Patient Complaints in Orthopaedic Surgery: An Empirical Analysis Utilizing a Large National Database

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INTRODUCTION: The number of unsolicited patient complaints (UPCs) about surgeons correlates with surgical complications and malpractice claims. Orthopaedic surgery is considered a “high risk” medical specialty ranking fourth in terms of medical malpractice risk with 14% of orthopaedic surgeons facing malpractice claims annually. Although most orthopaedic surgeons will likely experience a patient complaint, there is nothing published in the literature analyzing patient complaints in orthopaedic surgery. Using a large national patient complaint database, we sought to 1) describe how the number and spread of complaints differ between orthopaedic surgeons, other surgeons, and non surgeons, 2) describe the distribution of patient complaints among orthopaedists, and 3) assess for clinical characteristics that may be associated with patient complaints such as practice location, practice type, subspecialty, and sex among others.

METHODS: Patient complaint reports recorded at 34 medical centers between January 1, 2015 through December 31, 2018 were coded using a previously validated coding algorithm, PARS (Patient Advocacy Reporting System). As part of the PARS program, participating institutions create a narrative electronic report by collecting and recording patient and family complaints and identifying the physicians associated with the complaint. These reports are then securely forwarded to our institutions Center for Patient and Professional Advocacy for entry for coding and analysis by trained coders who review each report and categorize them by type of complaint. The database for this study was created by linking coded patient complaint data to each physician in a de-identified manner. Variables of interest per provider included orthopaedic subspecialty, US or non-US medical school or residency, practice setting type, board certification status, sex, region of practice, and allopathic versus osteopathic medical training. Information was obtained from publicly available information from online sources. Average total patient complaints and complaint types among orthopaedic surgeons were compared across these variables, as was the distribution and spread of total complaints between orthopaedic surgeons, non surgeons, and other surgeons.

RESULTS: A total of 33,208 physicians had four consecutive years of data across 34 participating medical centers. There were 1,568 orthopaedic surgeons included in this analysis, 6,747 other surgeons, and 25,279 non-surgeons. Of those orthopaedic surgeons, 1,148 met inclusion criteria. We found that orthopaedists experience more complaints per physician (n=5) than non-orthopaedic surgeons (n=2) and non-surgeons (n=1) (p<0.05). Spread of complaints among orthopaedic surgeons demonstrate that a few surgeons account for a disproportionate amount of complaints; the top 20% of orthopaedists with complaints accounted for half of all complaints filed. The most common complaint types were related to care and treatment, followed by communication. The subspecialties that had a significant increase in receiving a patient complaint as compared to a general orthopaedic surgeon were Foot and Ankle (OR 2.6 [1.4-4.7], p value <.002), followed by Adult reconstruction (OR 2.2 [1.3-3.8], p value <.002), Spine (OR 2.2 [1.3-3.8], p value <.005), and Trauma (OR 2.2 [1.2-4.0], p value <.01). Those who practice in the Midwest were significantly less likely to receive patient complaint (OR 0.4 [0.3-0.5], p-value <.0001) with the Northeast as a reference. Sex did not prove to be a significant risk factor in patient complaints (OR 1.0 [0.6-1.5], p value =.96).

DISCUSSION AND CONCLUSION: Understanding patient complaints in orthopaedic surgery is of value to all surgeons and practices as complaints correlate to complications and malpractice risk, particularly to orthopaedic surgeons who rank among the highest in malpractice risk across all medical specialties. Our analysis showed that orthopaedists were more likely to generate UPCs than non-orthopaedic surgeons and non-surgeons. A small proportion of orthopaedists had disproportionate numbers of UPCs. Some subspecialties (Adult reconstruction, Foot and ankle, Spine, and Trauma) are considered higher risk for experiencing complaints. Orthopaedists with high numbers of patient complaints may benefit from being made aware of their elevated risk status in a constructive way.