WHY ARE WE HERE

Medical errors statute
456.013 (7)
(7) The boards, or the department when there is no board, shall require the completion of a 2-hour course relating to prevention of medical errors as part of the licensure and renewal process. The 2-hour course shall count towards the total number of continuing education hours required for the profession. The course shall be approved by the board or department, as appropriate, and shall include a study of root-cause analysis, error reduction and prevention, and patient safety. In addition, the course approved by the Board of Medicine and the Board of Osteopathic Medicine shall include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the board. If the course is being offered by a facility licensed pursuant to chapter 395 for its employees, the board may approve up to 1 hour of the 2-hour course to be specifically related to error reduction and prevention methods used in that facility.
Continuing Education for Biennial Renewal.

(1) Every physician licensed pursuant to Chapter 458, F.S., shall be required to complete 40 hours of continuing medical education courses approved by the Board in the 24 months preceding each biennial renewal period as established by the Department.

(a) As part of every third biennial renewal licensure period, all licensees shall complete two (2) hours of training in domestic violence which includes information on the number of patients in that professional’s practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(b) Upon a licensee’s first renewal of licensure, the licensee must document the completion of one (1) hour of Category I American Medical Association Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management; prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirement. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law on HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

(c) Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement. The course must include information relating to the five most mis-diagnosed conditions during the previous biennium, as determined by the Board. While wrong site/wrong procedure surgery continues to be the most common basis for quality of care violations, the following areas have been determined as the five most mis-diagnosed conditions: cancer-related issues, neurological-spine related issues; cardiac-stroke related issues; timely responding to complications during surgery and post-operatively; urological issues.
But...

- The NEW list as of January 26...
- as the five most mis-diagnosed conditions: cancer-related issues; neurological/spine-related issues, cardiac/stroke related issues; infectious/communicable diseases, pulmonary-related issues.
CURRENT CME REQUIREMENTS

• 40 hours every two years
  – Two hours of Domestic Violence every six years****
  – Two hours of Prevention of Medical Errors every two years
456.031 Requirement for instruction on domestic violence.--

- 456.031 Requirement for instruction on domestic violence.--
- (1)(a) The appropriate board shall require each person licensed or certified under chapter 458, chapter 459, part I of chapter 464, chapter 466, chapter 467, chapter 490, or chapter 491 to complete a 2-hour continuing education course, approved by the board, on domestic violence, as defined in s. 741.28, as part of every third biennial relicensure or recertification. The course shall consist of information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services.
Root Cause Analysis—What Causes Errors

- Physician Error—Mental or Physical
- Patient Choice
- Anesthesia or Surgery?
- Condition or Intervention?
- Flawed Protocols or Flawed Performance?
Error Definition

- **Adverse Event:**
  Injury caused by medical management rather than the underlying illness or condition of the patient

- **Medical Error:**
  A preventable adverse event

- **Malpractice:**
  Failure to exercise that degree of care used by reasonably prudent physicians in the same or similar circumstances
Most prevalent root cause of medical errors is communication
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
Preventing System Failures

- Implement a tracking system to monitor completion
- Ensure software integrates with existing e-system
- Utilize a tickler system, computer printout, log book
- Create a suspense file
- Implement a chart-flagging system
- Document noncompliance, F/U efforts, communication
- Physician review criteria before charting
- Subject tracking system to RCA
- KISS
YESTERDAY’S 5 MOST MISDIAGNOSED CONDITIONS

- Neurological Conditions
- Cancer
- Cardiac
- Failure to Diagnose Surgical Complications
- Urology
Wrong site, wrong patient surgery

1. Delay in treatment, biopsy site healed
2. Multiple patients with same name
3. Incorrect documentation
4. Referral to another MD for surgery
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
CANCER

1. Failure to diagnose
2. Failure to adequately treat - what is surgeon’s responsibility?
3. Failure to refer to specialist
4. Failure to follow up with biopsy result
5. Failure to follow up treatment
CARDIAC

1. Coronary disease, MI, pulmonary emboli, aneurysm
2. Preventive care: ASA, statins, etc
3. Anti-coagulant complications—bleeding vs emboli
4. Patient Selection is Vital!!
Surgical complications

1. Failure to see patient timely
2. Bleeding
3. Infection
4. Necrosis
5. Poor scarring
NEUROLOGICAL

- Often Secondary
- Failure to Seek second opinion
- Often a result of emergency medical condition
Acute Abdomen

- Highest severity - death most prevalent outcome
- Appendicitis
- Abdominal aortic aneurysm
- Colitis
- Hernia of abdominal wall
- Frequently a concurrent condition
NOT SO CUTE ABDOMEN
Stroke and Cranial Conditions

1. TIA vs stroke
2. Delay in evaluating head trauma
3. Stroke from discontinuation of coumadin in patient with AF
PULMONARY ISSUES

• Failure to diagnose
• Failure to perform differential diagnosis
• Often incident to other emergency medical conditions.
NEW condition - Infectious Diseases

- Differential Diagnosis
- Surgical Bias
- Sub-Specialty Bias
Error Reduction

- Standardize approach
- Electronic Prescribing
- Time-Out Rule
- Verification
STANDARDIZE APPROACH

• Pre op check list
• Printed post op instructions
• Written follow up instructions
• Biopsy and lab follow up:
  MD / staff responsibility
  patient responsibility
ELECTRONIC PRESCRIBING
EMR / EHR

- Avoid calling in NEW prescriptions
- Be careful with default programs
Medication Errors

- Administering 40%
- Improper Documentation 21%
- Dispensing 17%
- Faulty Prescribing 11%
- Other 10%
  (Inadequate communication, Inappropriate formularies)
- Inadequate Monitoring 1%

U.S. Pharmacopeia, Database of Hospital Medication Errors
Top Products Involving Medication Error

- Insulin
- Albuterol
- Morphine
- KCl (potassium chloride)
- Heparin
- Cefazolin
- Warfarin
- Furosemide
- Levofloxacin
- Vancomycin
Coumadin or Avandia?
TIME-OUT RULE

- Wrong Site, Wrong Patient Incidents
  Continue at Unacceptable Pace
- OBEY TIMEOUT RULE
TIME-OUT RULE

- Applies to anesthesiologists and surgeons;
- Prior to Initiating Procedure, the responsible physician will verbally confirm:
  - Patient’s identification
  - Intended Procedure
  - Correct Procedure Site
- Procedural Notes *(which may be in the Nursing note)* Must Include When Each Was Confirmed and By Whom.
Surgical Pause Rule
F.S. 458.331(1)(t),456.072,and F.A.C. 64B8-9.007

- Must Document Pause in Chart;
- Physician Responsibility
- Must Notify Patient of Adverse Incident
- Exception for minor dermatology procedures
Surgeon Responsibility

- Surgeon is responsible for post-surgical follow-up, which may be delegated.
UPDATE YOUR PROFILE
F.S. 456.052

• Within 15 Days with changes to:
  – Address
  – Staff Privileges
  – Medical Malpractice History
  – Financial Responsibility
  – Board Certification
  – Education
  – Disciplinary/Criminal History
Change of Address
F.S. 456.035, 458.319(3), 458.327(2)(e)

- In addition to Profile Rule, lack of address means you may not get renewal information.
Presigning Prescriptions
F.S. 458.331(1)(aa)

- Reprimand
- $5,000 fine
- 2 years probation
Renewals
F.S. 458.319

- Handle It Personally!!
- CME and Financial Responsibility Statements are Audited.
- Keep CME Certificates at least 2 years
- Preventing Medical Errors Course MUST INCLUDE: study of root cause analysis; error reduction, prevention and patient safety, and the 5 most misdiagnosed conditions
Friends and Family
F.S. 458.331(1)(r) and 458.331(1)(m)

- Prescription creates physician/patient relationship
- Even family members need records
- Spouses/friends are not always spouses/friends
- No self-prescribing of controlled substances
Internet Prescribing
F.S. 458.331(t) and F.A.C. 64B8-9.014

• NO Prescribing without History and In-person Physical
• Exception for Call Coverage
Records Retention
F.A.C. 64B8-10.002

- Must maintain records for at least five years (statute of repose is seven)
- Must notify patient by sign or letter where records may be obtained if physician moves
- Newspaper notice and notify BOM 30 days BEFORE you move
- Complete hospital charts before move
Impaired Practitioners
F.S. 456.076

- No discipline if physician self-reports to PRN before problem is reported to BOM
- Must comply with PRN contract
- Excellent Track Record
- PRN will help at BOM if physician complies with contract
"No, you can't be Charlie Sheen for Halloween!"
MOC POTENTIAL QUESTION

• STATISTICALLY, WHICH IS NOT MOST COMMON CAUSE OF PRESCRIPTION DRUGS ERRORS?
POTENTIAL ANSWERS

• IMPROPER PRESCRIPTION
• ADMINISTRATION
• DISPENSING ERRORS
• DOCUMENTATION ERRORS
• NONE OF THE ABOVE