Medical Errors

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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.
64B8-13.005 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.
The Important Stuff

- (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.
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 Big 5

- the following areas have been determined as the five most mis-diagnosed conditions: cancer related conditions; surgery complications; respiratory related conditions; OB/GYN related conditions; cardiology related conditions.
(d) A licensee who is registered with the United States Drug Enforcement Agency and is authorized to prescribe controlled substances is required to complete a 2-hour course on prescribing controlled substances at each biennial renewal of licensure as required by section 456.0301, Florida Statutes. The Board approves the controlled substance prescribing courses offered by the Florida Medical Association, the Florida Academy of Family Physicians, the Florida College of Emergency Physicians, Baptist Health South Florida/Quality Network, InforMed, Florida Psychiatric Society, and Florida Osteopathic Medical Association, for the purpose of meeting this continuing education requirement.

(2)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing or eliminating identifiable risks.

(b) Five hours of continuing medical education in the subject area of risk management or medical ethics may be obtained by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

1. The licensee must sign in with the Executive Director of the Board before the meeting day begins.
2. The licensee must remain in continuous attendance.
3. The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management or medical ethics for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose. A member of the Board of Medicine may obtain 10 hours of continuing medical education per biennium in the subject area of risk management or medical ethics for attendance at the disciplinary portion of Board meetings.
(3) During the license renewal period of each biennium, an application for renewal will be mailed to each licensee at the last address provided to the Board. Failure to receive any notification during this period does not relieve the licensee of the responsibility of meeting the continuing education requirements. The application for renewal shall include a form on which the licensee shall state that he has completed the required continuing education. The licensee must retain such receipts, vouchers, certificates, or other papers, such as the physician’s recognition awards issued by the AMA, as may be necessary to document completion of the continuing education listed on the renewal form for a period of not less than 4 years from the date the course was taken.

(4) Failure to document compliance with the continuing education requirements or the furnishing of false or misleading information regarding compliance shall be grounds for disciplinary action up to and including license revocation.

(5) The following courses are approved by the Board:

(a) Organized courses approved for American Medical Association Category I Continuing Medical Education credits or accepted for the American Medical Association physician recognition award.

(b) Any postgraduate training program accredited by the Accreditation Council for Graduate Medical Education.

(c) The following specialty training: American College of Emergency Physicians, Category I; American Academy of Family Physicians prescribed credit; American College of Obstetricians and Gynecologists cognates; and study courses required by those specialty certification boards approved by the Board for the purpose of sitting for specialty recertification examinations.

(6) In addition to the continuing medical education credits authorized above, any volunteer expert witness who is providing expert witness opinions for cases being reviewed pursuant to chapter 458 or 468, F.S., shall receive 5.0 hours of credit in the area of risk management for each case reviewed up to a maximum of 15 hours per biennium. In this regard, volunteer expert witnesses are encouraged to perform a literature survey in conjunction with a review of cases for the Board.
But...

- The NEW list as of 2019...
- cancer related conditions; surgery complications; respiratory related conditions; OB/GYN related conditions; cardiology related conditions.
And if you are a DO

1. Inappropriate prescribing of controlled substances;
2. Failure to monitor the safety of prescribed medications;
3. Retained foreign objects in surgery and wrong site/patient surgery;
4. Surgical complications/errors and pre-operative evaluations, including obtaining informed consent; and
5. Failure to timely diagnose sepsis.
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
Wrong site/wrong patient surgery/retention of foreign objections

1. Delay in treatment, biopsy site healed
2. Multiple patients with same name
3. Incorrect documentation
4. Referral to another MD for surgery
5. Failure to obtain independent confirmation of identity, sponge count, etc.
6. Failure to perform a time-out.
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

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- 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
6. Sepsis (especially important for Dos)
7. Inadequate informed consent
Ob-Gyn Issues

- Possibility of STDs
- Hormonal changes;
- Consider referral
**Acute Abdomen**

- Highest severity - death most prevalent outcome
- Appendicitis
- Abdominal aortic aneurysm
- Colitis
- Hernia of abdominal wall
- Frequently a concurrent condition

*PIAA Data Sharing System Report 1985-2007*
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
RESPIRATORY/PULMONARY ISSUES

- Failure to diagnose
- Failure to perform differential diagnosis
- Often incident to other emergency medical conditions.
DO-Specific Issues

- Inappropriate Prescribing of Opiates - HB 21
- Failure to Monitor Prescribed Medications
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
<table>
<thead>
<tr>
<th>Top Products Involving Medication Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Insulin</td>
</tr>
<tr>
<td>• Albuterol</td>
</tr>
<tr>
<td>• Morphine</td>
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<tr>
<td>• KCl (potassium chloride)</td>
</tr>
<tr>
<td>• Heparin</td>
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<tr>
<td>• Cefazolin</td>
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<td>• Warfarin</td>
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<tr>
<td>• Furosemide</td>
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<tr>
<td>• Levofloxacin</td>
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<td>• Vancomycin</td>
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</tbody>
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MEDMARX/USP Drug Safety Review
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!"
STATISTICALLY, WHICH IS NOT MOST COMMON CAUSE OF PRESCRIPTION DRUG ERRORS?
Potential Answers

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