When Treating Children, Avoid These Risks

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A study of malpractice claims against physicians in 52 specialties who treat children reveals that while there are common elements in allegations, the types of problems experienced by pediatric patients—and that lead to malpractice claims—change as they age.

The Doctors Company studied 1,215 claims filed on behalf of pediatric patients that closed from 2008 through 2017.

The study focused on four groups: neonate (less than one month old), first year (one month through 11 months), child (one through nine years), and teenager (10 through 17 years).

Of the claims, 446 (37 percent) resulted in a payment to the claimant. The mean indemnity payment was $630,456, and the mean expense was $157,592. The median indemnity payment was $250,000, and the median expense to defend these claims was $99,984.

The patients represented in these claims and lawsuits were treated by a variety of specialties. Obstetricians were most frequently involved with neonatal patients. Pediatricians, orthopedic surgeons, emergency medicine physicians, and family medicine physicians were most frequently named as defendants for children older than one month.

Diagnosis-related allegations were the most common allegation in all but the neonate age group. Patients older than neonates experienced diagnosis-related claims in 34 to 44 percent of all claims and lawsuits.

Physician experts identified factors that contributed to patient harm and evaluated each claim to determine whether the standard of care was met.

The most common factor contributing to injury in neonates was selection and management of therapy. This issue refers to decisions about vaginal birth versus cesarean section.

The most common factors contributing to patient harm for age groups other than neonates were patient assessment issues and communication between the patient or family member and provider.

The following strategies can assist physicians in preventing some of the concerns identified in this study:

**For Neonates**
1. Become familiar with the National Institute of Child Health and Human Development nomenclature. Physicians and nurses should participate together in regular fetal monitoring learning activities.
2. Respond without delay when a nurse requests a physician assessment.
3. Conduct drills to ensure 30-minute response times for emergency cesarean section deliveries and carry out simulations of low-frequency/high-severity obstetric emergencies.
4. Estimate and document fetal weight when considering vacuum-assisted vaginal delivery.
For Children Ages One Month to 17 Years

1. Ensure quality documentation.
2. Conduct careful reevaluations when patients return with the same or worsening symptoms.
3. Ensure an adequate exchange of information. Utilize translation services if communication is difficult.
4. Provide parents with information to help them recognize when a sick child requires emergency care.

This study showed that neonates and infants in their first year of life were more vulnerable than older children. Children less than one year of age experienced high-severity injuries at almost twice the rate of children older than one year. Neonates may experience complications due to difficult labor and delivery. They also face congenital conditions that may not be readily diagnosed and treated.

Children older than one year experienced more injuries from trauma, communicable disease, and malignancies. Teenagers experienced trauma and illness, and teenaged females may also face the dangers of pregnancy and childbirth.

This wide spectrum of development adds to the challenges of diagnosing and treating pediatric patients and shows that clinicians need the assistance of reliable systems to help prevent these errors.

These issues and additional data are addressed at thedoctors.com/childmedmalstudy.

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The guidelines suggested here are not rules, do not constitute legal advice, and do not ensure a successful outcome. The ultimate decision regarding the appropriateness of any treatment must be made by each healthcare provider considering the circumstances of the individual situation and in accordance with the laws of the jurisdiction in which the care is rendered.

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