The influence of Emergency Physicians on medical negligence claims in the emergency department

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Introduction.

The founding of the Dutch association of Emergency Physicians (NVSHA) and the start of recognized Emergency Physician (EP) residency programs has made a lot of positive changes in Dutch Emergency Departments (ED) possible₁. Dutch EDs went from traditionally mostly staffed by young inexperienced residents in 1996 to mostly staffed by specialty trained EPs in 2011₂. Several scientific research papers state safer and better organized EDs when staffed with EPs₃₄. The hypothesis of this study is; with more experience, comes more quality and this results in less negligence claims, and the cost those claims bring along with them. This research aims to investigate if the increasing presence of trained EPs results in fewer medical negligence claims in Dutch EDs contrary to national trends of an increase in negligence claims₅.

Year	Claims	Emergency Physicians	Claims per year	
2003	2			
2004	3			
2005	2	None	2,45	
2006	1			
2007*	2			
	1		1,76	
2008	2			
2009	3			
2010**	0			1,18
	0	24/7	0,40	
2011	0			
2012	1			

^{*} The first emergency physicians (EP) started in Feb 2007

Methods.

This is a pilot study in which collected data on all medical claims between 2003 and 2012 is retrospectively reviewed. The setting; an urban teaching hospital with a level 2 trauma center and an annual ED census of 24.000 patients per year. The dates of the actual incidents leading to a claim were noted. The incidents were categorized in 3 different periods. The first period was without EPs working in the ED. The second period was with 1 or more EP working in the ED. EPs covered the ED 24 hours a day and 365 days a year in the third period. The 3 periods where then compared to detect trends.

Results.

There were a total 17 claims reported in this 10 year period time frame. The numbers were too low to perform a validated statistical analysis but there are some remarkable trends.

In the first period (without EPs) 10 claims were made about events in 49 months. This is 2,45 claims per year. There were 7 claims in the second and third period combined. Thus 1,18 claims per year since the first EP started in the ED. This is a 52% reduction in claims per year. In the 30 months of the third period (the period with EPs present 24/7) there was only 1 claim, thus 0,40 claims per year.

Conclusion.

There is a strong trend in negligence claim reduction per year when at least one EP is working at the ED. When an EP is 24/7 present in the ED the claim reduction seems to become even stronger. We are currently working on a multicenter research to collect more data on a larger scale.

^{** 24/7} coverage by EPs from June 2010 onwards

^{1.} Nederlandse Vereniging van Spoedeisende Hulp Artsen: "10 jaar spoedeisende geneeskunde in Nederland". 2009. www.nvsha.nl/images/nvsha/geschiedenis/10-jaar-seg-in-nederland.pdf

^{2.} Van Geloven AAW, Luitse JSK, Simons MP, Volker BS, Verbeek MJ, Obertop H. Emergency medicine in the Netherlands, the necessity for changing the system: results from two questionnaires. European Journal of Emergency Medicine 2003, 10:318–322.

^{3.} Holliman CJ, Mulligan TM, Suter RE, Cameron P: The efficacy and value of emergency medicine: a supportive literature review. International Journal of emergency Medicine 2011, 4:44.

^{4.} Thijssen et al.: Emergency departments in The Netherlands: is there a difference in emergency physicians? a cross-sectional web-based survey. International Journal of Emergency Medicine 2013 6:11.

^{5.} Tuchtcolleges voor de Gezondheidszorg en College van Medisch Toezicht: Jaarverslag 2013. www.tuchtcollege-gezondheidszorg.nl/