Decoding ER Malpractice

Medical Malpractice is a problem in every area of medicine. But the hospital emergency room (ER) has little margin for error, and mistakes cannot easily be fixed. There are about 100 million ER visits annually in this country, yet four of every 100,000 ER visits result in an allegation of medical malpractice. Over 225,000 people die from medical malpractice-related injuries every year, and nearly half of these deaths are from emergency room errors.

What goes wrong? The short answer is that everything can go wrong in an ER setting, many of which could be eliminated if physicians met the ordinary standard of care. Here are some of the most common types of ER malpractice we see:

1. **Misdiagnosis:** Diagnostic errors are the primary problem in most ER malpractice cases. ER doctors routinely fail to accurately and promptly diagnose severe medical conditions, and the patient suffers significant injury or death. For example, it's common for heart attack victims to be diagnosed with gastrointestinal distress. 47% of ER malpractice cases allege failure to diagnose correctly, and 39% of those cases cite a judgment error related to ordering a test or image. Misinterpretation of test results was found to result from inexperience and mistakes in clinical judgment.

1. **Pharmaceutical/Medication Errors:** The wrong drugs can be given because of poor communication, poor handwriting, or human error. The wrong medication can have severe or fatal outcomes.

1. **Surgical Errors:** Surgical errors happen in all types of surgery. Emergency room physicians are not held to the same standard for surgery as specialists; however, they are held to the standard of knowledge and care of other ER surgeons. Surgical malpractice includes cutting the wrong part of the body (for example, nicking an artery or permanently damaging other body parts during an emergent procedure), failing to diagnose and treat fractures, and leaving medical devices (for example, sponges) inside the patient.

A study published by the Annals of Emergency Medicine found that ER physicians account for 52% of all reported cases of misdiagnosis resulting in adverse outcomes. This is twice as high as any other area of specialty medicine. In addition, it has been reported that ER physicians failed to order proper tests in 93% of these cases as they did not realize the test was required, and 52% of the time, the physician lacked the knowledge that the test was even indicated.

The following is a list of the five most common emergency room errors:

1. **Failure to admit unstable patients or patients with an unclear diagnosis:** The ER doctor's first responsibility is to stabilize a patient and make appropriate decisions about the patient's continuing care needs. Suppose the ER doctor does not have to admit privileges at the hospital. In that case, they must contact the patient's regular doctor or hospital admitting doctor for permission to admit from the ER. Often, a patient is never

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admitted. We all have a story about someone who was discharged from the ER and suffered a disastrous outcome within hours or days.

1. **Failure to provide a proper airway for patients with skull or facial fractures:** Establishing a secure airway is one of the priorities addressed by an ER doctor, and the most popular methods include tracheal intubation (through the nose or the mouth), bag and mask, or the creation of a tracheostomy (via a procedure called a cricothyroidotomy). ER physicians must never attempt a nasaltracheal intubation in a patient with a facial or skull fracture due to the possibility of passing the tube directly into the cranial vault and causing deadly consequences.

1. **Failure to emergently treat a perirectal abscess in a diabetic patient:** Patients who are diabetic present many unique challenges to the ER physician. A perirectal or perianal abscess is a collection of pus that forms next to the anus and causes considerable tenderness and swelling in that area when sitting or defecating. In diabetic patients, these abscesses or infections can rapidly develop into Fournier's life-threatening gangrene and has a mortality rate of 9%-43% if not immediately treated.

1. **Failure to administer prophylactic antibiotics to patients with open fractures:** An open fracture is one in which the bone has broken through the skin and, thus, has an increased likelihood of infection. The best outcome is dependent upon prevention of infection and obtaining a rapid union of the fracture. Prophylactic antibiotics reduce the risk of infection and must be given as soon as possible.

1. **Failure to diagnose "compartment syndrome" in patients with tibial fractures:** The tibia is the larger of the two bones of the lower leg and is the weight-bearing bone of the shin. "Compartment Syndrome" is a severe complication that occurs when the pressure in a closed fascial compartment rises sufficiently high to cause nerve and tissue injuries. Without a timely diagnosis and treatment, "compartment syndrome" can cause permanent loss of function to the involved extremity (legs and arms). The clinical signs include pain out of proportion to the injury, pain with passive range of motion, and loss of distal pulses.

Your ER negligence case can revolve around medication and prescription errors, diagnosis errors, failure to diagnose impending heart attacks and strokes, errors in interpreting lab results/X-Rays/CT scans/MRI studies, or the premature discharge of a critically ill patient.

At Trifecta Legal Nurse Consulting, we have a specialized team of emergency room legal nurses who understand the ER culture and exclusively dedicate themselves to this type of medical malpractice litigation.