

Ocular Disease: Mistakes Not to Make

No financial disclosures

Deepak Gupta, OD, FAAO

Medical Errors

- Cost the economy from \$17 to \$29 billion each year
- Studies show that most medical errors are due to system errors within the healthcare system rather than a single individual

What do medical errors have to do with optometry?

- Hospital based employees have been required to attend CQI courses for years.
- With the internet, you are no longer the only source of information for your patients
- More lawyers sitting around with time on their hands

Factors that Increase Risk of Errors

- Fatigue, illness and emotional state
 - Conflict, anger, anxiety & boredom can impair job performance.

Factors that Increase Risk of Errors

Too much work

Factors that Increase Risk of Errors

Alcohol and/or other drugs

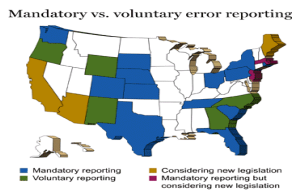
Over confidence / tunnel vision

Never trust the previous doctor – run your own tests and draw your own conclusions

You are driven by the expectation that the initial diagnosis was correct, you only consider findings that prove you right. The findings should fit the diagnosis; if they don't go back and re-think the diagnosis



Reporting Medical Errors



Adverse Event

- An injury caused by medical management rather than by the underlying disease
- Not all adverse events are preventable
 - For example, an allergic reaction to a medication in a patient with no previous history or knowledge of the allergy

Medical error vs Adverse Event

A medical error is a **preventable** adverse effect of care, whether or not it is evident or harmful to the patient. This might include an inaccurate or incomplete diagnosis or treatment of a disease, injury, syndrome, behavior, infection, or other ailment.

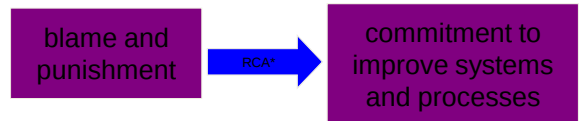
National Academy of Medicine (NAM)

- Formerly The Institution of Medicine (IOM). Is an independent, nonprofit organization that works outside of government to provide unbiased and authoritative advice to decision makers and the public.

Root Cause Analysis (RCA)

- Tool to identify impartial strategies for preventing errors.
- Process for discovering basic & contributing causes of error with the goal of preventing recurrence.
- Involves asking why at each level of cause & effect.

Analyzing Medical Errors: Must first change culture



* Root cause analysis

At 10 years old, what is the normal IOP range?

8-19

IOP in kids

- Under 12 between 6 to 9 mmHg
- Then increase 1 mmHg/year
- Reaches “normal range” around age 12

IOP in children

- | | |
|----------|----------|
| • Age 12 | 10 to 21 |
| • Age 11 | 9 to 20 |
| • Age 10 | 8 to 19 |
| • Age 9 | 7 to 18 |

What is normal C/D ratio?

- .30
- C/D ratio in kids roughly the same in adults

Ocular Hypertension

- OHTN: Elevated IOP and everything else is normal

Physiological Cupping

- First: rule out glaucoma before you jump to the conclusion of physiological cupping
- Second: physio cupping is only confirmed after years and years of a stable ONH
- There is no ICD code for Physiological Cupping
- Lastly: In terms of liability, there is no such thing as physiological cupping!

Glaucoma Suspect

- Glaucoma Suspect – patient is at higher risk for developing glaucoma than the average person based on a variety of factors

5 Steps of the legal elements of a Negligence Claim

- A Physician-Patient Relationship
- The Provider Owes a Duty (of reasonable care) to the Patient
- The Physician's conduct was below acceptable Standards of Care
- The Patient was injured (damages)
- The Negligence was the "Proximate Cause" of the patient's damages.

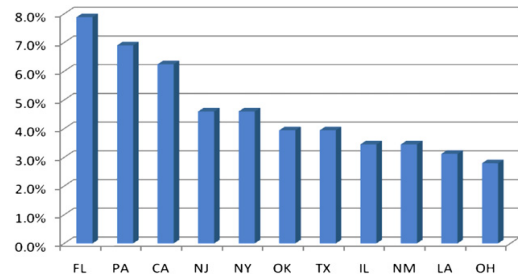
What is standard of care?

- the watchfulness, attention, caution and prudence that most doctors in the circumstances would exercise.
- If a doctor's actions do not meet this standard of care, then his/her acts fail to meet the duty of care which is required for health care providers

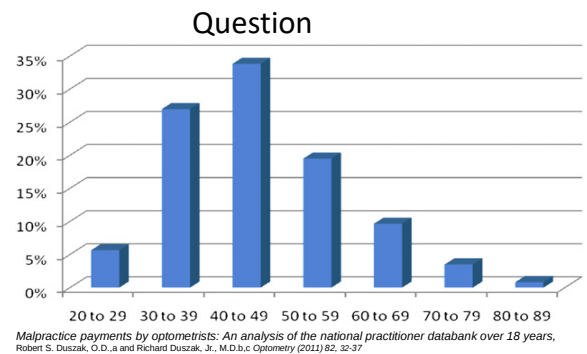
Optometric Malpractice Payments

- **Malpractice payments by optometrists: Analysis of the national practitioner databank over 18 years:**
 - Robert S. Duszak, O.D.,a and Richard Duszak, Jr., M.D.b,c *Optometry* (2011) 82, 32-37
- >51% of the cases originated in 11 states
- 446.4K adverse reports between 1991-2008
- 609 optometric malpractice cases

Which state has the highest number of optometric malpractice claims?

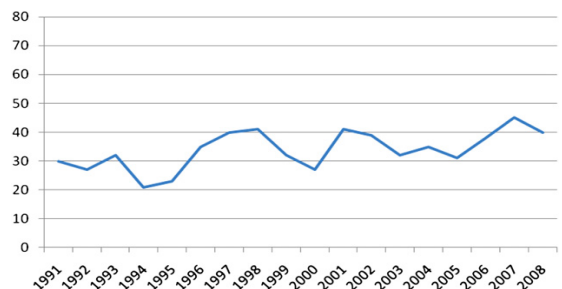


- What is the peak age of an optometrist at the time of an event leading to malpractice litigation?
 - A. 20-30
 - B. 40-49
 - C. 60-69



Question

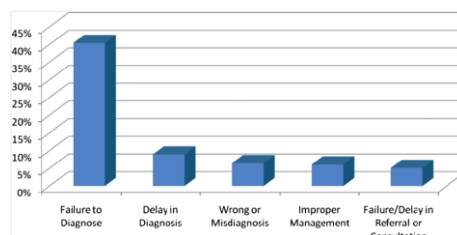
- The number of malpractice payments made on behalf of optometrists each year is?
 - A. 5-20
 - B. 21-50
 - C. 51-75
 - D. 76-110



Average claim

- \$50,000
- However, ones involving sight loss \$300,000 to \$1million

What is the most common reason optometrists get sued?



What are the 3 most common conditions we fail to diagnose?

- Failure to Dx retinal detachment
- Failure to diagnose glaucoma
- Failure to diagnose iritis

Diagnosing RD

- Dilate any new onset flashes, floaters, any high myope
- Extended ophthalmoscopy AND follow up ophthalmoscopy in 4-6 weeks
- Patient education on signs and symptoms of RD

Diagnosing Iritis

- Always check IOP on red eye patients
 - Recheck IOP if you prescribe a steroid
- Always check and document corneal staining
- Always check and document anterior chamber
 - Deep
 - No Cells
 - No Flare

Diagnosing Glaucoma

- Have a low threshold for working up patients
- Work up those with a higher risk than average not those who you think have glaucoma
- Just because you don't have the instruments for it doesn't mean that it doesn't need to be done

Ways to Decrease Your Exposure

- Unexplained vision loss which is left unexplained

This NEEDS to be worked up

- Amblyopia is a diagnosis of exclusion – work up needs to be done first
- Amblyopia by history is poor patient care
- The younger the child, the more extensive the work up needs to be

3 types Amblyopia

- Form Deprivation
 - Refractive
 - Strabismic
-
- Your patient should fall into one of these categories

What's statute of limitations in adults vs kids?

- Adults – 2 years from time of discovery
- Kids – 18 years old plus 2 years
- Absolute: 4 years regardless of when discovered, so for kids that means age 22

Medication Errors



Outpatient pharmacies

What is the error rate?

Outpatient pharmacies

- Dispensing error rate is about 1.7%
- Fill about 6 billion prescriptions a year
- That means 102 million drug mistakes a year

Pharmacy Errors

- Pharmacy techs have something to do with approximately 96% of pharmacy prescriptions
- Most pharmacy techs have a HS diploma

Institute of Medicine (IOM) estimates:

- Medication errors are believed to cause 7K deaths annually compared to 6K workplace related deaths.
- Annual cost of medication errors is \$2 billion.

Hospital Medication Doses

(Barker, Ph.D. Pharm, *Arch of Int Med*, 9 Sept 02)

- **19% of 3,216 hospital doses were in error.**
 - 43% of meds given at wrong time
 - 30% not given at all
 - 17% wrong dose given
 - 4% unauthorized drug given

Educate Patients

- Do not rely on the pharmacist.
- Tell them what medication does and how it should be taken including likely side effects, contraindications & drug interactions.
- Have patient bring all of their meds with them to every appointment

Sound-a-like meds

—Tobrex vs. Tobradex

—Vexol vs. Vosol

Look-A-Like Packaging

- **Tobramycin, Neomycin, Sulfacetamide**
- **Dexacidin vs. Vasocidin**
- **Precision Glucose Control Sol. vs. Timolol**

Look-A-Like Packaging

- Related in part to the FDA approval of color-coding system by pharmacologic class, making all products within a class the same color

Tips to Decrease Medication Errors aka Six "Rights"

- Right Patient
- Right Drug
- Right dose
- Right dosage form
- Right route of administration
- Right time

Use "TALL MAN" lettering

- USE ALL CAPS – MAKES IT EASIER TO READ AND LESS CHANCE OF MISTAKES

Avoid using abbreviations

- Latin truly is a "dead" language
- Spell it out plainly – K.I.S.S.

Mind your decimals....

- 1 mg NOT 1.0 mg
- 0.5 mg NOT .5 mg

NEVER abbreviate drug names

- Pred
- E Pred
- Tbdx

Limit quantity

- Put a limit on daily or total use
- “Discard unused portion”

Include indication where possible

- “One drop in both eyes every night at bedtime for glaucoma”
- “One drop in the right eye every eight hours to treat infection”

E-prescribing



- Takes hand writing out of the equation
- Reduces medication errors by 50%
- Reduces serious errors by 20%

- Quite worrying if your patient is here on vision plan or medical
- Recommendation should always be to dilate
- Optos is NOT a substitute

These should also be your friends
who get visited frequently



Explain R & B

- You should discuss and document the risks and benefits of every assessment plan you have for your patient
- Offer small amounts of info at a time and involve patients in their care

Recommendations

- Brochures, videos, internet are not a substitute for a few words from you
- They should supplement what you say not substitute for it

Improving Office Safety

- Office practice standards manual
- OSHA & infection control
- CPR
- Handling common medical emergencies
 - Vasovagal syncope
- Have items in office for ACG

**SEE YOU
NEXT YEAR!**