

## Reducing Surgical/Procedural Treatment Risks in Otolaryngology

MedPro Group claims data show that allegations related to surgical treatment and procedures represent the largest malpractice claims category for otolaryngology (i.e., ear, nose, and throat [ENT]) providers (53 percent of all ENT cases). Surgical/procedural allegations also account for almost half of total dollars paid for defense and indemnity costs in ENT claims.<sup>1</sup>

Further analysis of these claims shows performance-related allegations account for two-thirds of the case volume, with most of them involving septoplasty and rhinoplasty.<sup>2</sup> Another 23 percent of cases involve the management of surgical patients, including pre-, intra-, and postoperatively; these cases

often are related to the provider's response to developing complications. Although complications may result from procedural error, a provider's failure to identify and respond to it prevents a chance for early mitigation of the risk of a serious adverse outcome.<sup>3</sup>

Various risk factors contribute to surgical/procedural allegations, including technical skill, clinical judgment, communication, behavior-related issues, documentation, and administrative factors.

The following strategies can help healthcare organizations and ENT providers manage surgical/procedural risks and improve patient care and outcomes.

1

Ensure your organization adheres to well-defined [credentialing and privileging](#) policies, including evaluation of each provider's surgical/procedural skills and competency with surgical equipment. Credentialing and privileging should occur at hire and periodically thereafter.

2

Participate in ongoing performance improvement opportunities to enhance technical surgical skills and ensure competency (e.g., mentoring, peer review, continuing education, and ongoing practice performance evaluation).

3

Use evidence-based guidelines and clinical pathways to standardize processes, improve efficiency, and support quality care. Carefully consider repeated patient complaints or concerns when making clinical decisions about patient care and diagnostic testing.

4

Use clear, concise language when talking to patients about procedures, treatment plans, anticipated benefits, potential risks, and alternative therapies. Avoid complex terminology and medical jargon, and provide information and instructions in lay language.

5

Use [interpreters and auxiliary aids](#) to assist with patient communication and comprehension for patients who have limited English proficiency or communication disabilities.

6

Use a comprehension technique — such as [teach-back](#) — to gauge patient understanding, reduce the risk of miscommunication, and support patient adherence to care plans.

7

Adhere to a standardized [informed consent](#) process that includes common and significant risks that are relevant to the patient and the procedure. As part of this process, consider whether patients have realistic expectations of surgical/procedural outcomes.

8

Document the informed consent process, including discussion of risks, benefits, and alternative treatment options, as well as the provision of educational materials. Make sure that any signed informed consent forms are included in patients' health records.

9

Verify that each patient's health record contains thorough and appropriate information, such as history and physical, current medications, nonpharmacological interventions, allergies, pain assessment outcomes, test results, consults/referrals, treatment goals, and preoperative screening results. Documentation also should support the clinical rationale for the diagnosis and treatment decisions.

10

Review patient selection criteria for each procedure, reconcile patient medications, and conduct a thorough preoperative screening of patients for risk factors (including [obstructive sleep apnea](#)).

11

Ensure that all appropriate health information and all necessary equipment and supplies are available before each procedure begins.

12

Use standardized patient safety precautions during each procedure, such as timeout protocols, infection prevention best practices, proper patient positioning, and [surgical item counts](#). Encourage "speaking up" behaviors to address potential safety issues.

13

Make sure the perioperative team is appropriately monitoring patients during and following procedures (e.g., vital signs, airway, pain, etc.).

14

Maintain a consistent postoperative discharge assessment process that includes evaluating patients against discharge criteria and providing patients/caregivers with both written and verbal discharge instructions related to follow-up care.

15

Complete a detailed operative report the day of each procedure. Ensure all documentation adheres to organizational documentation timeframes.

16

Document all instances of patient nonadherence to treatment plans as they occur, as well as any education provided to the patient or family/caregiver.

## Endnotes

<sup>1</sup> MedPro Group & MLMIC. (2023). *Otolaryngology & otorhinolaryngology (ENT): Claims data snapshot*. Retrieved from [www.medpro.com/documents/10502/5086243/Otolaryngology.pdf](http://www.medpro.com/documents/10502/5086243/Otolaryngology.pdf)

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

This document does not constitute legal or medical advice and should not be construed as rules or establishing a standard of care. Because the facts applicable to your situation may vary, or the laws applicable in your jurisdiction may differ, please contact your attorney or other professional advisors if you have any questions related to your legal or medical obligations or rights, state or federal laws, contract interpretation, or other legal questions.

MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are underwritten and administered by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and may differ among companies.

© 2023 MedPro Group Inc. All rights reserved.