Cosmetic Surgeries/Procedures

Claims Data Snapshot

2025

MedPro Group

MLMIC
MLMIC Insurance Company
CELEBRATING 50 FIFTY YEARS

Introduction

This publication contains an analysis of aggregated data from clinically coded cases opened between 2014-2023 involving cosmetic surgeries/procedures* across all primary responsible services.

Keep in mind…

A clinically coded malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome.

Our data system, and analysis, rolls all claims/suits related to an individual patient event into one case for coding purposes. Therefore, a case may be made up of one or more individual claims/suits and multiple defendant types such as hospital, physician, and other healthcare professionals.

Cases that involve attorney representations at depositions, State Board actions, and general liability cases are not included.

This analysis is designed to provide insured doctors, healthcare professionals, hospitals, health systems, and associated risk management staff with detailed case data to assist them in purposefully focusing their risk management and patient safety efforts.

*Cases involving patients who presented for cosmetic surgeries/procedures(any type); identified via an 'initial diagnosis code' = cosmetic surgery

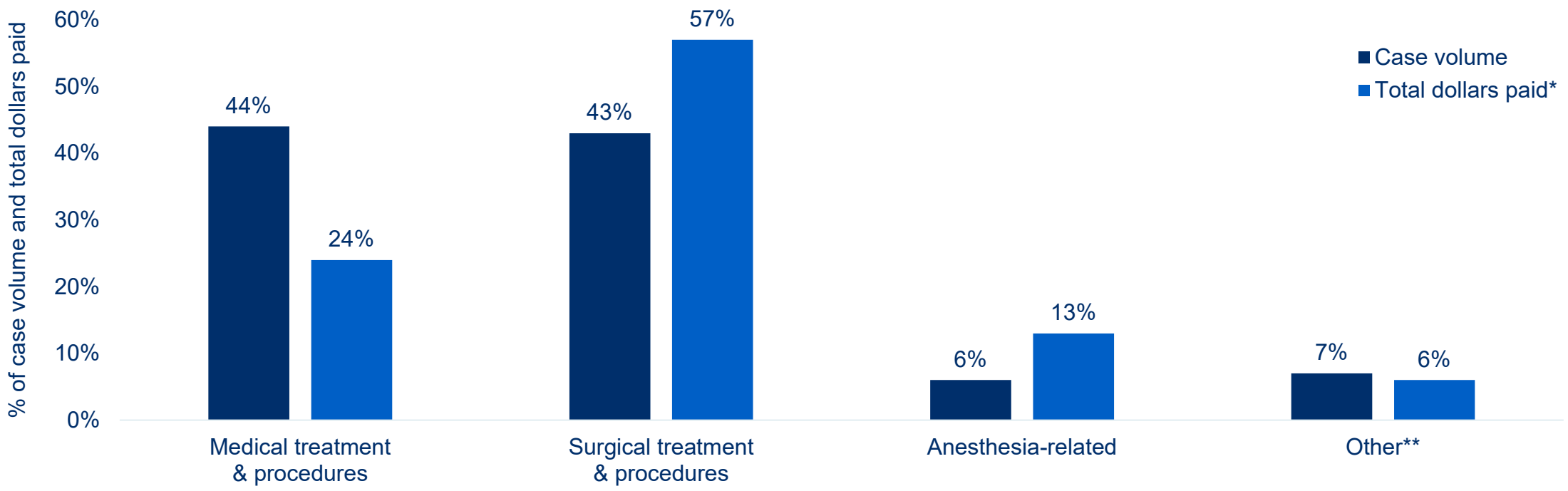
Key Points - Clinically Coded Data

- Medical and surgical allegations account for the majority of cases involving cosmetic procedures/surgeries and more than three-fourths of total dollars paid*.
- Plastic surgery is the most commonly identified primary responsible service, followed by a variety of other services.
- Performance-related cases are most common, and reflect issues related to procedural technique, and decision-making about the most appropriate setting (ambulatory vs inpatient).
- Cases involving the management of surgical/procedural patients, including pre-, intra-, and post-procedure, are often related to the surgeon/provider's response to developing complications. While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.
- Anesthesia-related allegations are less common, although on a case by case basis, they are more expensive to resolve. These cases most often reflect issues related to recognition of and reaction to vital signs, awareness while under anesthesia, and monitoring while receiving blood products and during the post-operative recovery process.
- Contributing factors, which are multi-layered issues or failures in the process of care that appear to have contributed to the patient’s outcome, and/or to the initiation of the case, provide valuable insight into risk mitigation opportunities. Clinical decision-making, procedural issues (including recognition/management of known complications), and suboptimal communication with patients about expected procedure outcomes are key drivers of cosmetic surgery/procedure case severity.

MedPro Group + MLMIC cases opened 2014-2023, cases involving patients who presented for cosmetic surgeries/procedures (any type) (N=717); *Total dollars paid = expense + indemnity

Major Allegations & Financial Severity

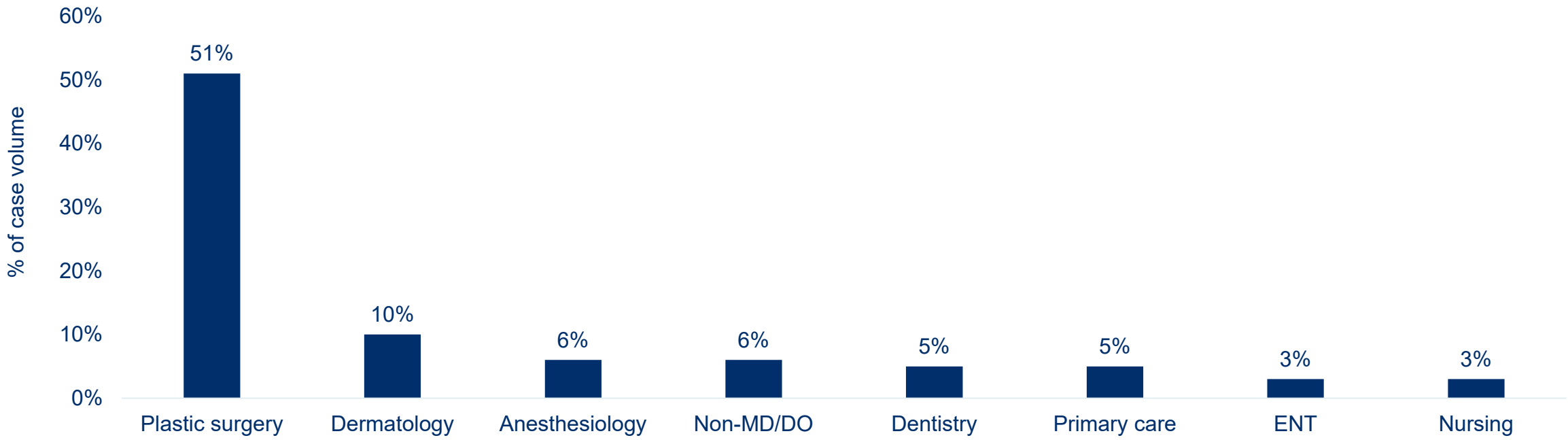
Each case reflects one major allegation category. Categories are designed to enable the grouping and analysis of similar cases and to drive focused risk mitigation efforts. The coding taxonomy includes detailed allegation sub-categories; insight into these is noted later in this report.



MedPro Group + MLMIC cases opened 2014-2023, cases involving patients who presented for cosmetic surgeries/procedures (any type) (N=717); *Total dollars paid = expense + indemnity; **Other includes allegations for which no significant case volume exists

Most Common Primary Responsible Services

A malpractice case can have more than one responsible service, but the “primary responsible service” is the specialty that is deemed to be most responsible for the resulting patient outcome. Non-surgical services are most often attributed to cases involving non-surgical procedures and patient management issues.



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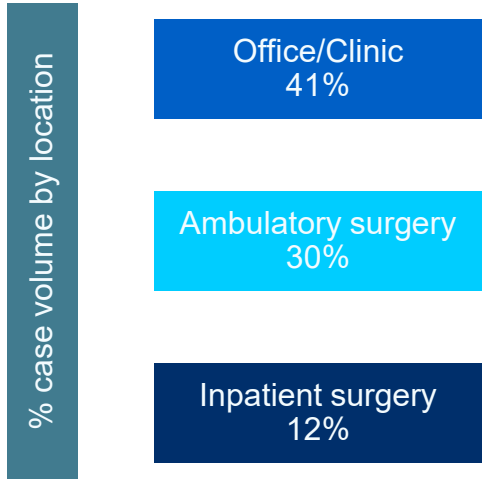
Clinical Severity* & Most Common Locations

Clinical severity* categories	Sub-categories	% of case volume	Definitions
LOW	Emotional Injury Only	**16%**	Mental distress or suffering that is generally temporary; includes HIPAA violations, discrimination, involuntary stay
	Temporary Insignificant Injury		Lacerations, contusions, minor scars, rash; no delay in recovery
MEDIUM	Temporary Minor Injury	**63%**	Infection, fracture set improperly or a fall in the facility, where recovery is complete but delayed
	Temporary Major Injury		Burns, drug side effect; recovery delayed
	Permanent Minor Injury		Loss of fingers or loss or damage to organs; includes non-disabling injuries
HIGH	Significant Permanent Injury	**21%**	Deafness, loss of limb, loss of eye or loss of one kidney or lung
	Major Permanent Injury		Paraplegia, blindness, loss of two limbs or brain damage
	Grave Injury		Quadriplegia, severe brain damage, life-long care or fatal prognosis
	Death		Death
		7%	**% of cases resulting in patient death**



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Contributing Factors

Despite best intentions, processes designed for safe patient outcomes can, and do, fail.

Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient's outcome, and/or to the initiation of the case, or had a significant impact on case resolution.

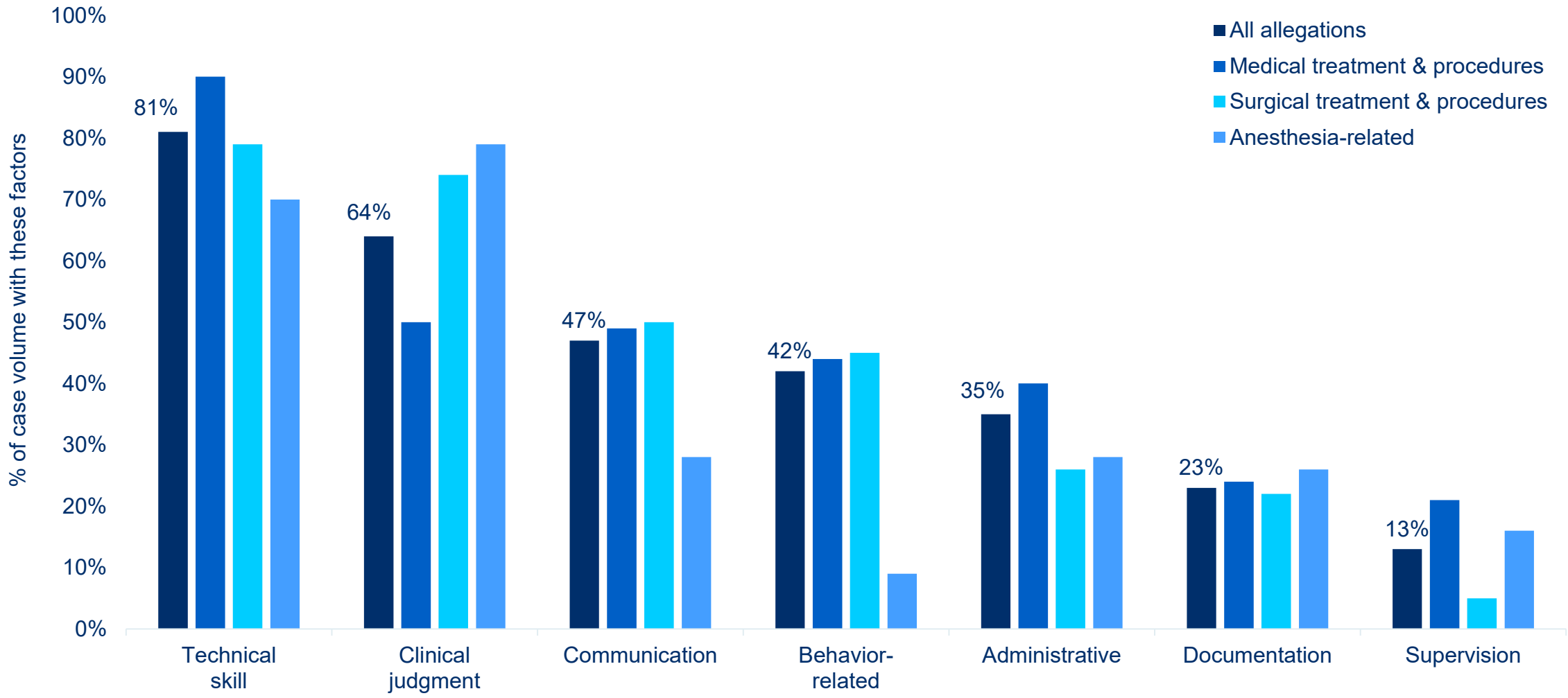
Multiple factors are identified in each case because generally, there is not just one issue that leads to these cases, but rather a combination of issues.

Administrative | Behavior-related | Clinical environment | Clinical judgment | Clinical systems | Communication | Documentation | Supervision | Technical skill

Contributing Factor Category Definitions

Administrative	Factors related to reporting of adverse events, adequacy of staffing, staff education/training, ethics, failure to follow and/or need for policy/protocols
Behavior-related	Factors related to patient nonadherence to treatment or behavior that offsets care; also, provider behavior including breach of confidentiality or sexual misconduct
Clinical environment	Factors related to workflow, physical conditions and “off-hours” conditions (weekends/holidays/nights)
Clinical judgment	Factors related to patient assessment, diagnostic decision-making, selection and management of therapy, patient monitoring, failure/delay in obtaining a consult, failure to ensure patient safety (falls, burns, etc.), choice of practice setting, failure to question/follow an order, practice beyond scope
Clinical systems	Factors related to coordination of care, failure/delay in ordering test, reporting findings, follow-up systems, patient identification, specimen handling, nosocomial infections
Communication	Factors related to communication among providers, between patient/family and providers, via electronic communication (texting, email, etc.), and telehealth/tele-radiology
Documentation	Factors related to mechanics, insufficiency, content
Supervision	Factors related to supervision of nursing, house staff, advanced practice clinicians
Technical skill	Factors related to improper use of equipment, medication errors, retained foreign bodies, technical performance of procedures

Most Common Contributing Factor Categories by Allegation



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Focus on Most Common Drivers of Clinical Severity

Clinical decision-making, procedural issues (including recognition/management of known complications), and suboptimal communication with patients about expected procedure outcomes are key drivers of cosmetic surgery/procedure case severity.

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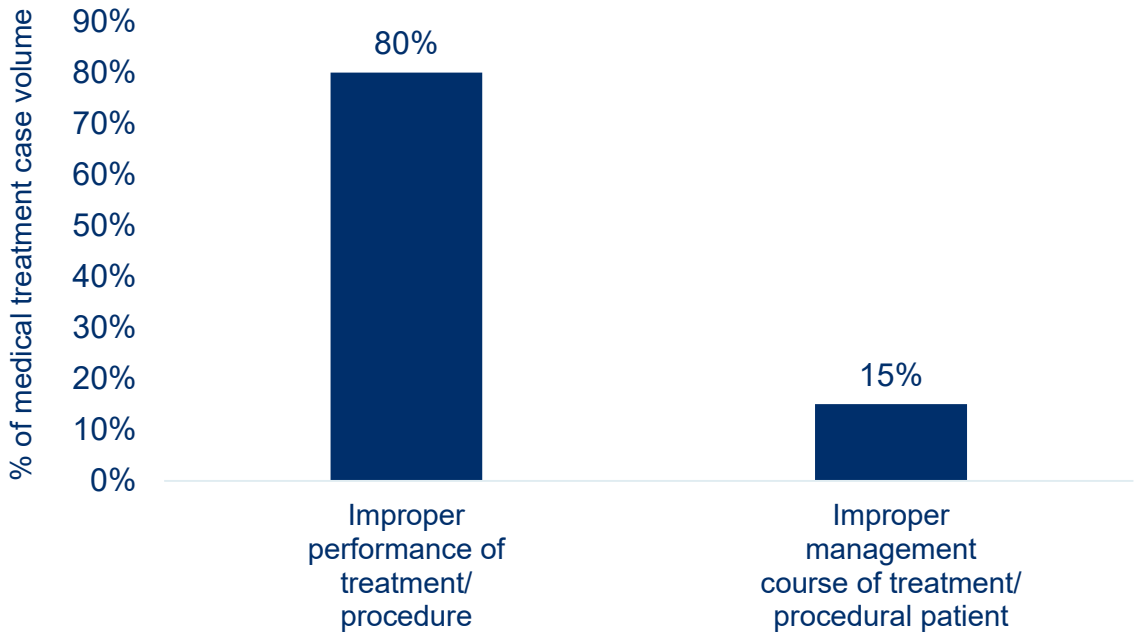
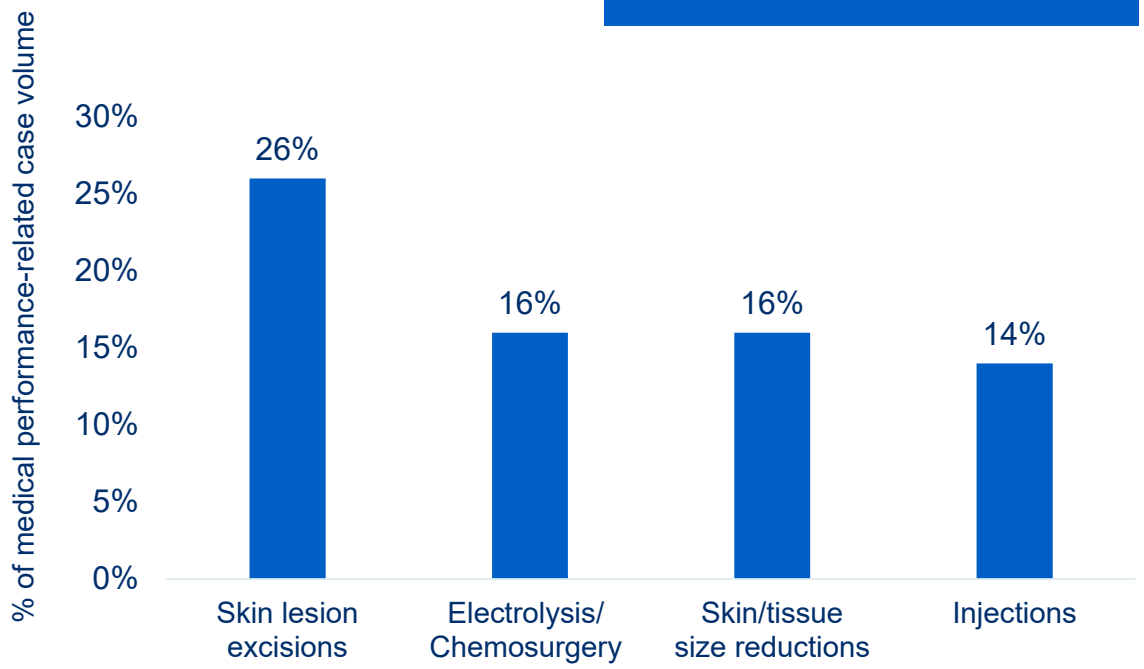
Focus on Medical Treatment Allegations

Top allegation details



Top procedures involved



Procedural performance cases can be impacted by delayed recognition of complications, while management cases most often reflect issues with selection of the most appropriate course of treatment for the patient, and appreciating and reconciling symptoms and test results.

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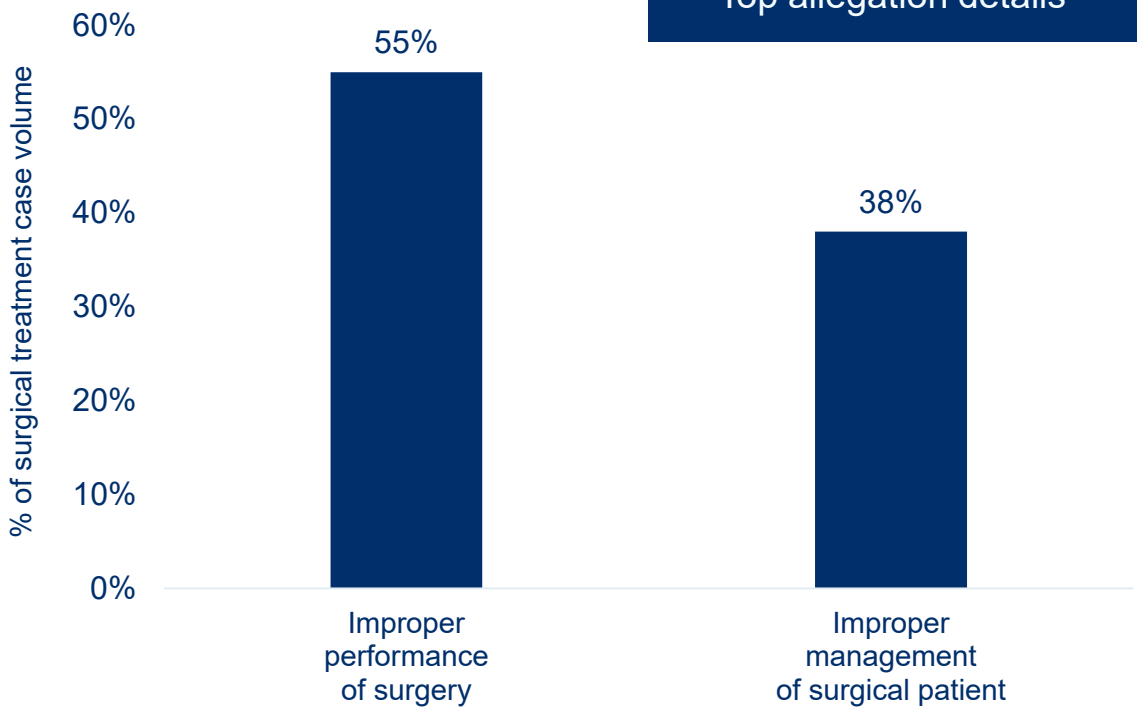
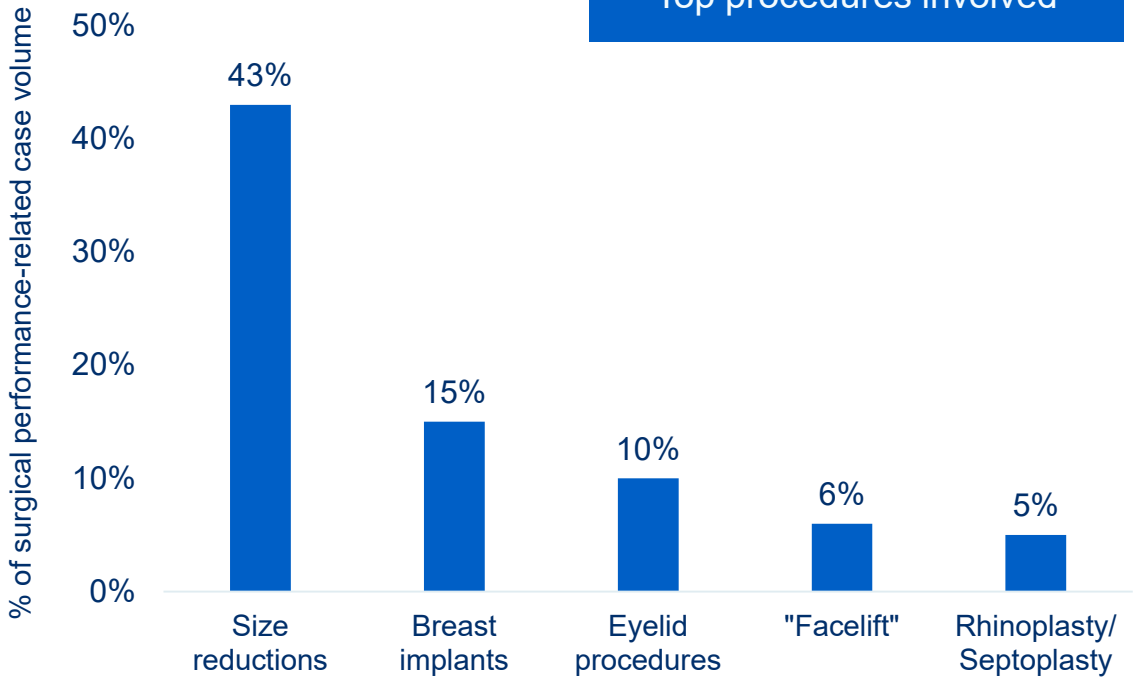
Focus on Surgical Treatment Allegations

Top allegation details



Top procedures involved



Cases involving the management of surgical patients, including pre-, intra-, and post-operatively, are often related to the surgeon's response to developing complications. While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.

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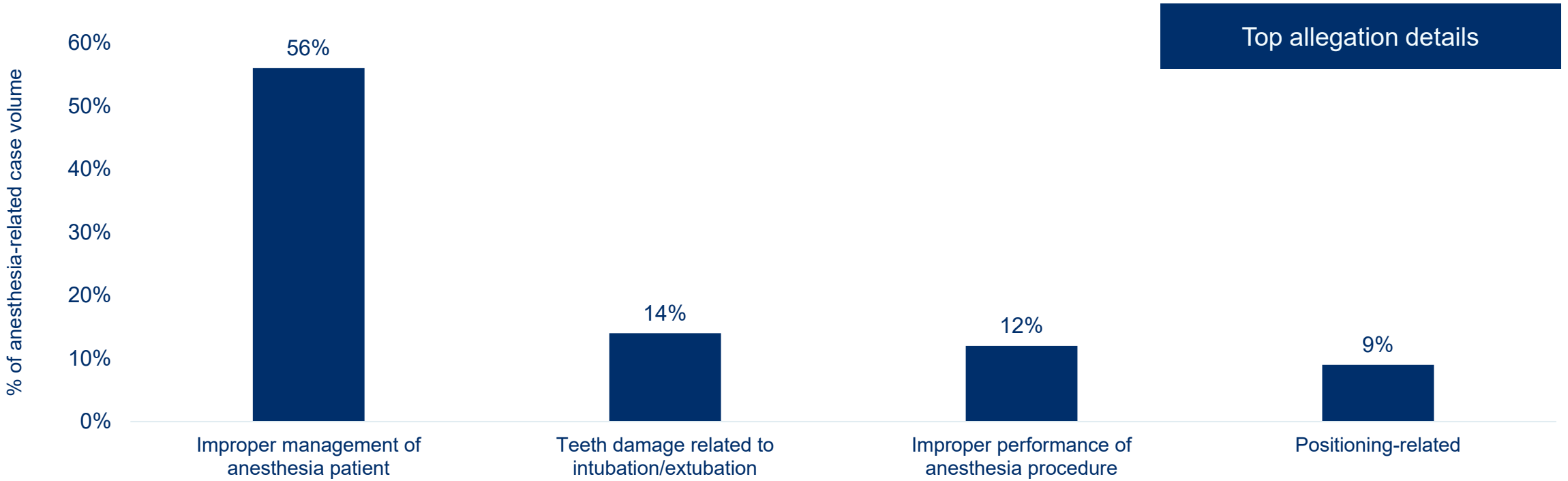
Focus on Anesthesia-Related Allegations



Management-related cases encompass recognition of and reaction to vital signs, awareness while under anesthesia, monitoring while receiving blood products and during the post-operative recovery process. The failure to timely recognize and/or monitor/manage procedural complications prevents the opportunity for early mitigation of the risk of serious adverse outcome. Performance-related cases encompass procedural technique issues, including injections, intubation and extubation. Extubation cases (excluding those involving tooth damage) often reflect immediate post-extubation complications, bringing into question whether extubation was appropriate/timely. Positioning-related cases reflect when positioning of the patient is the key issue, and includes situations where the patient was positioned correctly, but for an extended period of time resulting in injury.

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Risk Mitigation Strategies

- **Ongoing evaluation of procedural skills and competency with equipment is critically important.**
- **Conduct a thorough assessment of the patient pre-operatively.**
  - Ensure that all testing and specialty evaluations are available for review prior to surgery; in an ambulatory setting, these details might not always be as readily available as in the inpatient setting.
  - Maintain a consistent post-procedure assessment process.
  - Update and review medical and family history at every visit to ensure the best decision-making.
  - Maintain problem lists.
- **Communicate with each other.**
  - Focus on care coordination if other specialties are involved, including next steps and determining who is responsible for the patient.
  - Elicit a comprehensive patient history and conduct a thorough informed consent with the patient.
  - Give thorough and clear patient instructions.
- **Engage patients as active participants in their care.**
  - Consider the patient's health literacy and other comprehension barriers.
  - Recognize that patient satisfaction with treatment outcomes can be influenced by a thorough informed consent and education process.
- **Document.**
  - The operative record is critically important for detailing the pre-operative patient assessment, intra-operative steps, and post-operative sequence of events. Discrepancies or gaps in the details/timing make it much more difficult to build a supportive framework for defense against potential malpractice cases.

MedPro Group & MLMIC Data

MedPro and MLMIC are partnered with Candello, a national medical malpractice data collaborative and division of CRICO, the medical malpractice insurer for the Harvard-affiliated medical institutions.

Derived from the essence of the word candela, a unit of luminous intensity that emits a clear direction, Candello's best-in-class taxonomy, data, and tools provide unique insights into the clinical and financial risks that lead to harm and loss.

Using Candello's sophisticated coding taxonomy to code claims data, MedPro and MLMIC are better able to highlight the critical intersection between quality and patient safety and provide insights into minimizing losses and improving outcomes.

Leveraging our extensive claims data, we help our insureds stay aware of risk trends by specialty and across a variety of practice settings. Data analyses examine allegations and contributing factors, including human factors and healthcare system flaws that result in patient harm. Insight gained from claims data analyses also allows us to develop targeted programs and tools to help our insureds minimize risk.

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