

Study shows anesthesia-related deaths decline; improvement needed to reduce injuries

15 October 2014

October 15, 2014—Although recent trends show a decline in anesthesia-related deaths, a study published today by the *Journal of Healthcare Risk Management* concludes that risks are evolving and both physicians and patients can take steps to reduce injuries.

The study, "Analysis of Patient Injury Based on Anesthesiology Closed Claims Data from a Major Malpractice Insurer," is based on 607 anesthesia-related claims reported by The Doctors Company, the nation's largest physician-owned [medical malpractice](#) insurer. Three prominent Harvard Medical School anesthesiologists, a Stanford University Hospital anesthesiologist, and a patient safety expert with The Doctors Company conducted the research.

Some of the major findings from the study include:

- Almost 80 percent of anesthesia technical performance claims resulted from complications that were explained to patients prior to the procedure. However, patients who filed claims may not have had sufficient clinical knowledge to associate those risks with their injuries.
- Delayed responses to deteriorating vital signs intraoperatively were sometimes the result of alarms being turned off or ignored.
- The number one injury from anesthesia was tooth damage (20.8 percent of the claims).
- Obesity was identified as the most significant patient characteristic in claims. Obesity affected anesthesia outcomes more frequently than other comorbidities such as cardiovascular disease or diabetes.

for physicians to communicate with patients about the outcomes of their care and to link informed consent discussions with the complication that they experienced," said co-author Richard D. Urman, MD, assistant professor of anesthesia at Harvard Medical School and a staff anesthesiologist at the Brigham and Women's Hospital in Boston, Massachusetts. "Patients may still be unhappy with the outcome, but they will have a better understanding of the cause of their injury and be less likely to incorrectly ascribe the injury to substandard care."

The study also found that a patient's complete medical history and physical evaluations provide critical information that can help avoid anesthesia complications. Conditions such as sleep apnea, seizure activity, allergies, reactions to anesthetics, comorbidities, and difficult intubations can be identified during the medical history interview. In addition, laboratory test results, including abnormal electrocardiogram and elevated potassium levels, can reveal other important considerations when developing a patient's anesthesia treatment plan.

"This research provides physicians and hospitals with important information for promoting patient safety and reducing risks," added co-author Darrell Ranum, JD, CPHRM, vice president of Patient Safety at The Doctors Company. "For example, physician experts identified inadequate preoperative assessments in 15 percent of cases filed against [anesthesia](#) professionals. Knowledge of patient history, comorbidities, chronic conditions, and current status is essential for planning appropriate anesthetic treatment and is critical for anticipating complications that may arise during surgery."

"The results of this study show how important it is

Provided by GCI Health

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