neonatal outcome;
- Delayed or declined physician consultation and/or transfer of care associated with suspected poor neonatal outcome;
- Uterine rupture following vaginal birth, including VBAC;
- Significant maternal post-partum hemorrhage;
- Significant maternal/partner/family complaints regarding the management of pregnancy, labour, delivery, resuscitation and/or care during post-partum period.

Q What happens after I report a claim?

A The initial notification of a potential or actual claim immediately sets into motion the HIROC claims handling process. You will receive an acknowledgement e-mail from the Claims department advising of the claim number, assigned examiner and adjuster. Every claim reported to HIROC will be assigned to, and investigated by, an adjuster and/or lawyer. While the scope of each investigation is dependent on the specific facts giving rise to the claim, in the majority of cases the investigation will require the collection and preservation of evidence. This evidence may include the patient chart (numbered), internal policies and procedures, other miscellaneous documents, and witness statements from involved healthcare providers or staff members. HIROC's agents will likely attend your facility and interview involved staff as soon as possible. HIROC uses the information gathered in the course of an investigation to make a determination of the potential liability or risk that a particular incident or claim represents, which will then determine how to proceed with respect to that claim.

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Q I have been served with a Statement of Claim/Notice of Action. What should I do next?

- A Most healthcare institutions have an employee responsible for risk management and/or monitoring of legal matters. If you have been served with a Statement of Claim or any other legal document relating to a claim, then provide that document, along with the details about who was served and when, to the organization's risk management contact immediately.

If you are the risk manager, then the document(s) along with the explanation should be forwarded **immediately** to HIROC as per your specific reporting protocol. As you may be aware, a response to the legal action is time limited. The sooner you provide HIROC with the document(s), the more time HIROC has available to form an appropriate response.

If a claim has previously been reported and you receive a Statement of Claim or Notice of Action, forward the document to the adjuster assigned, the lawyer assigned or directly to the HIROC claims department (claims@hiroc.com) as soon as possible. Please provide the claim or reference number assigned, if available. If a claim has not previously been reported, follow the claims reporting procedure on the HIROC website at <http://www.hiroc.com>.

FIRST PARTY PROPERTY LOSS

Q Why is immediate reporting of property losses such as fire and water required?

- A If your organization has purchased HIROC's property coverage (coverage J), then it is recommended that the Subscriber report the incident to HIROC as soon as practicably possible. This is important so that expert adjusters and contractors can be quickly dispatched to assist the Subscriber. This will result in lower cost of the entire claim in terms of both indemnity and expenses. As well, the disruption and downtime the subscriber experiences will be significantly reduced.

Unattended water can lead to further damage as it will continue to infiltrate areas, which may not have been initially affected. Property which is allowed to sit in water can result in the loss of salvageable property. As well, unattended water may lead to the development of mould which is excluded under the policy.

HIROC has a 24-hour Emergency Response team, if deemed necessary. Please visit the Report a Claim section within the Subscriber section of the HIROC website. The After Hours/Emergency phone number is 1-844-544-4762.