

# Otolaryngology

## Claims Data Snapshot

## ▶ Introduction

- ▶ This publication contains an analysis of the aggregated data from MedPro Group's cases closing between 2009-2018 in which an otolaryngologist 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



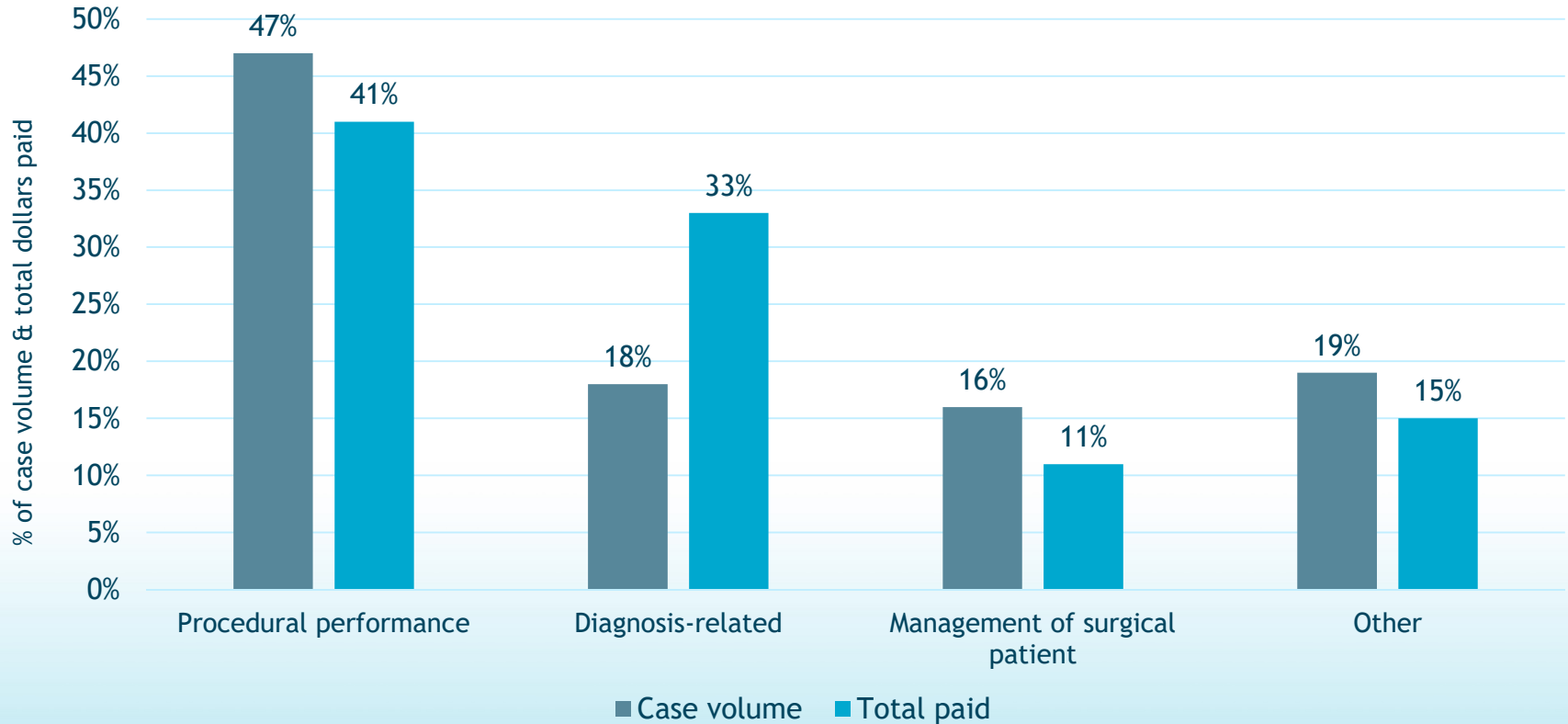
Multiple allegation types can be assigned to each case; however, only one “major” allegation is assigned that best characterizes the essence of the case.



Procedural performance, diagnostic, and management of surgical patient-related allegations account for more three-fourths of otolaryngology cases.

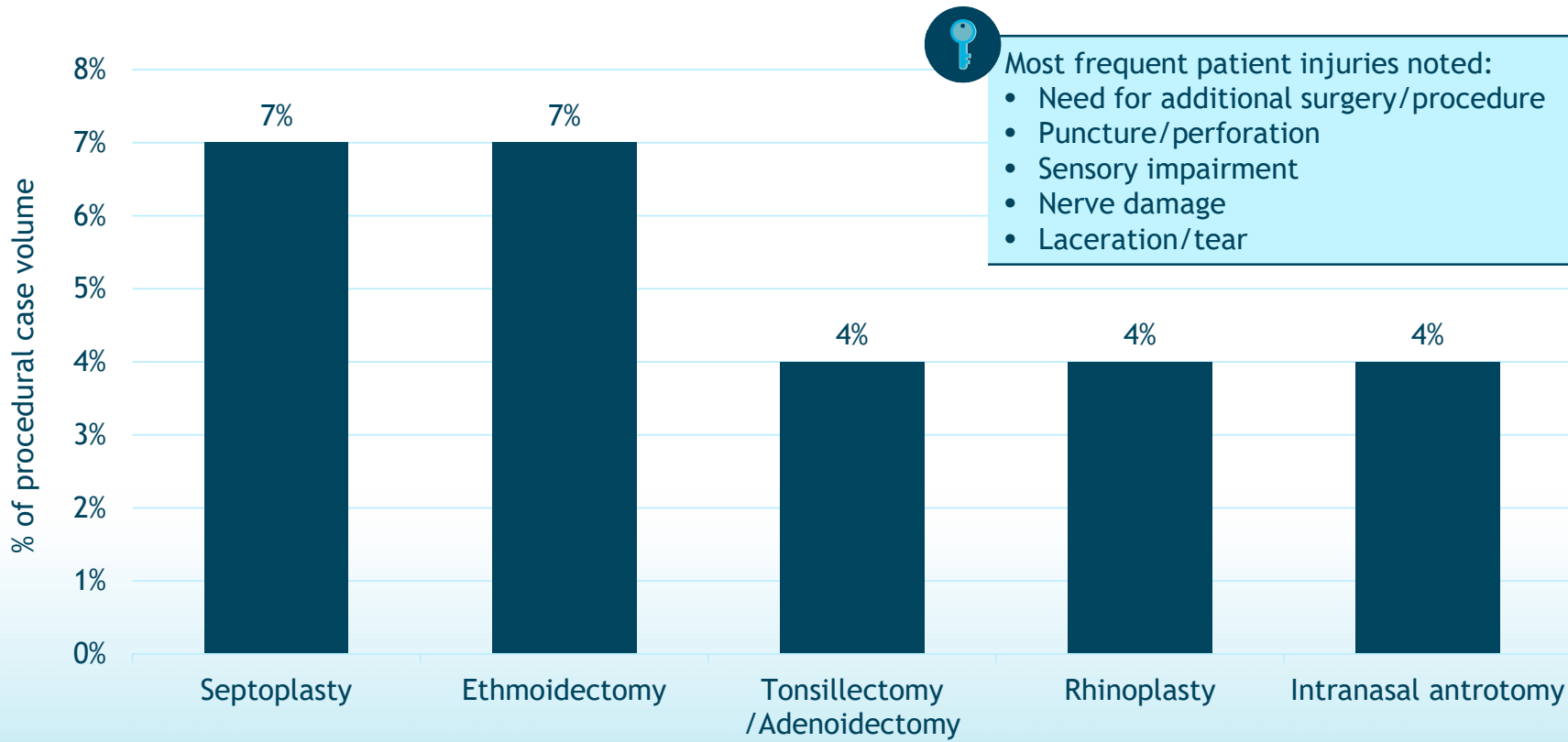
Procedural allegations account for the largest individual share of case volume and total dollars paid.

## ▶ Allegations & dollars



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

# ▶ Top procedures in performance-related 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. On average, they result in a clinically severe patient injury 33% more often than do procedural performance cases.

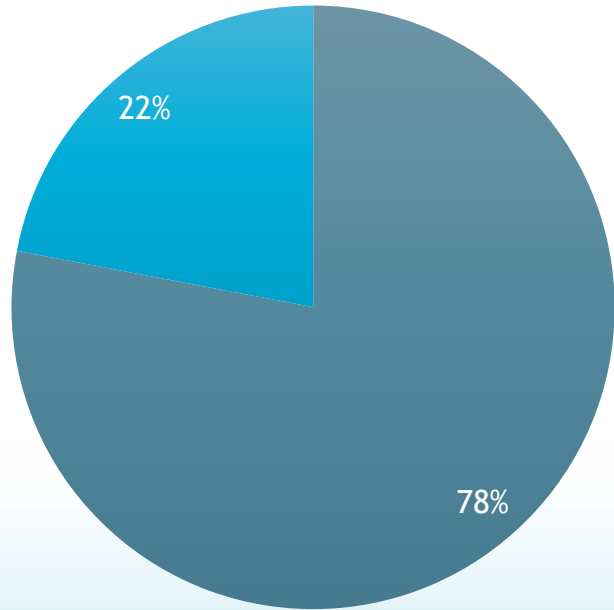
While complications of procedures may have been the result of procedural error, the failure to timely recognize and/or monitor/manage the issue prevents the opportunity for early mitigation of the risk of serious adverse outcome.



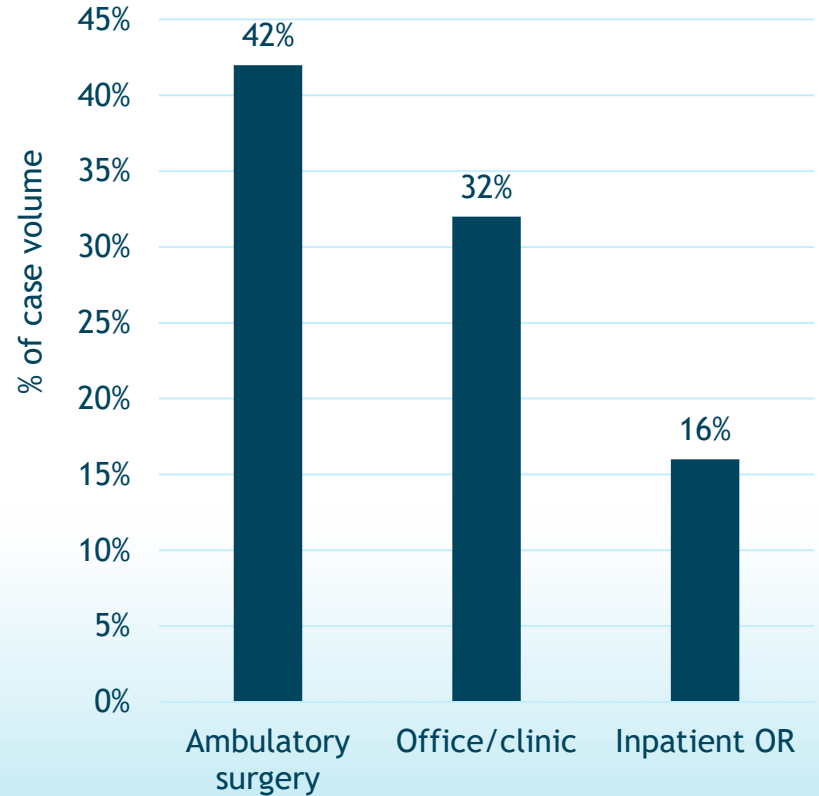
The diagnoses involved are varied, but most often involve delays in diagnosing oropharyngeal cancers & post-operative infections.

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

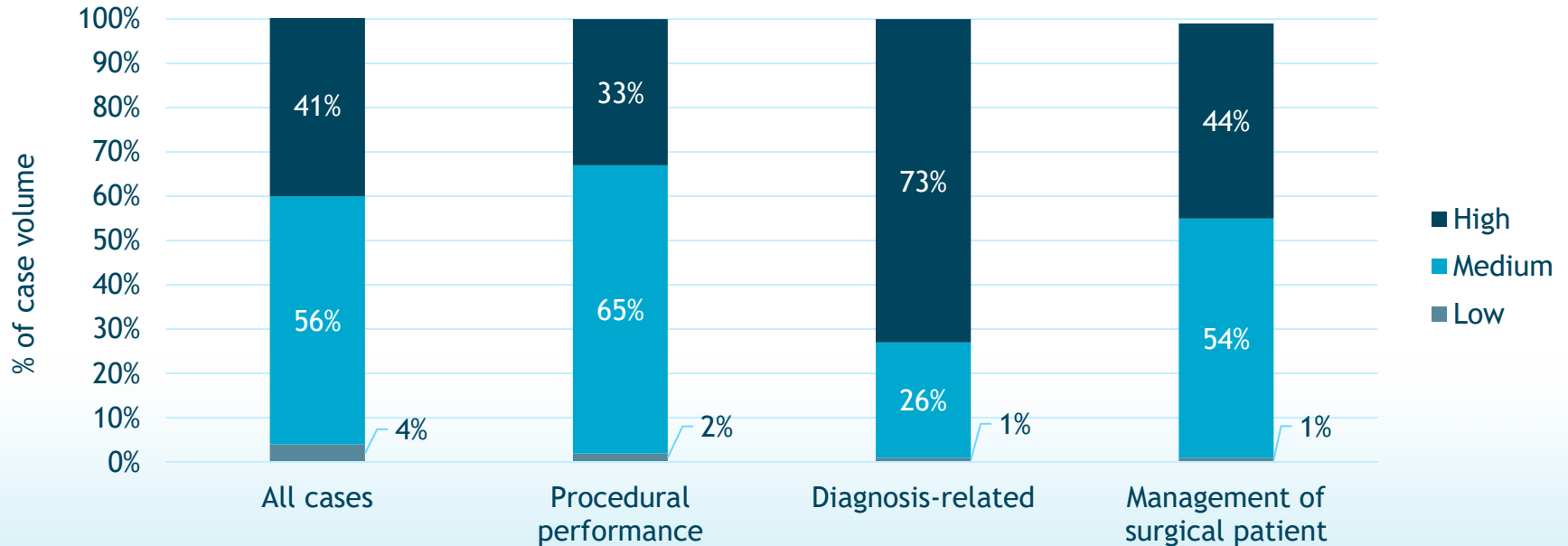


■ Outpatient ■ Inpatient



# ▶ 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.



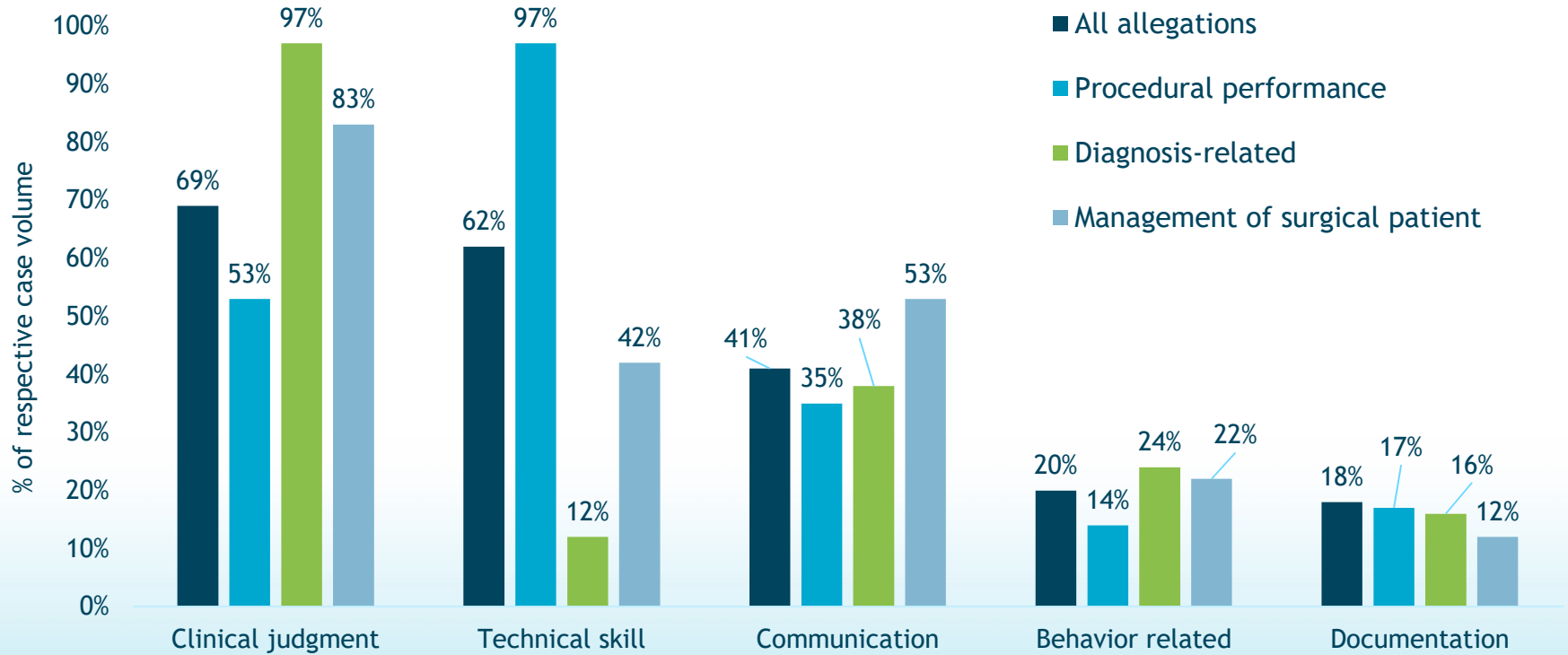
## ▶ Contributing factors



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 procedural allegations, these specific factors...

...are among those frequently noted in cases with clinically severe patient outcomes.

Factor category	The details	% of case volume
Technical skill	Poor procedural technique	25%
Clinical judgment	Issues with selection of the procedure most appropriate for the patient	27%
	Failure/delay in seeking consult/referral (the cost to resolve these cases is, on average, 69% higher than all other cases)	10%
Communication	Inadequate informed consent (the cost to resolve these cases is, on average, 22% higher than all other cases; failure to adequately document the informed consent process is, on average, 39% more expensive)	19%
Patient behaviors	Dissatisfaction with care/seeking other providers	11%

# ▶ In summary: where to focus your efforts

- 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 induction; in an ambulatory setting, these details might not always be as readily available as in the inpatient setting.
- Post-operatively, be vigilant to recognize signs & symptoms of a potential problem and appreciate the full picture of what might be occurring.
- 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.
  - Adhere to a standardized informed consent process that includes common & significant risks that are relevant to the patient and the procedure. Informed patients are more likely to be active participants in their treatment.
- Engage patients as active participants in their care.
  - Consider the patient's health literacy and other comprehension barriers.
- 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 advantage: online resources

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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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