

# A CONTEMPORARY ANALYSIS OF CLOSED CLAIMS RELATED TO WRONG-SITE SURGERY

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## BACKGROUND

For decades, the sentinel event Wrong-Site Surgery (WSS) has been problematic for the healthcare field as a whole, causing negative consequences for practitioners and patients alike. In fact, The Joint Commission cited WSS as the second-most reported sentinel event between 1995 and 2005, accounting for 12.8% (455/3,548) of cases. This discovery led to the implementation of **The Joint Commission-mandated Universal Protocol** in 2003.<sup>3</sup> The protocol introduced three minimum requirements: a mandatory preprocedure verification process, a procedure site marking by the surgeon, and a surgical time-out involving all members of the operating room (O.R.) team immediately before incision. **However, as the authors of this paper discuss, despite the fact that the protocol has been a requirement since 2004, WSSs continue to occur. Between 2018 and 2021, they were still reported as the cause of 7.9% (286/3,635) of sentinel events by The Joint Commission.**

### THE UNIVERSAL PROTOCOL



A preprocedure verification



Procedure site marking by Surgeon



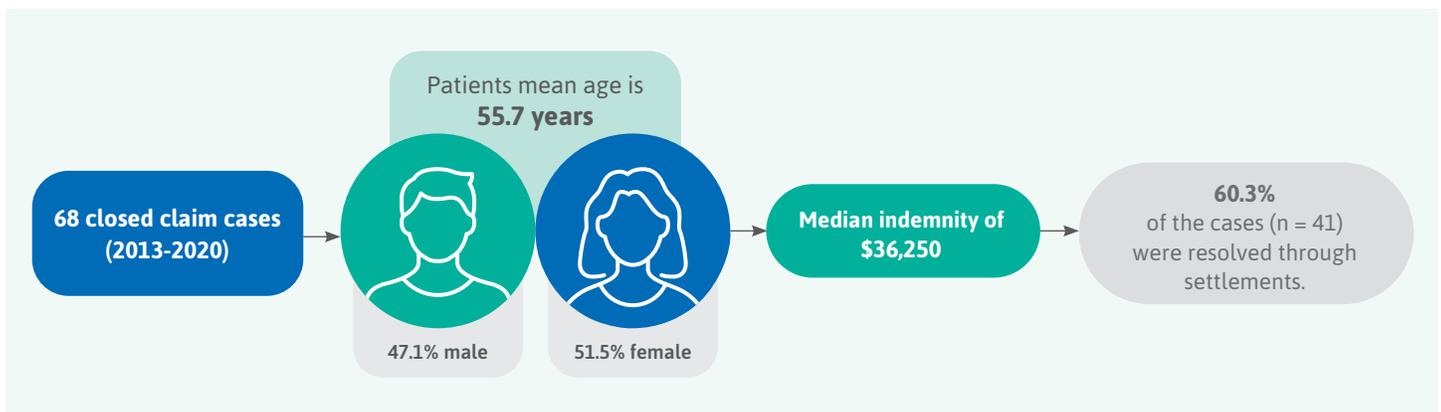
Surgical time-out right before incision

## OBJECTIVES AND METHODS

The clinical data for this study was obtained from closed claims between 2013 and 2020, sourced from The Doctors Company (TDC), a physician-owned medical malpractice company based in Napa, California. Expert physicians and nurse reviewers were responsible for coding and reviewing the data during the analysis of a medical malpractice claim.

## RESULTS

A comprehensive analysis was conducted of 68 closed claims cases involving wrong sites.



The Most Common Alleged Injuries Related to WSS	%*	Number of Cases**
Need for additional surgery	45.6%	31
Increased pain	33.8%	23
Mobility dysfunction	10.3%	7
Aggravated/worsened injury	8.8%	6
Death	7.4%	5
Total loss	7.4%	5
Scarring	7.4%	5

The Top Contributing Factors to WSS	%*	Number of Cases**
Failure to follow policy/protocol	83.8%	57
Failure to read medical records	41.2%	28
Selection/management of surgical treatment	39.7%	27
Inconsistent documentation	32.4%	22
Known complication - technical issues	26.5%	18
Communication among providers	26.5%	18

\*The percentages represent the proportion of alleged injuries related to WSS.  
 \*\*Each factor indicates the percentage and the number of cases out of a total of 68.



The average indemnity in this study amounted to \$136,452.84.



Orthopedic surgery (35.3%) followed by Neurosurgery (22.1%) were the most frequently implicated specialties in WSS cases.



The primary contributing factor to WSS was the failure to adhere to established policies and protocols (83.8%).

## CONCLUSION

The study comprehensively analyzed closed claims related to WSS, providing up-to-date insights. WSS imposes significant physical, emotional, and financial burdens on all parties involved.

It is imperative to ensure policies and protocols are in place, and to prioritize the conscientious execution of checklists without taking any shortcuts and with unwavering attention. Cultivating a culture of safety and fostering effective communication within the healthcare team is crucial to achieving this goal. Moreover, patients themselves must also assume a more active role in their medical care.

## APPLICATION FOR PRACTICE

1



Be aware! WSSs can continue to occur with significant physical, emotional and financial burdens to all involved.

2



Work with your facility to standardize policies and protocols, and routinely audit compliance to improve outcomes.

3



Follow to achieve the goal of zero WSSs:

- Continued education
- Increase communication
- Create a safety culture
- Empower patients to speak up

Note: This clinical summary is written by clinicians at Ansell Healthcare Products LLC. Please refer to the actual study for full text information.

Tan J, Ross JM, Wright D, Pimentel MPT, Urman RD. A Contemporary Analysis of Closed Claims Related to Wrong-Site Surgery. *Jt Comm J Qual Patient Saf.* 2023;49(5):265-273.

Link to access full text article: <https://pubmed.ncbi.nlm.nih.gov/36925434/>

### Reference:

1. Universal Protocol for the Prevention of Wrong Site, Wrong Procedure, Wrong Person Surgery. *Joint Commission Perspectives.* 2004;24:3-4.

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