

Allegations and Outcomes: A Ten Year Analysis of Surgery Liability Claims

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Abstract

Background: The University of Rochester Medical Center (URMC) is a tertiary referral center in western New York. This study reviews malpractice claims at our institution over the last 10 years (2000-2009).

Methods: A retrospective review was conducted of malpractice claims against URMC surgical services. Emphasis is placed on the respective intitutional costs for each outcome, allegation, and contributing factor.

Results: Over a ten year period, an estimated 250,000 procedures at our institution led to 162 malpractice claims with \$44 million total liability incurred. The average cost per closed claim was \$251,000. High, moderate, and low injury severities made up 32%, 60%, and 8% of claims with average costs of \$574,000, \$110,000, and \$7,200 respectively. Of closed claims, 37 yielded less than \$10,000, and only 10 “mega” awards provided payments of \$1 million or more.

A list of contributing factors for each claim was assigned by the insurer. Most commonly identified, intra-operative technical error and improper post-surgical monitoring was involved in 24% and 13% of claims respectively, combining to entail 58% of cost. “Frivolous” claims, resulted in 0.35% of costs. The dollar enumeration directly related to the number of contributing factors recognized: \$114,000 if only one factor, and \$1.4 million if more than 4 contributing factors were identified.

Four claims were asserted against URMC Plastic Surgeons, incurring a cost of \$24,956. No claims were made for alleged technical error, improper surgical management, or by patients “dissatisfied” with surgical results.

Conclusions: We saw increased liability costs for care that resulted in: high severity injury, return to the operating room, and injury from multiple contributing factors. Liability from plastic surgery claims was small. Since 2000, new initiatives to reduce errors have been implemented by an active Chief Quality Officer. We believe this reflects a trend toward decreased annual liability costs at our institution since 2000.