

Medical Errors

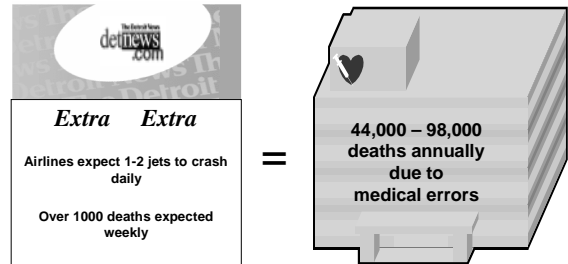
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No financial disclosures

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

But what about being a patient in the health care system



Kohn et al. Committee on quality health care in America. IOM. Academy Press. 1999.

How medical errors rank as cause of mortality

	Heart 616,067		Accidents 123,706
	Cancer 562,875		Medical Errors ~100,000
	Stroke 135,952		HIV 75,000
	Lung 127,924		Diabetes 71,382

Reporting Medical Errors

Mandatory vs. voluntary error reporting



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.

IOM

- The Institute 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.

Institute of Medicine (IOM) estimates:

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

Did you know . . . ?

Medical Errors have increased 500% over the past decade

Pharmacy Errors

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

Educate Patients

- Do not rely on the pharmacist.
- Tell them what medication does and how it should be taken
- Likely side effects, contraindications & drug interactions.

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

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”

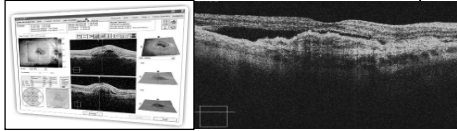
Include indication where possible

- “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%

OCT Mac



Billing

- CPT code 92134
- Can be done once a year on stable patients
- Can be done every 6 months on progressive or advanced patients

NEW: Dark Adaptometry



Billing

- CPT code 92284
- Average reimbursement \$60
- Can do twice a year
- Can do with OCT, photos, VF

AMD Protocol – stable patient

- Visit 1: Comprehensive dilated exam with fundus photography
- Visit 2: Intermediate exam with VF
- Visit 3: Intermediate exam with OCT & Dark adaptometry

AMD Protocol – moderate/progressive

- Visit 1: Comprehensive dilated exam with fundus photography
- Visit 2: Intermediate exam with OCT & Dark adaptometry
- Visit 3: Intermediate exam with VF
- Visit 4: Intermediate exam with OCT & Dark adaptometry

How do we manage this patient?

- UV protected sunglasses
- Vitamins
- Stop smoking
- Green, leafy vegetables
- Increase exercise

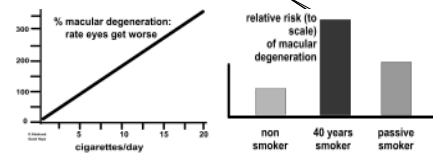
When does most of the exposure occur?

80% of exposure occurs by Age 18

UV protection: Different materials

- CR-39 blocks up to 360 nm
- Polycarbonate blocks up to 390 nm
- Need "extra" coating to achieve UV 400

Stop Smoking



Dietary Changes



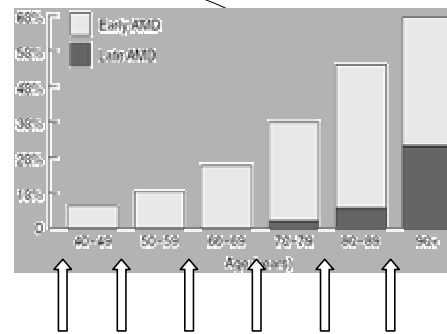
Increase exercise



Vitamins



When to Intervene?



Why Add this to my Practice?

1. We are gatekeepers and primary eye care physicians because the eyes are body are not separated
2. As COVID-19 is showing, overall health makes a difference
3. It's an opportunity to help grow our practice and increase our revenue

BACK TO OUR PATIENT: What else can we do to help?

- Have family members checked
- ?Genetic testing

Other things we can do

- Low Vision consult

Other things we can do

Register for legally blind, if applicable

- Check with your state, but general guidelines are BCVA of 20/200 or less in the eye you can see out of best
- Visual field of no more than 20 degrees

Summary for Pterygium

- It's ok to monitor periodically
- Photo documentation is best; if not always note how close to visual axis
- Anticipate rate of growth so you will know when to send for surgery before it is too late

Patient sues you one year later

You didn't work patient up
You didn't educate patient

- Medical negligence

- Failure to meet the standard of practice of an average qualified physician practicing in the specialty in question

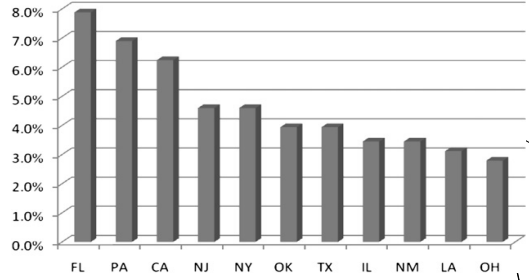
- ❖ *Occurs not merely when there is an error, but when the degree of error exceeds the accepted norm*

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

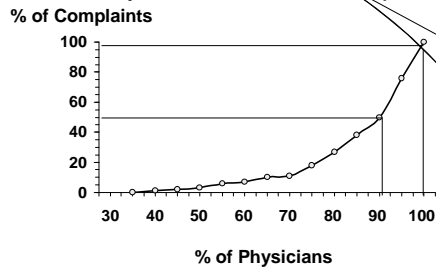
5 Steps of the legal elements of a Negligence Claim

- 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.



A FEW BAD SEEDS:

Nine Percent of Physicians Account for Fifty Percent of the Complaints



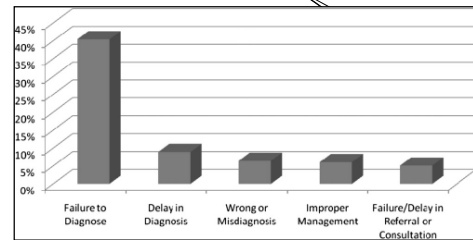
In any given year, 99.9 percent of us are practicing good optometry ...

Or at least not getting caught practicing bad optometry

Lifetime Risk for Getting Sued

6%

What is the most common reason optometrists get sued?



How do reduce the risk from 6% to even lower?

Diagnosing Disease

- Work up those with a higher risk than average not those who you think have the disease

Diagnosing Disease

- Just because you don't have the instruments for it doesn't mean that it doesn't need to be done

You are a doctor

- Quite worrying if your patient is here on vision plan or medical
- Your recommendation on how to manage a patient should not change based on insurance plans

Explain R & B

- You should discuss and document the risks and benefits of nearly every assessment/plan you have for your patient

Special Populations

- Always try to have a family member for children and the elderly. Document who was there
- If patient doesn't speak English, have them bring a translator