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| **Table 6. Summary of Findings from Selected Literature** | | | | |
| Author and Study Design | | Data Source | Most common cause of litigation  Mean/Median Indemnity & Range  (all converted to US $) | Study Conclusion |
| **C. Agout et al., Retrospective, single-center study** | All claims for damages in 2007 – 2016 at a teaching hospital in Tours, France | | Hospital-acquired infections  Mean indemnity: $136,303.59  Range: $7,856.13 - $777,565.91 | Claims against orthopedic surgeons are increasing, with hospital-acquired infections being the main reason for litigation |
| **S. Gidwani et al., Retrospective review** | | All cases senior author had been requested to act as an expert witness in between 2004 and 2006 | Substandard quality of surgery  Median settlement: $62,415.00  Range: $6,241.50 - $3,744,900.00 | Emphasizes adequate clinical examination, radiography, and reading of results as well as senior support |
| **A. Atrey et al., Retrospective review** | | Pediatric orthopedic claims in NHSLAa between 1995 to 2005 | Missed/misdiagnosed injuries/conditions  Highest mean indemnity:  Missed/misdiagnosed distal radial fracture  Mean indemnity: $78,759.80  No range provided | Increased vigilance and education are critical for junior physicians and emergency department providers who initially assess patient. |
| **C. Talbot et al., Retrospective review** | | Claims in NHSLAa related to shoulder and elbow between 1995 and 2012 | Failure to diagnose/late diagnosis  Mean indemnity: $100,027.86  No range provided  Highest indemnity related to diagnostic error:  $667,592.34 | Recommend adequate radiographs, senior review of images, appropriate use of further imaging, clear patient counseling |
| **J. Ring et al.,**  **Retrospective review** | | Claims in NHSLAa related to foot and ankle between 1995 and 2012 | Missed/incorrect/delayed diagnosis  No mean, median, or range provided  Highest indemnity related to diagnostic error:  $947,420.63 | Incorrect, delayed, or missed diagnosis is a key area of improvement |
| **N. Rynecki et al., Retrospective review** | | Verdicts and settlements related to orthopedic malpractice from Westlaw database from 2010 to 2016 | Procedural error  Plaintiff verdict  Mean indemnity: $3,015,872  Range: $263,425 - $9,173,925  Settlement  Mean indemnity: $1,570,833  Range: $50,000 - $8,000,000 | Jury found in favor of defendant orthopedic surgeon in most cases. Unnecessary surgery and surgeries resulting in death were significant predictors of a verdict in favor of the plaintiff. |
| **M. Gould et al.,**  **Retrospective review** | | Reported litigation in MEDLINE and LEXIS (law database) | Improper performance  No mean, median, or range provided | Careful evaluation, meticulous documentation,  thorough IC, and appropriate follow-up are best methods to minimize malpractice risk in the emergency or acute care setting |
| **J. Mouton et al., Retrospective review** | | Litigation cases at 4 teaching hospitals in France between 2000 and 2010 | Medical error/treatment-related risk  Mean indemnity: $70,517.42  Range: $1,330.45 - $432,964.36 | Improving the doctor–patient relationship and better information delivered to patients are two priorities for preventing litigation |
| **J. Burns et al., Retrospective review** | | Closed claims collected by PIAAb between 1985 and 2013 | Improper performance  Mean indemnity, pediatric orthopedics: $317,574  Mean indemnity, adult orthopedics: $268,817  Mean indemnity, overall: $181,790  No range provided | Claims in pediatric orthopedics more likely to result in payment and higher payout, with improper closed reductions and malunions most likely resulting in payment. |
| **J. Ring et al., Retrospective review** | | Claims in NHSLAa related to hip fractures between 1995 and 2012 | Missed/delayed diagnosis  Mean indemnity of diagnostic error: $48,557.21  No range provided | Stressful environment and lack of readily available additional imaging in emergency department may be underlying causes of diagnostic errors |
| **W. Harrison et al., Retrospective review** | | Claims in NHSLAa related to scaphoid fractures between 1995 and 2010 | Missed diagnosis  Mean indemnity: $30,412.85  No range provided | It is critical to have education and protocols to safety-net false negative radiographs; recommend expert review and use clinical algorithms of combined exam findings |
| **Ahmed et al.,**  **Retrospective review** | | Fracture-related lawsuits from 1988-2015 found in VerdictSearch | Treatment error  Plaintiff verdict  Mean indemnity: $3,778,657  Median indemnity: $753,057  Indemnity range: $89,943 - $27,926,311  Settlement  Mean indemnity: 1,097,439  Median indemnity: $547,935  Indemnity range: $103,541 - $9,445,11 | Lawsuits involving fractures which resulted in neurological deficits are more likely to have a patient-favorable outcome (victory or settlement) |
| aNational Health Service Litigation Authority  bPhysician Insurers Association of America | | | | |