

# General Surgery

## Claims Data Snapshot

## ▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which a general surgeon is identified as the primary responsible service.
  - ▶ 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.
- ▶ 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, or ancillary providers.
  - ▶ 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.

# ▶ Allegations

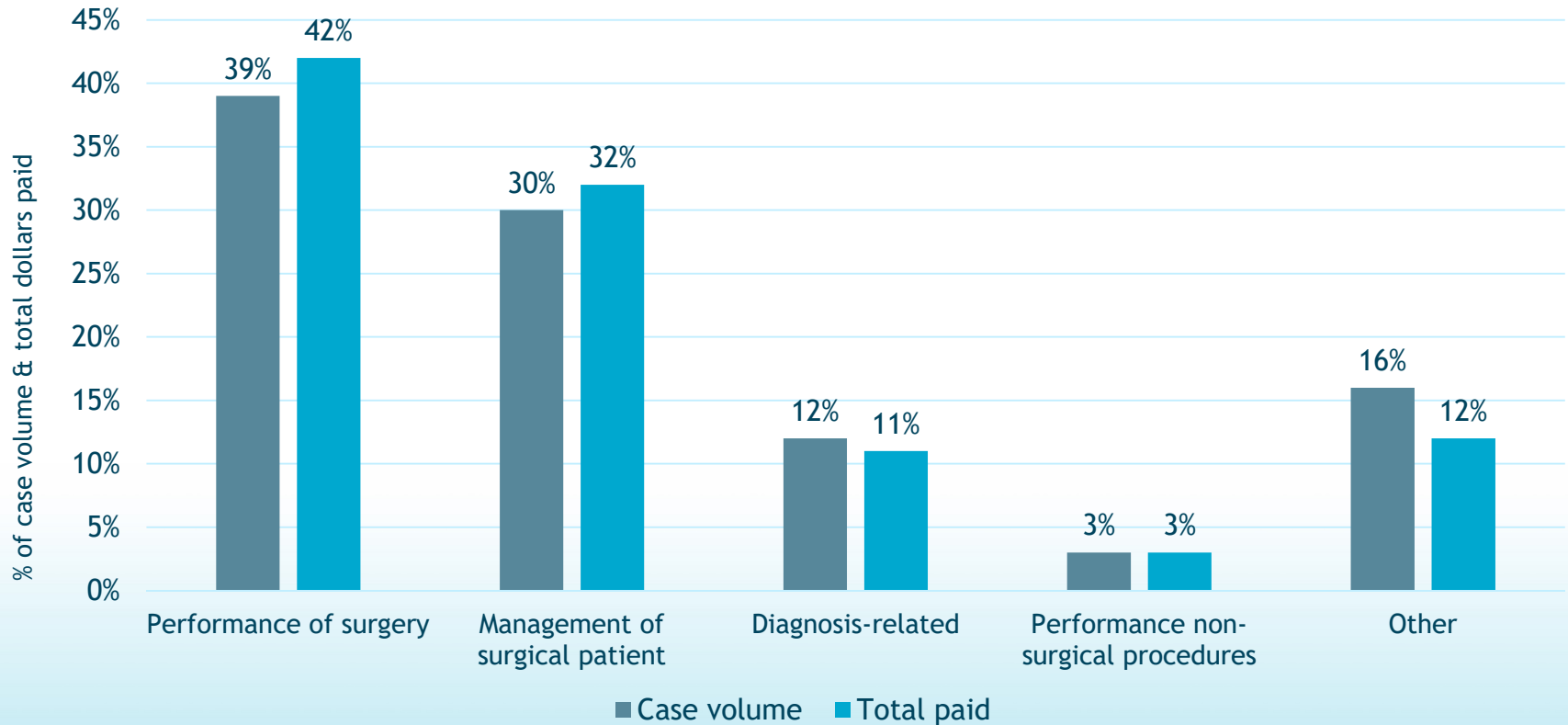


Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



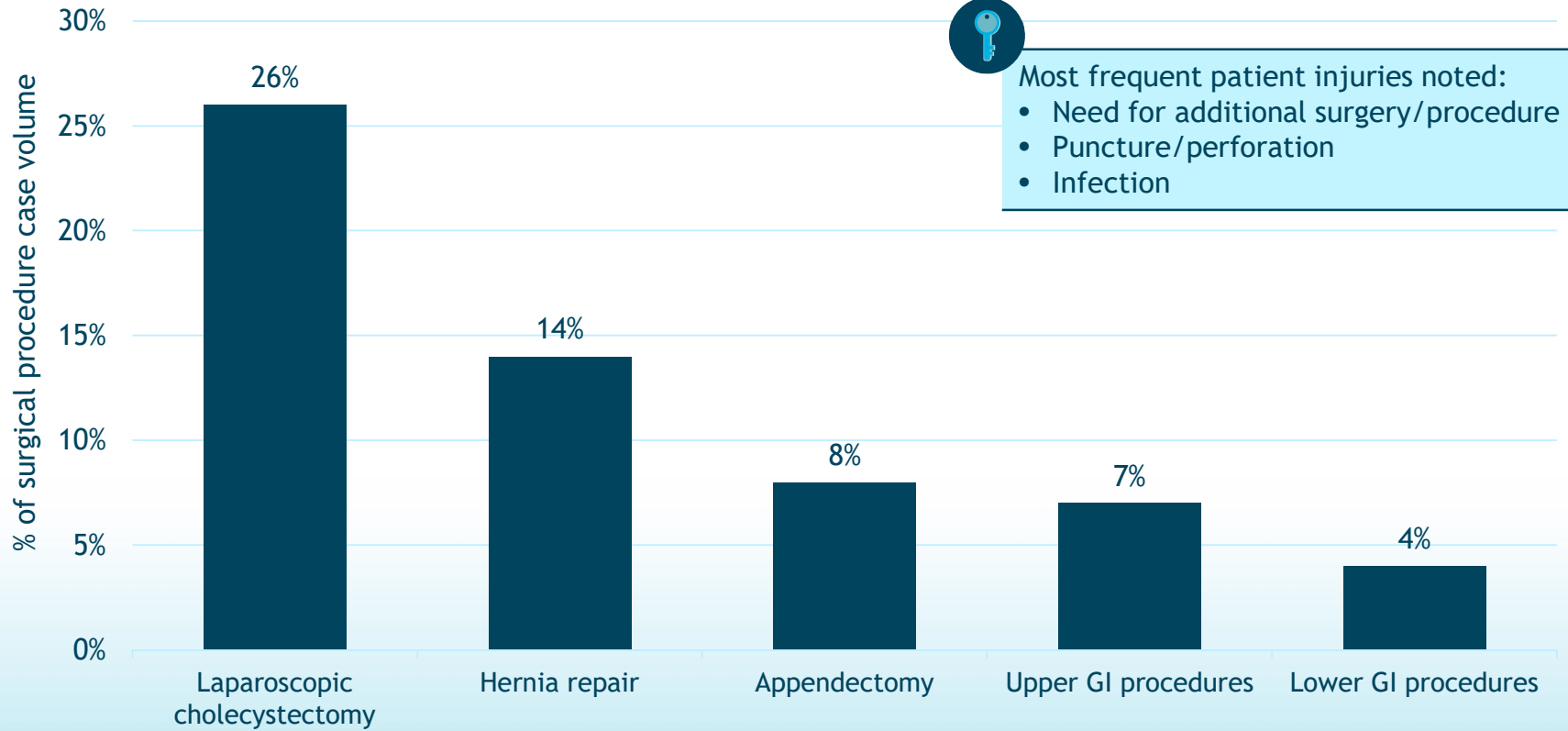
Surgical performance, patient management and diagnosis-related allegations account for over 80% of general surgery cases.

## ▶ Allegations & dollars



Data source: MedPro Group closed cases, general surgery as responsible service, 2009-2018; total paid = expense + indemnity dollars; "other" includes allegations for which no significant case volume exists.

# ▶ Top procedures in surgical performance cases



# ▶ Surgical management & diagnosis-related allegations



Cases involving the management of surgical patients, including pre-, intra-, and post-operatively, are often related to the surgeon's response to developing complications. They result in a clinically severe patient injury 41% more often than procedural performance cases.

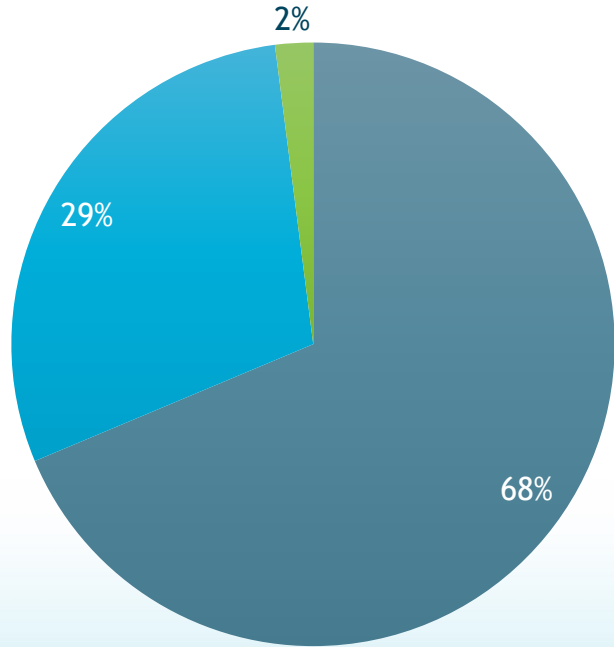
While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.



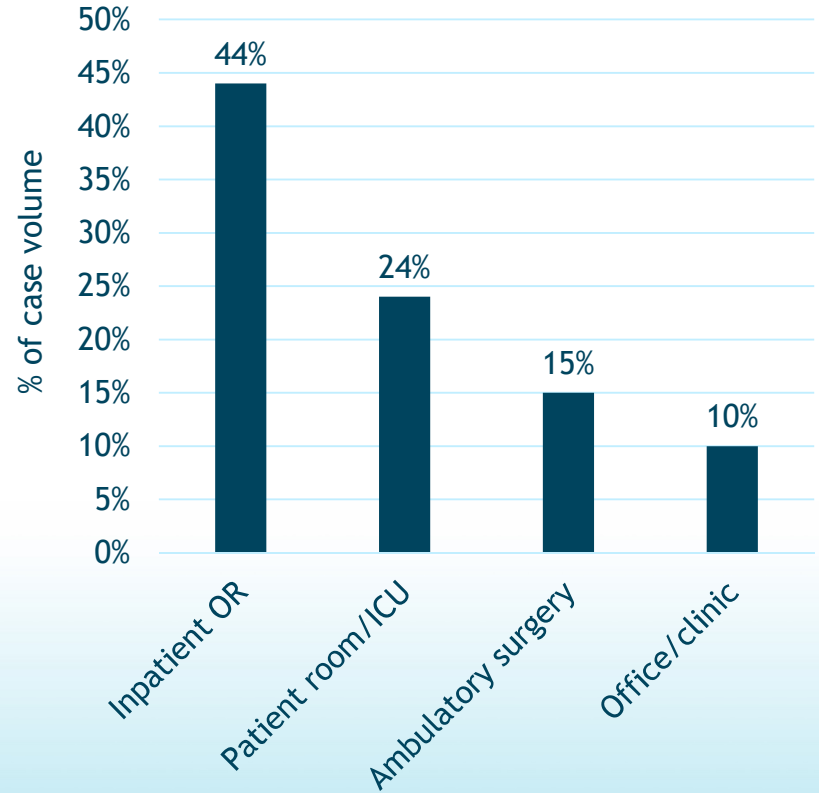
A variety of diagnostic errors, including cancers, post-operative infections and delays in diagnosing intra-operative complications were noted.

These cases involved inadequate patient assessments, and failed communication among providers, particularly when reporting and/or following through on diagnostic test results.

## ▶ Claimant type & top locations

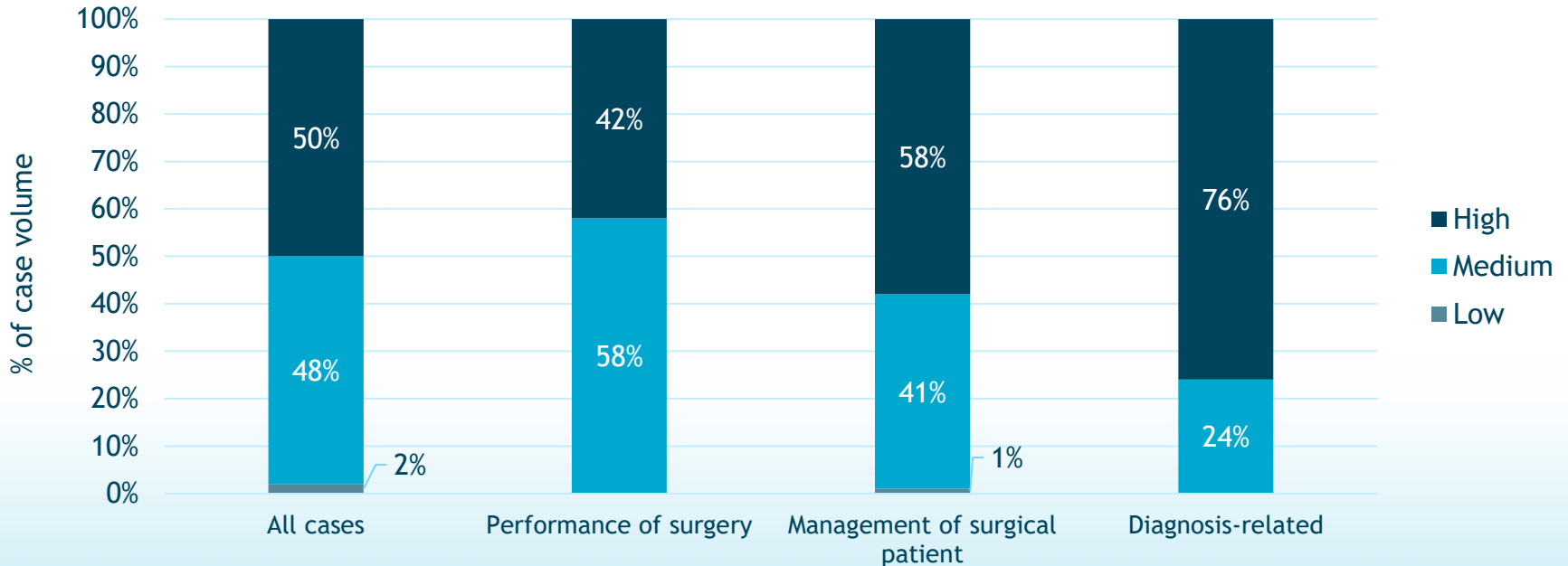


■ Inpatient ■ Outpatient ■ Emergency



# ▶ Clinical severity\*

Within the high severity cases are permanent patient injuries ranging from serious to grave and patient death. Typically, the higher the clinical severity, the higher the indemnity payments & the more frequently payment occurs.



There has been an increase in the volume of the most severe patient outcomes over the last 10 years.



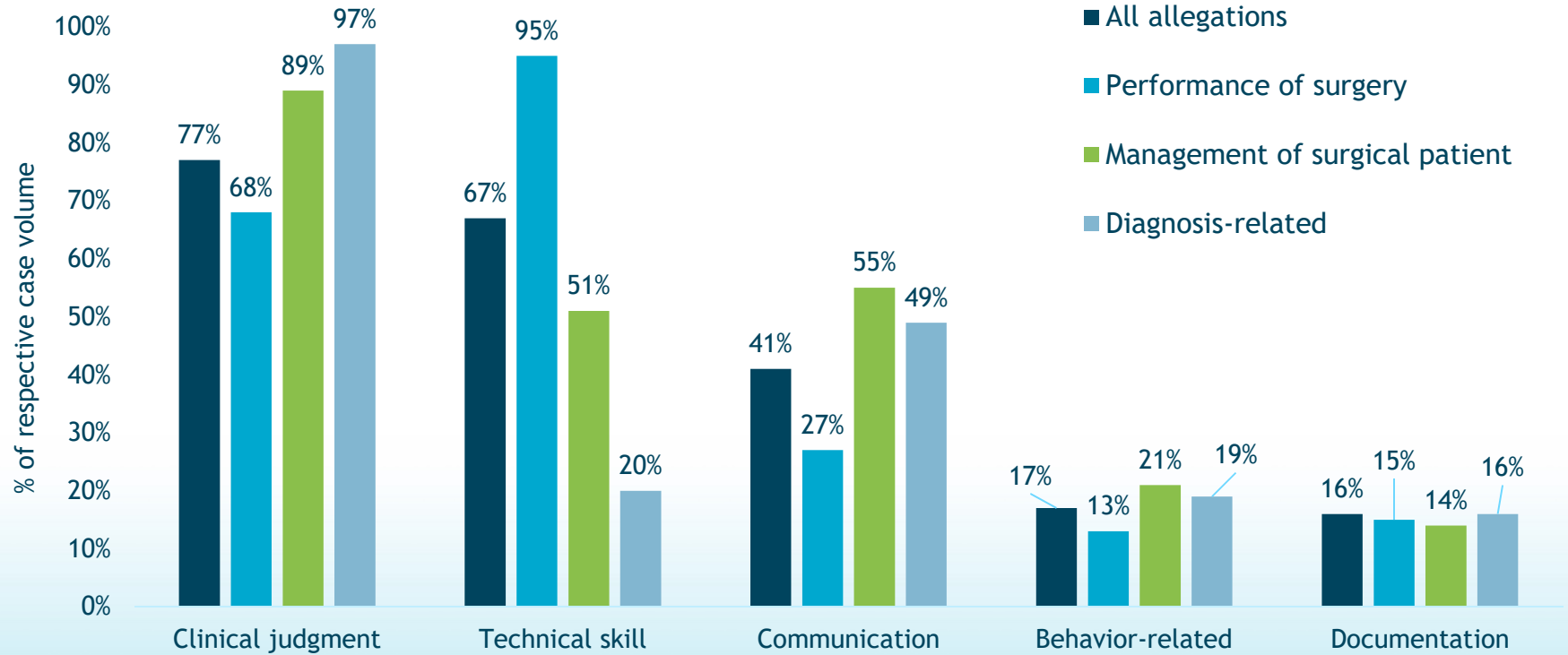
## ▶ Contributing factors



Contributing factors are multi-layered issues or failures in the process of care that appear to have contributed to the patient outcome and/or to the initiation of the case.

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.

# ▶ Top contributing factor categories – by allegation



# ▶ In performance of surgery cases, these factors...

...are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.\*

Factor category	The details	How much more expensive?*
Technical skill	Misidentification of anatomical structures	41%
	Poor procedural technique	16%
Clinical judgment	Inadequate patient assessments	27%
	Issues with selection of the most appropriate procedure for the patient	30%
Communication	Inadequate informed consent	25%
	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	33%
Documentation	Insufficient/lack of documentation	23%

# ▶ In surgical patient management cases, these factors...

...are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.\*

Factor category	The details	How much more expensive?*
Clinical judgment	Failure to appreciate/reconcile relevant signs/symptoms/test results	38%
	Failure/delay in ordering diagnostic test	49%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	66%
Patient behavior	Includes dissatisfaction with care and non-adherence to follow-up appointments	11%
Documentation	Insufficient/lack of documentation	24%

## ▶ In diagnosis-related cases, these factors...

...are among those frequently noted in cases with clinically severe patient outcomes, and are more expensive.\*

Factor category	The details	How much more expensive?*
Clinical judgment	Misinterpretation of diagnostic test results	45%
	Failure to appreciate/reconcile relevant signs/symptoms/test results	15%
Communication	Failed communication among providers - specifically, critical patient information which, if shared, could have mitigated the risk of patient injury	17%
Patient behavior	Includes dissatisfaction with care and non-adherence to follow-up appointments	12%
Documentation	Insufficient/lack of documentation	19%

## ▶ In summary: where to focus your efforts

- Ongoing evaluation of procedural skills and competency with equipment is critically important.
- Conduct thorough assessments of the patient.
  - 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.
- Communicate with each other.
  - Actively collaborate with other members of the patient's surgical care team - including all operating and recovery room staff. Coordinate the steps of the patient's care, including post-operatively.
  - Talk also to the patient/family, elicit a comprehensive patient history and conduct a thorough informed consent with the patient.
  - Focus on 'closing the loop' with regards to receiving, reporting and acting on test results.
- 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 surgical 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 advantage: online resources

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Tools &  
resources

Educational  
opportunities

Consulting  
information

Videos

eRisk Hub  
Cybersecurity Resource

Education

Materials and resources to educate followers about prevalent and emerging healthcare risks

Awareness

Information about current trends related to patient safety and risk management

Promotion

Promotion of new resources and educational opportunities

# ▶ A note about MedPro Group data

MedPro Group has entered into a partnership with CRICO Strategies, a division of the Risk Management Foundation of the Harvard Medical Institutions. Using CRICO's sophisticated coding taxonomy to code claims data, MedPro Group is better able to identify clinical areas of risk vulnerability. All data in this report represent a snapshot of MedPro Group's experience with specialty-specific claims, including an analysis of risk factors that drive these claims.

crico | strategies

## Disclaimer

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