

nerve is brought through the midline of the soleus and heads of the gastrocnemius for transfer. The vessels are ligated and the tourniquet is deflated for hemostasis. The motor entry points are confirmed with the nerve stimulator and transected. Preferred nerve coaptations performed include the deep peroneal to the motor entry point for tibialis anterior or extensor digitorum longus, superficial peroneal to peroneus longus, tibial to flexor digitorum longus, and saphenous and sural to entry points for the soleus. Transfers are followed by skin flap closure.

RESULTS: Targeted muscle reinnervation with BKA has been performed on 6 legs using this technique. Motor entry points were able to be stimulated while under tourniquet dissection (<40 minutes). Indications included trauma, wounds with chronic pain, and frostbite.

CONCLUSIONS: This method facilitates identification of all donor and recipient nerves efficiently, maintaining the ability to stimulate motor entry points while under tourniquet dissection. This procedure should be considered in patients experiencing chronic pain before amputation to prevent neuroma formation and phantom limb pain.

Assessment of Malpractice Claims Associated With Pressure Ulcers

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BACKGROUND: Pressure ulcers impose a significant burden on patients, the healthcare, and legal systems. An estimated 2.5 million pressure-induced injuries are treated each year in acute care facilities in the United States alone. Plastic surgeons are often involved in these patient's care, particularly advanced stage ulcers. Regardless of cause or treatment setting where these wounds are incurred, many patients or their family go on to file lawsuits due in part to the development of these wounds. Consequently, institutions and sometimes physicians assume the risk of malpractice litigation or are involved as experts during these cases. There is a paucity of literature regarding malpractice claims associated

with pressure ulcers. The goal of this study is to use a national legal database to characterize such malpractice claims.

METHODS: Retrospective analysis of the VerdictSearch legal database was performed on all legal cases from 1987 to present that resulted in a verdict or settlement related to pressure ulcers. A Boolean search for cases containing the terms "pressure sore," "pressure ulcer," "decubitus ulcer," or "bed sore" was included in the search query. Malpractice cases were reviewed individually to ensure that they were directly related to the development of a new pressure ulcer. The final database was then analyzed using analysis of variance tests and chi-square analysis, based on plaintiff demographics, primary malpractice claim, defendant qualifications and specialty, the case outcome, and the amount of award in case of plaintiff decision/settlement.

RESULTS: A total of 141 individual cases were collected and analyzed. The plaintiff's mean age was 72.5 and there were similar number of men and women plaintiffs, 52.5 versus 47.5%. The overwhelming majority of the lawsuits were for negligence, 75.9%, followed by malpractice, 22.7%. Most of lawsuits listed a hospital as the defendant (61.7%) followed by nursing homes (31.2%) then individual healthcare provider (7.1%). Of the cases available in the database, 25.5% resulted in settlements while plaintiffs and defendants won the verdict at similar rates, 34.8% and 36.2%, respectively. Individual providers were most likely to receive a winning verdict (80%) followed by hospitals (37.2%) then nursing homes (25%) ($P = 0.035$). Additionally, payouts were statistically different based on with individual providers being responsible for mean of \$400,000 \pm \$141,420 when they lost compared to \$1,596,705 \pm \$2,481,178 for hospitals and \$4,006,509 \pm \$7,755,644 for nursing homes (F value, 4.24; $P = 0.022$).

CONCLUSIONS: This investigation attempts to analyze malpractice trends pertaining to pressure ulcers and attempt to characterize their impact on our legal system within the framework of our current healthcare system. Specifically, although providers are least likely to be named as the primary defendant in these cases, they are the most likely to win. Moreover, a hospital is twice as likely to be named as the primary defendant compared to a nursing home, but a plaintiff is less likely to receive a winning verdict against a hospital defendant and awards are lower. Factors related to both medical and legal outcomes can suggest targets for quality improvement and suggests how practitioners may work toward reducing malpractice risk and refining patient care.