

Closed Claims Analysis of Patient Injury in Ambulatory Surgery Centers

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Introduction

- The use of standalone ambulatory surgery centers (ASCs) continues to increase as the healthcare system expands to efficiently access surgical care.
- In 2005, 41% of ambulatory surgeries were performed in ASCs.
- In 2020, 60% of ambulatory surgeries and 35% of all surgeries, were performed in ASCs.
- Several challenges of providing safe patient care in ASCs compared to HORs.
 - Limited capacity for rescuing patients during intraoperative emergencies.
 - Unexpected extended postoperative care requires arrangements to transfer out for hospital admissions.
- Analysis of malpractice claims is a useful approach for understanding trends in preventable patient harm, while offering potential insights into improving patient safety.
- Since 1984, the American Association of Anesthesiologists (ASA) Closed Claims Project has gathered a considerable database of closed malpractice claims and has been a consistent resource for understanding risks in perioperative patient safety. Medical malpractice insurers also maintain closed claims databases, to reduce malpractice risk by identifying areas to improve patient safety.

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Methods

- Closed malpractice claims data were obtained from The Doctors Company (TDC), a national medical malpractice company (Napa, California).
- ASC closed claims between 2015 and 2022 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 hospital OR (HOR) claims in terms of injury severity, major injuries, allegations, comorbidities, and contributing factors.

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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).

Injury Severity	ASC (%)	HOR (%)
Low	29%	26%
Medium	50%	39%
High	21%	34%

- 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.

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Results

- 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 most 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%).

Major Injury of Claim	ASC (%)	HOR (%)
Teeth damage	17%	17%
Neurological	14%	11%
Cardiac or respiratory arrest	8%	5%
Puncture/perforation	10%	7%
Burns	6%	2%
Other	24%	18%

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Results

- Most claims were not associated with major comorbidities (69%, 144/210). 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).

Comorbidity	ASC (%)	HOR (%)
No Comorbidity	69%	69%
Obesity	15%	16%
Cardiovascular Disease	11%	11%
Smoking (Current/Past)	6%	9%
Hypertension	6%	6%
Diabetes	6%	6%
Obstructive Sleep Apnea	7%	7%
Other	24%	24%

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Conclusions

- Higher acuity and complexity of procedures in ASCs.
- Contributing factors amendable to change:
 - Better patient optimization and selection
 - Systems for supporting technical performance
 - Proper documentation
 - Improved communication among providers and with patient/family.
- Importance for clinical directors to work on patient tirage algorithms to place patients in the appropriate setting for their procedures.

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