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INVITED COMMENTARY

Analysis of Insurance Claims after Vascular Surgery: A Tool for Quality Improvement?

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In this issue of the Journal, Rudström et al.[1] analysed the insurance claims after vascular surgery, reported during a 6-year period (2002–2007) to the Swedish Medical Injury Insurance (SMII), and cross-referenced them against the Swedish National Vascular Registry (Swedvasc). Among a total of 193 claims (mostly after elective procedures), 66 were related to varicose veins, 45 to lower extremity, 31 to carotid artery, and 19 to vascular access surgery. The most common causes of claims were peripheral nerve injury (39%), wound infection (14%), and cranial nerve injury (8%). More than half of the patients suffered permanent injuries. As compared to 45% of all claims in SMII, 28% of claims after vascular surgery received economic compensation. Finally, only 18% of core procedures or adverse events were not registered in the Swedvasc, confirming the quality of this national registry.

Interestingly, there was no difference in the frequency of insurance claims depending on hospital size, a finding consistent with a previous study from Sweden, in which no difference in the frequency of iatrogenic injuries between hospitals of different size was found.[2] The median 9-month interval between claim and notification is also an important piece of information. Indeed, prolonged settlement procedures should be avoided in order to avoid negative psychological implications on patients and medical staff and also relieve subsequent heavier financial burden imposed on patients and health care providers.

A significant strength of this report is certainly the nature of the Swedvasc, which is nationwide since 1994, registers around 10,000 open and endovascular arterial interventions yearly, and is well validated.[3] All vascular surgery procedures are reported into Swedvasc, with the exception of varicose veins and access surgery, because these procedure are mostly performed in outpatient care, both by vascular and general surgeons of whom many are in private practice and not reporting to the Swedish Board of Health and Welfare. Therefore, there is likely some over-estimation of the incidence of claims after these two vascular procedures.

These findings are however consistent with a previous British study in which the commonest cause of litigation after vascular surgery in the UK, both in the National Health Service (NHS) and in private practice, was varicose veins surgery.[4] In this study, nerve damage was also the most common complaint while the most common reason for claim was the failure to provide patients with accurate advise on potential risks and benefits of the procedure.[4]

Indeed, adequate information to the patient (and its relatives) is of paramount importance. As discussed by Rudström et al.,[1] overall impression is usually that better preoperative information could have prevented some dissatisfaction. In a related domain, the recent Guidelines on myocardial revascularisation developed jointly by the European Society of Cardiology and the European Association for Cardio-Thoracic Surgery emphasised the importance of proper patient information and issued a patient information document that can be freely downloaded from the website of these two scientific societies, and translated into several languages as desirable.[5]

In conclusion, data obtained from claims and medical reports, if both are strongly reliable, can capture important

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information regarding the epidemiology and risk factors of adverse events. It could help physicians and health care providers to further improve the quality of care delivered to patients.

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