



## **Aon/ASHRM HPL Benchmarking Survey Series – 2021, Vol. 2: Consent to Participate & Questionnaire**

### **Welcome**

As part of the Data Call for the 2021 Aon/ASHRM Hospital and Physician Professional Liability (HPL) Benchmark Study, one of the required submission items is to fill in this form which includes your consent to participate in the benchmark and answer a short survey. This exercise should only take 10 minutes and is meant to provide us your contact information for any data questions and basic risk management questions that we may have. All individual information will be kept confidential.

Please also answer Volume 1 of this year's survey series that was released a few weeks ago at:

<https://www.surveymonkey.com/r/AonASHRM-2021-HPLQuestionnaire-Vol1>

The results of both surveys will be analyzed and published in the benchmark report.

Please visit [2021 Data Submission Instructions](#) for more details on the entirety of the data call submission requirements.

We appreciate you taking the time to take this brief survey and consenting to participate in our report.

Thank you,

The Aon HPL Benchmarking Team  
[hpl.benchmark@aon.com](mailto:hpl.benchmark@aon.com)

**Click "Next" to get started with the survey!**

*Note: Individual participation is kept confidential and statistics are presented on an aggregated, de-identified basis.*

## Aon/ASHRM HPL Benchmarking Survey Series – 2021, Vol. 2: Consent to Participate & Questionnaire

### CONTACT INFORMATION AND CONSENT

**\* Q1. Contact Information:**

Contact Name:

Organization

Name:

E-Mail:

**\* Q2. Please accept these Terms & Conditions of participating in our study in 2021:**

*By submitting information in response to this request, you represent that you are properly authorized to share such data with Aon and that the submitted data does not contain personally identifiable financial or health information, including, but not limited to, patient names. You understand and agree that the submitted data will be combined with data submitted by other participants to produce aggregated, de-identified benchmark results describing Hospital and Physician Professional Liability claim costs and exposures that Aon will make publicly available in the 2021 Aon/ASHRM Hospital and Physician Professional Liability Benchmark Report, and that Aon receives a percentage of the revenue generated by the sale of this report. You further acknowledge and agree that Aon may share submitted data with Aon affiliates for the purpose of compiling the Benchmark Report or other general internal business purposes, and that Aon may use the benchmark results to improve and enhance actuarial and brokerage work products. Aon will not disclose submitted data to third parties.*

- ☐ I Accept - use my information and send me a free report
- ☐ I Do Not Accept - do not use my information and do not send me a free report

## Aon/ASHRM HPL Benchmarking Survey Series – 2021, Vol. 2: Consent to Participate & Questionnaire

### RISK MANAGEMENT / FINANCIAL METRICS

Questions 3 through 6 will allow us to assess the impact of COVID-19 on the financial condition of healthcare organizations.

\* Q3. Please indicate your organization's **Calendar Year 2020** Gross Revenue (\$):

Enter value as whole number, no commas.

\* Q4. Please indicate your organization's **Calendar Year 2019** Gross Revenue (\$):

Enter value as whole number, no commas

\* Q5. Please provide Average Number of Days Cash on Hand in **Calendar Year 2020**:

\* Q6. Please provide Average Number of Days Cash on Hand in **Calendar Year 2019**:

\* Q7. Please indicate your Total Number of Risk Management Staff (FTEs) for entire organization:

*Risk Management FTEs are defined as whose full or partial payroll and benefits are a part of the operating budget of the risk management department. For example, if 50% of an FTE's compensation is paid by the risk management department and 50% by the legal department, show 0.5 as the Risk Management FTE as your response.*

**\* Q8. As best possible, please provide Risk Management Staff (from above) FTEs by these categories (all that apply):**

*For example, if 50% of a Risk Management FTE's time is spent on handling Patient Safety matters and 50% on handling Compliance matters, show 0.5 for Patient Safety FTE, 0.5 for Compliance FTE and 0 for the other categories.*

Patient Safety

FTEs:

Compliance

FTEs:

Quality FTEs:

Legal FTEs:

Safety &

Security FTEs:

**\* Q9. How many Certified Professionals in Health Care Risk Management (CPHRM) do you have on staff?**

☐ 0

☐ 1

☐ 2 - 5

☐ More than 5

**\* Q10. Has your organization ever utilized a captive or risk retention group (RRG) to insure professional liability claims?**

☐ Yes

☐ No

## Aon/ASHRM HPL Benchmarking Survey Series – 2021, Vol. 2: Consent to Participate & Questionnaire

### CAPTIVE/ RRG

**\* Q10.1. Date the Captive / RRG **started** underwriting the professional liability risk:**

*Please enter the date using a MM/DD/YYYY format.*

**Q10.2. Date the Captive / RRG **stopped** underwriting the professional liability risk:**

Leave blank if the Captive /RRG / Risk Pool is underwriting the professional liability risk currently.

*Please enter the date using a MM/DD/YYYY format.*

## CLAIMS HANDLING / DATA QUESTIONS

**\* Q11. In your loss run submission, will you be able to highlight or identify "batch claims"?**

- ☐ Yes: we will identify batch claims
- ☐ Yes: we can but we do not have any batch claims
- ☐ No: we cannot identify batch claims
- ☐ Not Applicable/Unsure

**\* Q12. If a single occurrence were to affect multiple individuals, would your insurance attachment point (i.e., retention) apply to each individual claim or to the combined "batch" set of claims?**

- ☐ Commercial insurance would apply the retention to each individual claim with no aggregate limit
- ☐ Commercial insurance would apply the retention to each individual claim subject to an (annual) aggregate limit
- ☐ Commercial insurance would apply the retention to the combined set (i.e., batch) of claims
- ☐ Not Applicable/Unsure