



PATIENT SAFETY STRATEGIES

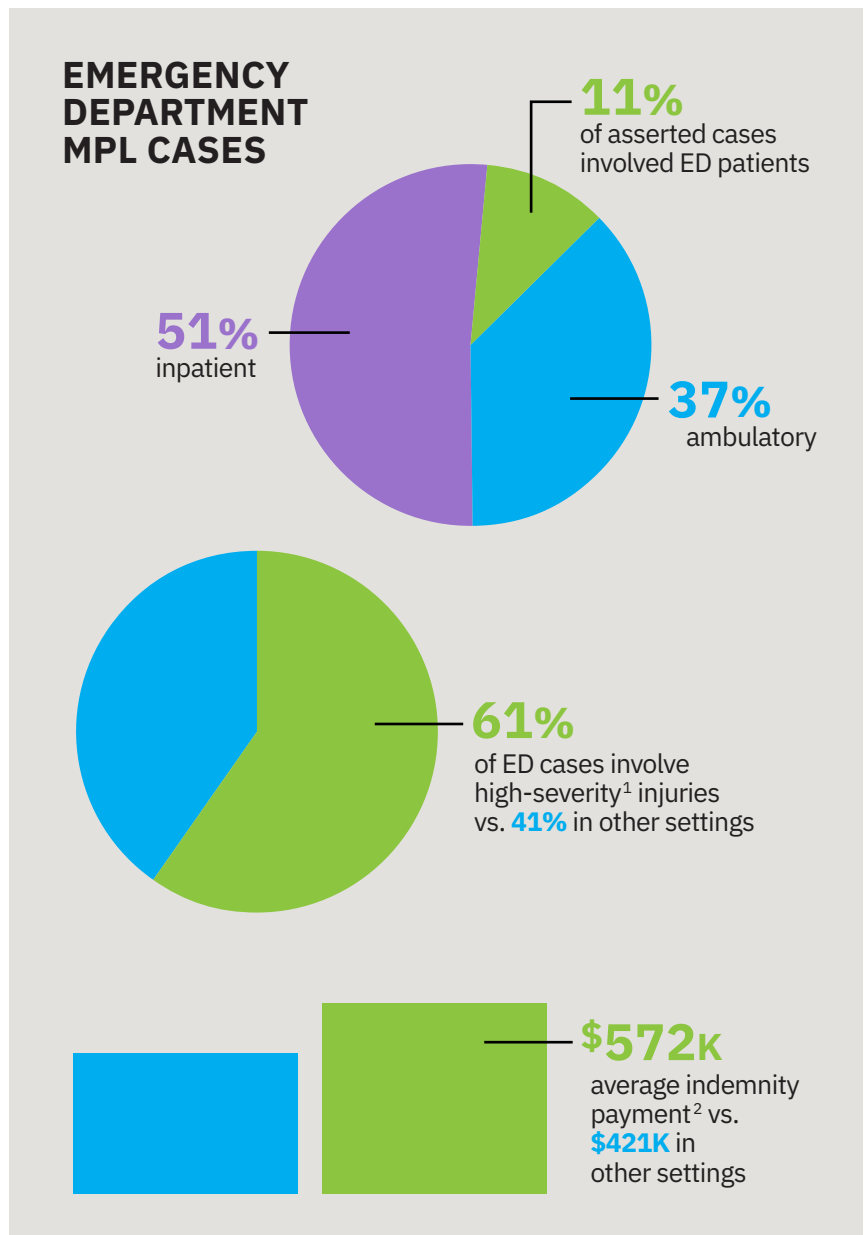
ED MALPRACTICE CASES AREN'T NECESSARILY DRAMATIC

Anyone who has watched much American television knows that a hospital emergency department (ED) is filled with “crisis mode” scenes of traumatically injured patients (usually) being saved within 59 minutes of the opening credits. Anyone who has been a patient or provider in an American ED might wish to quibble with those depictions.

According to the National Center for Health Care statistics, there were 131 million ED visits, or 40 for every 100 Americans, in 2020. More than two-thirds (71%) of those ED visits were for reasons other than injury. In addition to the sheer volume of visits is the evolution of EDs from primarily a trauma or urgent care facility to a catchall for patients with fewer options for non-urgent or non-injury-related care.

Likewise, the patient safety challenges that real Emergency Medicine providers face are quite different from their Hollywood counterparts. According to the Candello database, Emergency Medicine-related medical professional liability (MPL) cases, which account for roughly 10% of all MPL cases, tend to involve more severe patient harm and have higher indemnity payments than MPL cases from other care settings. But, for the most part, ED cases are more likely to stem from patients in slowly evolving scenarios than from the urgent treatment of victims.

—continued



More than half (56%) of ED cases allege a missed or delayed diagnosis. Across all types of ED cases, the most common factors that trigger an allegation of medical malpractice are related to patient assessment (including failure to obtain a consult), and communication. And the frequency and ranking of those factors did not change dramatically from 2017 to 2021. One of the top contributing factors that did shift upward from 2017 to 2021 may reflect more time-sensitive issues in the 24/7 environment of the ED; in one-quarter of the cases, the patient’s care was compromised during off-shift (i.e., nights and weekends) hours, often because personnel or services were delayed or unavailable (compared to 8% of non-ED cases).

What the Candello data indicate is that, while today’s EDs are dealing with an ever-increasing volume of patients with a broadening array of “emergencies,” they are not becoming dramatically riskier from a patient-safety perspective. Of course, ED leadership needs to continue to pay attention to the patient care issues that continue to be flagged in the analysis of MPL claims and suits, but at least one aspect of their job is not in crisis mode.

By Jock Hoffman | May 2023

Notes:

25,586 cases asserted 2017-2021

41,432 cases closed 2017-2021

1. Includes death and significant permanent injury
2. Average for all cases closed with an indemnity payment

THE TOP CONTRIBUTING FACTORS IN ED CASES DID NOT SHIFT DRAMATICALLY BETWEEN 2017 AND 2021.

% of cases (a case may have more than one factor identified)

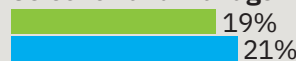
Patient assessment issues



Shift/off hours conditions



Selection and management of therapy



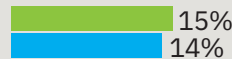
Patient factors



Communication among providers



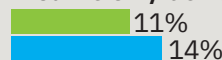
Communication between patient/family and providers



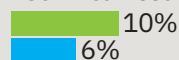
Failure/delay in obtaining consult/referral



Insufficient/lack of documentation



Technical issue



Staff issues

