

Reducing Surgical and Procedural Risks in Otolaryngology

MedPro malpractice case data show that surgical/procedural allegations represent the largest claims category for otolaryngology providers (55 percent of all cases). These allegations also account for almost half (47 percent) of total dollars paid for defense and indemnity costs in otolaryngology cases.¹

Further analysis of these cases shows performance-related allegations account for two-thirds of the case volume, with the highest percent of cases involving plastic procedures on the nose.² Another 25 percent of cases involve the management of surgical patients, including pre-, intra-, and postoperatively; these cases often are related to the provider's

response to developing complications. Although complications may stem from procedural errors, failure to identify and respond to them limits opportunities for early intervention and mitigation of serious adverse outcomes.³

Various risk factors contribute to surgical/procedural allegations, including technical skill, clinical judgment, communication, behavior-related issues, documentation, and administrative factors.

The following strategies can help healthcare organizations and otolaryngology providers manage surgical/procedural risks and improve patient care and outcomes.

1

Ensure your organization adheres to well-defined [credentialing and privileging](#) policies, including evaluation of each provider's surgical/procedural skills and competency with surgical equipment. Credentialing and privileging should occur during the hiring process and periodically thereafter.

2

Participate in ongoing performance improvement opportunities to enhance technical surgical skills and ensure competency (e.g., mentoring, [peer review](#), continuing education, and ongoing practice performance evaluation).

3

Use evidence-based guidelines and clinical pathways to standardize processes, improve efficiency, and support quality care. Carefully consider persistent patient concerns when making clinical decisions about patient care and diagnostic testing.

4

Use clear, concise language when talking to patients about procedures, treatment plans, anticipated benefits, potential risks, and alternative therapies. Avoid complex terminology and medical jargon, and provide information and instructions in lay language.

5

Use [interpreters and auxiliary aids](#) to assist with patient communication and comprehension for patients who have limited English proficiency or communication barriers.

6

Use a comprehension technique — such as the [teach-back](#) method — to gauge patient understanding, reduce the risk of miscommunication, and support patient adherence to care plans.

7

Use a standardized [informed consent](#) process that includes common and significant risks that are relevant to the patient and the procedure. As part of this process, consider whether patients have realistic expectations of surgical/procedural outcomes.

8

Document the informed consent process, including discussion of risks, benefits, and alternative treatment options, as well as the provision of educational materials. Make sure that any signed informed consent forms are included in patients' health records.

9

Verify that each patient's health record contains thorough and appropriate information, such as history and physical, current medications, nonpharmacological interventions, allergies, pain assessment outcomes, test results, consults/referrals, treatment goals, and preoperative screening results. Documentation also should support the clinical rationale for the diagnosis and treatment decisions.

10

Review patient selection criteria for each procedure, reconcile patient medications, and conduct a thorough preoperative screening of patients for risk factors (including [obstructive sleep apnea](#)).

11

Ensure that all appropriate health information and all necessary equipment and supplies are available before each procedure begins.

12

Ensure infection prevention and control best practices are used to maintain the sterile field (e.g., best practices related to hand hygiene, safe injections, skin preparation, instrument sterilization, environmental cleaning, etc.).

13

Use standardized patient safety precautions during each procedure, such as timeout protocols, infection prevention best practices, proper patient positioning, and [surgical item counts](#). Encourage [speaking-up behaviors](#) to address potential safety issues.

14

Make sure patients are appropriately monitored during procedures, and maintain consistent postoperative patient assessment and monitoring processes, including diligence in checking patients' vital signs, airway, mental/cognitive status, pain, hydration, wound healing, etc.

15

Maintain a consistent postoperative discharge assessment process that includes evaluating patients against discharge criteria and providing patients/caregivers with both written and verbal discharge instructions related to follow-up care.

16

Provide patients and caregivers with clear and concise written and verbal instructions related to their treatment plans and follow-up care.

17

Complete a detailed operative report the day of each procedure. Ensure all documentation adheres to organizational documentation timeframes.

18

Document all instances of patient nonadherence to treatment plans as they occur using objective information, and document any follow-up outreach or education provided to the patient or caregiver to address nonadherence.

Endnotes

¹ MedPro Group & MLMIC. (2025). *Otolaryngology & otorhinolaryngology (ENT): Claims data snapshot*. Retrieved from www.medpro.com/documents/10502/5086243/Otolaryngology.pdf

² Ibid.

³ Ibid.

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