

- Abstract Type: Original Research

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Abstract

Was this study was industry sponsored?

Introduction

As higher acuity procedures continue to move from hospital-based ORs (HORs) to ambulatory surgery centers (ASCs), concerns for patient safety remain high. We conducted a contemporary, descriptive analysis of anesthesia-related liability closed claims in ASCs and HORs, while noting interval changes from a previous closed claims analysis from 2007-2014.

Methods

ASC closed claims between 2015 and 2022 from The Doctors Company that involved an anesthesia provider responsible in the claim were included. Findings were analyzed using the Explore tool developed by Candello Solutions. We compared the coded data of 212 ASC claims with 268 HOR

claims in terms of injury severity, major injuries, allegations, comorbidities, contributing factors, and the financial value of the claim.

Results

ASC claims had a higher percentage of medium severity injury (50%, 106/212) compared to HOR claims (39%, 105/268), while high injury claims were higher in HORs than ASCs (34%, 92/268 vs 22%, 47/212).

Of the major injuries in anesthesia claims, teeth damage was the highest for both ASCs (17%, 35/212) and HORs (17%, 46/268) where the nature of allegation was teeth damage related to intubation and extubation. Several complications occurred more frequently in ASC claims versus HOR, including nerve damage (14%, 30/212 vs 11%, 29/268), puncture/perforation (10%, 21/212 vs 7%, 19/268), cardiac or respiratory arrest (8%, 17/212 vs 5%, 14/268) and burns (6%, 13/212 vs 2%, 5/268).

ASC claims were more frequently related to alleged improper performance of anesthesia procedures (25%, 54/212), such as intubation and nerve blocks versus HORs (19%, 50/268), with the majority of these claims related to intubation/insertion of the endotracheal tube (48%, 28/58). ASC claims also had a higher incidence of issues related to communication between provider and patient/family (20%) versus HOR claims (10%). Insufficient documentation was also higher in ASCs (24%) versus HORs (18%).

The most common comorbidities in ASC claims included obesity (15%, 32/210), obstructive sleep apnea (7%, 15/210), diabetes (6%, 12/210), and smoking (current/past) (6%, 12/210). The most common comorbidities in HOR claims were obesity (16%, 44/268), cardiovascular disease (11%, 29/268), smoking (current/past) (9%, 23/268), and hypertension (6%, 17/268).

The mean gross total incurred payment was lower for ASCs (\$173,068) than HORs (\$355,797).

Overall results were consistent with a prior 2007-2014 closed claim study, regarding severity of injury. However, the previous study showed that HOR claims were more likely than ASCs to involve cardiac or respiratory arrest. Our updated study shows that claims involving cardiac or respiratory arrest for HORs (5%) has fallen below that of ASCs (8%). Findings also showed that patients in ASCs are presenting with more comorbidities compared to the prior study.

Conclusion

This contemporary analysis of medical malpractice claims may indicate higher acuity of patients and complexity of procedures in ASCs, presenting patient safety concerns and opportunities for improvement. Several contributing factors are amendable to change through better patient optimization and selection, systems for supporting technical performance and proper documentation, and improved communication among providers and with patient/family.

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