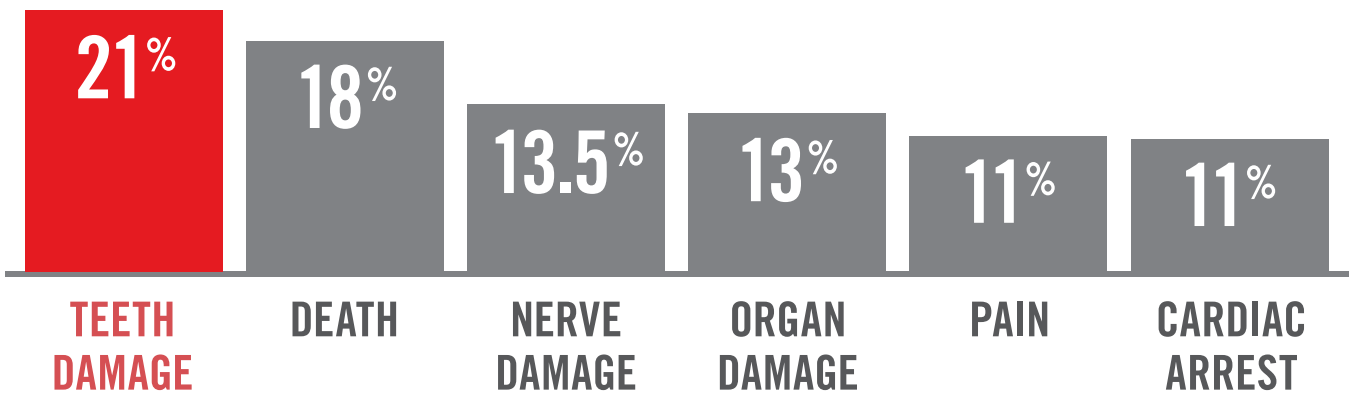
ANESTHESIOLOGY: WAYS TO AVOID PATIENT INJURY

Although the safety of anesthesia has greatly improved over the years, a recent study found that patients still suffer injuries related to administration of anesthesia. The study of data from 607 closed claims provided by The Doctors Company indicates that many of the adverse events that still occur are preventable.

WHAT ARE THE MOST COMMON ALLEGATIONS IN THESE CLAIMS?

- **25%** IMPROPER PERFORMANCE OF INTUBATION AND ADMINISTRATION OF ANESTHETIC AGENTS
- **24%** TOOTH DAMAGE RELATED TO INTUBATION AND EXTUBATION
- **19%** IMPROPER MONITORING OF VITAL SIGNS AND INADEQUATE RESPONSE TO OBSTRUCTED VENTILATION
- **3%** FAILURE TO MONITOR PATIENT'S PHYSIOLOGICAL STATUS
- **3%** PATIENT POSITIONING

WHAT ARE THE MOST FREQUENT INJURIES?*



WHY DO ADVERSE EVENTS OCCUR?

44% TECHNICAL PERFORMANCE

- Injury was a known risk of the procedure.
  - In almost 80% of the claims in this category, the patient knew of the risks prior to surgery.
- Poor technique, inappropriate method of administering a drug, or incorrect body positioning.
  - This accounted for 20% of claims in this category.

15% PATIENT ASSESSMENT ISSUES

- Inadequate history and physical.
- Failure to consider clinical information.
- Failure to address abnormal findings.
- Failure or delay in ordering diagnostic test.

14% INSUFFICIENT OR LACK OF DOCUMENTATION

- Clinical findings.
- Review of and participation in care.
- Informed consent.
- Resuscitation efforts.

12% INADEQUATE PATIENT MONITORING

- Physiological status.
- Medication.
- Delay in responding to clinical alarm.

10% PATIENT FACTORS

- Physical characteristics related to patient anatomy.
- Comorbidities: obesity (15%), cardiovascular disease (4%), diabetes (4%), chronic pulmonary disease (3%), smoking (3%), and hypertension (3%).

HOW CAN ADVERSE EVENTS BE AVOIDED?

Anesthesiologists can:

- Conduct thorough preoperative patient assessments.
- Be prepared to respond in a crisis situation by correctly identifying acuity ratings.
- Carefully monitor patients postoperatively, especially patients with risk factors.

Risk managers can:

- Encourage safer practices for nerve blocks.
- Promote multidisciplinary efforts to prevent positioning injuries.
- Take an active role in developing procedural protocols for obese patients.
- Advocate the same standards of care at all facilities, including remote locations.

Source:

Ranum D, Ma H, Shapiro F, Chang B, Urman R. Analysis of patient injury based on anesthesiology closed claims data from a major malpractice insurer. *J Healthc Risk Manag.* 2014;34(2):27-38.

*Can be more than one injury per claim.

Source: The Doctors Company