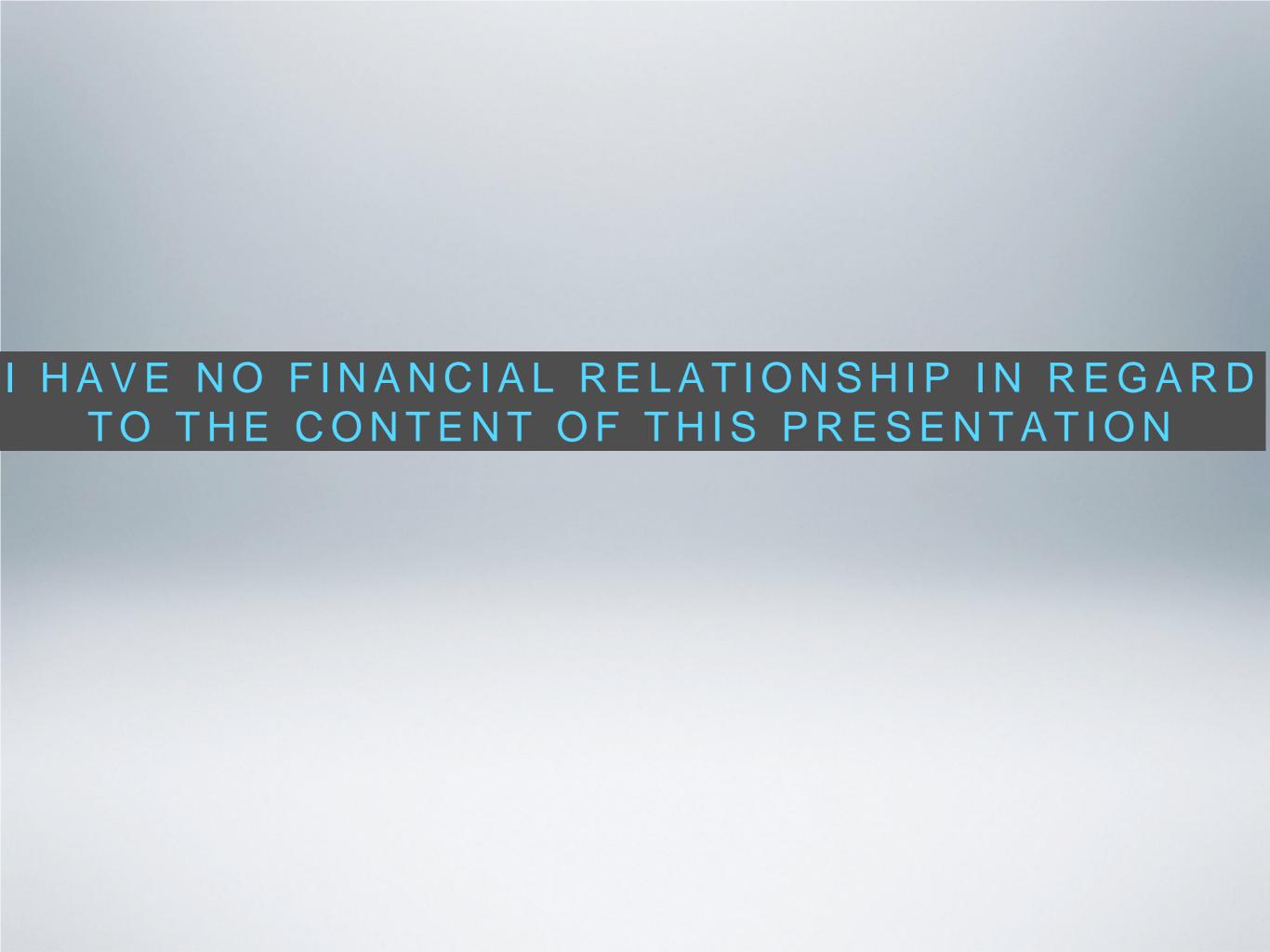
Robert Hasty, DO, FACOI, FACP

Associate Dean for Postgraduate Affairs
Campbell University
Jerry M. Wallace School of Osteopathic Medicine
Vice President of Medical Education
Southeastern Health





2015

PREVENTION OF MEDICAL ERRORS

The Five Most Misdiagnosed Conditions (DO)

Shall include, "root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations."

- 1. Inappropriate prescribing of opioids in patients in whom there have been misdiagnosis or failure to diagnose addiction, psychiatric conditions and diversion;
- 2. Failure or delay in diagnosing cancer;
- 3. Retained foreign objects in surgery and wrong site/patient surgery;
- 4. Surgical complications/errors and pre-operative evaluations; and
- 5. Prescribing, dispensing, administering, or using non-FDA approved medications and devices.

The Five Most Misdiagnosed Conditions (MD)

- 1. cancer related issues;
- 2. neurological related issues;
- 3. cardiac related issues;
- 4. timely responding to complications during surgery and post-operatively;
- 5. urological related issues.

"Every Doctor Has a Graveyard"

- Anonymous

35,000 LESS DEATHS DUE TO MEDICAL ERRORS IN 2013



U.S. hospitals make fewer serious errors; 50,000 lives saved

December 2, 2014 1:18 PM

NEW YORK (Reuters) - About 50,000 people are alive today because U.S. hospitals committed 17 percent fewer medical errors in 2013 than in 2010, government health officials said on Tuesday.

The lower rate of fatalities from poor care and mistakes was one of several "historic improvements" in hospital quality and safety measured by the Centers for Medicare and Medicaid Services. They included a 9 percent decline in the rate of hospital-acquired conditions such as infections, bedsores and pneumonia from 2012 to 2013.

Secretary of Health and Human Services Sylvia Burwell is scheduled to announce the data on Tuesday at the CMS

Healthcare Quality Conference in Baltimore. It is based on a detailed analysis of tens of thousands of medical records, but because data was collected differently before 2010, it is not possible to compare pre-2010 figures to later ones.

CMS is a unit of Burwell's department.

The deadly problem of hospital error burst into the national spotlight in 1999, when the Institute of Medicine estimated that as many as 98,000 people die every year because of hospital mistakes that allow patients to contract infections, fall, develop pneumonia from being on a ventilator, or suffer other serious but preventable harm.

In 2010, the HHS inspector general estimated that poor care in hospitals contributed to the deaths of 180,000 patients covered by Medicare, which insures the disabled and those 65 or older, every year.

Officials, speaking to reporters on Monday ahead of Burwell's speech, offered several possible explanations for the steep decline in sometimes-fatal hospital-acquired injuries, infections and other conditions.

Hospitals have made a concerted effort to improve safety, spurred in large part by changes in how Medicare pays them. President Barack Obama's healthcare reform law requires CMS to reduce the reimbursement rate for hospitals that re-admit too many

PAGE 1 OF 2









~200,000/Year

IF DISNEY IS THE HAPPIEST PLACE ON EARTH, THEN...



THE UNHAPPIEST PLACE ON EARTH

"When there is change, there is opportunity."

-JACOB GRINDLE

Hospitalists

Palliative Care & Hospice Specialists

Nocturnists

New Fields in Medicine

LTAC Specialists

Medical Informatics

SNFist

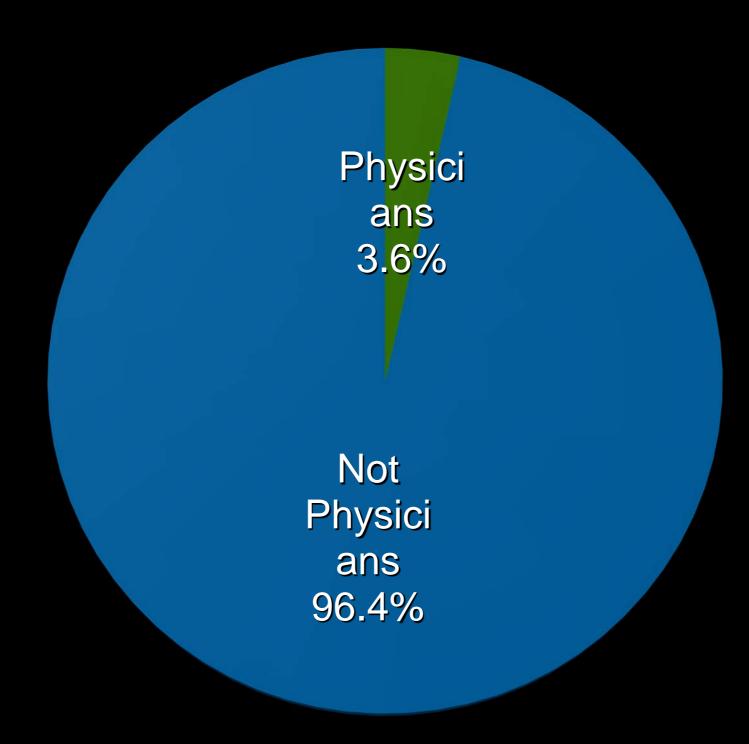
Surgicalist



"strong positive association between the ranked quality of a hospital and whether the CEO is a physician (p<0.001)."

-IZA DISCUSSION PAPER NO. 5830 JULY 2011

Percentage of Hospital CEOs as Physicians



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The leader in healthcare business news, research & data

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Montefiore President and CEO Dr. Steven Safyer, ranked No. 35, argues that having more doctors and nurses in leadership positions is a positive thing.













Hospitals hire more doctors as CEOs as focus on quality grows

By Andis Robeznieks | May 10, 2014

With record-high turnover among hospital CEOs last year and an intensifying focus on clinical quality, a growing number of healthcare organizations are appointing physicians to their top executive positions, experts say.

The trend "is being driven by the need for hospital and health systems to have closer alignment and the recognition that future success will rely on changing the design in which healthcare is delivered," said Dr. Andrew Ziskind, managing director at Chicago-based Huron Healthcare and former president of Barnes-Jewish

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Physicians serve the public trust.

"The mission of the National Board of Osteopathic Medical Examiners is to protect the public by providing the means to assess competencies for osteopathic medicine and related health care professions."

-NBOME MISSION STATEMENT

AMERICAN COLLEGE OF SURGEONS

Inspiring Quality: Highest Standards, Better Outcomes

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American College of Surgeons > Education > Educational Programs > Transition to Practice Program

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Transition to Practice Program

Anne Arundel Medical Center

Alpert Medical School of Brown University

Eastern Virginia Medical School

Geisinger Health System

Gundersen Health System

Kaiser Permanente, San Diego

Louisiana State University Health Sciences Center at Shreveport

Medical University of South Carolina

Transition to Practice Program

The American College of Surgeons (ACS) Committee on the ACS Transition to Practice (TTP) in General Surgery has developed a program for young surgeons who are leaving residency and entering into the practice of general surgery. The program is intended to help fill perceived gaps in training today.

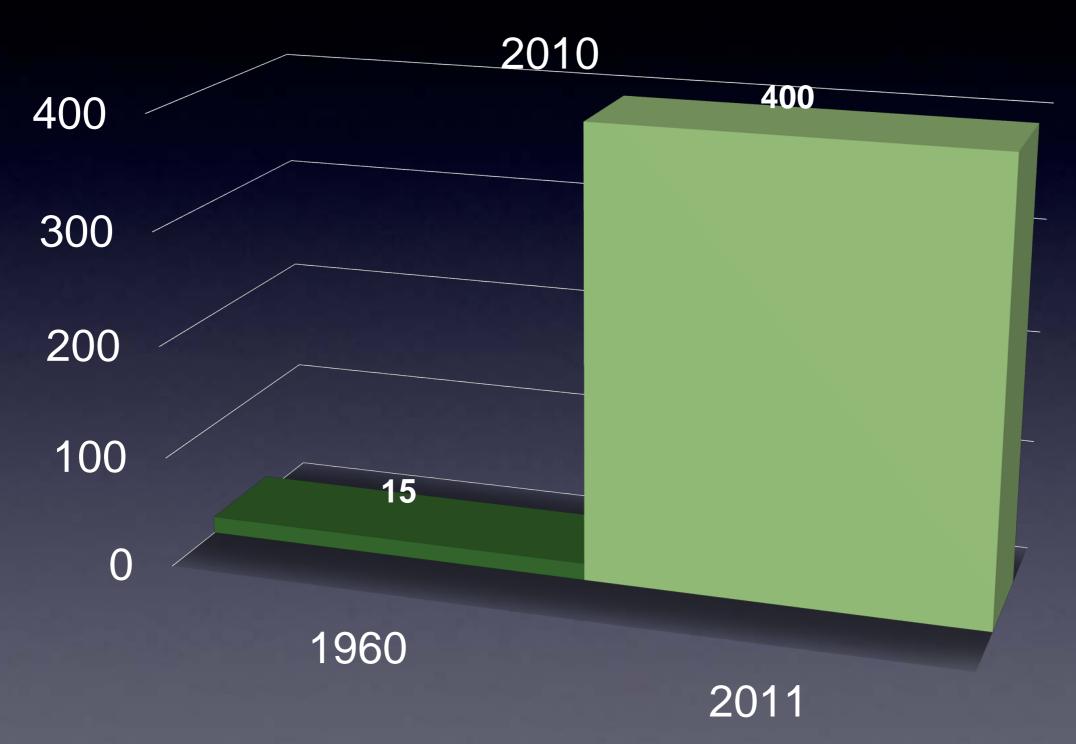
The ACS TTP Program will help with the transition to independent practice in general surgery. Program participants will:

- Obtain enhanced autonomous experience in broad-based general surgery
- Increase competence and confidence in clinical matters
- Gain exposure to aspects of practice management
- Experience mentoring with notable practicing surgeons
- · Participate in experiential learning tailored to individual needs

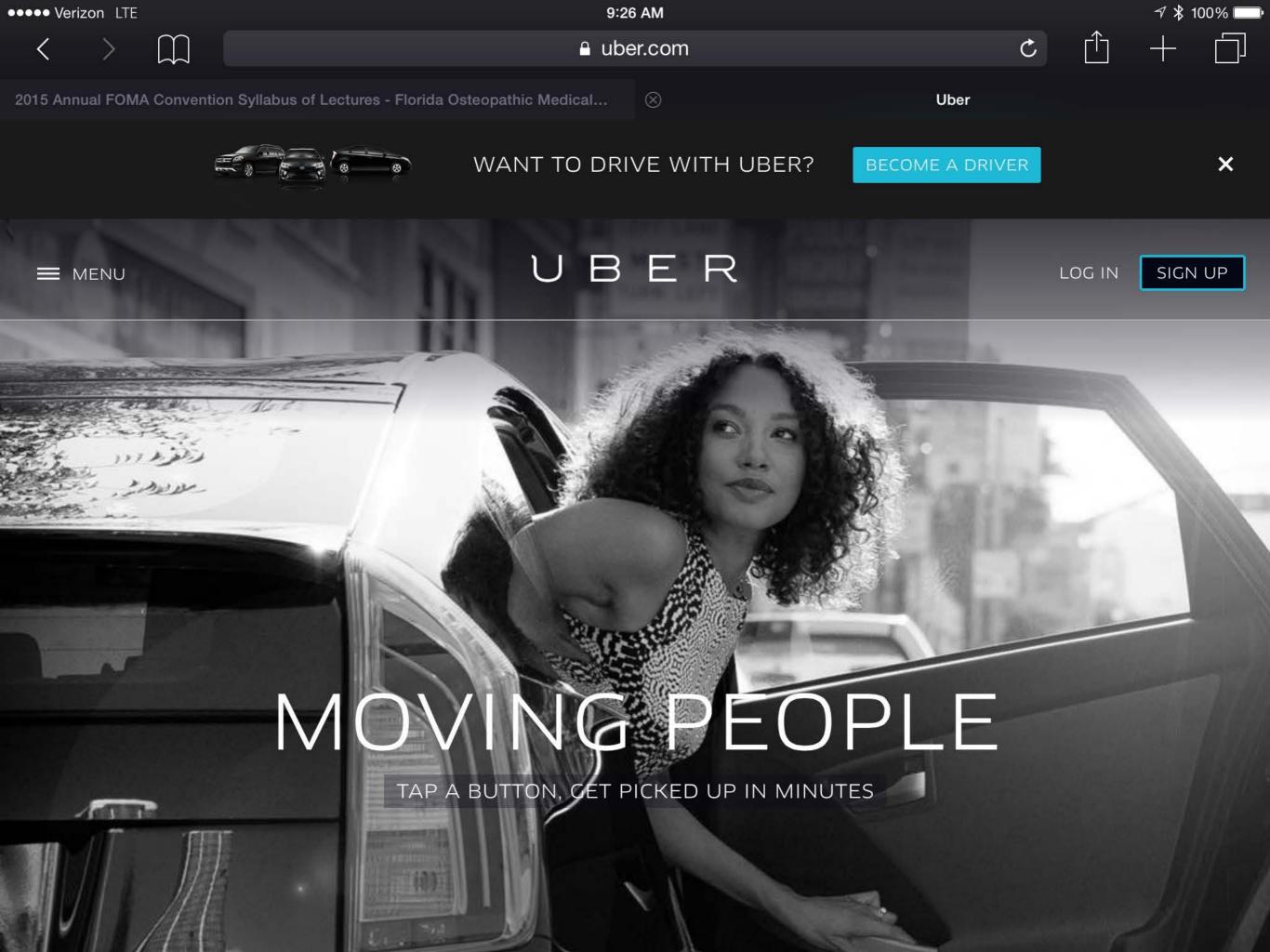
Learn More

- In the April 2014 issue of the *Bulletin of the American College of Surgeons*, ACS Executive Director David B. Hoyt, MD, FACS, provides an update on the progress made in the TTP Program.
- Read this article on the TTP Program and its future direction by TTP Steering Committee Chair J. David Richardson, MD, FACS, in the September 2013 issue of the *Bulletin*.

Number of Medications that the Average Internist Needs to Master



Patient Satisfaction = Bedside Manner

















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Medicare Institutes New "Gratuity-**Based" Compensation Plan**

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Surgery

Gomerblog Team - Aug 26, 2014

























Check Out Your Specialty

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WASHINGTON, D.C. - The Centers for Medicare and Medicaid Services (CMS) began the rollout of their revolutionary new compensation model this week, in which physicians and nurses are paid on a gratuity basis.

"We don't like to think of it as 'working for tips'," said Joan McWelters, senior spokesperson for CMS. "We view this less as a way to cut physician and nurses' salaries and more as a teensy-weensy modification to



4 Ways to Avoid Running Out of **Money During** Retirement

If you have a \$1,000,000 portfolio, download the guide by Forbes columnist

DR. WIKI



THE JOURNAL of the AMERICAN OSTEOPATHIC ASSOCIATION

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Wikipedia vs Peer-Reviewed Medical Literature for Information About the 10 Most **Costly Medical Conditions**

Robert T. Hasty, DO 1; Ryan C. Garbalosa, DO; Vincenzo A. Barbato, DO;

Pedro J. Valdes Jr, DO; David W. Powers, DO; Emmanuel Hernandez, DO;

Jones S. John, DO; Gabriel Suciu, PhD, MSPH; Farheen Qureshi, DO;

Matei Popa-Radu, DO; Sergio San Jose, DO; Nathaniel Drexler, DO;

Rohan Patankar, DO; Jose R. Paz, DO; Christopher W. King, DO;

Hilary N. Gerber, DO; Michael G. Valladares, DO, MS; Alyaz A. Somji, DO

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Abstract

Context: Since its launch in 2001, Wikipedia has become the most popular general reference site on the Internet and a popular source of health care information. To evaluate the accuracy of this resource, the authors compared Wikipedia articles on the most costly medical conditions with standard, evidence-based, peer-reviewed sources.

Methods: The top 10 most costly conditions in terms of public and private expenditure in the United States were identified, and a Wikipedia article corresponding to each topic was chosen. In a blinded process, 2 randomly assigned investigators independently reviewed each article and identified all assertions (ie, implication or « Previous | Next Article » **Table of Contents**

This Article

doi: 10.7556/jaoa.2014.035 J Am Osteopath Assoc **May 1, 2014** vol. 114 no. 5 **368-373**

» Abstract

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Full Text (PDF)

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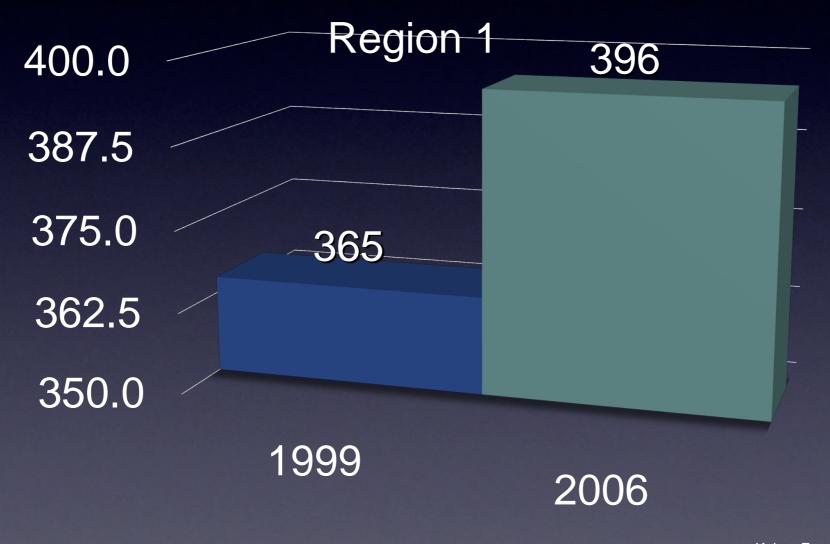
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"An Expert is a Master of the Basics."

-JOHNNY PAIN

Goal 2: Improve the effectiveness of communication among caregivers.

ER Visits/1,000



Kaiser Family Foundation

Medicaid Increases Emergency-Department Use by 40%

TRANSITION CLINICS

Curbside Consults

"INFORMATION PRESENTED DURING INPATIENT CURBSIDE CONSULTATIONS OF HOSPITALISTS IS OFTEN INACCURATE OR INCOMPLETE, AND THIS OFTEN RESULTS IN INACCURATE MANAGEMENT ADVICE."

INFORMATION INACCURATE 51%

HOW MANY PATIENTS DO YOU SEE EACH DAY?

Impact of Attending Physician Workload on Patient Care: A Survey of Hospitalists

15 Patients

EHR 34.1% Other **Direct** 58.5% **Patient** Care 7.4%

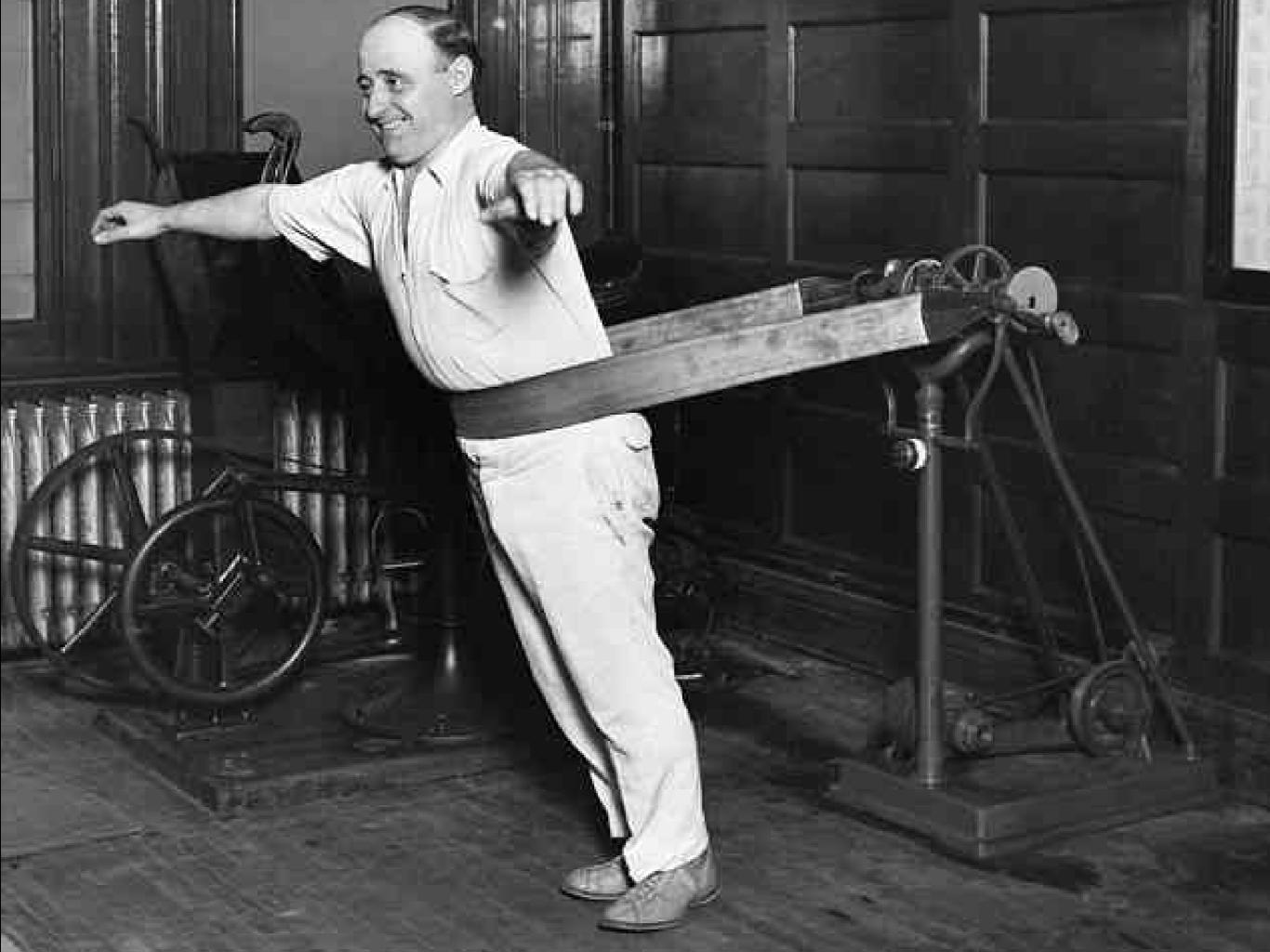
TOPISSUES IN EHR-RELATED MALPRACTICE CLAIMS

EHR ERROR	PERCENTAGE
INCORRECT INFORMATION	20%
CONVERSION ISSUES	16%
SYSTEM FAILURE (ELECTRONIC ROUTING OF DATA)	12%
SYSTEM FAILURE (UNABLE TO ACCESS DATA)	10%
PRE-POPULATING/TEMPLATE	10%
FAILURE OF SYSTEM DESIGN	9%
EHR USER TRAINING	7%
INCOMPATIBLE SYSTEMS	7%
EHR-RELATED USER ERROR	7%

Root Cause Analysis



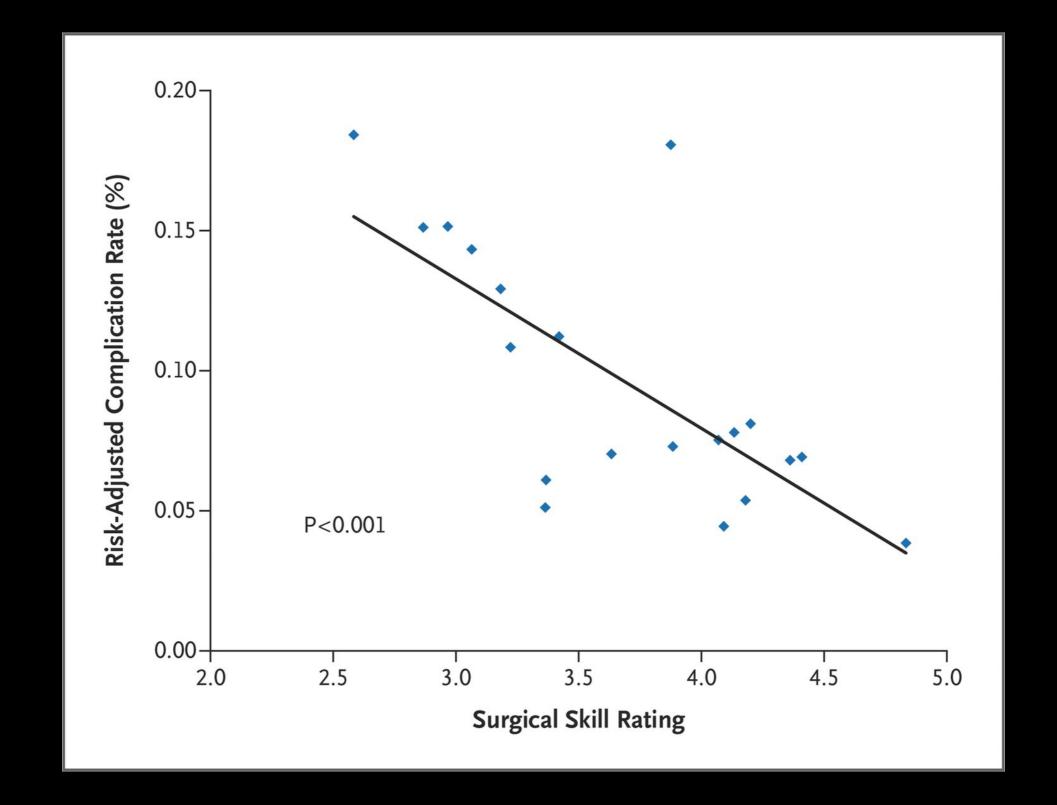
Non-FDA Approved Medication & Devices Issues



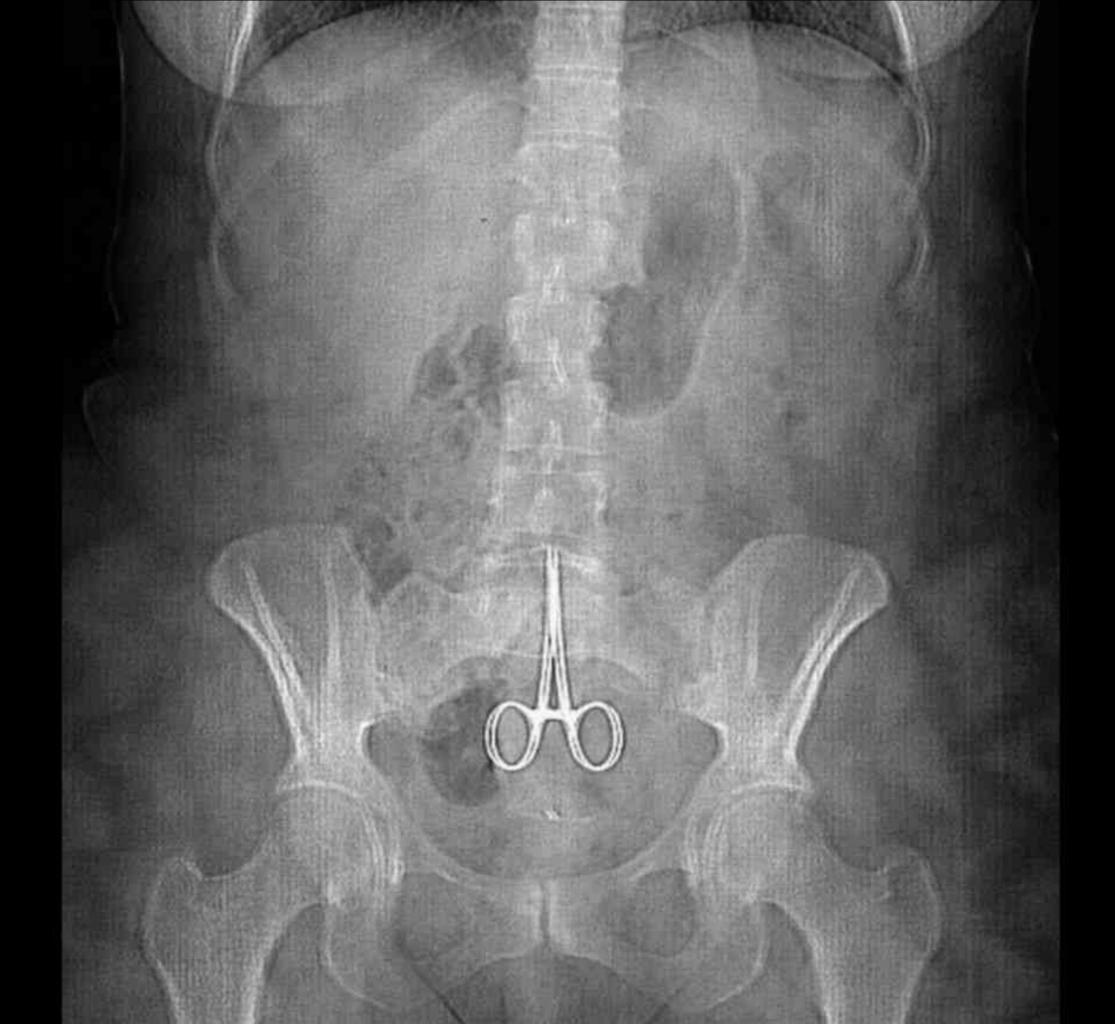
HCG DIET

Surgical Aspects of Patient Safety





REVIEWED SURGICAL SKILL CORRELATES WITH OU



WRONG SITE/WRONG PATIENT

ANESTHESIOLOGY ISSUES

- "loosely tied mask
- multiple rings worn
- failure to wash hands before patient contact
- incomplete coverage of hair of staff member
- intravenous (IV) bag entered with 18-G needle
- stopcock left open
- failure to swab port with alcohol for 15 sec before access
- failure to allow skin preparation to dry for 30 sec before interventional procedure"



















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Rectal Tone of Anesthesiologists Varies with Patients' Oxygen Saturation

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by Gomerblog Team

Dec 21, 2014























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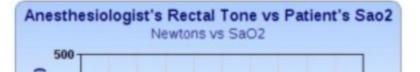






BERLIN - A new and controversial study out of the esteemed Higginstein Community Surgery Center describes a curious phenomenon regarding rectal tone of anesthesiologists in response to the oxygen saturations of their patients.

Noted researcher and board game enthusiast Dr. Doggles Heister designed an unconventional study to examine the



4 Ways to Avoid Running Out of **Money During** Retirement

If you have a \$1,000,000 partfalia davunland tha





Safe Injection Practices Coalition www.ONEandONLYcampaign.org

PROPOFOL

EXCELLENT CULTURE MEDIA/MUST BE DISCARDED AFTER 6 HOURS OF BEING OPENED

PERIOPERATIVE

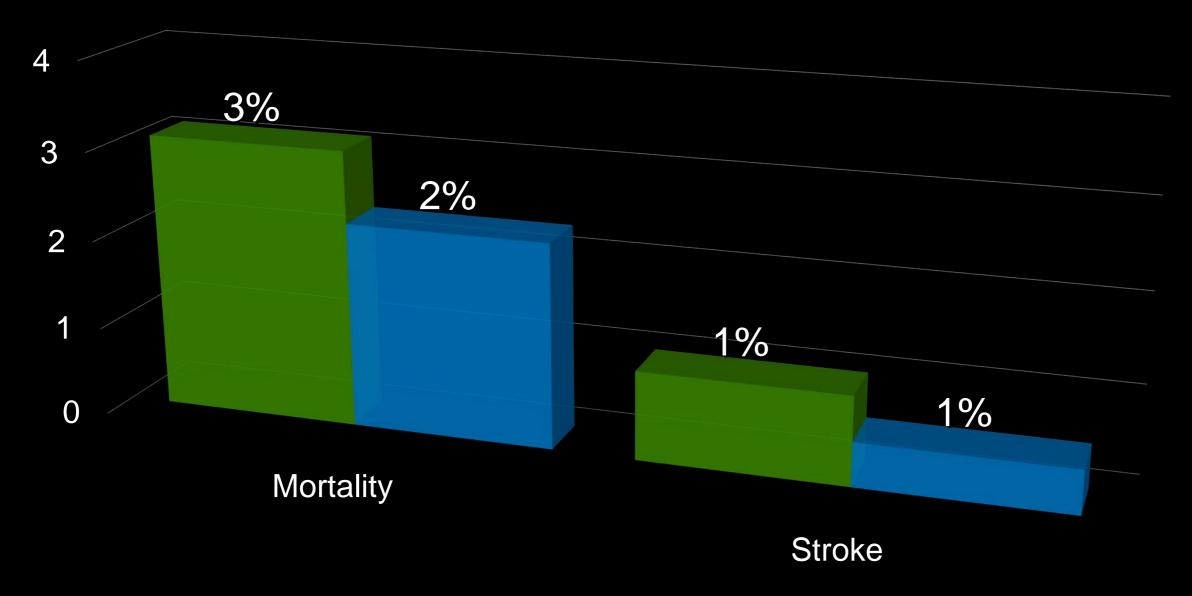
BETA BLOCKERS

IF THEY ARE ON IT, CONTINUE IT

PROBABLY SHOULDN'T BE "STARTING BETA BLOCKERS IN ANY PREOPERATIVE PATIENT UNLESS THEY ARE CLEARLY INDICATED FOR ANOTHER REASON SUCH AS RATE CONTROL FOR ATRIAL FIBRILLATION, RATE-RELATED MYOCARDIAL ISCHEMIA, OR BLOOD PRESSURE CONTROL."

POISE STUDY

*STATISTICALLY SIGNIFICANT



Defer Sx with a Fresh Stent (when Possible)

In patients with a coronary stent who are receiving dual antiplatelet therapy and require surgery, we recommend deferring surgery for at least 6 weeks after placement of a bare-metal stent and for at least 6 months after placement of a drug-eluting stent instead of undertaking surgery within these time periods (Grade 1C)

Patients with mechanical heart valves	Substitute unfractionated or low-molecular- weight heparin
	May interrupt anticoagulation for up to 1 week for surgical or diagnostic procedures without substituting heparin

VKATx + Dental Procedure

Don't Stop VKA & Rx Prohemostatic Agent (Grade 1B)

Urgent Sx + VKA: IV or PO Vit. K 2.55mg (Grade 1C)

Derm & Cataract Sx: Continue Antiplatelet & VKA (Grade 1C)

PERIOPERATIVE

HYPERTENSION CONSIDERATIONS

JNC VII

Patients Undergoing Surgery

Uncontrolled hypertension is associated with wider fluctuations of BP during induction of anesthesia and intubation and may increase the risk for perioperative ischemic events. BP levels of 180/110 mm Hg or greater should be controlled prior to surgery.³²¹ For elective surgery, effective BP control can be achieved over several days to weeks of outpatient treatment. In urgent situations, rapidly acting parenteral agents such as sodium nitroprusside, nicardipine, and labetalol can be utilized to attain effective control very rapidly.

ACC / AHA 2007 Preoperative Evaluation Guideline

For stage 3 hypertension (systolic blood pressure greater than or equal to 180 mm Hg and diastolic blood pressure greater than or equal to 110 mm Hg), the potential benefits of delaying surgery to optimize the effects of antihypertensive medications should be weighed against the risk of delaying the surgical procedure. With rapidly acting intravenous agents, blood pressure can usually be controlled within a matter of several hours. One randomized trial was unable to demonstrate a benefit to delaying surgery. Weksler and

PERIOPERATIVE

ENDOCRINOLGY CONSIDERATIONS

CUTOFF FOR DM PREOP

fasting plasma glucose level below 220 mg/dL (12.21 mmol/L)

PERIOPERATIVE HYDROCORTISONE IN AI

DOSE SURGERY 25 MG/DAY MINOR MAJOR 150 MG/DAY

*tapered rapidly back to baseline over the first 2 postoperative days

PERIOPERATIVE

NEUROLOGICAL CONSIDERATIONS

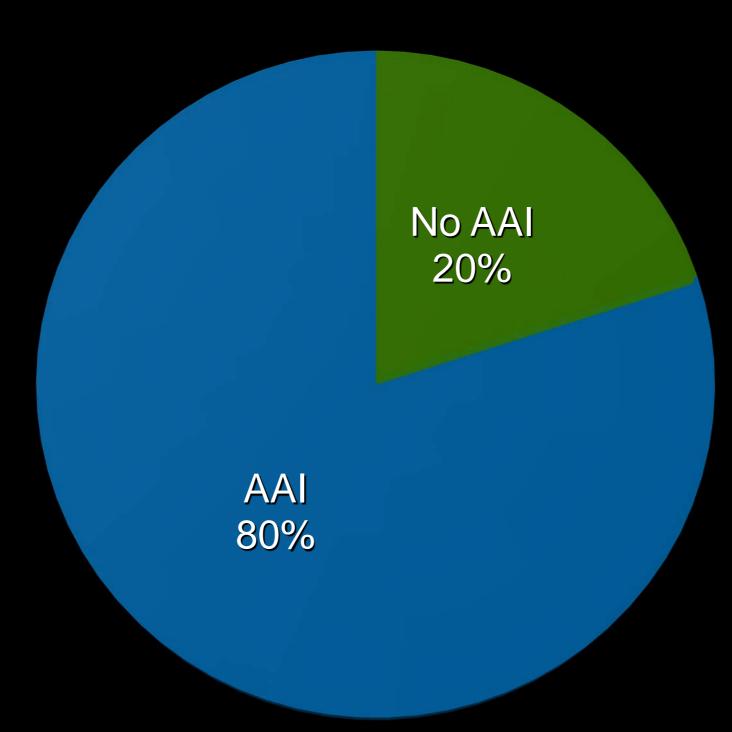
PARKINSON DISEASE & SX

Be careful on abrupt withdrawal of short-acting dopa agonists - problems with rigidity (NMS mimic) & potential ventilation issues

MS PATIENTS ON BACLOFEN

Baclofen is oral only - may need to transition to benzodiazepines to avoid withdrawal seizures

ATLANTOAXIAL INSTABILITY (AAI) IN DOWN SYNDROME



Int Orthop. Aug 2006; 30(4): 284–289. Published online Mar 7, 2006. doi: 10.1007/s00264-005-0070-y

cervical spine radiographs should be ordered to assess for odontoid-axial stability in patients with rheumatoid arthritis & Down Syndrome

PERIOPERATIVE

GENERAL CONSIDERATIONS

REASONABLE PREOPERATIVE TESTING

INDICATION

TEST

REPRODUCTIVE-AGE WOMAN

PREGNANCY TEST

RA OR DOWN SYNDROME C-SPINE RADIOGRAPH

RISK FOR CKD

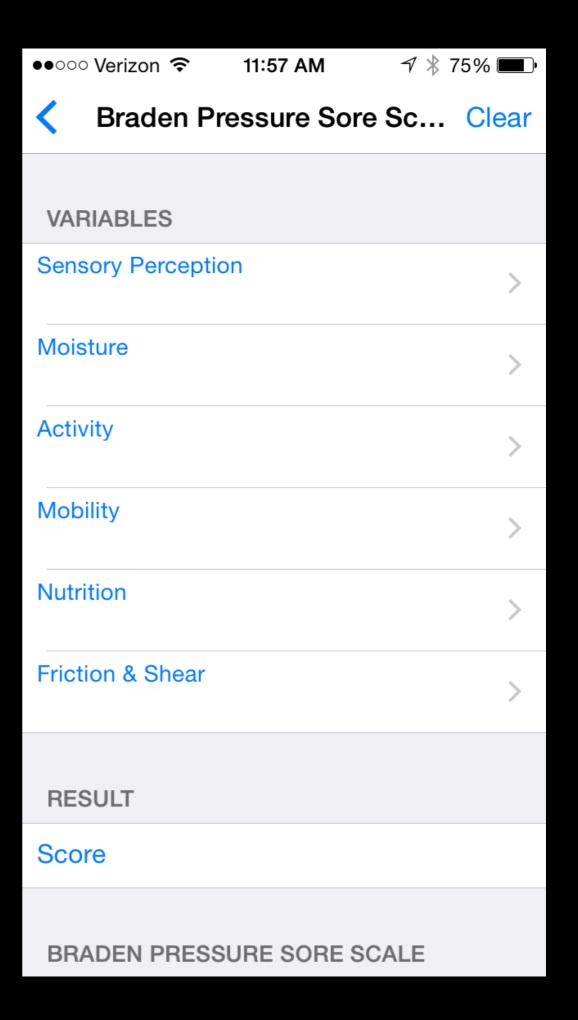
GFR

DIURETIC USE

SERUM K

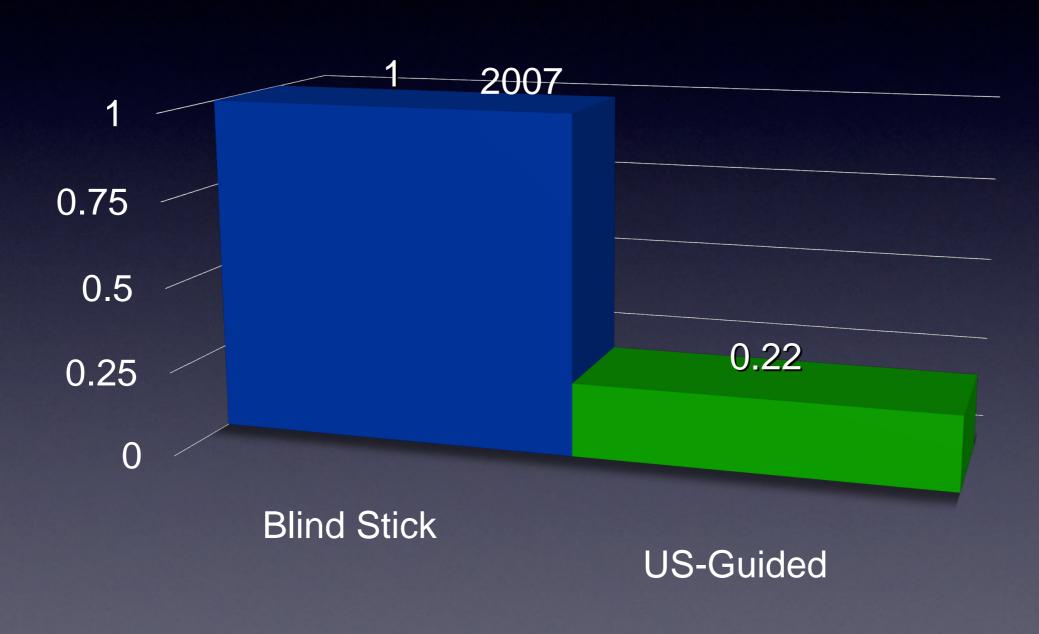


MEDIQUATIONS



Use ultrasound guidance to place central venous catheters (if this technology is available) to reduce the number of cannulation attempts and mechanical complications. Ultrasound guidance should only be use d by those fully trained in its technique. (Category 1B)

Ultrasound Guidance Decreases Relative Risk of Complications During Catheter Placement



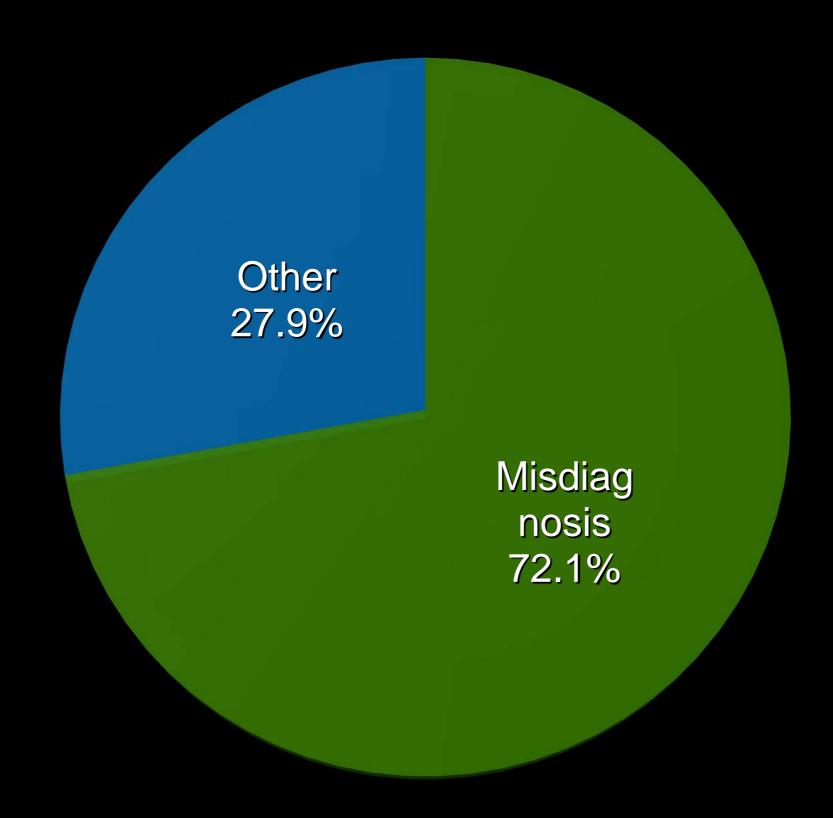


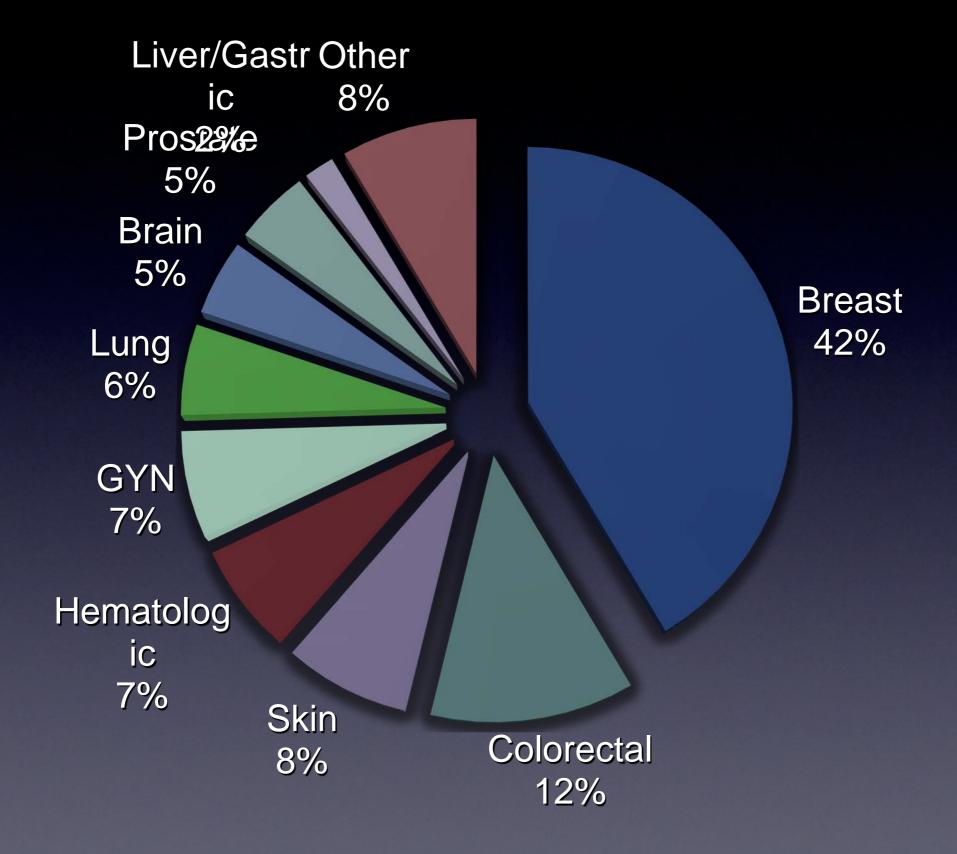
Cancer-Related Aspects of Patient Safety

BETTER THINGS TO SAY

OLD NEW "I WISH THERE WAS SOMETHING "THERES NOTHING MORE TO DO" THAT I COULD DO TO CURE YOUR ILLNESS" "WOULD YOU LIKE US TO DO "HOW WERE YOU HOPING WE COULD **EVERYTHING POSSIBLE?**" HELP?" "STOP THE BREATHING MACHINES AND USE MEDICINES THAT WOULD "STOP THE MACHINES" MAKE HIS BREATHING MORE COMFORTABLE"

MOST PRIMARY CARE CLOSED MALPRACTICE CLAIMS CO





Urological Aspects of Patient Safety

e coli 0157:H7

Antibiotics



HUS



Do not screen for asymptomatic bacteriuria in catheterized patients. A-II

Prevention of catheter-associated urinary tract infections. In: Betsy Lehman Center for Patient Safety and Medical Error Reduction, JSI Research and Training Institute, Inc. Prevention and control of healthcare-associated infections in Massachusetts. Part 1: final recommendations of the Expert Panel. Boston (MA): Massachusetts Department of Public Health; 2008 Jan 31. p. 83-9.

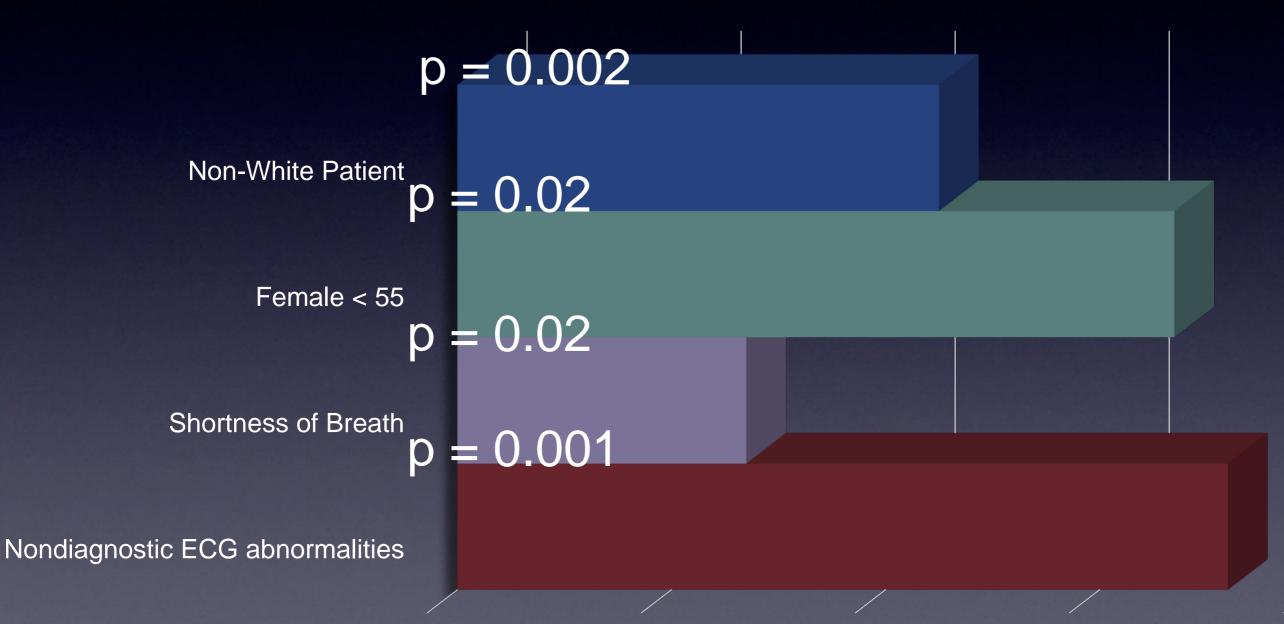
Do not treat asymptomatic bacteriuria in catheterized patients except prior to invasive urologic procedures. A-I

Prevention of catheter-associated urinary tract infections. In: Betsy Lehman Center for Patient Safety and Medical Error Reduction, JSI Research and Training Institute, Inc. Prevention and control of healthcare-associated infections in Massachusetts. Part 1: final recommendations of the Expert Panel. Boston (MA): Massachusetts Department of Public Health; 2008 Jan 31. p. 83-9.

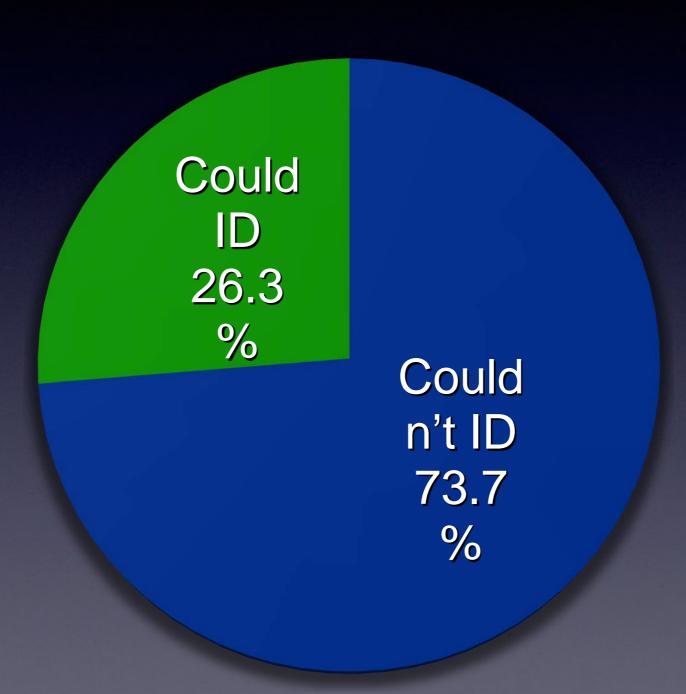
Cardiac Aspects of Patient Safety

Features Associated with Misdiagnosing Acute Cardiac Ischemia

Features Associated with Misdiagnosis



Healthcare Providers' Ability to Identify Common Heart Sounds



Opioid Considerations in Patient Safety

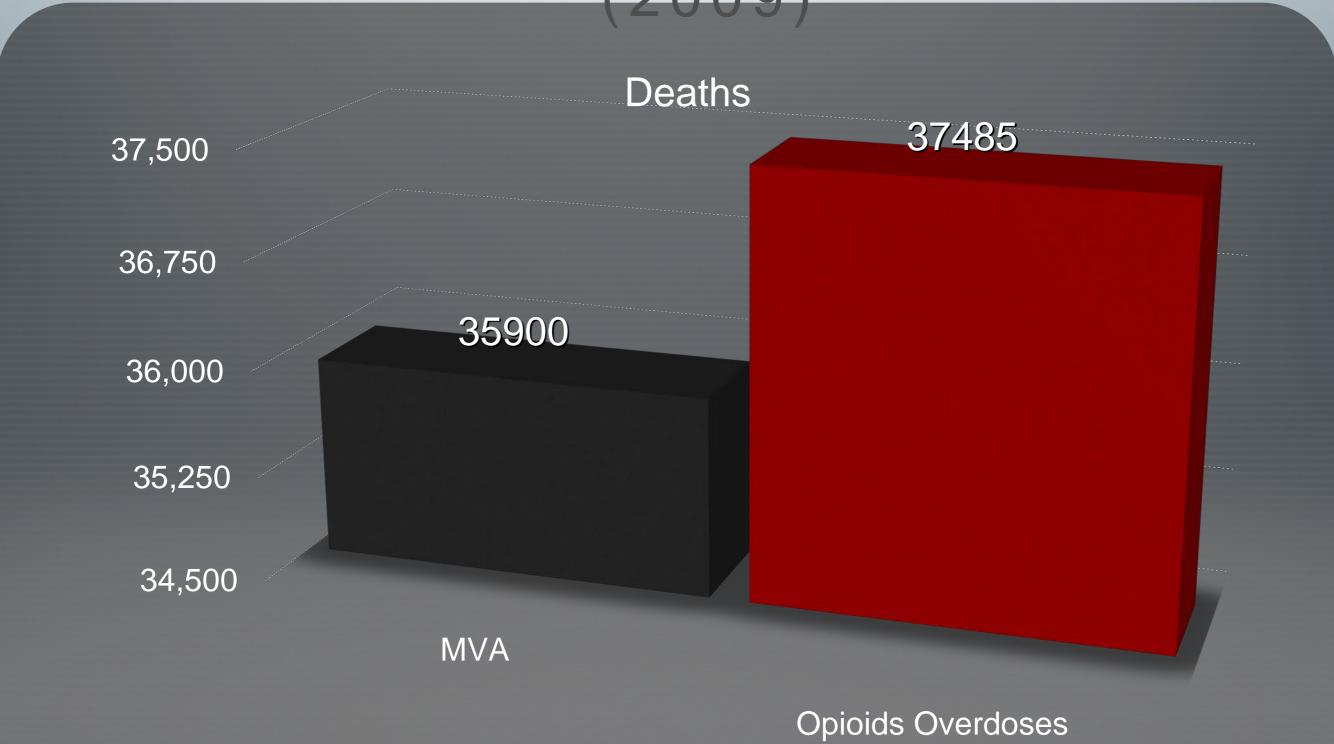
Pharmageddon

OBESE PATIENT WITH "OA" PAIN IN A WHEELCHAIR

Probably not "Percocet deficiency"

CAUSES OF DEATHS

(2009)



SOURCE:

HTTP://OPENCHANNEL.NBCNEWS.COM/_NEWS/2012/05/07/115 42417-HOW-FLORIDA-BROTHERS-PILL-MILL-OPERATION-

FUELED-PAINKILLER-ABUSE-EPIDEMIC?LITE ACCESSED

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WAYNE WEIDENBAUM MD Interventional Pain Medicine	94	WEST PALM BEACH

of a List of ProPublica Oxycodone Prescribers in West Pal

Opioid Error Case Study Hopital: Dilaudid Story

Office: Methadone Story

You can always tell when an addict is lying ... their lips are moving

Signs/Symptoms of Opiate Withdrawal

Mydriasis

Yawning

Increased Bowel Sounds

Piloerection

Irritability

Diarrhea

Tremor

Lacrimation

Stages of Opiate Withdrawal Syndrome

Stage	Features	
Stage I: Up to 8 Hours	Fear of withdrawal, anxiety, drug craving	
Stage II: 8-24 hours	Insomnia, restlessness, anxiety, yawning, stomach cramps, lacrimation, rhinorrhea, diaphoresis, mydriasis	
Stage III: Up to 3 days	Vomiting, diarrhea, fever, chills, muscle spasms, tremor, tachycardia, piloerection, and hypertension	

Diagnostic Workup of Opiate Withdrawal

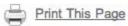
Not indicated unless vomiting or diarrhea present

Treatment of Opioid Withdrawal

- Methadone 10 mg IM or 20 mg PO
- Adjunctive meds: clonidine, BZD's,
 Antiemetic, and antidiarrheals
- If patient is on iatragenic withdrawal (opioid antagonist) - avoid opioids



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Florida's Prescription Drug Monitoring Program



Welcome to E-FORCSE! The State of Florida's Prescription Drug Monitoring Program



The Electronic - Florida Online Reporting of Controlled Substances Evaluation program (E-FORCSE) is Florida's Prescription Drug Monitoring Program (PDMP). The PDMP was created by the 2009 legislature in an initiative to encourage safer prescribing of controlled substances and to reduce drug abuse and diversion within the state of euconrade saler brescriping of controlled substances and to reduce drug apnese and qiversion within the state of euconrade saler brescriping of controlled snpstances and encourage saler brescriping of controlled snpstances and saler brescription of controlled snpstances and encourage saler brescripting of controlled snps

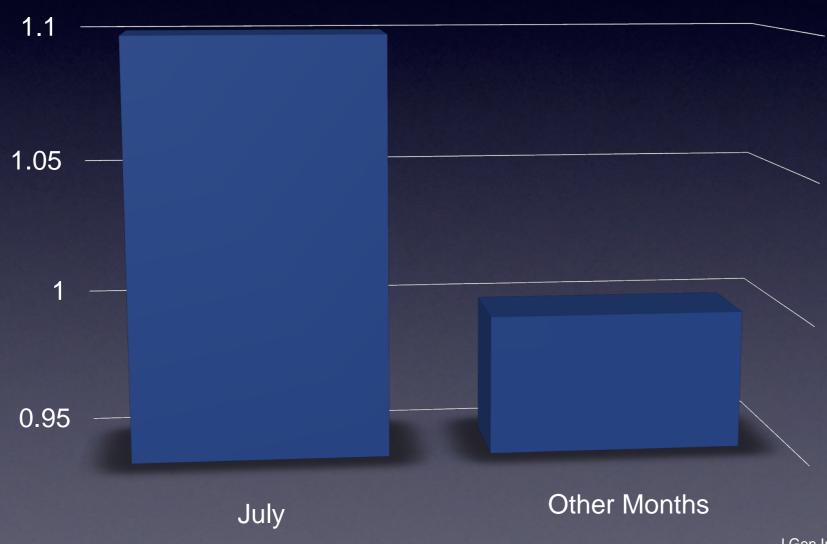
Helpful Links

- Rule Workshop Materials
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- Dispenser Information
- Practitioner Information
- Law Enforcement
- Law Enforcement
- Practitioner Information
- Dispenser Information
- PDMP Registration



The July Effect

Fatal Medication Errors



*P=.005 in Regions with Teaching Hospitals Robert Hasty, DO, FACOI, FACP

Associate Dean for Postgraduate Affairs
Campbell University
Jerry M. Wallace School of Osteopathic Medicine
Vice President of Medical Education
Southeastern Health

