Malpractice litigation, Quality Improvement, and the University Hospitals Obstetrical Network

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Introduction

A healthcare organization's medical malpractice data can help identify patient safety risks and drive improvement. In most organizations, obstetric (OB) malpractice losses are assumed to be part of the risk of delivering obstetric care.

We describe a systematic approach to mitigating risks for obstetric patients and their newborns while simultaneously improving patient outcomes and reducing obstetric litigation costs at University Hospitals (UH), a northeast Ohio-based health system of eighteen hospitals, including seven hospitals providing obstetric services and delivering approximately 8000 women per year.

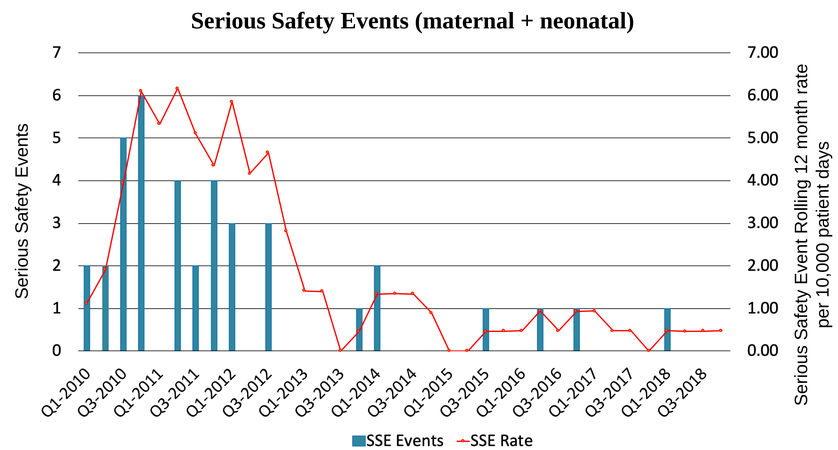
Methods

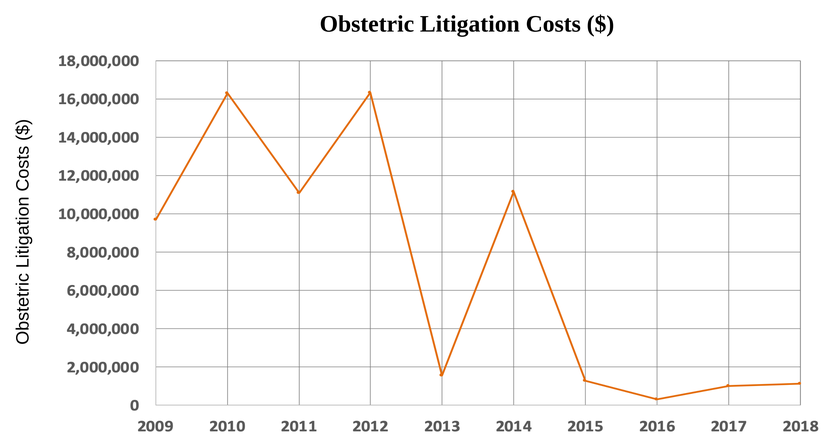
From multiple data sources, including malpractice claims data, the team identified four key drivers of risk on the obstetric service: hypoxic ischemic encephalopathy, obstetric hemorrhage, hypertensive disorders of pregnancy, and shoulder dystocia. Collectively, these conditions resulted in five maternal deaths, sixteen newborns with permanent neurologic damage, seven babies with sustained injury from shoulder dystocia, and multiple women harmed by transfusions, hysterectomies, and admissions to ICUs. These events also accounted for 71% of obstetric litigation costs ($48.3M) from 2009-2015.

In response, the team built a regional OB quality network and implemented interventions to mitigate the four major risk areas. This included establishing clinical practice guidelines to standardize the management of key obstetric conditions, adopting ReliasOB as a continuing obstetric education platform for all physician, midwife, and nursing providers, and instituting a Standard Operating Procedure (SOP) for obstetrics. Adherence to the SOP was a requirement for maintaining obstetric privileges and individual providers were expected to endorse the agreement at the time of credentialing or re-credentialing.

Results

We achieved a reduction in Serious Safety Events from 2010 to 2018, from 6 events per 10,000 patient days in Q4 2010 to 0.5 events per 10,000 patient days in 2018. We also achieved a reduction in obstetric litigation costs between 2009-2012 ($53,410,661) and 2015-2018 ($3,756,157).

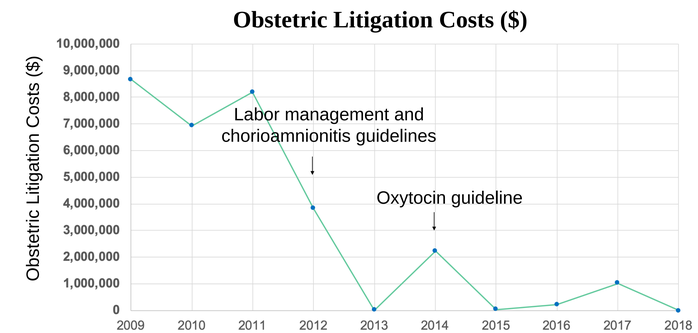




Hypertensive disorders of pregnancy

- **NO maternal deaths or suits/claims attributable to hypertensive disorders of pregnancy from 2014-2018**

Hypoxic ischemic encephalopathy



Obstetric hemorrhage

- 40% decrease in patients admitted to L&D with Hgb < 10 mg/dl
- 68% decrease in patients requiring transfusion of ≥ 4 units pRBCs
- 77% decrease un number of peri-partum hysterectomies
- 91% decrease in number of patients admitted to ICU
- **NO maternal deaths or suits/claims attributable to obstetric hemorrhage from 2014-2018**

Shoulder dystocia

- **Reduction in claims AND litigation costs**
  - **8 claims** (2009-2015) → **1 claim** (2016-2018)
  - **$1.4M** litigation costs (2009-2015) → **$51K** (2016-2018)

Conclusion

This multifaceted intervention was associated with decreased patient harm and reduced obstetric litigation costs. Application of this approach to other hospitals could result in improvements in obstetric patient safety and reduced obstetric litigation costs.