



Outpatient Setting Carries Equal Malpractice Risk

By Crystal Phend, Senior Staff Writer, MedPage Today | June 15, 2011

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Action Points

- Note that the number of paid malpractice claims that stemmed from incidents in the outpatient setting is similar to that generated from inpatient errors, according to a national analysis, and both dropped significantly over a five-year period ($P < 0.001$).
- Note that inpatient events most often stemmed from surgical procedures while outpatient events most often involved diagnostic errors.

The number of paid malpractice claims that stemmed from incidents in the outpatient setting is similar to that generated from inpatient errors, according to a national analysis.

And both dropped significantly over a five-year period ($P < 0.001$), Tara F. Bishop, MD, MPH, of Weill Cornell Medical College in New York City, and colleagues found.

Their analysis of data from the National Practitioner Data Bank, to which all U.S. practitioners must report malpractice claim payments, showed that the number of paid claims for inpatient events fell from 6,515 in 2005 to 4,910 in 2009, they reported in the June 15 issue of the Journal of the American Medical Association.

Claims paid for outpatient events dropped from 5,511 in 2005 to 4,448 in 2009.

Safety initiatives to reduce preventable injury have tended to focus on the inpatient setting, but the increasing number of surgical procedures being done on an outpatient basis in physician offices, and small ambulatory surgical centers, may require a shift, Bishop's group suggested.

They pointed to the fact that nearly \$1.3 billion was paid out for outpatient events in 2009 alone. Almost two-thirds of the claims involved major injury or death.

"Our findings provide empirical support for suggestions that patient safety initiatives should focus on the outpatient setting, not just on inpatient care," the investigators wrote

The outpatient setting presents more of a challenge, though, they noted.

"There are many more sites of outpatient care than inpatient care, and many outpatient sites may be too small to have well-trained staff who [can] devote significant attention to improving patient safety," the paper explained.

In 2009, 52.5% of paid malpractice claims involved the outpatient setting, at least in part.

The proportion of payments for events that occurred exclusively in outpatient settings rose from 41.7% in 2005 to 43.1% in 2009, a small but statistically significant increase at $P < 0.001$.



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Payments for inpatient events averaged \$362,965 compared with \$290,111 for outpatient events ($P < 0.001$).

Inpatient claims arose most often from surgical procedures (34.1%) while outpatient claims most often stemmed from diagnostic errors (45.9%).

The researchers cautioned that their analysis included only claims involving physicians, since other types of practitioners and hospitals are not required to report to the database.

This likely underestimated the number of malpractice claims by approximately 20%, the researchers noted.

But how that might affect the relative proportions or number of claims in the inpatient versus outpatient settings was not clear because corporate entities employ physicians who work in both inpatient and outpatient settings, Bishop's group noted.

Nor could the study determine how many claims were paid per encounter or in comparison with total adverse events, they added.

Bishop reported support in part by funds provided to her as a Nanette Laitman Clinical Scholar in Public Health at Weill Cornell Medical College.

The researchers reported having no conflicts of interest to declare.

Primary source: Journal of the American Medical Association

Source reference:

Bishop TF, et al "Paid malpractice claims for adverse events in inpatient and outpatient settings" JAMA 2011; 305: 2427-2431.

<http://jama.ama-assn.org/content/305/23/2427.abstract>