Prevention of Medical Error 2014

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Audience Assessment

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Objectives

- Following this program, the participant will be able to:
  - Articulate the **most prevalent medical errors** occurring in Florida
  - Identify the **impact/result of medical errors**
  - Identify the **causes** for specific types of medical errors
  - Identify strategies for **avoiding** medical errors
  - Correlate **medical errors to lawsuits** through closed claims review.

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If I see further than others it is because I have stood on the shoulders of others

Sir Isacc Newton

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Me In a Nut Shell

- **Education**
- **Uncle Sam**
- **JCAHO**
- **VPMA @ SVMC**
- **AMP and ParametRx**
- **PPIC**
- **AMP and PMC (NFH, PACCA & OPH)**
- **Baptist Health**

Disclaimer

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CRISIS: PLI Issues

- **Texas, Florida, Pennsylvania, West Virginia, and metro Chicago and Detroit**
- **PHICO, St Paul, etc.**
- **9/11/01**
- **Jury awards**
  - **Economic Hardships**
  - **Someone was hurt. someone should pay**
  - **It's only insurance (tobacco)**

Someone Should Be Sued

Crisis: PLI Issues

Trolling for patients (Eddie started it)

- Billboards
- Phonebooks (Dayton & College Station)
- Personally Trolling
- Punitive Awards
- Abuse Side Steps

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The Practice Of Medicine

Used To Be Fun

But then again….

Serenity Prayer

Fix What's In Your Control

Crisis: Our Issues

- Newspapers
- Assessment Data
- The IOM Report
  - Medical error 8th leading cause of death in USA
  - More people die from medical errors than HIV/ AIDS-related complications, breast cancer, or MVA's
  - Medical errors cause over 100,000 deaths/year
  - Medical errors cost MILLIONS of Dollars

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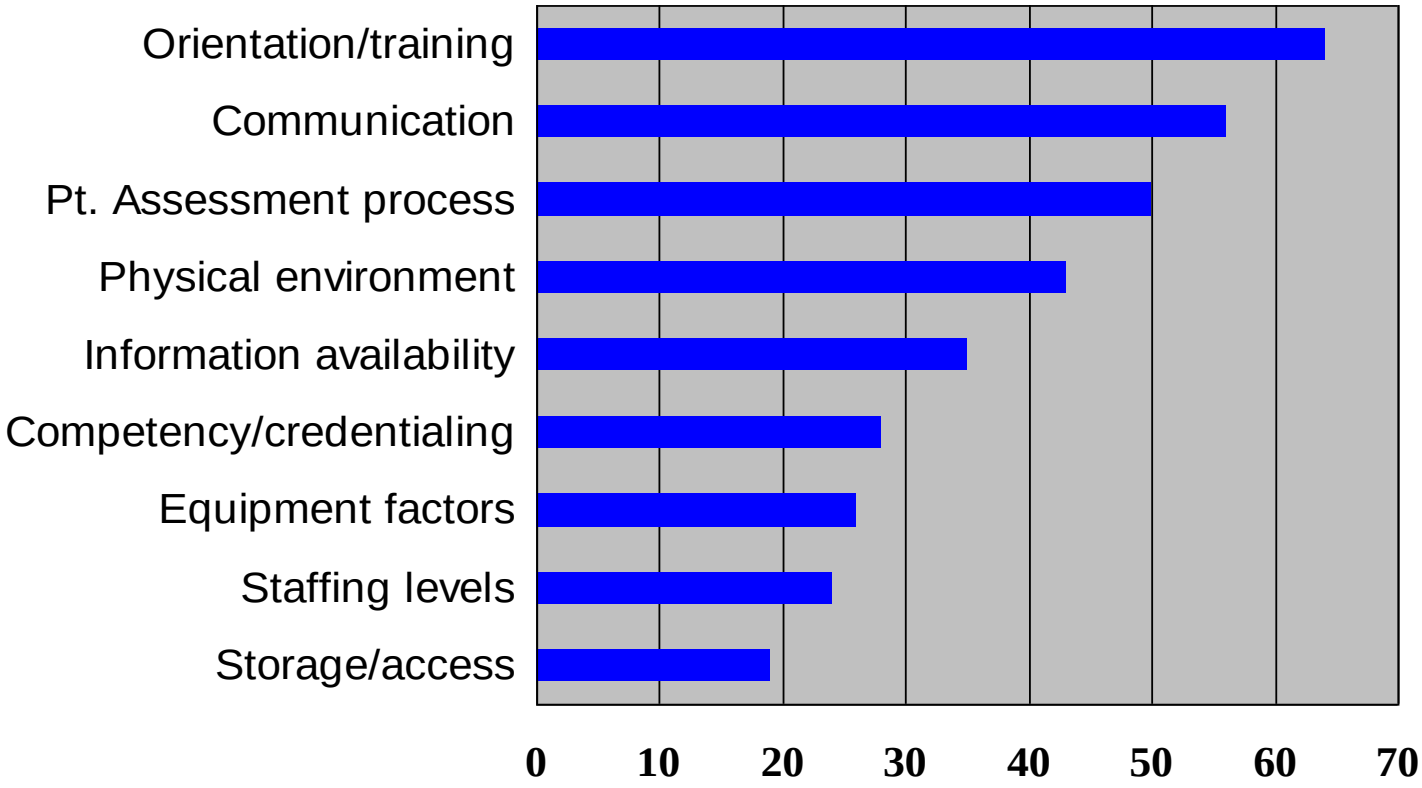
Root Causes of Sentinel Events

Per JCAHO

(all categories)



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Root Causes

Etiology of Successful Claims

MOST ARE NOT!

Says PIAA and Wall Street Journal

- Results = Undesired or unexpected (adverse) clinical outcome or Lack of relief or improvement

Generally coupled with:

- Dissatisfaction
- Anger
- Frustration
- **BAD** Stuff

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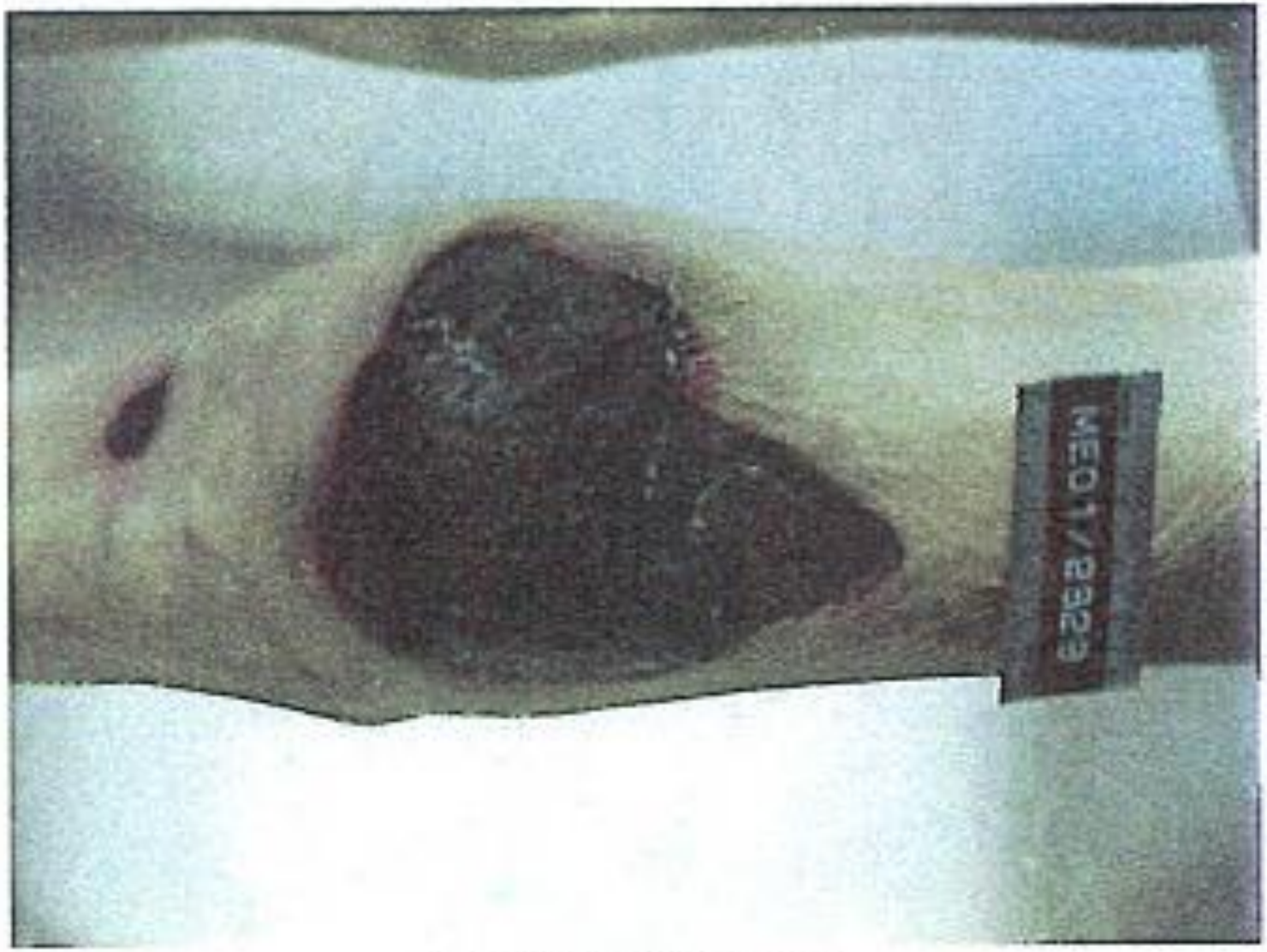

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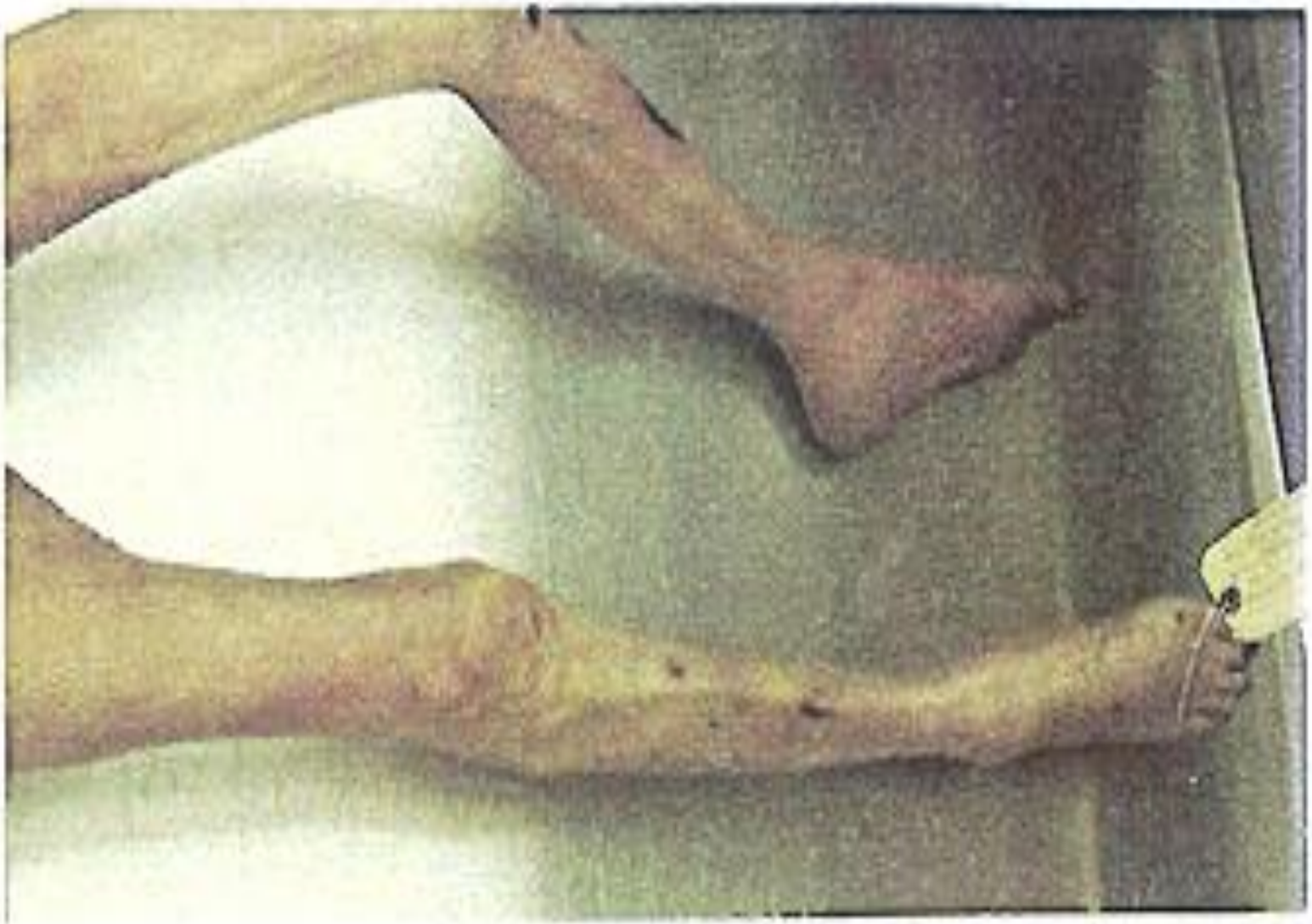

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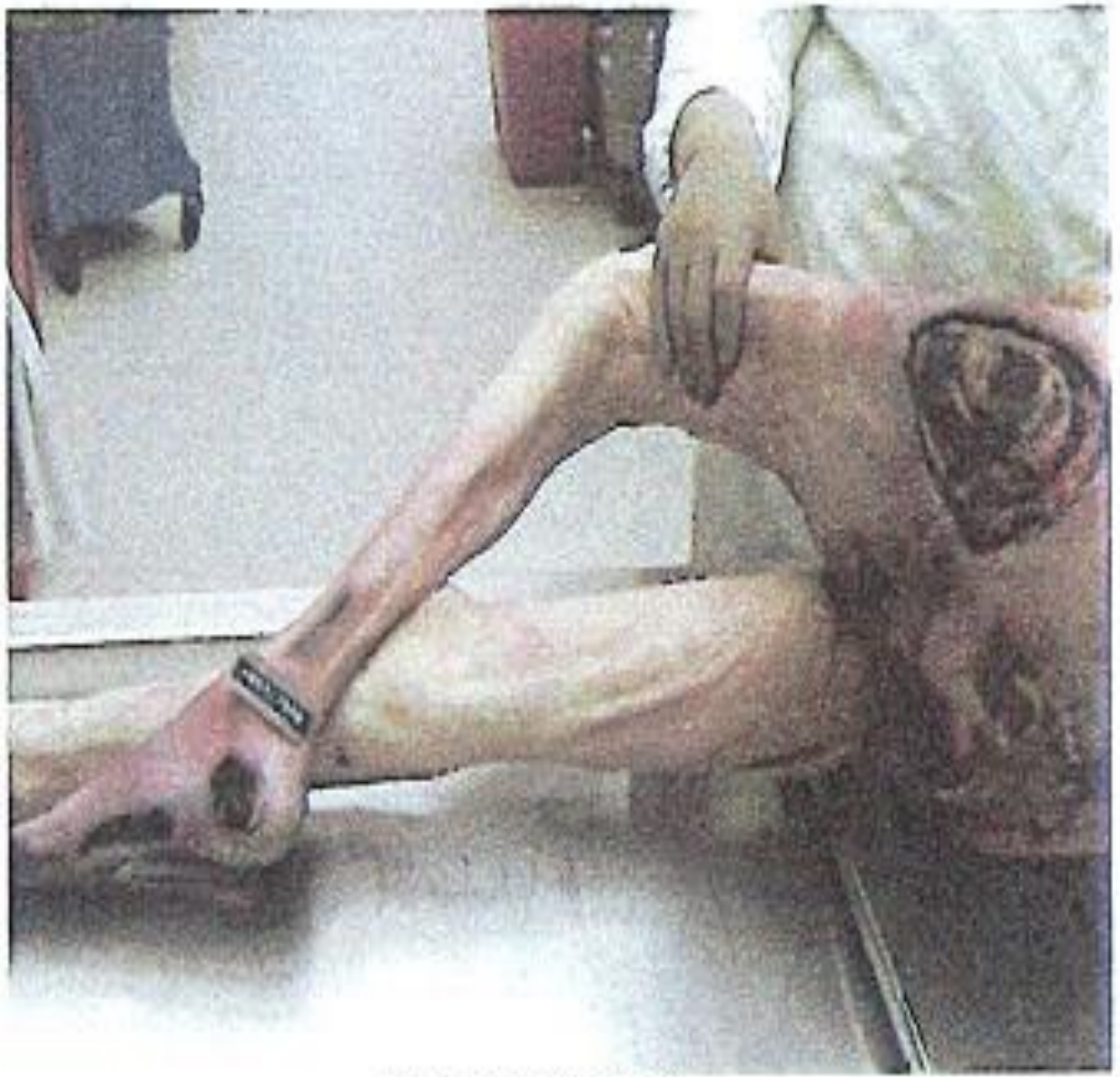

What AMP Sees

Poor Physician-Physician communication

Poor Nurse-Physician communication

Poor patient assessment and follow-up

Failure to refer

Illegible documentation

Inaccurate documentation

Otherwise poor documentation

Documentation at variance with reality

RESULTING IN POOR CARE

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Frequent AMP Office Findings

- Problem/Medication Lists
- Diagnostic Study Tracking
- CPE
- Family history
- Social history
- Age-specific Preventive Health Care
- Disease specific Preventive Care
- Inappropriate Cut and Paste

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Frequent AMP Inpatient Findings

- Poor communication between care physicians
- Medical record documentation inadequate
- Physicians “obviously” not reading notes of other care providers
- Incomplete “data harvesting”
- Inadequate D/C Summaries and discharge instructions
- Inappropriate Cut and Paste

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Florida Board of Medicine

Most Common Medical Errors of the Most Recent Biennium

In No Particular Order

- Wrong Site/Patient Surgery
- Lack of (Timely) Surgical Complication Diagnosis
- Lack of (Timely) Cancer Diagnosis
- Lack of (Timely) Cardiac Diagnosis
- Lack of (Timely) Neurological Diagnosis
- Lack of (Timely) Urologic Diagnosis
- Failure to Diagnose Pre-Existing Conditions Prior to Rx Medications

Medical Errors

PREVENTION IS BETTER THAN CURE

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Wrong Site Surgery: Procedures by Internists and Family Physicians Count

- Per AAOS:
  - Wrong site surgery accounts for 2% of orthopedic medical malpractice claims
  - 84% of wrong site surgery orthopedic medical malpractice claims result in court settlement
  - What are you doing?
    - Marking?
    - Surgical Pause

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Eliminate Wrong Site, Wrong Patient, Wrong Procedure Surgery

- Implement and consistently use a pre-incision pre-op verification process such as a checklist to confirm “who, what, and where” in the medical record
- Implement site signing processes which include patient involvement
- PROVIDER signing effective 7/04
- Have minimal exceptions for signing sites (i.e. obstetrical procedures)

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Endorsed By These and Others…

- ACGME
- AMA
- ANA
- AONE
- American Academies of
  - Cosmetic Surgery
  - Family Physicians
  - Ophthalmology
  - Orthopaedic Surgeons
  - Otolaryngology
  - Pediatric
  - Oral and Maxillofacial Surgery
- Society of Thoracic Surgeons
- American Societies of
  - Anesthesiologists
  - General Surgeons
  - Plastic Surgeons
- American Colleges of
  - Cardiology
  - Chest Physicians
  - Emergency Physicians
  - Foot & Ankle Surgeons
  - OB/Gynecologists
  - Physicians
  - Surgeons

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Strategies to Avoid WSS

- Pre-operative verification AND
- Time-out immediately before procedure AND
- Marking of surgical site process AND
- Monitoring to ensure consistent performance

No sentinel event ever reported when all these are in place and conducted

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Wrong Site/Wrong Patient Surgery Cryptic-Tales

- Jonesy Truth or Myth?
- Obnoxious in Omaha

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Medication Errors

Many Layers of Protection:

But Nothing is Perfect

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Cryptic Tales

NPP Supervision

Prophy for The Late Diagnosis

Systems Issues and Critical Thinking

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PATIENT SELF-ASSESSMENT

- Learn about me
- Talk to me
- Understand my metamorphosis
- Help me write/articulate it
- Look at the “slip of paper” and in the “meds bag”

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Patient Assessment (CPE)

JCAHO:

How can you provide care and order treatment unless you know what the patient needs?

Patient Assessment

<u>Family History</u>

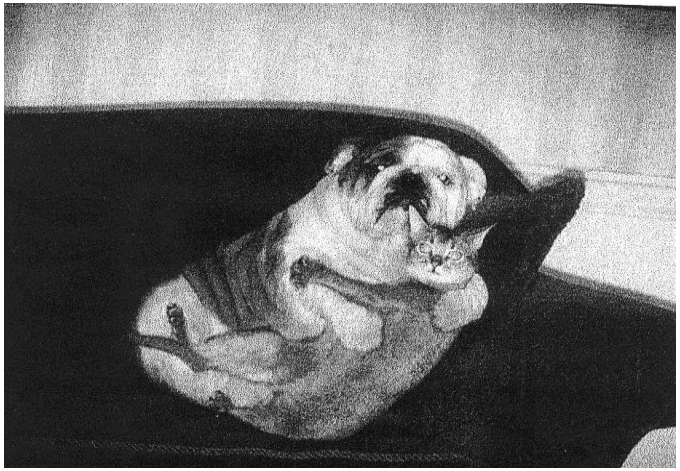
Cardiac Disease

ED Case

Cancers

Patient Assessment: Social History

Smoking (when quit and pack years)
Drinking (ala Grizzard)
Exercise
Recreational Drugs
Sex (the Viagra Generation)



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Take Time to Find the Facts

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PROBLEM & MEDICATION LISTS

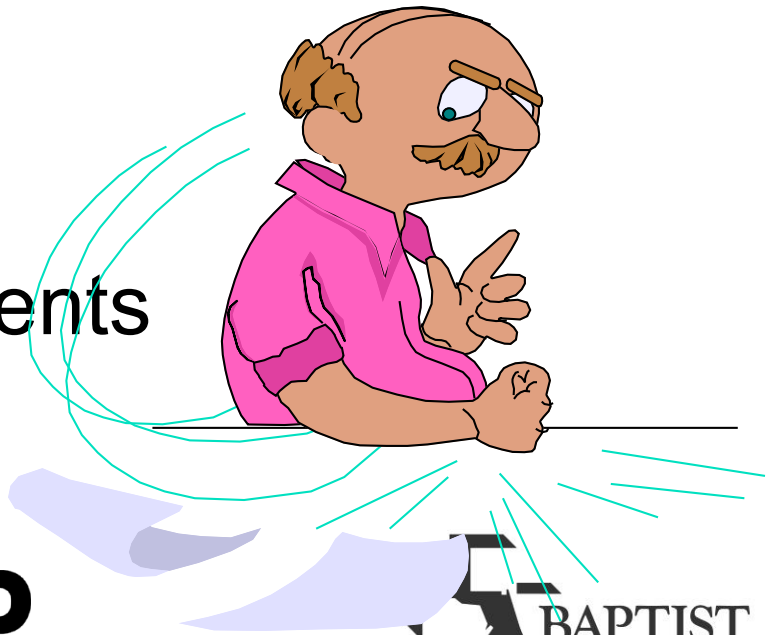
Hate to admit it, but JCAHO is right!

For Med Interaction

For Repeat Visits

For Studies Done or Not

For “frequent flyer” inpatients



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Studies and Consults

- Ticklers (IT support)
- Reminders to patients
- Feedback to patients
- Evidence of physician review
- Clinical response
- Documentation

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Pain Assessment & Management

- **<u>Diagnostic</u> impact (That ED Patient)**
- **Patient satisfaction**
- **Management of pain**
- **Sorting out seekers of relief versus drugs**
- **Managing pain medication side effects**

Patient Care Coordination:

- Hand-Offs
- Sign-Outs

Discharging Patients

- Depart Process
- Hand-Off

Intra-Discourse: Consultants and PCP/Hospitalists

Changing Orders

Documentation

- Document neatly, comprehensively, concisely
- Document what happened in <u>objective, verifiable and non punitive language.</u>
- Gather and write as many facts as are pertinent to the patient condition in the medical record
- NEVER guess, challenge illegibility or cut and paste

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Documentation

- Progress notes
- Patient education and instructions
- Parent education and instructions
- Dictation should be contemporaneous
- Dictation should be corrected
- Telephone calls on call and in office
- Sign Out communication

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More Documentation

- Never “attack” others in the medical record
- Never emote in the medical record
- Never address incident reports in the medical record
- Never address peer review or staff discipline in the medical record
- Dictate/write notes daily

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More Documentation

- Addendum issues
- Length of retention
- Pencil, felt tip, fountain pens, etc
- Forms
- Memos to file
- Consent forms versus notes
- Authentication: Always & Timely

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And Never Lose Control, That's is a Bad Thing

Other Treatment Error Prophy National Patient Safety Standards

- Order Read-backs
- Critical Value Read-backs
- Abbreviation reduction
- Some abbreviation eradication
- Removing concentrated electrolytes
- Reducing custom concentrations
- Hospital chain of command for patient safety

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Your Specialty Society Guidelines

- Know them
- Stay up to date with them
- Follow them or document appropriate clinical rationale for deviation/choosing not to follow them
- Remember those “phone book folk” own copies of them

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"Nurse, get on the internet, go to SURGERY.COM, scroll down and click on the 'Are you totally lost?' icon."

Tales From The Crypt

Real Cases

Real Outcomes

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NEVER EVENTS

The 28 events that should never happen in a healthcare setting, CMS defines "never events" as ***high-cost or high-volume conditions*** that are avoidable through the application of evidence-based guidelines. "Never events" are also defined by CMS as ***easily preventable medical errors*** that can cause ***severe and costly injury and death*** to their victims. (CMS, 2007).

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Closed Claims Review

Learning From What Was

In The Event…

IF THE “IT” HAPPENS

- Notify your insurance carrier immediately
- Make a copy of all legal documents
- Be sure the medical records and evidence are preserved
- Review all the records/evidence
- Do not alter but do evaluate the medical record
- Pull together all information subpoenaed work with your attorney if assigned (otherwise directly with your carrier) to identify what must be sent
- Realize you will be in a “grieving process”

Be Your Own Friend

- Read what others write and what you wrote
- Handle frustration with other caregivers and health plans
- Consider Follow Up Calls
- Use the Power of Touch
- Funerals & Condolence Cards
- Show you care…

Deposition

- Work with your attorney to ensure you are prepared
- Short Answers: Yes, No, I do not recall, I do not understand the question
- Short Descriptions, just what they asked…minimalist
- Slow responses after “digesting”
- Do NOT let them agitate you

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At Trial

- Work with your attorney, practice being on the stand, being pressured and interrogated
- Keep cool, calm and collected
- Show NO anger
- Speak in a compassionate tone
- Dress to impress:
  - Not too Casual Look Businesslike
  - Not too Flashy But Also Not Too Severe

Other Stuff

- Patients who sue you and still want you to be their physician
- Talking to other witnesses
- Realize you will be in a “grieving process” and recognize if you need help and reach out for it.
- Maintain your self-confidence, FACT is that good physicians DO get sued

Bottom Line for Medical Error

Prevention

Real medical error prevention now to be shared……

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