Monday, November 14, 2016

A new testing system may make it easier for doctors to accurately assess risk in patients about to undergo surgical procedures so that they can communicate those risks more effectively. More accurate risk evaluation can also help surgeons plan ahead and put together a contingency plan they can fall back upon in the event things do not go according to plan.

**Mortality Rate is High Among Certain Subgroups**

While it is true that the chance of patient mortality during or following most medical procedures is miniscule, there are some subgroups that carry extremely high risk. Data has shown that these subgroups report mortality rates as high as 10%, making accurate risk assessment crucial to operative success. Not only is a better system of predicting risk essential to reducing mortality rates, but it is also vital to helping doctors communicate effectively with their patients.

Current risk assessment procedures in the United States rely on conjecture rather than objective data, making it possible for five physicians to come to five different conclusions over the same patient’s risk factors. The key problem cited over current methods is that the results cannot be replicated in a consistent manner.

**Preoperative Score to Predict Postoperative Mortality (POSPOM)**

POSPOM was developed to provide scores for patients based on key risk factors found in their medical histories and factors such as age, lifestyle and the length of their hospital stays. Researchers found that there was a set of potential predictors— common factors among patients who died during or following surgery— that could be used to create an actual score to gauge risk. Doctors from Canada, France, South America and the United Kingdom collaborated to create the scoring system and it has been shown to assess risk more accurately so far.

The scoring system works by using a 50 point scale to determine operative risk. Potential predictors and factors such as age and hospital stay are all weighted by points, and each point from 0-50 represents the risk equivalent of adding five years to the patient’s age. In order to determine whether the system was more accurate than
traditional risk assessment procedures, data was reviewed from over 5.5 million French patients.

It was found that the POSPOM system more accurately predicted mortality, suggesting that using the system could alert doctors to cases of extreme risk in the hope that alternative treatment options are considered.

**Health History vs Procedure-Specific Risk**

For a long time, the approach to evaluating surgical risk has been weighted heavily in reviewing the outcome rates for specific procedures. One example researchers looked at was the difference in mortality rates between minor vascular surgery and trauma related orthopedic surgery. Despite both procedures having nearly identical risks when accounting for preexisting medical conditions and risk factors, the unadjusted mortality rate suggested that orthopedic procedures were three times as risky.

Preexisting medical conditions may be responsible for the skewed data. The studies revealed that many of the surgical procedures once looked at as high-risk were not as precarious as imagined. Other procedures that were considered low-risk may have presented serious risk to certain patients while being relatively safe for others.

**POSPOM Seeking North American Validation**

In addition to seeking validation for POSPOM in North American medical facilities, the creators of the POSPOM scoring system are developing an app that would allow nurses or doctors to collect and input medical information for nearly instant risk evaluation. There are no indications yet whether the POSPOM system will replace the current system used throughout the United States, but the system has seen incredible success in Europe to date.

Many of the malpractice claims we see stem from doctors failing to communicate risk to their patients or poor communication between members of medical teams when assessing risks or composing contingency plans. Risk assessment is left up to the physician, and when it is based in opinion rather than data, there is the potential for disaster.

Copyright © 2019, Rosenfeld Injury Lawyers