



MEDICAL LOSS PREVENTION bulletin

Anesthesiology Claims



This Medical Loss Prevention Bulletin is based on recent anesthesiology claims data analyzed by CMIC. To date, CMIC has paid **\$15,250,000** in closed cases and reserved **\$14,100,000** for future settlements. These results are based upon open and closed files within the last five years. Some cases included infants or children.

According to the American Society of Anesthesiologists (ASA) Committee on Pediatric Anesthesia, perioperative care requires qualified medical personnel and appropriate equipment designed to care for this specialized population of medicine. Geographic circumstances may differ due to the immediate availability of specialized personnel and access to facilities.

A closed claims analysis was reviewed by Nathalia Jimenez, MD et al, who reported the majority of pediatric claims involved inadequate oxygenation or ventilation. There was also a significant increase in the proportion of claims in neonates or patients under three years of age. An improved survival from congenital conditions, as well as new surgical techniques, may account for this trend.

Sedation of neonates or pediatric patients can have serious associated risks and adverse responses during and

after sedation. A careful pre-procedural review of the patient's underlying medical condition, the type of surgical procedure and consideration of how the sedation process might affect or be affected by these conditions should take place by the insured. **Anesthesiologists should assess whether a case is within their scope of practice.**

There are several organizations affecting how and where anesthesia will be delivered. The ASA, American Academy of Pediatrics and Society for Pediatric Anesthesia have each published policy statements and guidelines for the pediatric perioperative anesthesia environment. Also, the American Association for Accreditation of Ambulatory Surgical Facilities, as well as the Accreditation Association for Ambulatory Health Care, has included requirements for pediatric anesthesia care in their certification manuals. Please be aware of recommendations from these several organizations before proceeding with neonate or pediatric surgery.

This specialized area of medicine is increasing. **Remember:** *An environment that adheres to the safety and wellbeing of infants and children reduces the risk for adverse events and liability exposure.*

MOST FREQUENT ALLEGATIONS

- Improper performance
- Failure to monitor
- Tooth damage following intubation



MOST EXPENSIVE COMPLICATION

- Hypoxemia



MOST FREQUENT OCCURANCE

- Tooth damage

Recommendations ►

The following recommendations address loss prevention issues associated with anesthesiology. These strategies are provided with the intention of improving patient care, optimizing patient outcomes and minimizing physician exposure to litigation.

- Never disable the pulse oximeter and CO₂ alarms.
- Perform and document a preanesthesia evaluation and include an airway evaluation.
- Determine what pediatric surgical services you are capable of providing.
- Develop criteria for anesthetic care for pediatric patients.
- Determine a minimum case volume to maintain clinical competence in pediatric anesthesia.
- Include a dental exam as part of your preanesthesia evaluation and include dental injury as a risk in your informed consent.
- Discuss a bad outcome with the patient in a timely, compassionate manner. Document questions, concerns and treatment plan.
- Notify CMIC of bad outcomes early to seek advice.

Informed Consent:

- During the informed consent process describe the specific anesthesia plan; explain risks, benefits and possible complications as well as alternative treatments. In addition, include a disclaimer for dental injury. Make certain all questions and concerns are addressed.
- Be cautious not to use the word, “guarantee.”
- Keep in mind, not every bad outcome is negligence on your part. However, if you make promises in the consent process a bad outcome can turn into a breach of contract.
- Document the informed consent dialogue in the patient’s record.
- For some patients, it maybe beneficial to include a family member in the informed consent process and document that the family member was present in the medical record. ■

Additional Resources

American Society of Anesthesiologists
847.825.5586
www.asahq.org

American Academy of Pediatrics
847.434.4000
www.aap.org

Society for Pediatric Anesthesia
804.282.9780
www.pedsanesthesia.org

American Association for Accreditation of Ambulatory Surgical Facilities
888.545.5222
www.aaaasf.org

Accreditation Association for Ambulatory Healthcare
847.853.6060
www.aaahc.org

This review was conducted for its loss prevention value to assist doctors in recognizing the liability exposure as it relates to anesthesiology. **You may address these issues further by contacting Nancy Moody, R.N., Medical Loss Prevention Specialist, at 860-633-7788 ext. 283. Please return the attached form to receive CME credit for reviewing this Medical Loss Prevention Bulletin.**

