



Wrist and scaphoid fractures: A 17-year review of NHSLA litigation data



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ABSTRACT

Wrist and scaphoid fractures are common injuries seen and treated in everyday orthopaedic practice. The purpose of the study was to assess the trends and reasons for litigation related to wrist and scaphoid fractures within the NHS. Under a freedom of information (FOI) request, data from 1995 to 2012 were provided by the National Health Service Litigation Authority (NHSLA) on all litigation claims made as a result of wrist and scaphoid fractures. A total of 1354 claims relating to the hand and wrist were identified. Wrist and scaphoid fractures accounted for 492 (36.3%) of these claims, and 365 of these claims were settled, representing 74.2% of all wrist and scaphoid fracture claims. Overall, the most common reason for lost claims was due to incorrect, missed or delayed diagnosis (43.5%). Alleged mismanagement (29.5%), poor care (10.1%) and incompetent surgery (8.0%) were other common causes for litigation. This paper augments previous work published in this area and explores litigation trends specific to wrist and scaphoid fractures. We discuss the trends and reasons for litigation in this area, suggesting areas for improvement that may aid health-care professionals who deal with these injuries and potentially help reduce future litigation.

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Introduction

In 1995, the National Health Service Litigation Authority (NHSLA) was set up as a special health authority in the National Health Service (NHS), with the role of indemnifying legal claims. Initially, the NHSLA was responsible for handling only larger claims; however, since 2002, they have dealt with all clinical negligence claims in-house, regardless of cost, and hold information on claims made against the NHS [1].

In the last 5 years, there has been over a £400 million increase in payments made by NHSLA for negligence claims against the NHS [2]. Moreover, damages in orthopaedics awarded to patients who have been negligently harmed are steadily rising [3] despite more emphasis being placed on patient safety in recent years [4].

Soft tissue or bony injuries to the wrist are a common cause for emergency department attendance and orthopaedic consultation. Litigation in this area is common, with a previous paper quoting that 48% of claims were related to wrist fractures [5].

Scaphoid fractures account for 2–7% of hand and wrist injuries and 82–89% of carpal injuries with an incidence of approximately five per 10,000 [6]. It is well established that diagnosing these injuries both clinically and using basic radiological investigations can be difficult [7,8]. Due to the blood supply of the scaphoid, complications of delayed union and nonunion can occur. These can produce significant morbidity including avascular necrosis and scaphoid nonunion advanced collapse (SNAC) [5]. It has been shown that initial and repeat radiographs are not a reliable method of diagnosing a scaphoid fracture and they should not be used in isolation when assessing these injuries [7].

To our knowledge, this is the largest review in the literature examining the reasons for litigation secondary to wrist and scaphoid fractures in the NHS. The purpose of this study was to assess the trends and reasons for litigation secondary to these injuries, and as a result provide recommendations to health-care professionals involved in the diagnosis and management of wrist and scaphoid fractures.

Methods

A request was made to the NHSLA for data from the financial years 1995–2012 (17 years) relating to all orthopaedic claims,

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Table 1

List of claim types used to classify the litigation claim.

Claim type	Claim description
Mismanagement	Claims relating to incorrect management decisions or pathways
Diagnosis	Claims related to missed, delayed or incorrect diagnosis
Incompetent Care	Claims stating incompetent surgical technique
Infection	Any issues arising directly from clinical care
	Any claims siting infection of any form related to the treatment
Consent	Claims relating to deficiencies or issues with informed consent
Neurovascular deficit	Claim related to any form of nerve damage/injury
'Never event'	Claims related to any 'never event' (DOH, 2014)
Complex regional pain syndrome (CRPS)	Claims related to CRPS
Perioperative injury/burn	Any injuries or burns to patients occurring during treatment
Compartment syndrome	Claims related to compartment syndrome or its consequences
Other	Insufficient information to define claim category

using the Freedom of Information Act (2000). The data contained information on the year of the alleged incident, a description of the claim, NHSLA classification of claim type, information relating to claim closure, and any costs incurred and damages paid. All claims were assigned a body region. All claims involving the hand and wrist were included ($n = 1354$). This included any injury, fracture, pathological condition or surgical procedure to these body areas. Claims with ambiguous categories or minimal detail to assign a category were classified as other. All claims relating to wrist and scaphoid fractures were further identified and analysed (Table 1). The Department of Health [9] criteria were used for classification of 'never events'.

Data were assessed to look for trends in claim type and resulting costs. Claims were divided into settled and open. Moreover, settled

claims were classified into those that were successfully defended or lost (i.e., where a settlement was paid to the claimant). Successfully defended claims were defined where either 'no costs' or only 'defence costs' were incurred. All costs were quoted to the nearest £100 and calculated from lost claims only. The figures stated in this review should be consulted only as an illustration of the cost to the NHS and are not a guide to the standard settlement repayment.

Results

Wrist and scaphoid fractures accounted for 492 (36.3%) of the total orthopaedic claims registered in the period studied, and 365 of these claims were settled, representing 74.2% of all wrist and scaphoid fracture claims. Furthermore, 237 of these claims (170 wrist and 67 scaphoid) were lost, representing 64.9% of all settled claims (Table 2).

Over 17 years, the total cost for hand and wrist litigation was in excess of £21 million. The overall cost for lost claims relating to wrist and scaphoid fractures was in excess of £11 million. This comprised £7,718,900 and £3,451,100 for wrist and scaphoid fractures, respectively. The average settlement per case was £45,400 for wrist fractures and £51,500 for scaphoid fractures (calculated against lost claims only). A summary of all the claim types and their respective settlements for wrist and scaphoid fractures can be seen in Tables 3 and 4.

Over this period of time, the number of overall claims (settled and open) for wrist and scaphoid fractures appears to have had two peaks: one in the early 2000s and the other in the mid-2000s. Following this second peak, there has been a decrease in the number of claims made for both wrist and scaphoid fractures (Fig. 1). The number of successfully defended claims increased initially, plateauing throughout the 2000s until the later years in which there was a decline. This trend was similar for the number of lost claims (Fig. 2).

Table 2

Comparison of wrist and scaphoid fracture claims to other specific hand and wrist pathology in relation to total number of settled claims, number of claims lost and costs related to lost claims.

Specific condition	Number of settled claims	% settled claims	Number of settled claims lost	% settled claims lost	Total cost (£)
Wrist fracture	266	26.0	170	63.9	7,718,900
Finger complaint	197	19.3	109	55.3	4,132,400
Fracture	88	–	58	65.9	1,833,100
Dislocation/subluxation	16	–	14	87.5	284,000
Infection	16	–	11	68.8	422,300
Foreign body	7	–	2	28.6	77,100
Arthrodesis	4	–	2	50.0	95,300
Tourniquet problems	2	–	2	100.0	142,700
Other	64	–	35	54.7	1,277,900
Carpal tunnel syndrome	106	10.4	73	68.9	4,728,900
Scaphoid fracture	99	9.7	67	67.7	3,451,100
Thumb complaint	62	6.1	45	72.6	1,305,300
Fracture	25	–	18	72.0	483,800
Dislocation/subluxation	8	–	7	87.5	118,100
Arthritis	5	–	4	80.0	113,200
Collateral ligament injury	3	–	1	33.3	15,100
Infection	2	–	2	100.0	13,500
Other	19	–	13	68.4	561,600
Wrist injury (non-fracture)	38	3.7	22	57.9	514,400
Tendon injury ^a	34	3.3	17	50.0	585,400
Dupuytren's	26	2.5	17	65.4	359,100
Ganglion ^b	19	1.9	10	52.6	1,742,400
Trapeziectomy	15	1.5	10	66.7	368,600
Trigger finger	10	1.0	7	70.0	85,900
Arthroplasty ^c	6	0.6	3	50.0	81,500
Other/unspecified	145	14.2	85	58.6	3,163,500

^a Extensor and flexor injuries in all zones.^b Dorsal and volar in hand and wrist region.^c All joint arthroplasty for wrist and digits.

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