



Prevention of Medical Errors 2016

Gregory James, DO, MPH
gjamesdo@gmail.com

Well! If it
isn't Joseph
and Mary...

OUR SON IS
AN HONOR
STUDENT

OUR SON IS IN
MEDICAL SCHOOL

OUR SON
IS GOD



Disclosures

- Employment
 - UnitedHealth Group
 - **OPTUM** Division
- Board Certifications
 - AOBFP x 2 (FM & Geriatrics); AMDA
- Membership Organizations
 - AOA, ACOFP, FOMA, AMDA
- Medical Director
 - Two Skilled Nursing Facilities



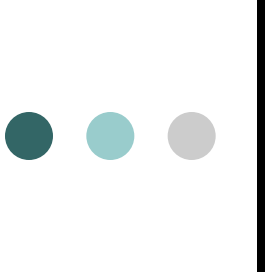
Why Are We Here

- Florida Statute 456.013
- Despite our best efforts, the rate of medical errors fell only about 2% over the past ten (10) years
- The government does not think we are doing a good enough job



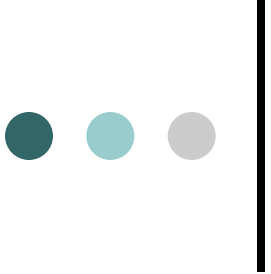
Overview Of Statute 456.013

- Established a two hour course that must be attended at least every two years
- The “*Prevention of Medical Errors*” course shall include:
 - A study of root cause analysis,
 - Error reduction and prevention
 - Patient safety.



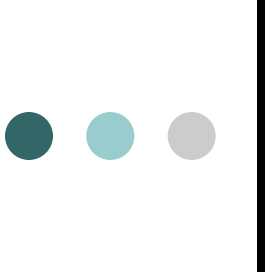
Overview (continued)

- The course shall address:
 - Medication errors
 - Surgical errors
 - Diagnostic inaccuracies
 - System failures



Overview (continued)

- The course shall provide recommendations for creating safety systems in health care organizations



Overview (continued)

- The course shall address the five most misdiagnosed conditions during the previous biennium, which were:



Most Misdiagnosed

- Failure to timely identify:
 - Cancer
 - Cardiovascular disease
 - Acute abdomen
 - Surgical complications
 - Pregnancy, before beginning another type of treatment



Cancer

- Greater than 50% are missed breast and colon cancers
- More than all others combined
- > 50% of the claims for breast cancer had an initial negative mammogram

● ● ● | Cardiovascular Disease (CVD)

- This category is all encompassing
- Including, but not limited to:
 - Lack of screening tests
 - Lipids
 - Blood pressure, pulse
 - Failure to refer for any signs of CVD (IE: chest pain, dyspnea)



Acute Abdomen

- Abdominal Aortic Aneurysm
- Appendicitis
- Ectopic Pregnancy Diverticulitis
- Perforated Viscous
- Mesenteric Ischemia
- Bowel Obstruction



Surgical Complications

Includes, but not limited to:

- Failure to see, treat or refer
 - Fever
 - Pain
 - Open surgical site
 - Infection of the surgical site



Identifying Pregnancy

- Before beginning another type of treatment
- Women of childbearing years
- Pregnancy tests
- Or the ability to get a result before starting treatment



Scope of the Problem

- Estimated that 1 in 7 Medicare patients experience a medical error at some time.
- If a PCP sees an average of 5 Medicare patients/day (low for many of you)
- X 200 office days/year
- X 20 years
- = 20,000 Medicare encounters
 - 2857 potential errors over that 20 year time span



Recommendation:

It will be a good idea to review rule 64B15-13.001, from time to time. This will keep you up to date on the specific Prevention of Medical Errors course. These requirements as they may change every one to two years.



Sentinel Event

- Unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof
- This requires reporting to the appropriate agency



Root Cause Analysis

- Structured and process-focused framework that will approach sentinel event analysis
- Look at the active and latent categories of error
- Primary aim:
 - Avoid culture of individual blame



Documentation Recommendations

The Four C's :

- Charting
- Communication
- Compassion
- Competence



Charting

○ Document:

- What you saw
- What you did
- What you said
- What you gave them to read
- Referrals
- Follow up visit(s)
 - Be specific (“prn” leaves too much open)



Communication

- Allow time for the patient to describe their signs and symptoms
- *“Listen long enough for them to tell you what is wrong with them”*
- Allow time to have the patient ask any questions at the end of the visit



Compassion

- A feeling of sympathy and sorrow for one who has been stricken by misfortune, accompanied by a strong desire to alleviate the suffering
- Synonyms:
 - Tenderness
 - Mercy
 - Heart



Competence

- Possession of the required skill, knowledge, qualification or capacity
- Able to perform the required procedure, function or task
- Legally qualified to perform an act
- Ability to distinguish right from wrong and manage one's own affairs



What Works:

- Develop systems that reduce errors with your:
 - Training
 - Re-training
 - Communication



What Does Not Work

- Name
- Blame
- Shame
- Games



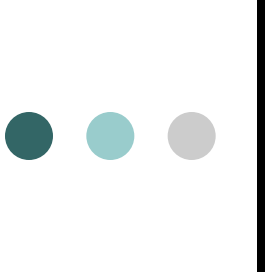
Develop a Culture of Norms:

- Monitoring
- Feedback
- Quality controls
- Testing



FDA MedWatch System

- Allows for voluntary reporting of adverse events
- Available for medical product safety information
- Will send out urgent messages and recalls via email



MedWatch (continued)

- www.fda.gov/medwatch
- www.fda.gov/Safety/MedWatch/default.htm.
- 1-800-FDA-1088
 - 1-800-332-1088



Other Important Topics:

- Discuss and document the risks, alternatives, and benefits of therapy.
- Recognize health care quality problems in terms of underuse, overuse and misuse.



**Joint Commission
2012 National Patient
Safety Goals**



Goal 1

- Improve the accuracy of patient/resident/client identification



Goal 2

- Improve the effectiveness of communication among caregivers



Causes of Sentinel Events

- Communication = 65%
- Procedural Compliance = 50%
- Staffing = 20%
- Organizational Culture = 8%



At The Time Of Hospital Discharge:

- The discharge summary was available only 30% of the time
- This carries over to the time the patient presents back to the PCP office
- In this time of hospitalists, this becomes even more important
 - Patients are seeing their hospital physician less often now than years ago



Disruptive Physicians

- Communication can be impaired by the attitude or tone of voice by the attending physician(s)



Disruptive Physicians (continued)

Examples:

- Shouting
- Throwing Instruments
- Reluctance To Answering Questions
- Condescending Tone Of Voice
- Not Returning Calls
- Physical Threats
- Refusal to Perform Assigned Tasks
- Outbursts in Meetings



Goal 3

- Improve the safety of using medications



Goal 4

- Eliminate wrong-site, wrong-patient, wrong-procedure surgery.



Goal 5

- Improve the safety of using infusion pumps



Goal 6

- Improve the effectiveness of clinical alarm systems



Goal 7

- Reduce the risk of health care associated infections



Primary Focuses Are On:

- Methicillin Resistant Staphylococcus Aureus (MRSA)
- *Clostridium difficile* Associated Disease (CDAD)
- Catheter Associated Bloodstream Infections (CABSI)
- Surgical Site Infections (SSI)



Clostridium difficile infections

- On the rise for at least the last 20 years
- Hit an all time high in the last full year measured (2010)
- Rate nearly tripled from 1996 to 2005
- 90% of *C difficile* – related deaths occur in those > 65 y/o



Reducing *C. difficile* Infections

- Judicious use of antibiotics
- Early testing for diarrhea if on or recently completed antibiotics
- Isolate infected patients
- Gown and glove with any visits to those who are infected
- Use proper cleaning solutions for rooms
- Notify any accepting facility of the patient's condition in advance of the transfer



C. difficile Infections (continued)

- There is a five fold increase in those taking PPIs when all other variables are considered



Goal 8

- Accurately and completely reconcile medications across the continuum of care



Goal 9

- Reduce the risk of patient, resident, and client harm, resulting from falls



Reducing Falls

- Looking into the unnecessary medications being used on patients:
 - IE: Benzodiazepines



Goal 10

- Reduce the risk of influenza and pneumococcal disease in older adults



Goal 11

- Prevent health care-associated pressure sores (decubitus ulcers)
- Proper use of:
 - Beds
 - Mattresses
 - Turning (when appropriate)
 - Skin care



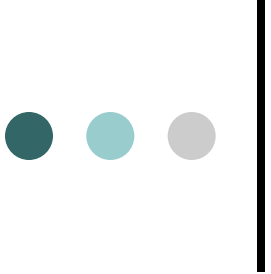
Joint Commission & PSG

- www.jointcommission.org/standards_information/npsgs.aspx



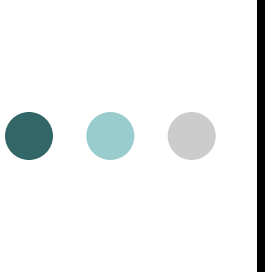
Behavioral Health Statistics

- Pain relievers were the most common type of drugs reported in the nonmedical use category of ED visits (47.8%).
Among specific types of pain relievers, higher levels were seen for the narcotic pain relievers oxycodone, hydrocodone, and methadone.



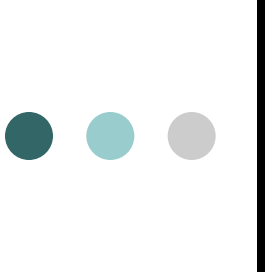
Behavioral (continued)

- Drugs used to treat anxiety and insomnia were also seen frequently in visits related to nonmedical use of pharmaceuticals. Benzodiazepines were involved in 29.0 percent of such ED visits, with alprazolam (e.g., Xanax®), indicated in 10.4 percent of such visits.



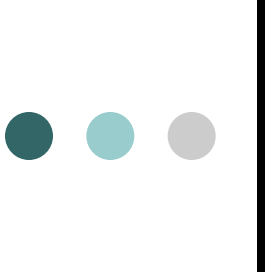
Behavioral (continued)

- At 38.1 percent, pain relievers were the most commonly involved type of drug in drug-related suicide attempts. Benzodiazepines followed pain relievers at 28.7 percent, with alprazolam and clonazepam (e.g., Klonopin®) accounting for 11.7 percent and 8.1 percent of these visits, respectively.



Behavioral (continued)

- At 26.4 percent, psychotherapeutic drugs occurred at a level similar to benzodiazepines. Illicit drugs were involved in 17.9 percent of visits.



Behavioral (continued)

- The number of drug-related suicide attempts has remained stable from 2004 to 2009. However, **a significant rise was observed in the involvement of two pain relievers—hydrocodone and oxycodone—and three anti-anxiety drugs—alprazolam, clonazepam, and zolpidem (e.g., Ambien®).**



Pre-Op Clearance

- What does this mean?
- What are you obligated to do?



Pre-Op (continued)

General Expectations:

- H & P
- Complete medication lists
- Complete social history
- Anesthesia history
- Bleeding history
- Diagnostics (if appropriate)



Pre-Op H & P

Cover all the systems, and focus on:

- Cardiovascular
- Pulmonary
- Renal
- Hematologic (IE: anemia, bleeding)
- Endocrine (IE: diabetes)



Pre-Op Medications

- Prescriptions
 - Esp: anticoagulants, antiplatelet agents
- Compounds
- Anti-aging mixtures
- OTCs
- Herbals
- Vitamins



Pre-Op Social History

- Alcohol
- Tobacco
- Illicit drug use
- Occupation
- Military service



Pre-Op Anesthesia History

- Ask what type of anesthesia(s) and how long they will be under general
- Personal or family history of any difficulty with any anesthesia
 - Local
 - Regional
 - Blocks
 - General



Pre-Op Bleeding History

- Any history of longer than usual clotting time
 - Nose bleed
 - Tooth extraction



Pre-Op Diagnostics

- May include, but not limited to:
 - EKG
 - CXR
 - CBC, CMP, PT, INR, PTT
 - Drug levels (if appropriate)
 - Any other tests as indicated by the H & P in the previous slides



Florida Law: 64B15-14.005

- Standards for the Use of Controlled Substances for Treatment of Pain
- You are required to keep accurate and complete records to include, but not be limited to: (next page)



Controlled Substances Medical Records

- The complete medical history and a physical examination, including history of drug abuse or dependence
- Diagnostic, therapeutic, and laboratory results
- Evaluations and consultations
- Treatment objectives



Medical Records (continued)

- Discussion of risks and benefits
- Treatments
- Medications (including date, type, dosage, and quantity prescribed)
- Instructions and agreements
- Drug testing results



Medical Records (continued)

- Periodic reviews. Records must remain current, maintained in an accessible manner, readily available for review, and must be in full compliance



Practitioner Resource Network (PRN)

- **1(800) 888-8PRN**
- **Duty and responsibility to assist impaired physicians report themselves**
- **It will be much better for them if they report themselves**
 - **Rather than anyone else doing the reporting**



YOUTH GROUP FUNDRAISERS IN
BIBLICAL TIMES.



???????

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“To find health should be the object of the doctor. Anyone can find disease.”

Andrew Taylor Still, MD, DO
Founder, Osteopathic
Medicine—1874





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