

# Lessons learned from claims finalised nationally in 2014 in

## Emergency Medicine



Gníomhaireacht Bainistíochta an Chisteáin Náisiúnta  
National Treasury Management Agency

An Ghníomhaireacht Stáit um Éilimh  
State Claims Agency

Authors; Deirdre Walsh, Fiona Culkin, Mary Godfrey, Dubhfeasa Slattery.  
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### Aim

To review all medico-legal claims finalised nationally pertaining to Emergency Medicine during 2014 and identify learning opportunities.

### Method

A retrospective one year review of all claims finalised nationally in Emergency Medicine in 2014, pertaining to adults, was conducted. A report was run using the National Incident Management System (NIMS) under the specialty of *emergency medicine*. The data list was obtained on 13/05/15

### Results

Fifty six finalised claims were identified, of which 23 (41.1%) were excluded: 10 were statute barred, 6 were withdrawn by the claimant, 3 pertained to paediatric emergency medicine and 4 were miscategorised. Of the 33 (58.9%) finalised claims, 20 (60.6%) related to male patients.

Two claims (6.1%) resulted in fatalities. One pertained to a patient with no known drug allergies, who developed anaphylaxis: adrenaline was not administered.

### References

- Holohan, T. (2014) HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date).
- Health Information and Quality Authority (2013). Investigation into the safety, quality and standards of services provided by the health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital, Galway, as reflected in the care and treatment provided to Savita Halappanavar. Health Information and Quality Authority, Dublin.

### Results

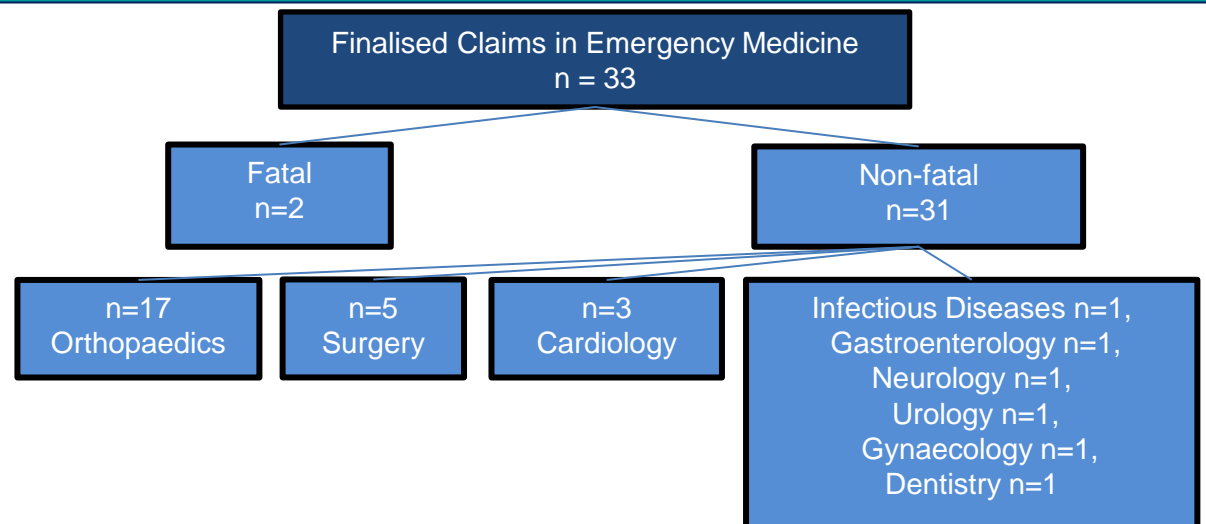


Figure 1: A breakdown of claims finalised in Emergency Medicine 2014

With regard to the non-fatal claims (Figure 1), multiple specialities were identified, of which orthopaedics (n=17, 54.8%) was the most common, followed by surgery (n=5, 16.1%) and cardiology (n=3, 9.7%). There was one claim each in the specialities of infectious diseases, gastroenterology, urology, neurology, gynaecology and dentistry.

Incident Type	Emergency Medicine
Diagnosis -Delay in Diagnosis	23
Treatment -Delay in treatment - Unexpected Complication	4 6
Total	33

Figure 2: Emergency Medicine closed claims by incident type

Regarding orthopaedics (n=17), delayed diagnosis of fracture (n=9), was the most common claim; followed by unexpected complication after treatment (n=3) which included infection (n=2) and nerve damage (n=1). The remaining orthopaedic claims involved missed septic arthritis (n=2), cauda equina (n=1), finger injury (n=1) and wrong limb x-rayed (n=1).

A breakdown of claims by incident type/problem cause identified is presented in figure 2.

### Lessons Learned

- Implement **Specific Education and Training** in clinical and radiological presentations of orthopaedic cases, prior to commencement of EM rotation.
- Recognition of patients/service users with **high risk profiles** who need appropriate referral and escalation to senior decision makers.
- Importance of clear, accurate and timely **documentation**. Poor quality documentation is a criticism in many expert reports and several HSE and HIQA investigations (HSE, 2014; HIQA, 2013).

Note: Percentages in this poster may be rounded.