Prevention of Medical Errors

FS 456.013(7)

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Course Objectives

At the conclusion of this presentation, participants will be able to:

- Recognize medical error reduction and prevention strategies
- Describe a root cause analysis
- Identify patient safety goals
- Recite the most “misdiagnosed” conditions
- Meet the requirements of FS 456.013(7)
Medical Malpractice vs. Medical Error

- Average indemnity payment—$331,947\(^{(1)}\)
- Average defense costs are rising at a faster rate than average indemnity payment\(^{(1)}\)\(^{(2)}\)
- Approximately 25 percent of non-meritorious claims are paid\(^{(1)}\)
- In Florida 57 percent of claims are closed with indemnity\(^{(3)}\)

\(^{(1)}\) PIAA Risk Management Review 2011 Edition
\(^{(2)}\) PIAA Risk Management Review 2009 Edition
\(^{(3)}\) FOIR 2011 Annual Report 10.1.11
Internal Medicine – National Loss Data

Average Indemnity Payment - $338,474
Average ALAE - $75,487

PIAA Risk Management Review 2012 Edition

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Most Prevalent Patient Conditions

- Chest Pain $322,688
- Symptoms involving pelvis and abdomen $764,906
- Pneumonia $150,000
- Acute myocardia infarction $615,530
- Renal failure $305,312
Most Prevalent Misadventures

- Diagnostic Error $451,126
- Failure to Supervise/Monitor $175,527
- Medication Errors $174,702
- FTD/DID Complication $307,304
- Failure/Delay in Referral or Consultation $313,528
Hospital Medicine – Inherent Risk Factors

- Physician-Patient relationship (expectations)
- Cardiac conditions (severity)
- Respiratory conditions (medical complications)
- Older patients (complex clinical profiles)
- Multiple co-morbidities (complicated medicine)
- In-patient environment (higher-risk)
- Institutional factor (intangible)
RCA

- Communication breakdowns are causative factors in 65% - 80% of claims

- 25% of diagnosis-related malpractice claims are due to a failure to follow-up
  - diagnostic studies
  - clinical status
RCA of Medical Errors

- Communication factors
  - Unclear lines of authority
  - Highly variable physical settings
  - Varied healthcare processes
  - Time pressured environment
  - System deficiencies
  - Vulnerable defense barriers
  - Human fallibility

National Patient Safety Foundation
Ask Me 3—Program Materials
(Available in English and Spanish)

- Organizational Brochure
- Website
- Provider Brochure
- Patient Brochure
- Posters

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THE DOCTORS COMPANY
Communication Enhancement Tools

http://www.ahrq.gov/questions/pcvideos.htm

- 13 free videos
- Patients, doctors, and nurses talk about how simple questions can help make a big difference
Requirements

FAC 64B8-13.005(c) (MD)
FAC 64B15-13.001(3)(f) (DO)*

- Cancer
- Cardiac conditions*
- Neurological conditions
- Acute abdomen related conditions
- Timely diagnosis of surgical complications
- Diagnosis of pregnancy related conditions
- Inappropriate opioid prescribing*
- Wrong-site surgery
Error Prevention - FTD/DID Cancer

- Breast cancer
- Lung cancer
- Cervical cancer
- Colon cancer

Claims involving breast cancer are among the most prevalent and expensive type of malpractice claims.
A high index of suspicion is warranted when treating younger women

- Age group 40-49 continues to account for the most paid claims, accounting for 30.8 percent of total paid claims, and 34.2 percent of the total indemnity paid
- Average age 43.6 years
FTD/DID Surgical Complications

- Most claims entail acceptable medical complications
- Failure to supervise/monitor post-op is the most prevalent root cause of medical error
- Prevalent post-op complications:
  - Infection
  - Perforation
  - Suture failure
  - Bleeding
- Foreign body retention—res ipsa loquitur case
Wrong-Site/Wrong Procedure Surgery

58% ambulatory settings
29% in-patient OR
13% other in-patient settings—ER, ICU

76% wrong body part or site
13% wrong patient
11% wrong surgical procedure

- Communication is the most prevalent RC in 78% of cases
- Orientation and training in 45% of cases

Joint Commission on Accreditation of Healthcare Organizations
FAC 64B8-9.007 (MD) and 64B15-14.006 (DO)

Standards of Practice

(2) “…requiring the team to pause prior to initiation of the surgery/procedure to confirm the side, site, patient identity, and surgery/procedure.”

(b) “…the notes of the procedure shall specifically reflect when this confirmation procedure was completed and which personnel on the surgical team confirmed each item.”
Diagnostic Errors

- Pain/pressure (primarily chest) cited in 93% of cases
- GI diagnosis was the most common clinical impression.
- EKG was ordered in 59% of cases
  - (diagnosis missed in >50% of those cases)
- <31% attributed a cardiac origin
- 77% - died as a result of diagnosis and treatment errors
Error Prevention - AMI

- Maintain same index of suspicion for office patients as those in the ER or CCU
- Document all complaints of pain/pressure and its location
- Document recommendations for subsequent diagnostic studies and treatment
- Promptly report positive diagnostic findings to referring physician
Inappropriate Opioid Prescribing

- Pain management claims are among the most difficult to defend
- Nearly one-half result in indemnity payment
- Undiagnosed psychiatric conditions, addition and/or diversion are frequent factors
- FS 456.44(c) Controlled substance prescribers specifically detailed
Failures in Opioid Prescribing

- Failure to evaluate (inadequate history, PE)
- FTD prior to initiation of treatment (inadequate medical rationale)
- Failure to obtain medical records or verification (no documentation)
- Failure to establish treatment goals (pain reduction–improvement)
- FTD abuse (no screening/monitoring of addictive potential)
Failures in Opioid Prescribing (continued)

- Deviation from the “Contract” (no documentation)
- Blind acceptance
- System failure (drug testing results)
- Faulty rationale (unsupported clinical correlation)
FTD/DID/MSD: Acute Abdomen

- Appendicitis
- Esophageal varices
- Abdominal aortic aneurysm
- Colitis
- Hernia of abdominal wall
- Cholecystitis/lithiasis
- Ectopic Pregnancy
- Diverticulosis
- GERD
- Renal stones
- Hiatal hernia
- PID
- Peptic ulcer disease
- Pancreatitis
- IBS
- Gastroenteritis

Encountered in 5-10% of all ER visits
Missed Diagnosis: Pregnancy and Its Complications

- Failure to diagnose
  - Ectopic Pregnancy
  - Gestational Diabetes
  - Pre-Eclampsia/Eclampsia

- Failure to diagnose pregnancy prior to treatment
  - Procedure
  - Medications
Case Summary

- 18-year-old female
- Headaches for two years
- Six trips to Urgent Care
- Six different doctors, one chiropractor
- Dx: Sinusitis, stress
- Tx: Antihistamines, antibiotics, pain meds

FTD/WD
Missed Diagnosis: Neurologic Condition

Failure in diagnostic testing to:

- Don’t be fooled by youth
- Explore history of trauma
- Adequately evaluate and document clinical signs
- Perform brain imaging
- Obtain neurologic consultation
Root Cause Analysis

- Structured and process-focused framework
- Credible and thorough
- Active and latent—what, how, and why
  - Specific underlying causes
  - Reasonably identifiable
  - Controlled or influenced
- Generate specific recommendations

Primary aim: Avoid culture of individual blame
MEDICAL ERROR

1. Type of Error
   - Risk Points
   - Causal Factors
     - Processes
     - Systems
   - Clinical
   - Organizational
   - Corrective Measures

2.
   - ______
   - ______

3.
   - ______

Implementation

1. ______
2. ______
3. ______

Measurement of Effectiveness

1. ______
2. ______
3. ______
Disclosing Medical Error

- Duty to notify patients - FS 456.0575
- Seek legal/risk management guidance
- Communicate
- Express concern/empathy
- Do not blame
- Present a plan
- Confirm understanding
- Document
Primum Non Nocere
Our Mission Is to Advance, Protect, and Reward the Practice of Good Medicine

For further Patient Safety information, please visit our Web site at: www.thedoctors.com