

2017

COMMON MISTAKES IN MANAGEMENT

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Founding Dean & Chief Academic Officer

Idaho College of Osteopathic Medicine - Applicant Status

No Disclosures



The Five Most Misdiagnosed Conditions (DO)

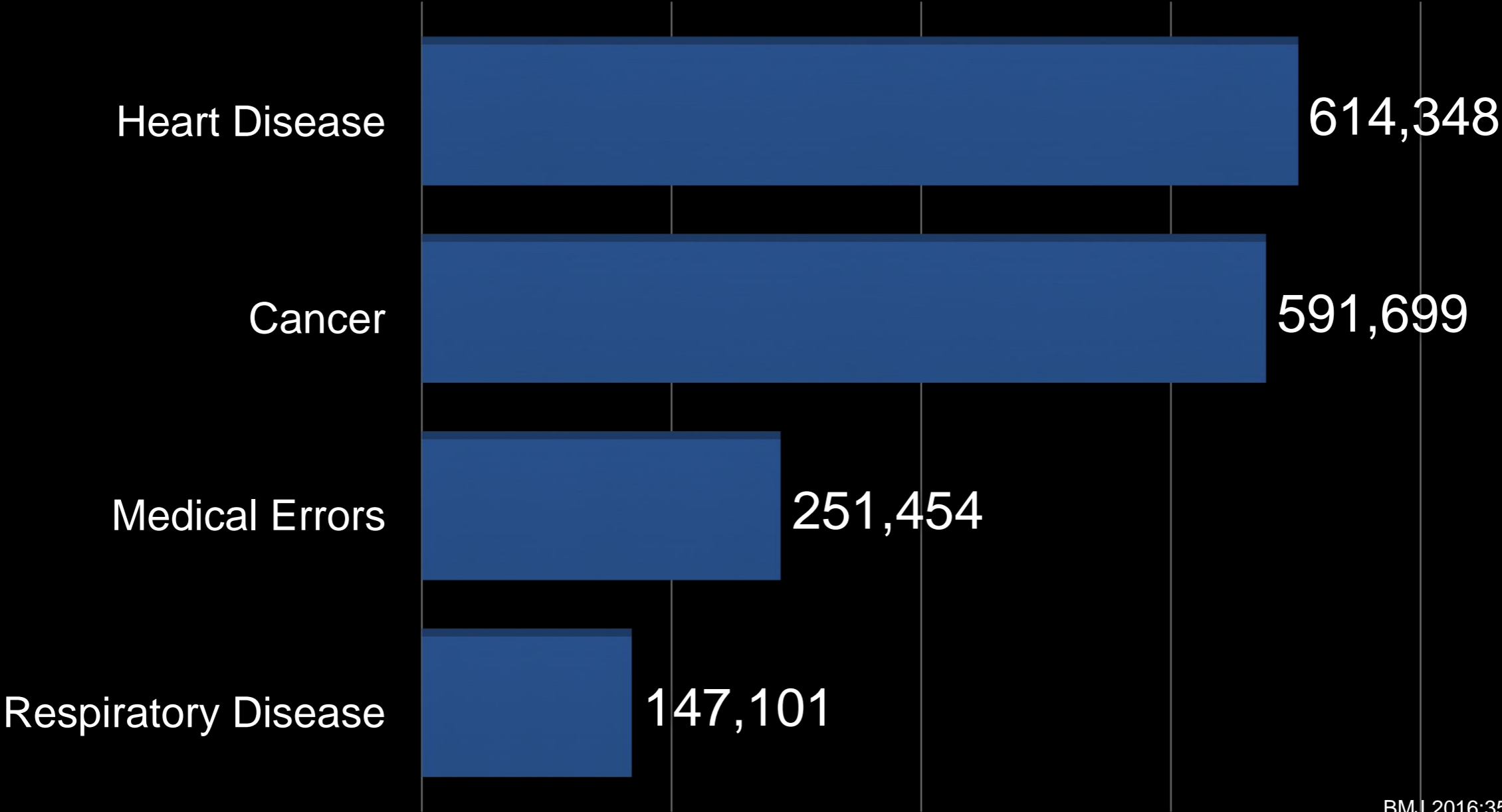
Shall include, "root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations."

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.

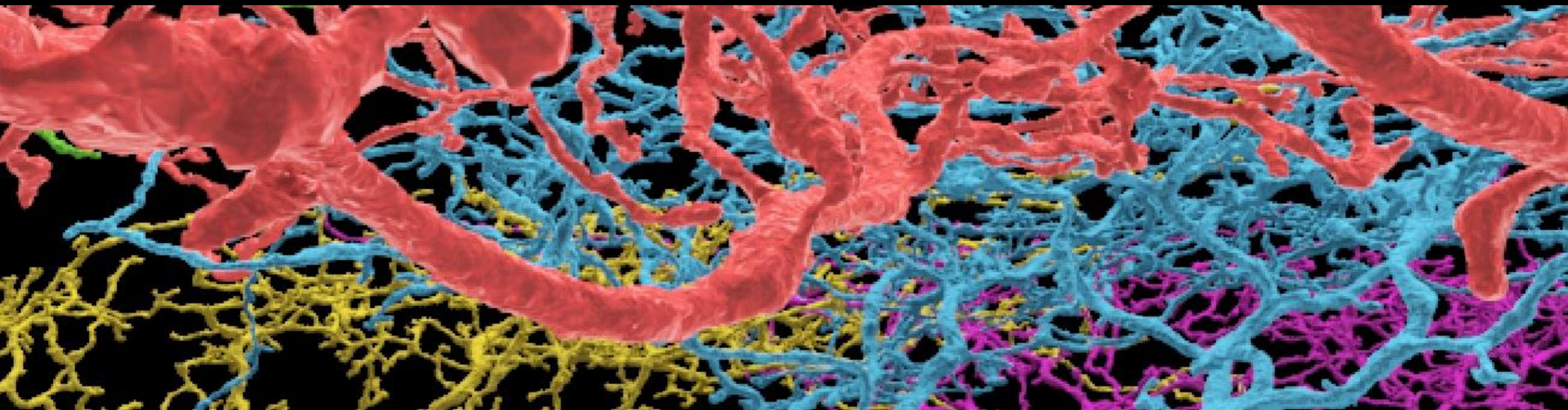
FLORIDA BOARD OF MEDICINE PME LECTURE REQUIREMENTS

.S., for its employees may be used to partially meet this requirement. The course must include

MEDICAL ERRORS: THIRD LEADING CAUSE OF DEATH IN AMERICA



HEURISTICS: COGNITIVE SHORTCUTS



Confirmation Bias



Stuck on confirming a false diagnosis (eg Looking for stroke in a patient carrying that dx when patient has GBS)

AVAILABILITY BIAS



Make readily available DX (eg H1N1 increased dx after news stories)

A transmission electron micrograph showing numerous chlamydia inclusions within a host cell. The inclusions are electron-dense, roughly spherical structures with a distinct outer membrane and a granular interior. Some inclusions are labeled with 'R' and 'I'. A scale bar is visible in the lower-left corner.

Anchoring Heuristic/Premature Closure

Stuck on Dx and
Disregards
Evidence to the
Contrary (e.g.
Chronic Chlamydia)

Framing Effects

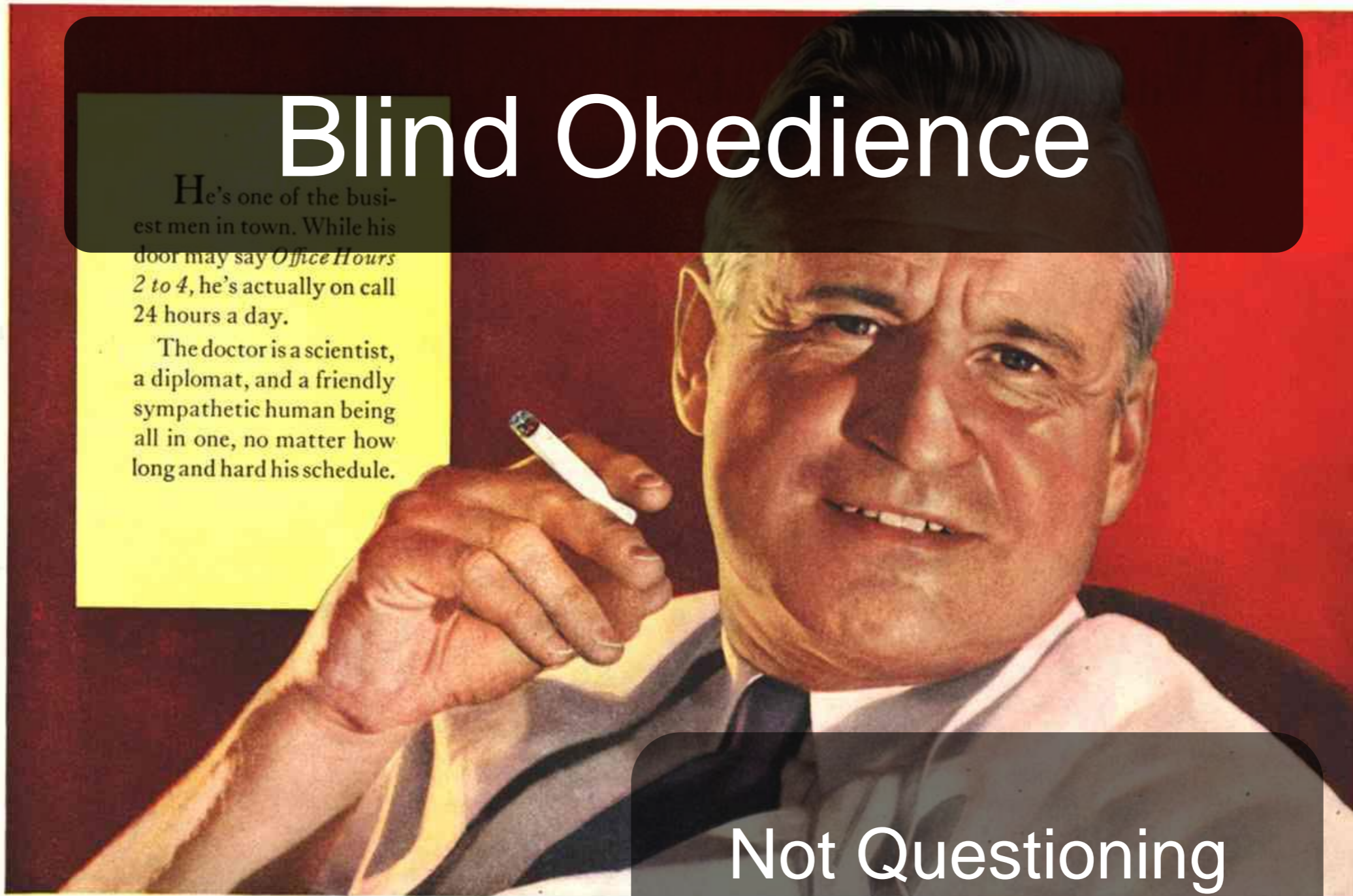


Diagnosis heavily based upon cues (eg looking for I.E. In IVDU wth Fever & missing influenza)

Blind Obedience

He's one of the busiest men in town. While his door may say *Office Hours 2 to 4*, he's actually on call 24 hours a day.

The doctor is a scientist, a diplomat, and a friendly sympathetic human being all in one, no matter how long and hard his schedule.



Not Questioning
Expert Dx or Test
Results

According to a recent Nationwide survey:

MORE DOCTORS SMOKE CAMELS
THAN ANY OTHER CIGARETTE

Gamblers Fallacy



False Belief that
Past Occurrences
Influence Frequency
of Future
Occurrences

Base-Rate Neglect

A photograph of two zebras in a savanna setting. One zebra is in the foreground, facing away from the camera, while another is behind it, facing towards the camera. The background is a blurred landscape of dry grass and trees under a hazy sky.

Stick with Rare Diagnosis
Despite Common Symptoms
of a Common Problem

The Black Box: FDAs Highest of 5 Warning Categories

Promethazine IV

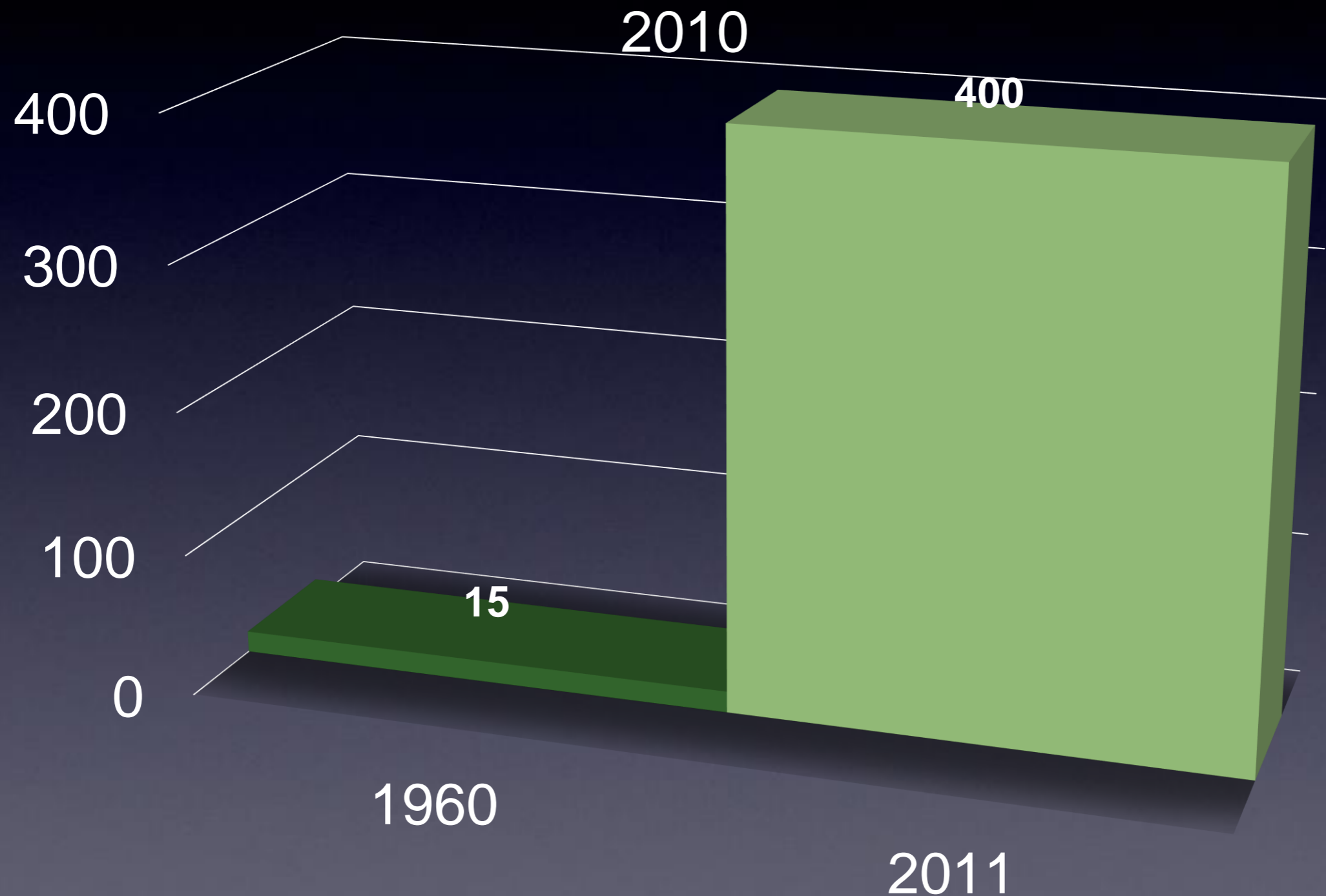
The Black Box: FDAs Highest of 5 Warning Categories

Codeine after T & A
(AAP now recommends against codeine for Children)

The Black Box: FDAs Highest of 5 Warning Categories

Opioids & Serotonin Syndrome (3/16)

Number of Medications that the Average Internist Needs to Master

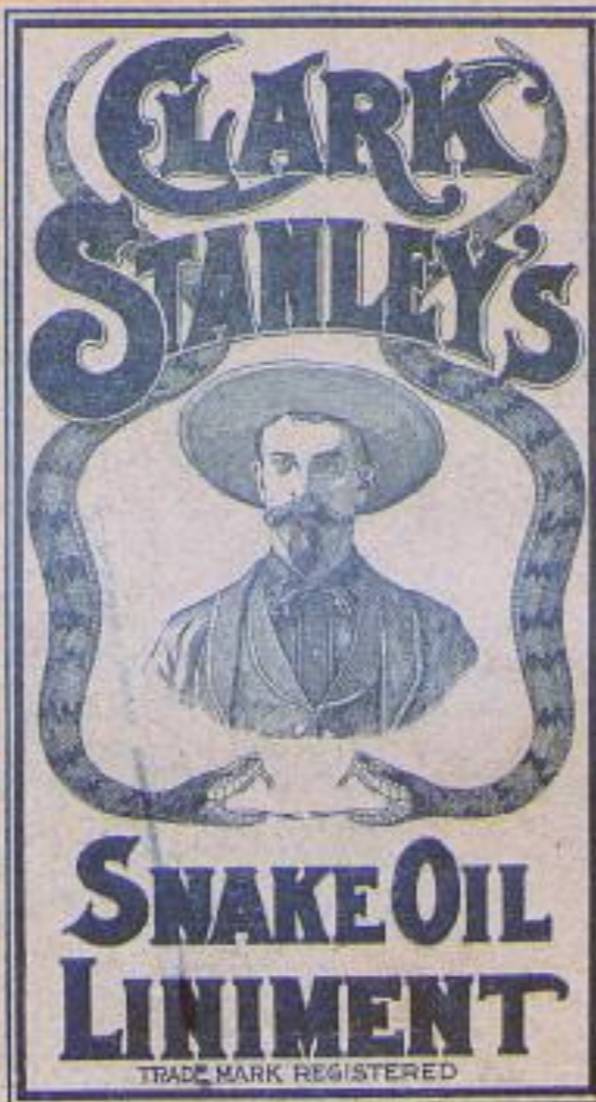


**SNAKE
OIL
LINIMENT**

THE
STRONGEST AND
BEST LINIMENT
KNOWN FOR PAIN
AND LAMENESS.

USED EXTERNAL
ONLY.

FOR
RHEUMATISM
NEURALGIA
SCIATICA
LAME BACK
LUMBAGO
CONTRACTED
CORDS
TOOTHACHE
SPRAINS
SWELLINGS
ETC.



—FOR—

FROST BITES
CHILL BLAINS
BRUISES
SORE THROAT
BITES OF
ANIMALS
INSECTS AND
REPTILES.

GOOD FOR
MAN AND BEAST

IT GIVES
IMMEDIATE
RELIEF.

IS GOOD
FOR
EVERYTHING
A LINIMENT
OUGHT
TO BE
GOOD FOR

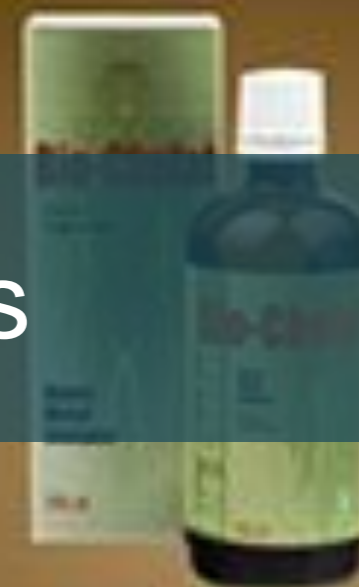
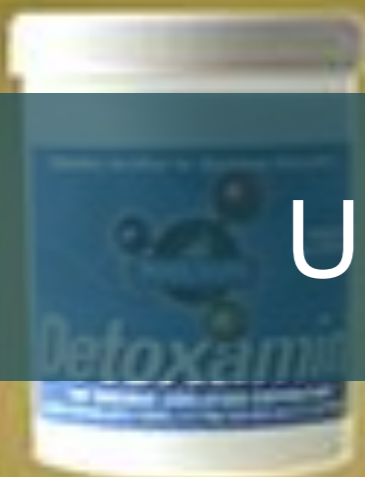
Manufactured by
CLARK STANLEY
Snake Oil Liniment
Company
Providence, R. I.

Clark Stanley's Snake Oil Liniment

Is for sale by all druggists. If your druggist fails to have it, tell him he can get it for you from any wholesale druggists or it will be sent to you to any part of the United States or Canada upon the receipt of fifty cents in stamps by addressing the

Clark Stanley Snake Oil Liniment Co.

PROVIDENCE, R. I.



Unapproved FDA Drugs



Root Cause Analyses

A large, mature tree with a dense canopy of green leaves stands in a field. The ground is dark brown soil, and the tree's root system is exposed, showing a complex network of roots spreading out from the trunk. In the background, there is a green field of crops under a clear blue sky.

Data Collection
Causal Factor Charting
Root Cause Identification
Recommendation
Generation &
Implementation

RETAINED FOREIGN BODY

POST OP

R
TLK



COMMUNICATION ERROR MOST COMMON CAUSE OF
WRONG-SITE SX & RETAINED SX ITEMS

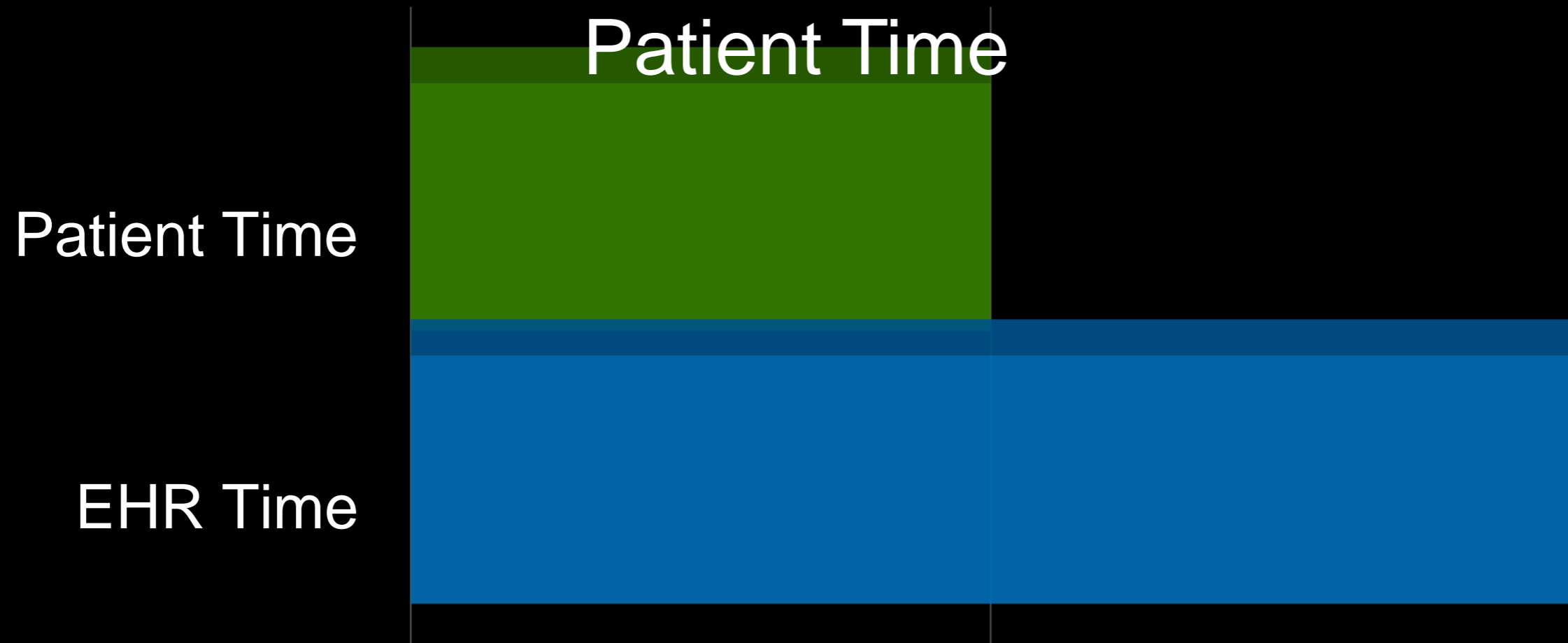
CHECKLISTS
LIMIT DISTRACTIONS
TEAMWORK
PREVENT HIGH-STRESS
ENVIRONMENT
"CHECK BACK"

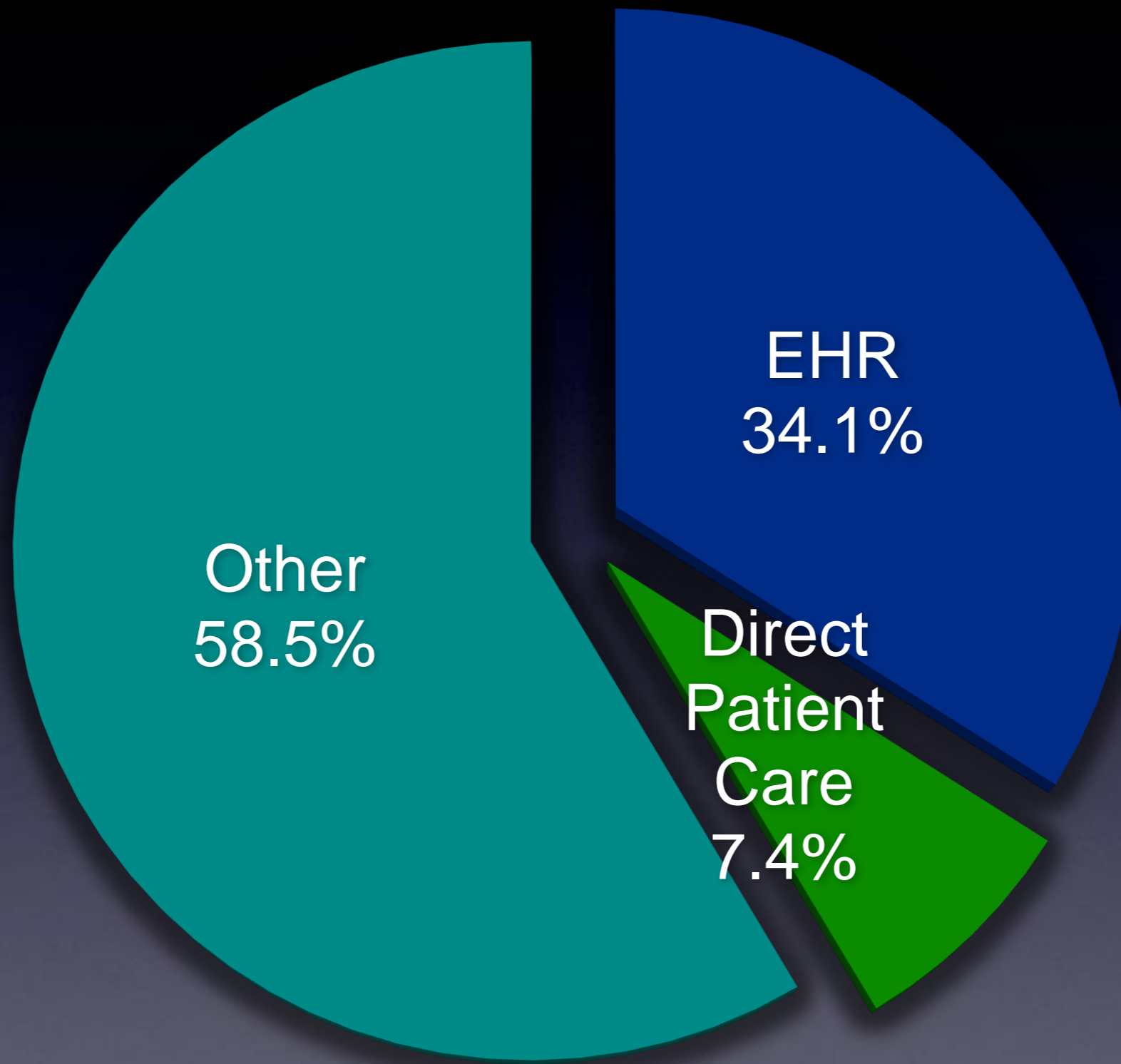
TEAMSTEPS



ELECTRONIC HEALTH RECORDS


TIME SPENT ON EHR





TOP ISSUES IN EHR-RELATED MALPRACTICE CLAIMS

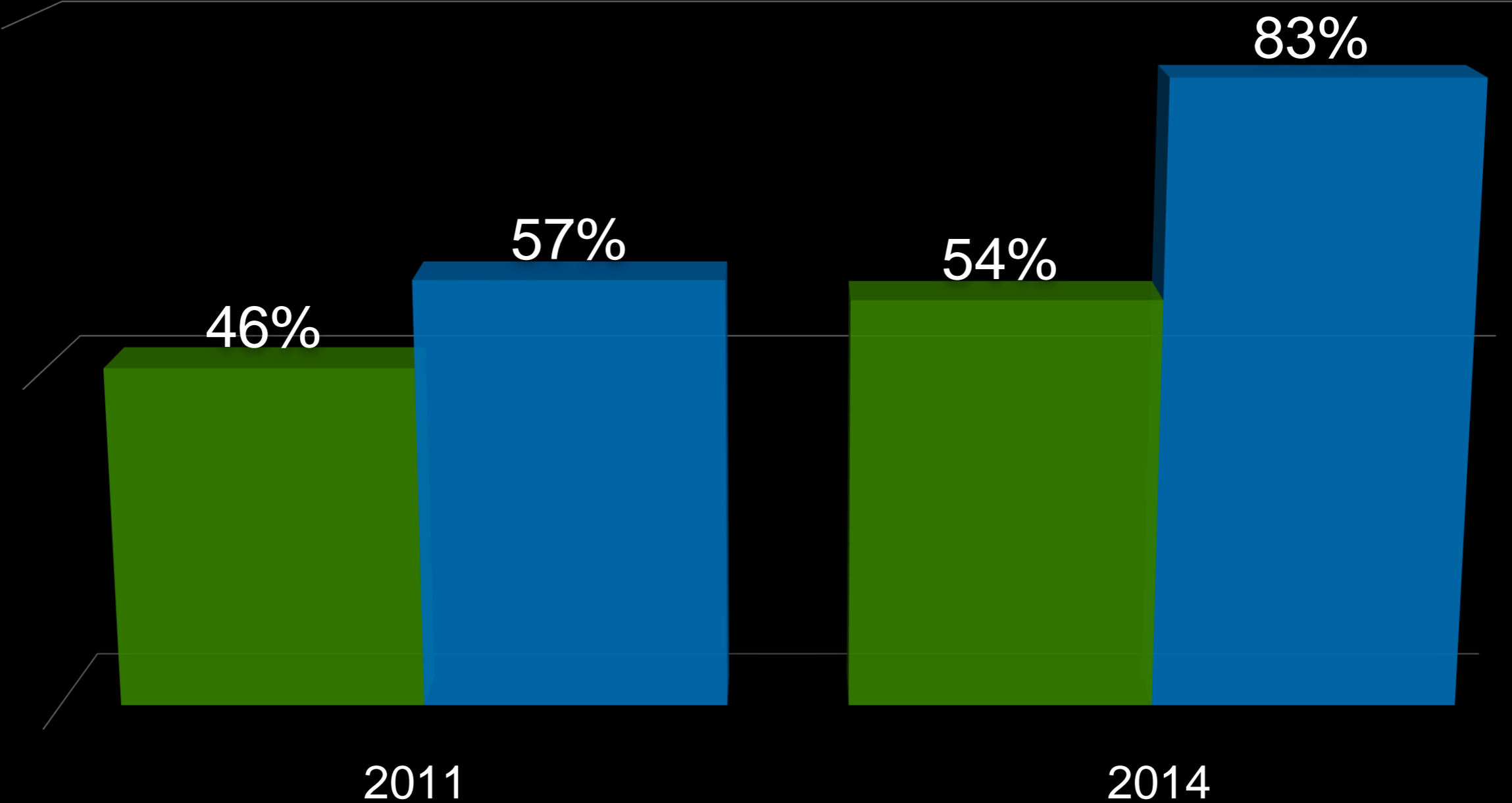
EHR ERROR	PERCENTAGE
INCORRECT INFORMATION	20%
CONVERSION ISSUES	16%
SYSTEM FAILURE (ELECTRONIC ROUTING OF DATA)	12%
SYSTEM FAILURE (UNABLE TO ACCESS DATA)	10%
PRE-POPULATING/TEMPLATE	10%
FAILURE OF SYSTEM DESIGN	9%
EHR USER TRAINING	7%
INCOMPATIBLE SYSTEMS	7%
EHR-RELATED USER ERROR	7%



**PHYSICIANS
LOUNGE**

THE UNHAPPIEST PLACE ON EARTH

EHR UTILIZATION COMPARED WITH PHYSICIANS REPORTING AT LEAST 1 SYMPTOM OF BURNOUT




BURNOUT & MEDICAL ERRORS

rs reported by surgeons are strongly related to a surgeon's

QUADRUPLE AIM

Triple Aim + Physician/Staff Wellness

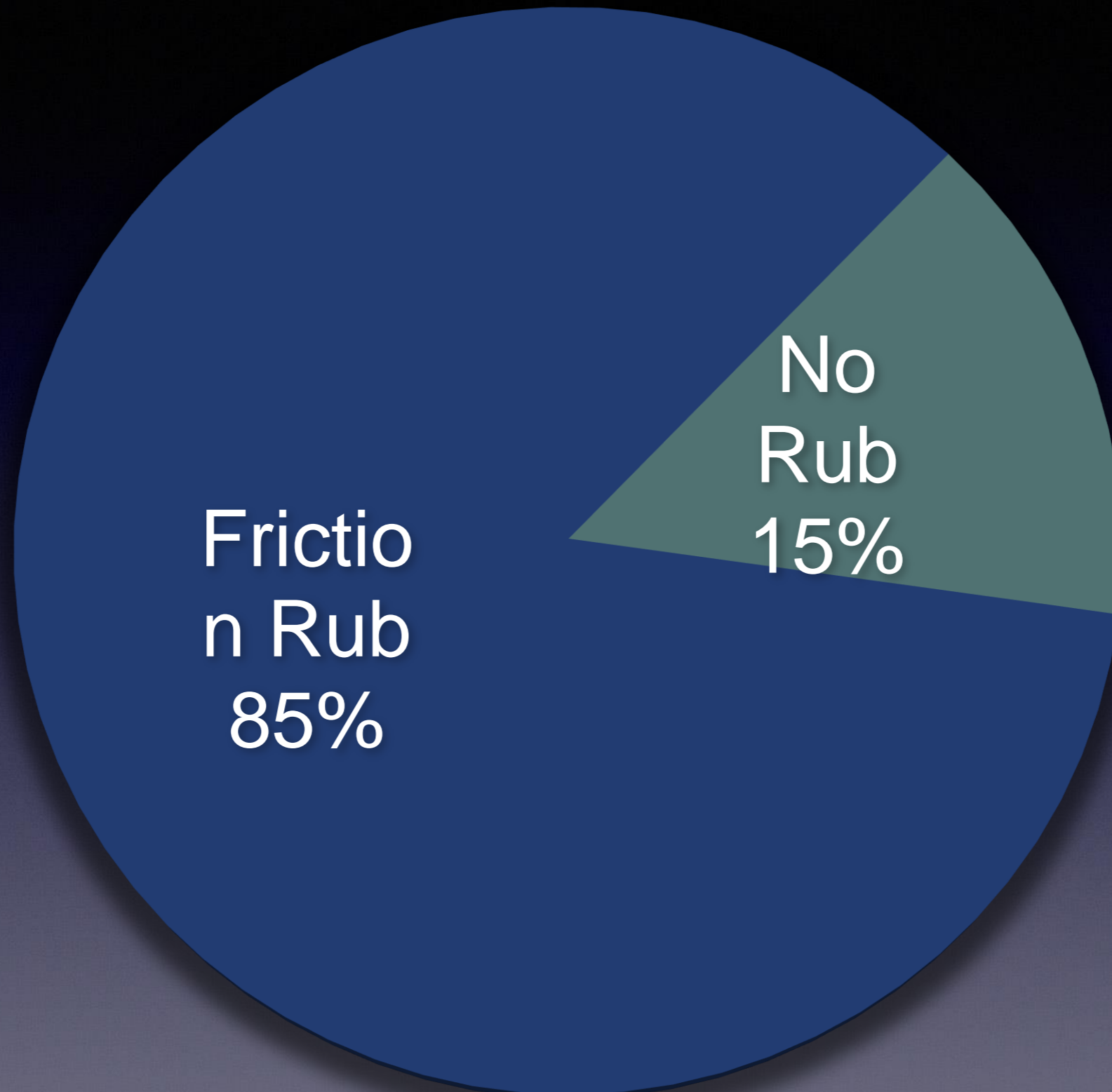
CHARACTERISTICS OF HAPPINESS

A young girl with blonde hair, wearing a t-shirt that says "Daddy's Girl" and pants, stands in a wooded area next to an old, rusted car. She is pointing her right hand towards the text on the screen. The background shows trees and a fence.

Altruism
Significant Other/Spouse
Being Spiritual /Faith Based
Being Engaged in a Community

Authentic Happiness, Seligman

CARDIAC ERRORS

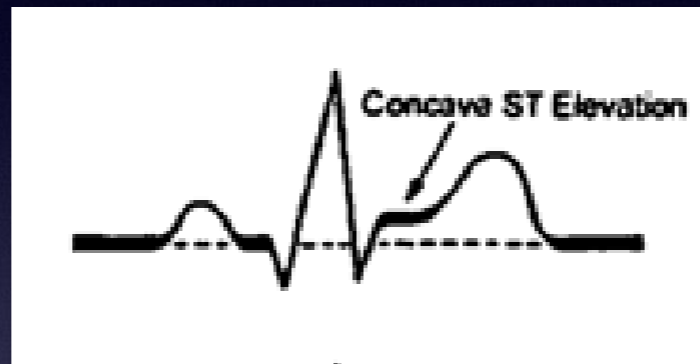


Pericardial Friction Rub

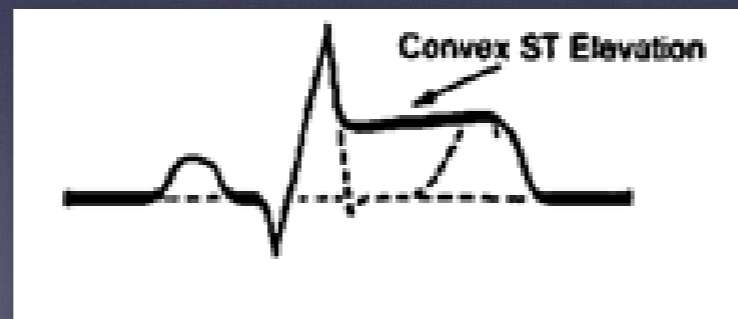
Normal

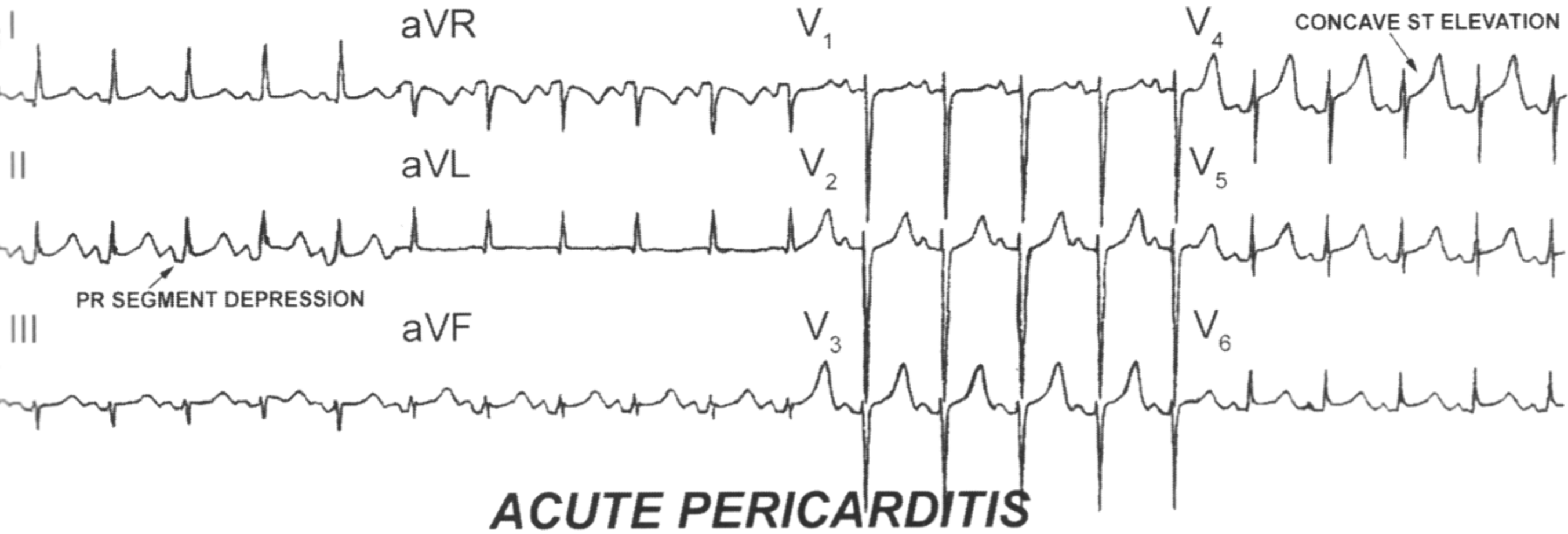


Pericarditis



Infarction

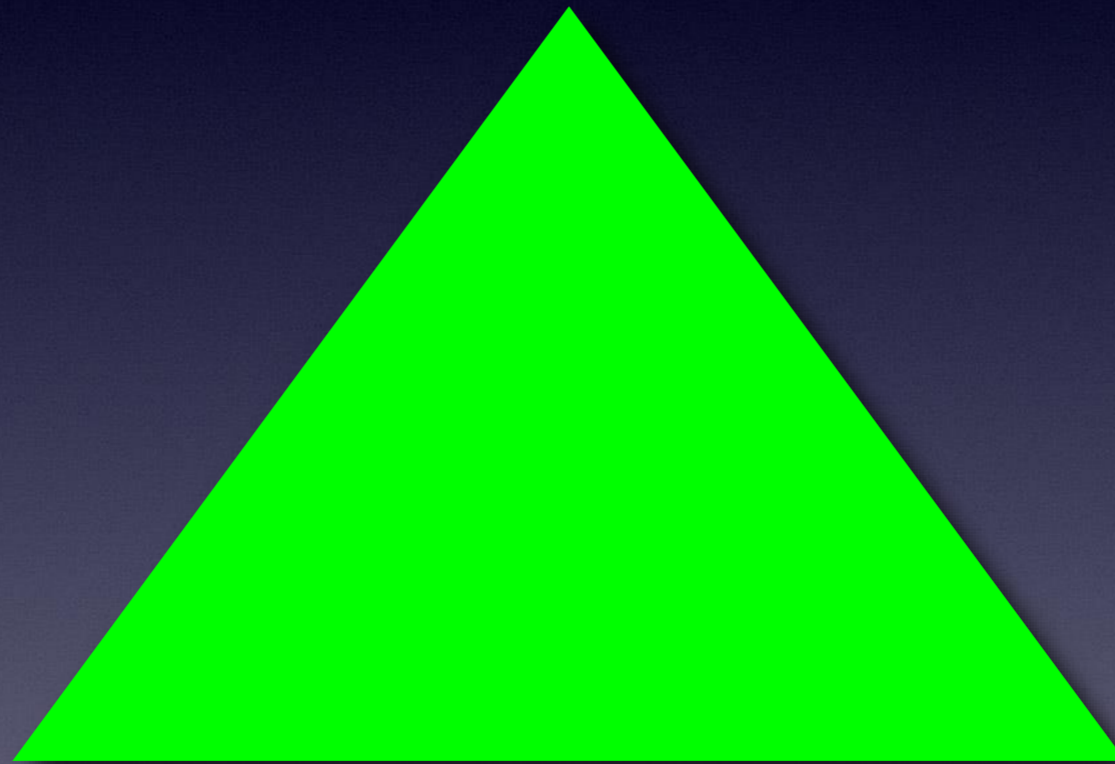




ACUTE PERICARDITIS

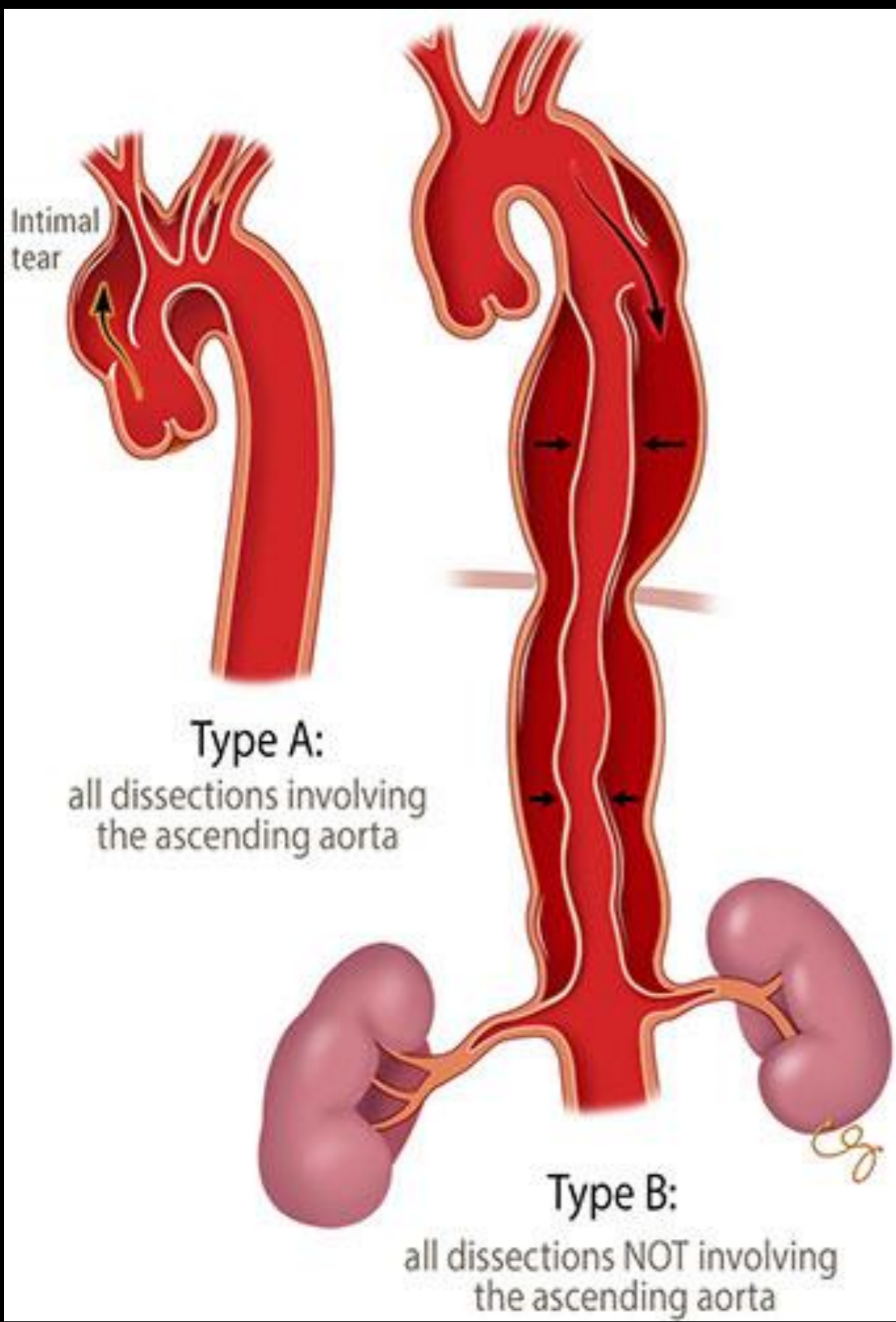
Beck's Triad

Hypotension



JVD

**Muffled
Heart Sounds**



MID-ESOPHAGEAL SHORT AXIS
VIEW OF PROXIMAL AORTA

TRUE LUMEN

FALSE LUMEN



TE-VSM 118Hz
3.5MHz 50mm

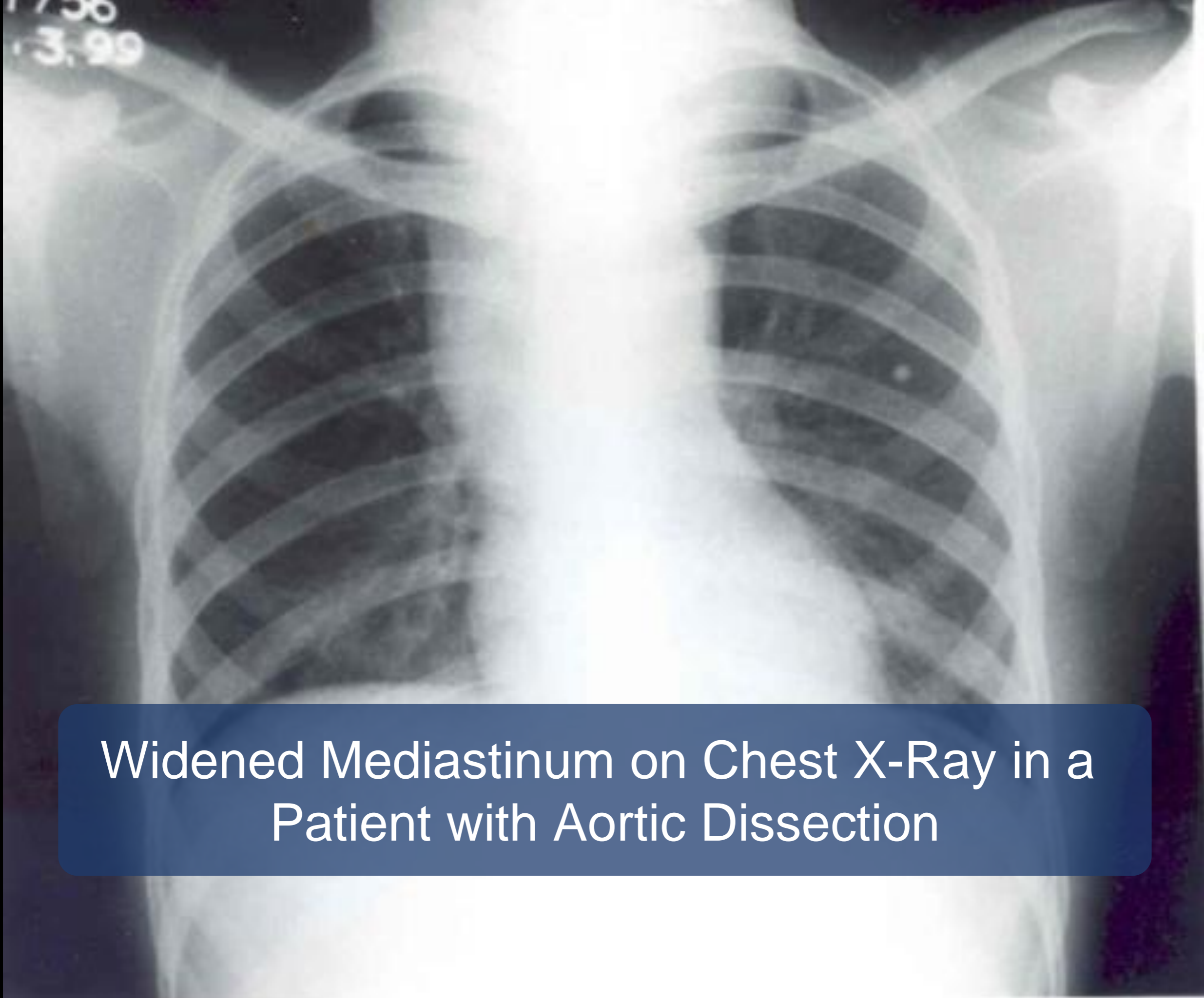
TEE
TEE
Lens Temp <37.0°C

70dB S1/ 0/0/ 5
Gain= 6dB Δ=2

Store in progress
HR= 59bpm

Ultrasound in a Patient with Aortic Dissection





Widened Mediastinum on Chest X-Ray in a Patient with Aortic Dissection

NEUROLOGICAL
ERRORS

Right Cerebral
Hemisphere

Left Cerebral
Hemisphere

Cerebellar Stroke: the Most Commonly Missed Stroke

Triad: Vertigo,
Headache, Gait
Imbalance

Cerebellum

Brain Stem

Diagnosis. Volume 2, Issue 1, Pages 21–28, ISSN
(Online) 2194-802X, ISSN (Print) 2194-8011, DOI:
10.1515/dx-2014-0040, December 2014

Right Cerebral Hemisphere

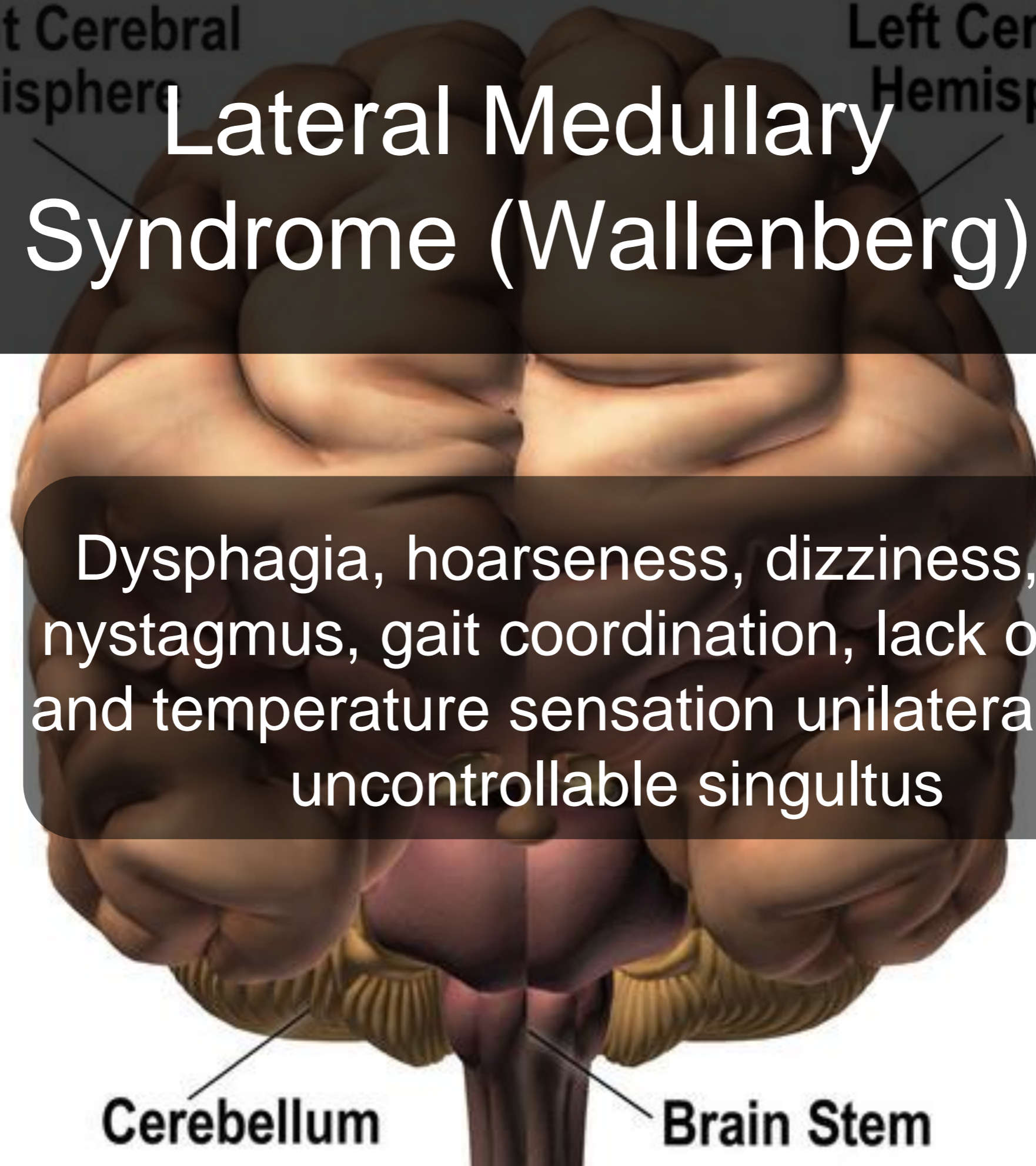
Left Cerebral Hemisphere

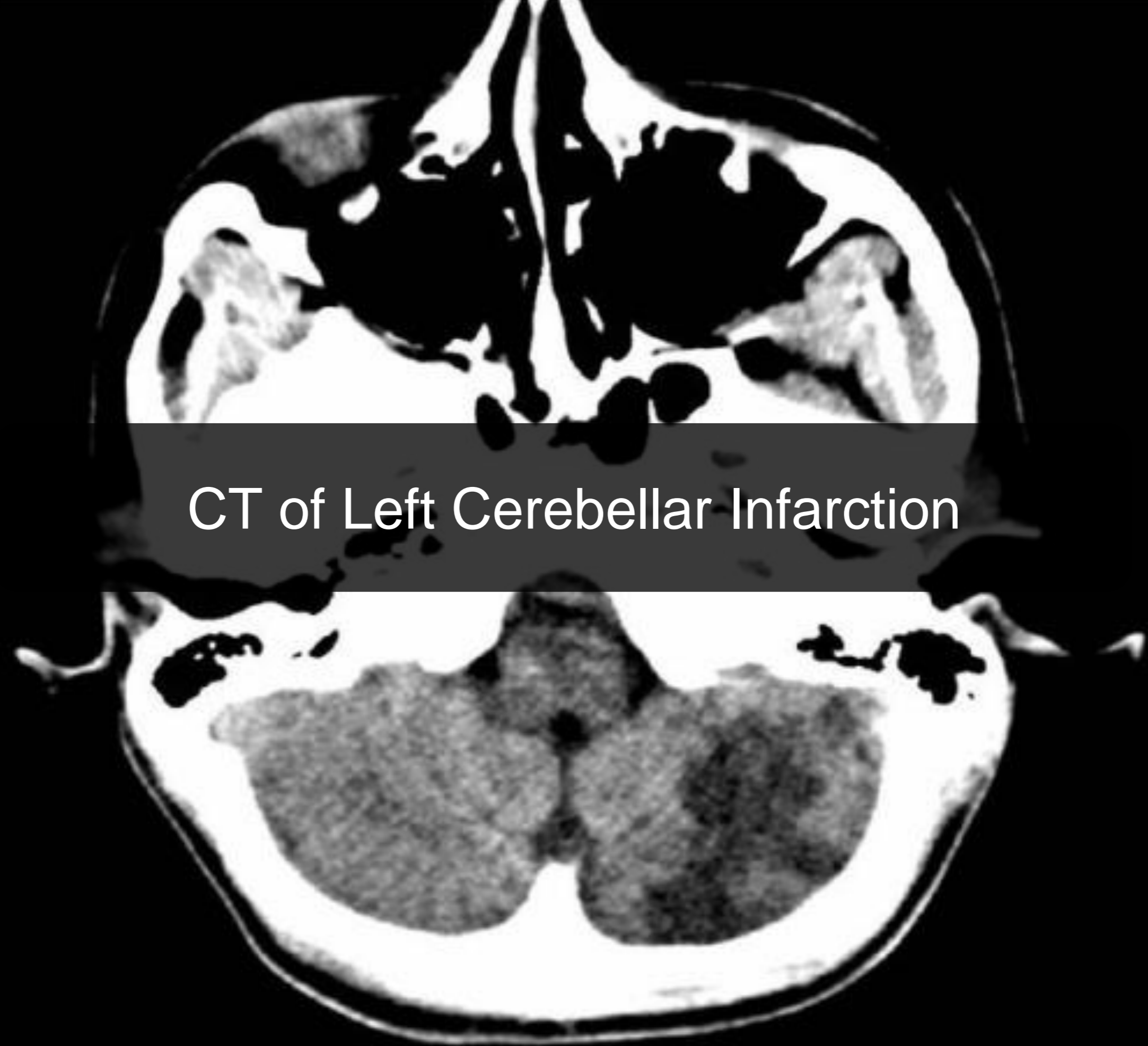
Lateral Medullary Syndrome (Wallenberg)

Dysphagia, hoarseness, dizziness, n/v, nystagmus, gait coordination, lack of pain and temperature sensation unilateral face, uncontrollable singultus

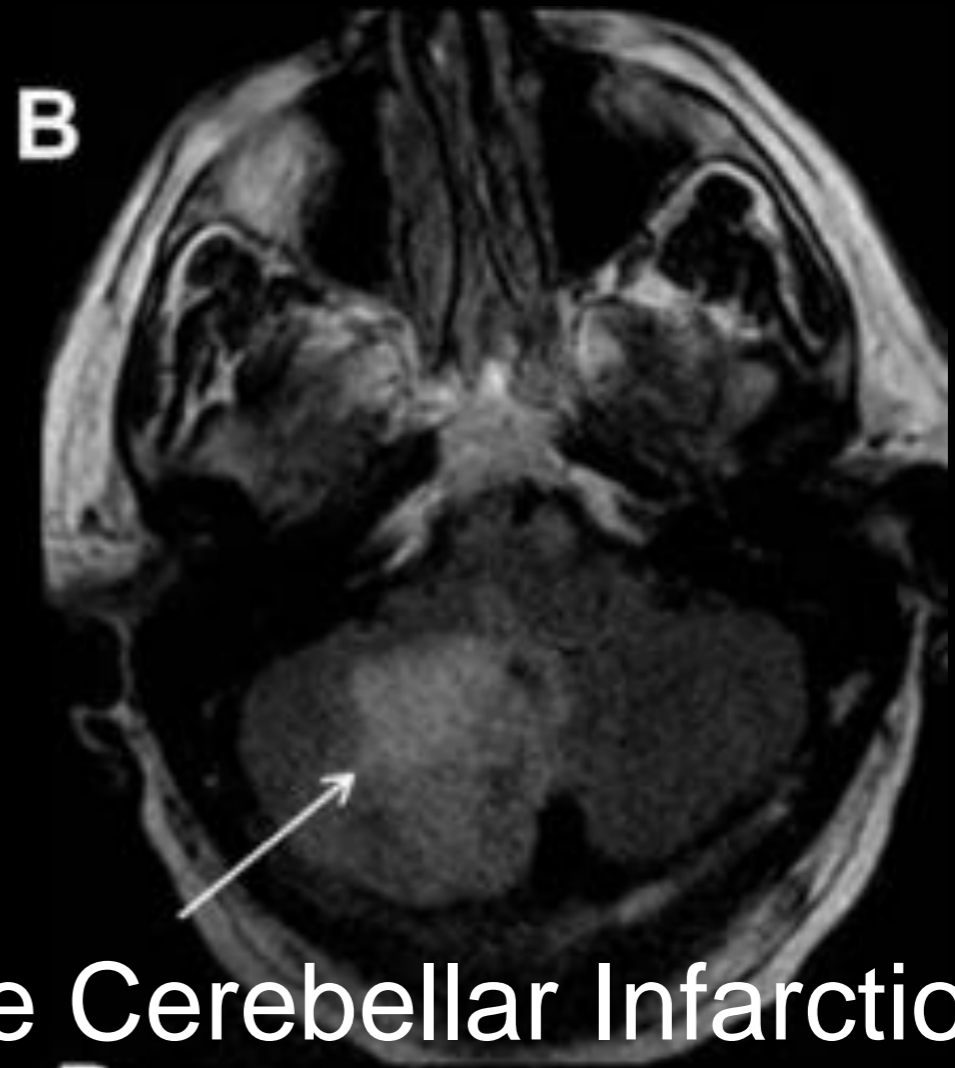
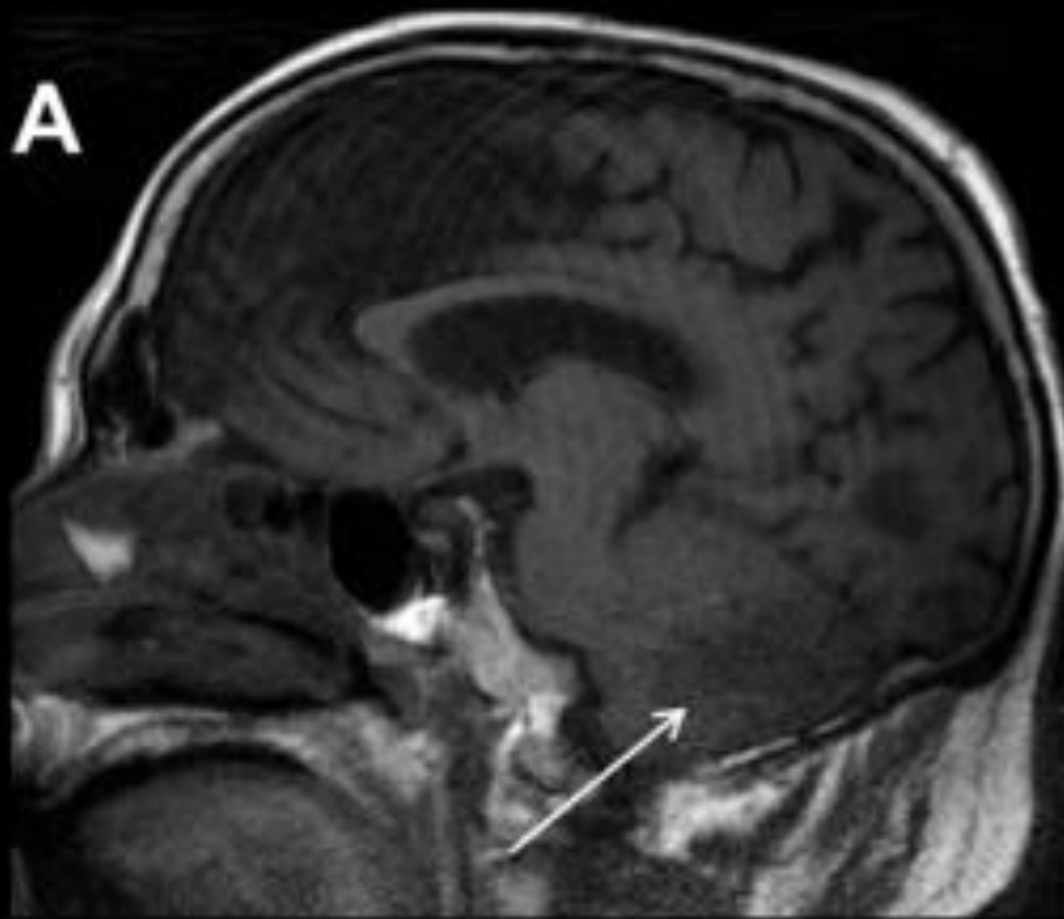
Cerebellum

Brain Stem

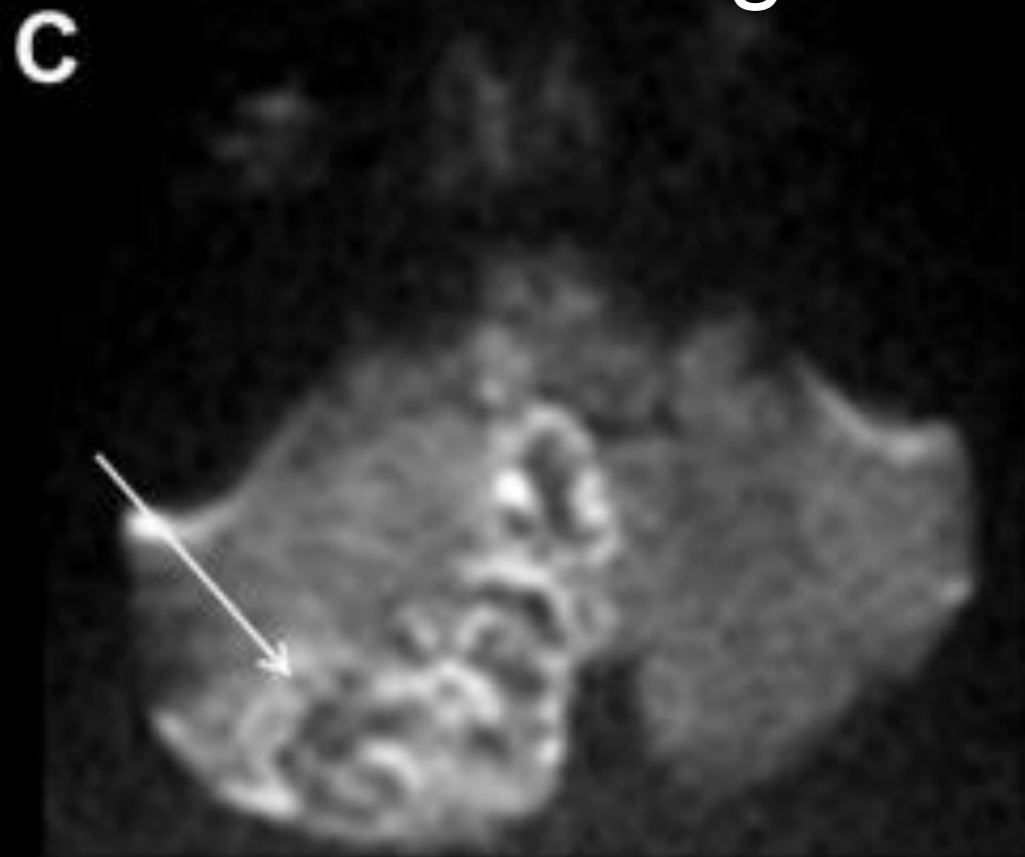




CT of Left Cerebellar Infarction



MRI of Hemorrhagic Acute Cerebellar Infarction



UROLOGICAL ERRORS

A microscopic image of prostate tissue stained with hematoxylin and eosin (H&E). The image shows several glandular structures with varying degrees of architectural distortion and cellular atypia, characteristic of prostate adenocarcinoma. The glands are lined by a single layer of columnar epithelial cells with hyperchromatic nuclei and prominent nucleoli. The background stroma is pink and contains some inflammatory cells.

PSA

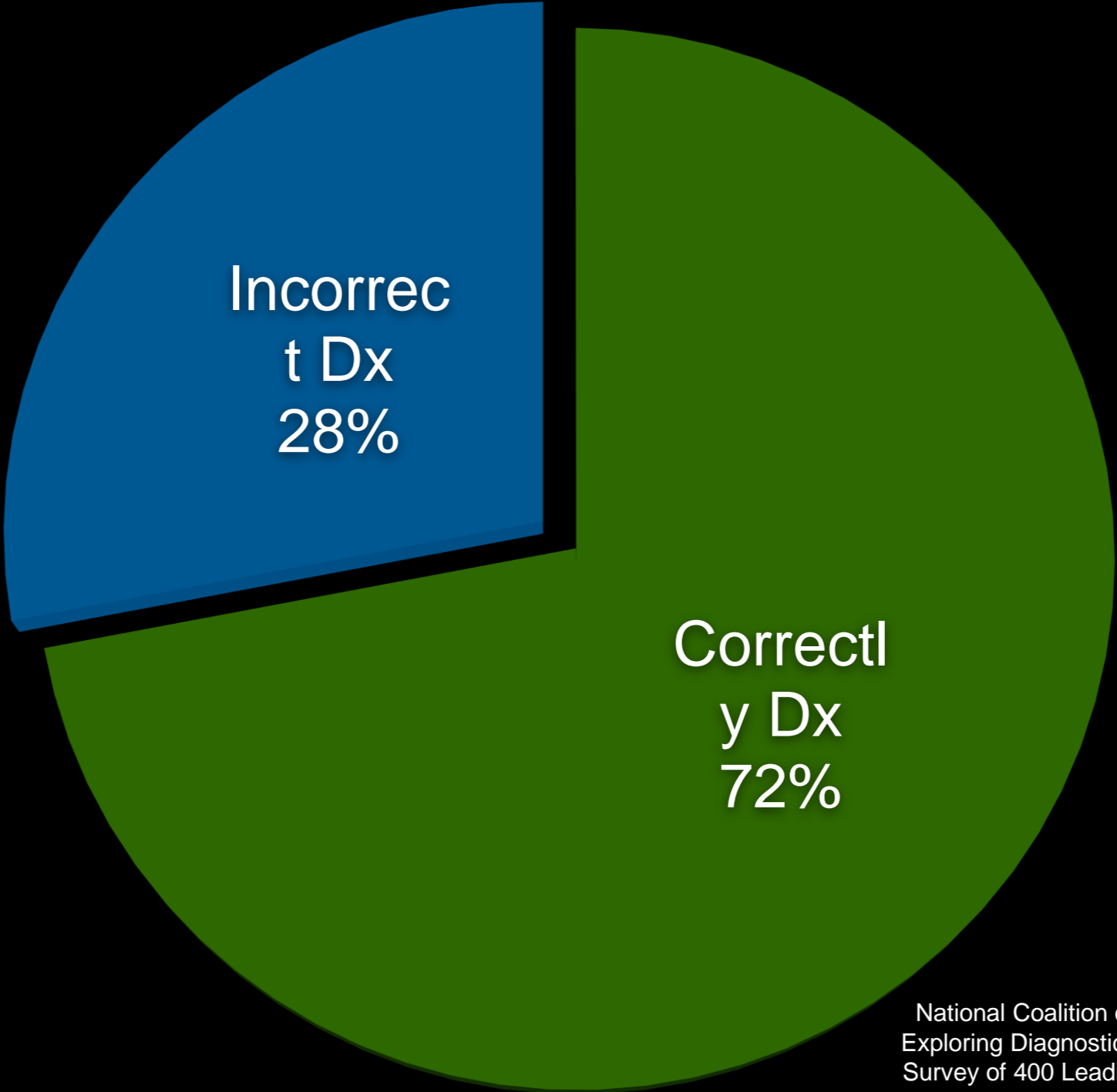
THE U.S. PREVENTIVE SERVICES TASK FORCE (USPSTF) RECOMMENDS AGAINST PROSTATE-SPECIFIC ANTIGEN (PSA)-BASED SCREENING FOR PROSTATE CANCER

Urology Referral for Gross Hematuria

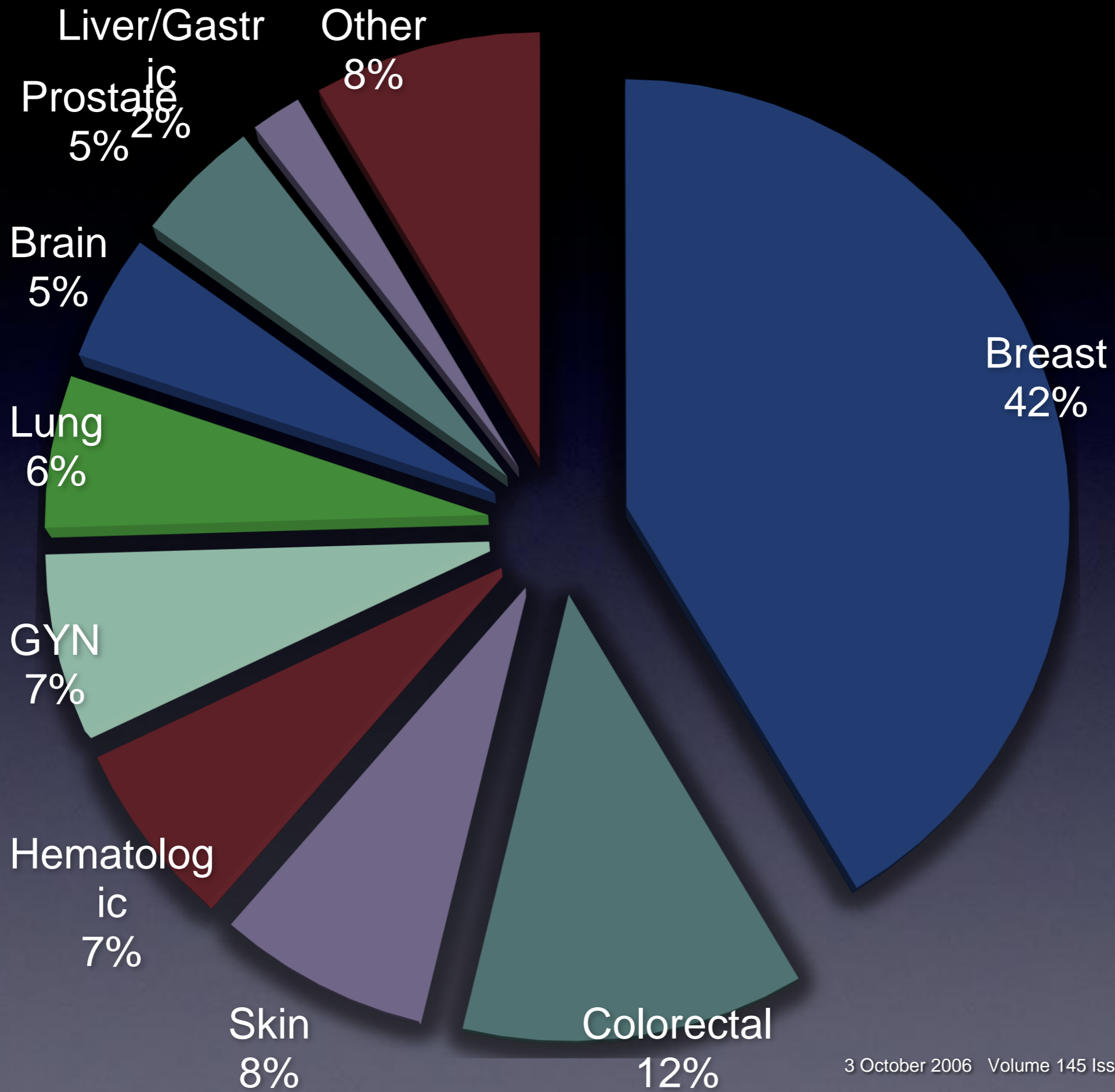
Clinicians should refer for further urologic evaluation in all adults with gross hematuria, even if self-limited

CANCER
MISDIAGNOSIS

CANCER MISDIAGNOSED



National Coalition on Health Care; Best Doctors, Inc.
Exploring Diagnostic Accuracy in Cancer: A Nationwide
Survey of 400 Leading Cancer Specialists. January 29,
2013.[http://www.bestdoctors.com/~media/PR
%20and%20Public%20Affairs/MisdiagnosisSur
vey_FINALiv.pdf](http://www.bestdoctors.com/~media/PR%20and%20Public%20Affairs/MisdiagnosisSurvey_FINALiv.pdf). L



BETTER THINGS TO SAY

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

PERIOPERATIVE ERRORS

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

PULMONARY

CONSIDERATIONS

URBAN LEGEND CLARIFICATION

There is no correlation between FEV1 or FVC and perioperative pulmonary complications.

“prolonged and unexpected intubation, occur after
3% to 13% of surgical procedures”

–AMERICAN COLLEGE OF PHYSICIANS

RISK FACTORS FOR PERIOPERATIVE PULMONARY C

PATIENT RELATED	SURGERY RELATED
OLDER AGE	INTRATHORACIC, INTRA-ABDOMINAL SURGERIES
COPD	SURGERIES LASTING >3 HOURS
CHRONIC HEART FAILURE	EMERGENCY SURGERY
POOR GENERAL HEALTH STATUS AND/OR FUNCTIONAL DEPENDENCE	
SMOKING	
LOW SERUM ALBUMIN LEVEL	

PERIOPERATIVE

NEUROLOGICAL

CONSIDERATIONS

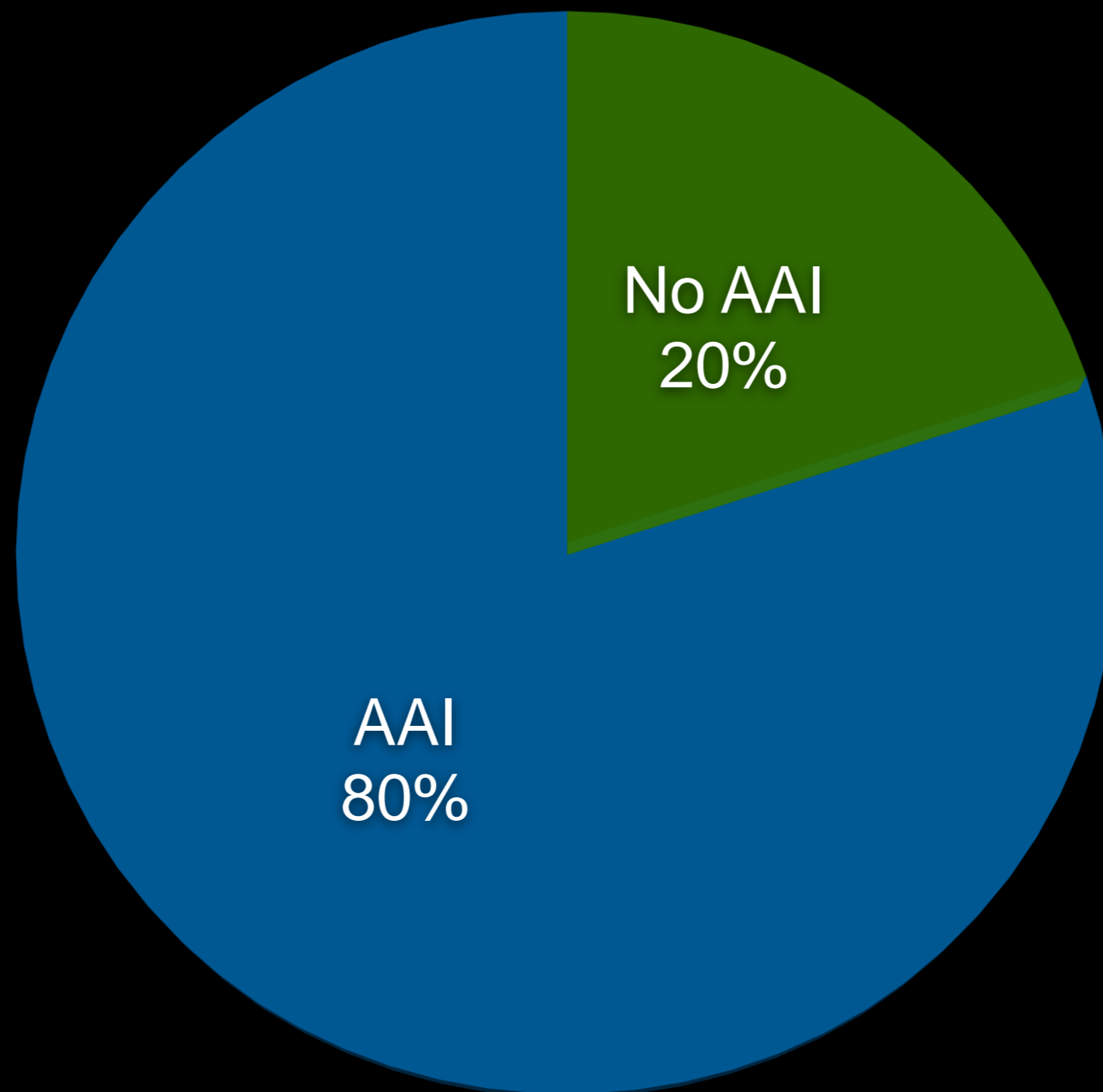
PARKINSON DISEASE & SX

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



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

PERIOPERATIVE

ENDOCRINOLOGY CONSIDERATIONS

CUTOFF FOR DM PREOP

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

PERIOPERATIVE HYDROCORTISONE IN AI

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

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

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

—AMERICAN COLLEGE OF PHYSICIANS

SUGGESTED PERIOPERATIVE MEDICATION MGMT

AGENT	RECOMMENDATION
LIPID LOWERING	CONTINUE STATINS; HOLD CHOLESTYRAMINE.
PULMONARY	CONTINUE CONTROLLER AND RESCUE INHALERS AS WELL AS SYSTEMIC CORTICOSTEROIDS (IF USED). PROBABLY CONTINUE LEUKOTRIENE ANTAGONISTS AND LIPOXYGENASE INHIBITORS.
CARDIOVASCULAR	CONTINUE B-BLOCKERS, CALCIUM CHANNEL BLOCKERS, NITRATES, ANTIARRHYTHMIA AGENTS. ACEIS AND ARBS SHOULD BE USED WITH CAUTION. DIURETICS OPTIONAL (USUALLY WITHHELD).
GASTROINTESTINAL	CONTINUE H2 RECEPTOR BLOCKERS AND PROTON PUMP INHIBITORS.

CATARACT SX

No benefit of ECG

ICSI GUIDELINES

Most Preoperative Tests are Unnecessary

PREOPERATIVE ECG

Age > 55

No ECG in past year in patients with DM, HTN, CP,
CHF, Smoking, PVD, Morbid Obesity
S/Sx of New or Unstable CVD

PREOPERATIVE CXR

Only with S/Sx of New or Unstable
Cardiopulmonary Disease

MAYO GUIDELINES

AGE	TESTS REQUIRED
<50	NONE
50-59	ECG
60+	ECG, CBC, CREATININE, & GLUCOSE

sensitivity, specificity, and accuracy for DVT

Edema — 97, 33, and 70 percent

Pain — 86, 19, and 58 percent

Warmth — 72, 48, and 62 percent

OPIOIDS





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RELATED CONTENT

OxyContin maker bows out of meeting on harder-to-abuse drug

CDC: Indiana HIV outbreak is 'tip of the iceberg' of a national drug abuse problem

Indiana extends needle exchange as more HIV cases are reported

CDC: Opioid prescribing has 'primed' Americans for heroin addiction

By [Andis Robeznieks](#) | July 7, 2015

Americans are becoming "primed" for heroin addiction through the growing use and abuse of prescribed opioid painkillers, the Centers for Disease Control and Prevention reported Tuesday.

CDC Director Dr. Thomas Frieden said there's an incorrect perception that reducing opioid-painkiller prescriptions leads to a rise in heroin addiction. Both drugs are "essentially the same chemical" and have the same effect on the brain, but the street price of heroin has been about five

4X Increase in Heroin-Related Deaths (2006-2013)

Advertisement

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION

What's behind every ASHA-Certified Professional?

[Find Out](#) 

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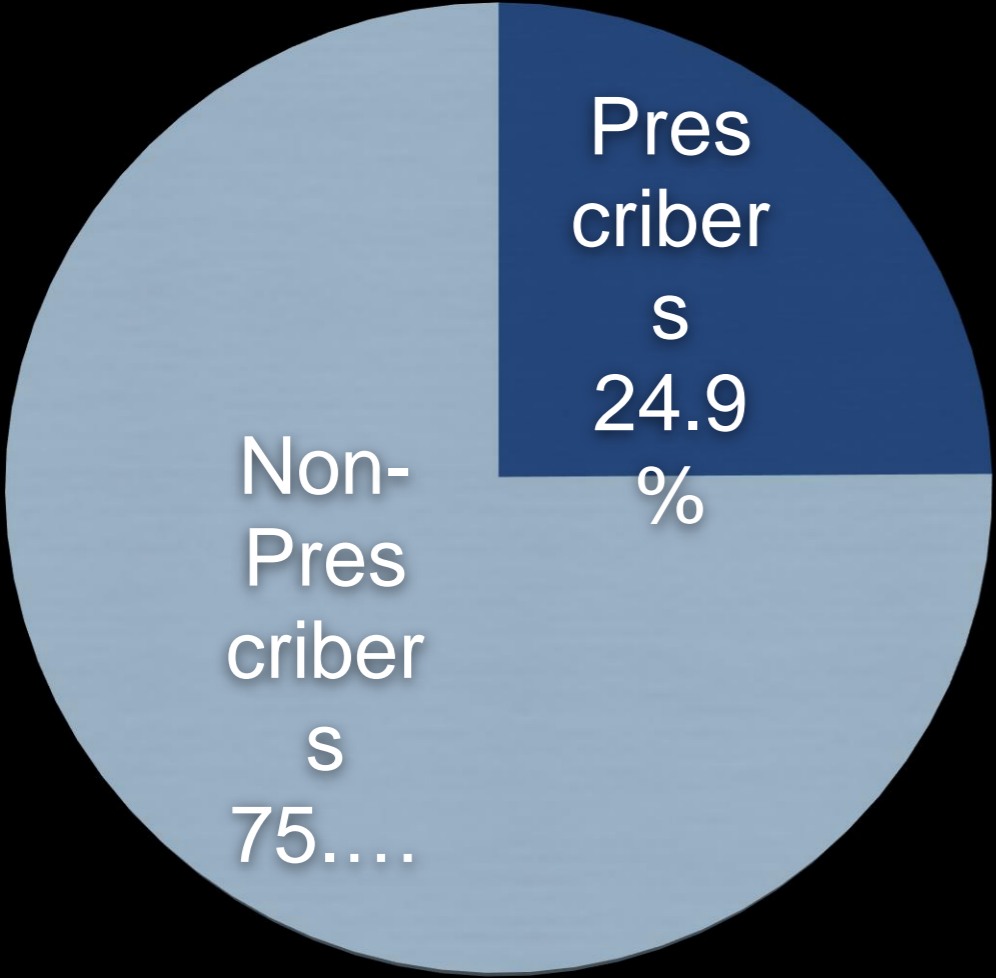
MODERN HEALTHCARE 2015 EVENTS

EDUCATION THAT MATTERS MOST. EVENTS WORTH TALKING ABOUT.

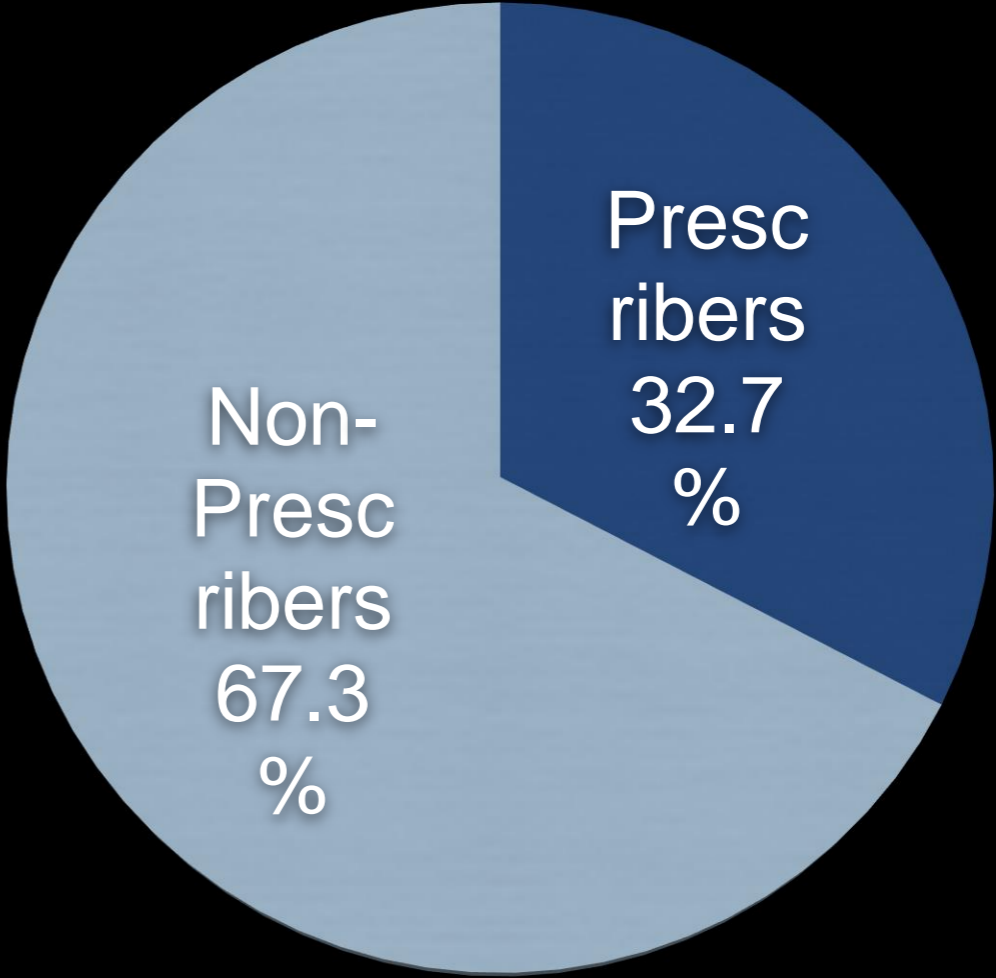


PRESCRIBERS OF CONTROLLED SUBSTANCES FOR THE TREATMENT OF CHRONIC PAIN

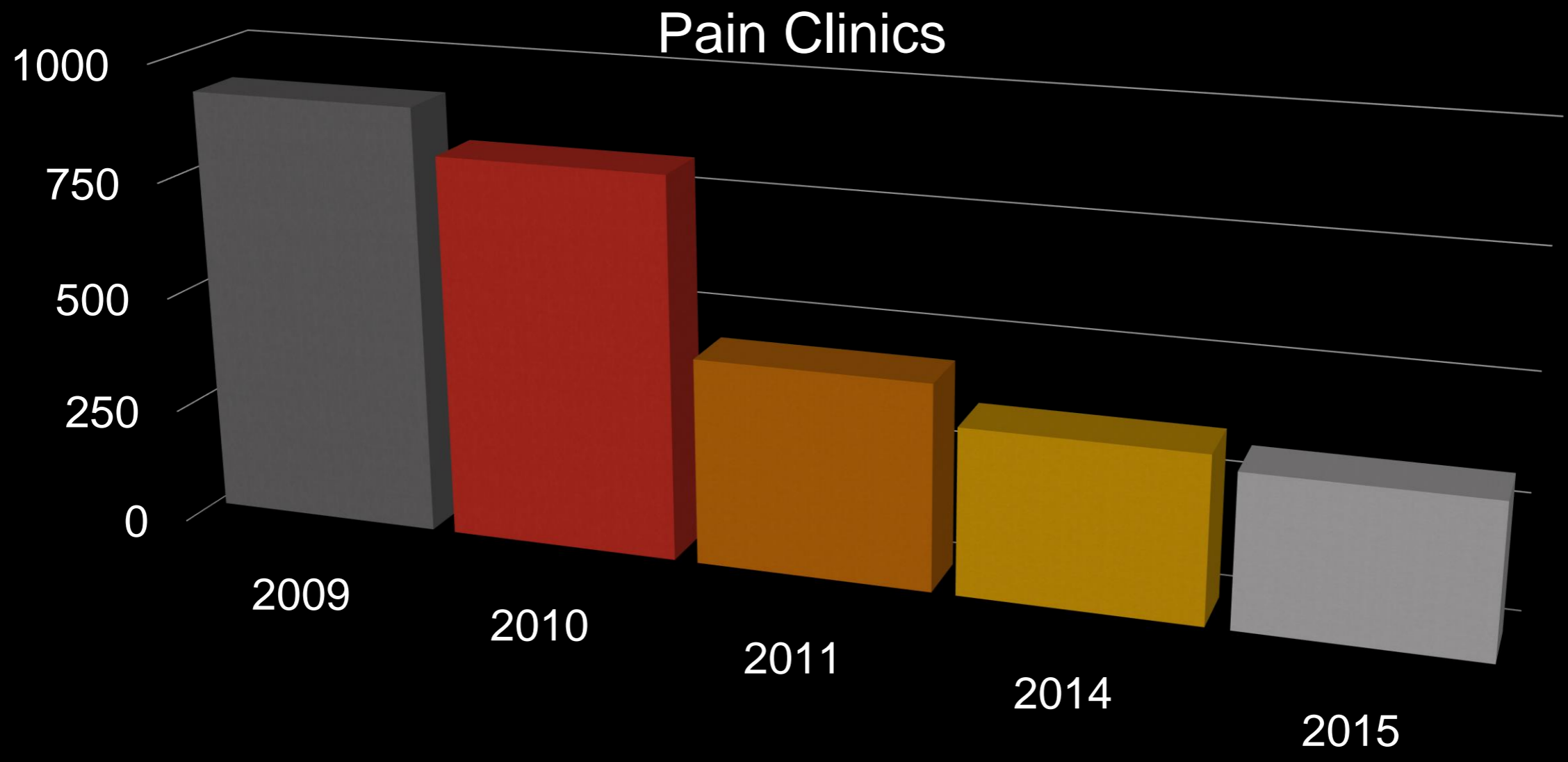
MDs

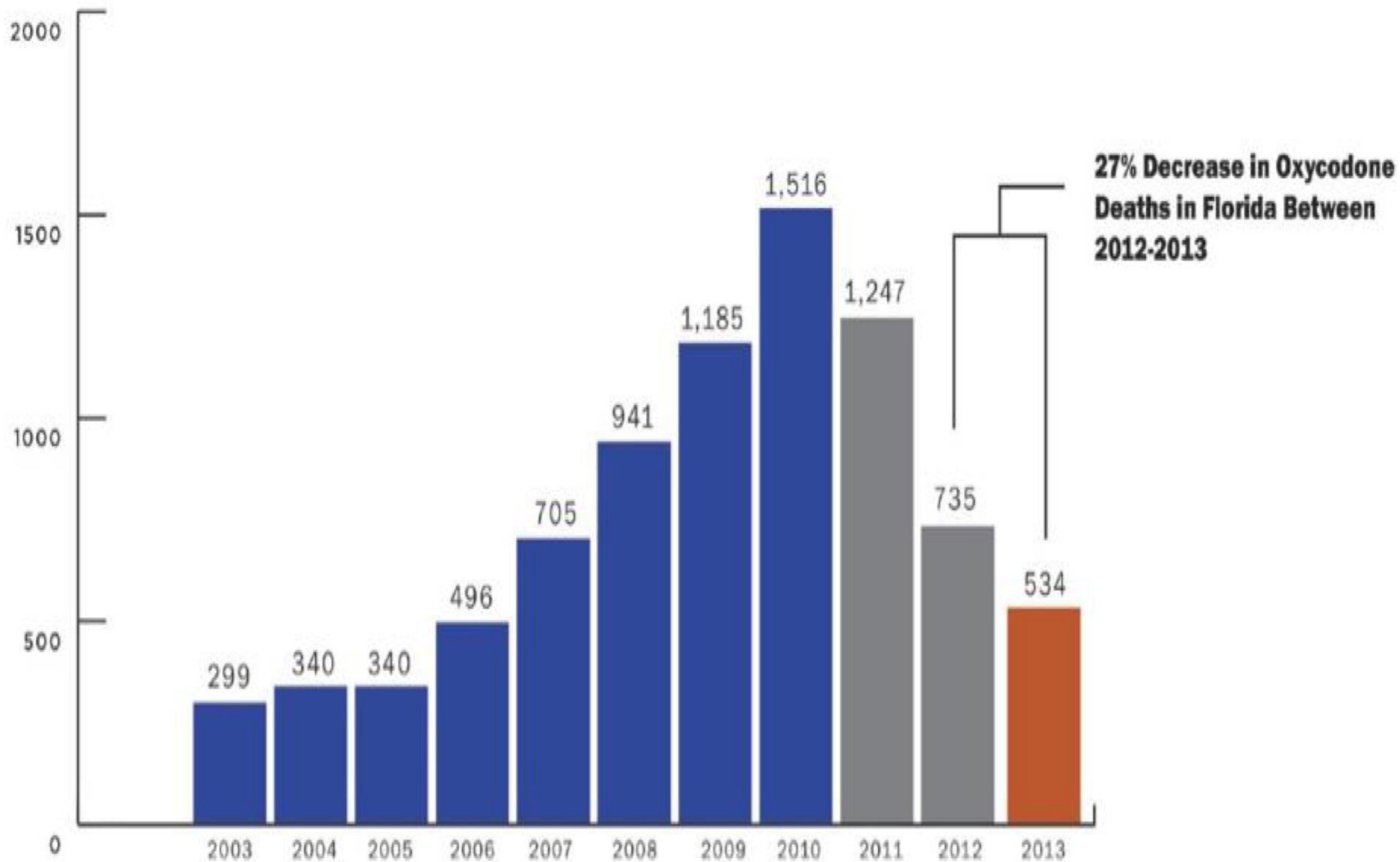


DOs

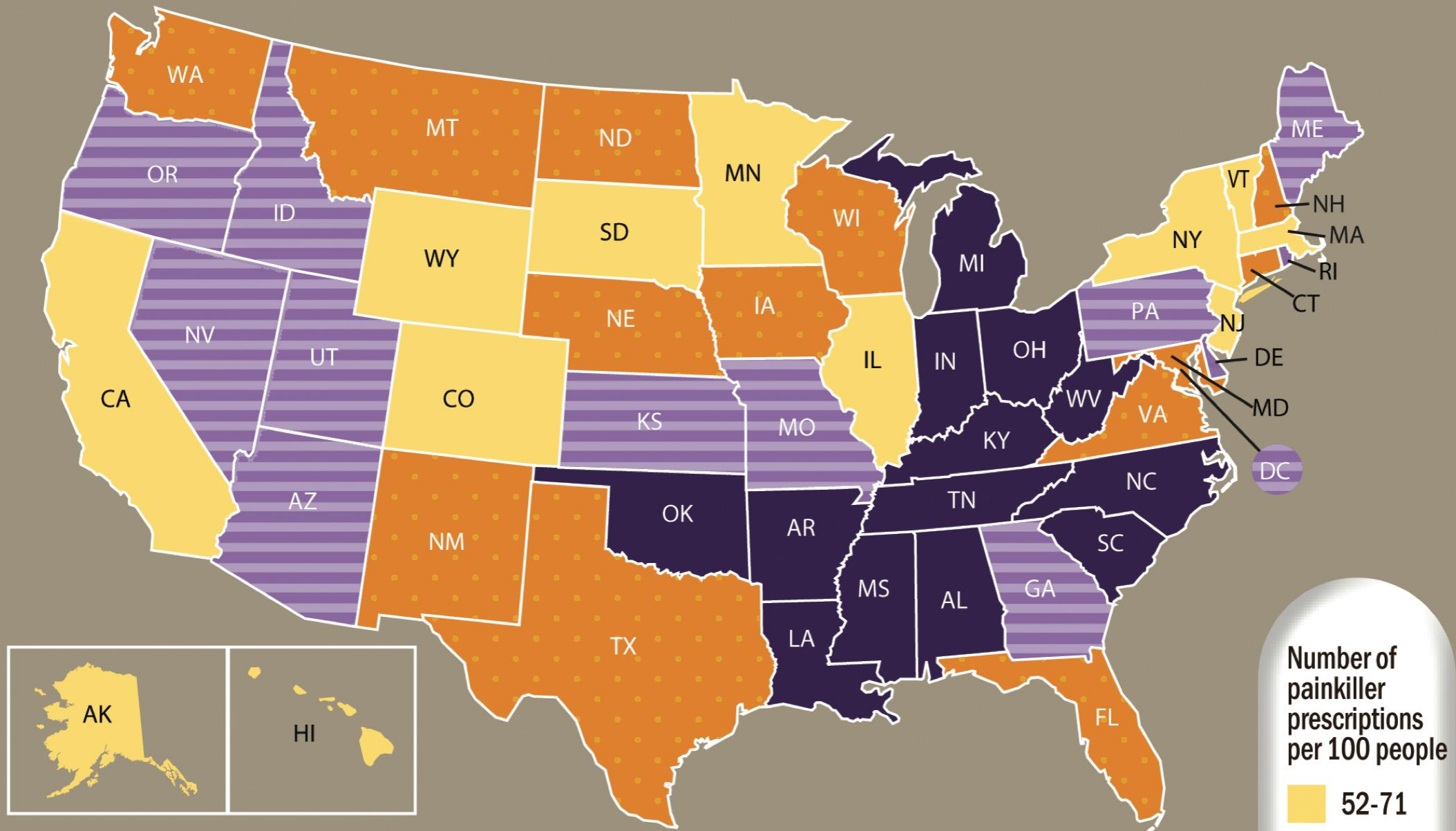


PAIN CLINICS





Source: Drugs Identified in Deceased Persons by Florida Medical Examiners 2013 Report



Some states have more painkiller prescriptions per person than others.



It's a New Day in Public Health.

The Florida Department of Health works to protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

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Important Legislative Update

Senate Bill 964 passed during the 2016 Legislative Session authorizing a designee direct access to request and receive information from the database on behalf of a pharmacy, prescriber or dispenser. This provision will become effective July 1, 2016.

[To view the full text, click here.](#)





The Department published a Notice of Rulemaking on May 18, 2016, to amend rule 64K-1.003, Florida Administrative Code, to implement the changes made in Senate Bill 964. [To view the Notice of Rule Rulemaking, click here.](#)

The anticipated implementation date of designee access is September 12, 2016*, or upon adoption of the amended rule.

***Implementation date subject to change**

Additional information regarding designee registration and access requirements will be disseminated in the coming weeks.

E-FORCSE, Florida Prescription Drug Monitoring Program

-  **850.245.4797**
-  e-forcse@flhealth.gov
-  Fax 850.617.6430
-  **Mailing Address**
Helpdesk: 877.719.3120
4052 Bald Cypress Way, Bin C-16
Tallahassee, FL 32399

SB 964 (EFFECTIVE JULY 2016)

est and receive information from the database on behalf o

Opioid Withdrawal

A photograph of a person in a red shirt with their hand outstretched, surrounded by spilled pills on a concrete surface. The person's face is blurred in the background. The scene suggests a state of distress or a medical emergency related to opioid use.

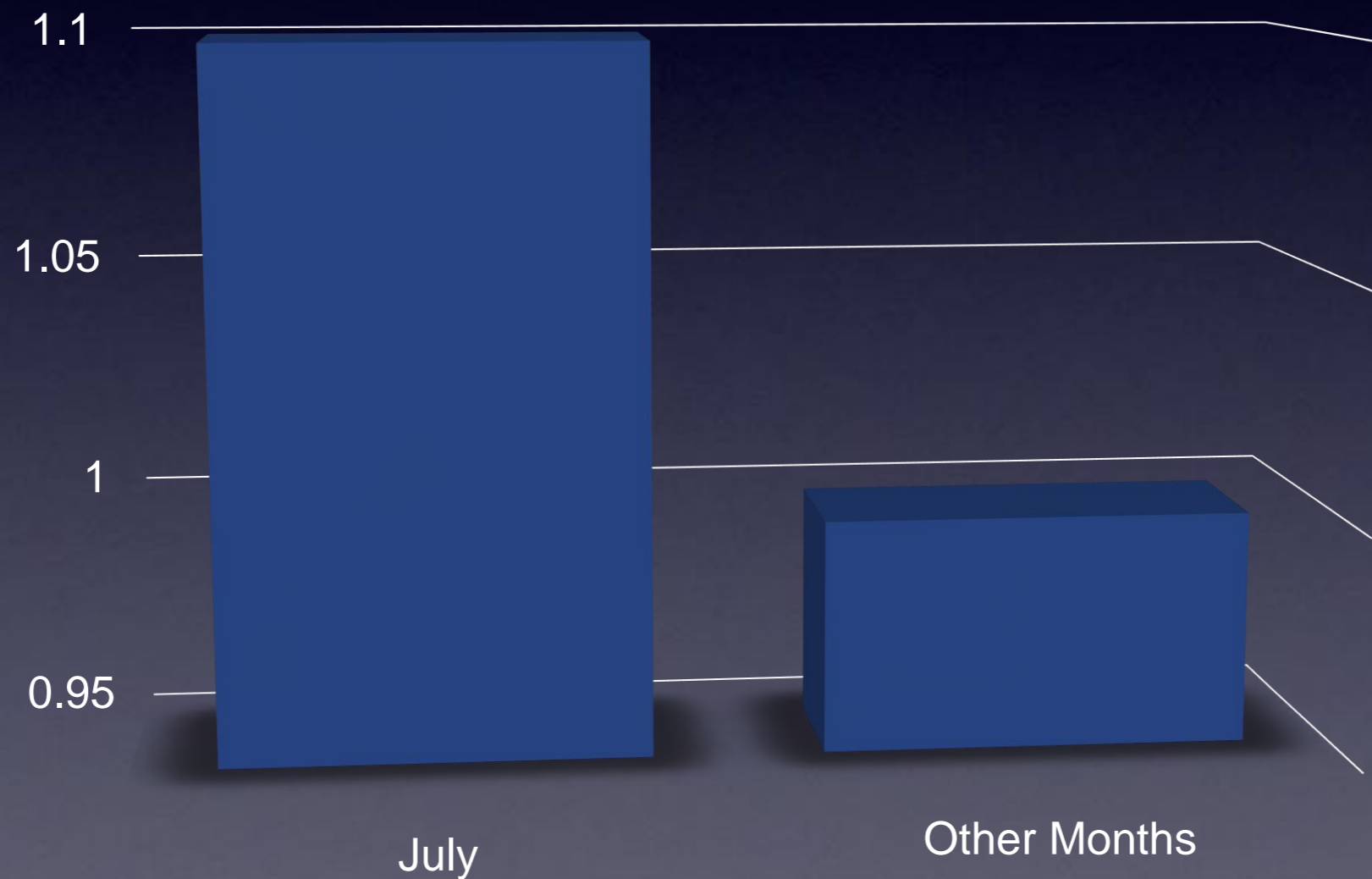
Mydriasis
Yawning
Increased Bowel Sounds
Piloerection
Irritability
Diarrhea
Tremor
Lacrimation

MEDICAL EDUCATION

High-Fidelity Simulation in Medical Education



Fatal Medication Errors



*P=.005 in
Regions with
Teaching
Hospitals

REVIEW QUESTIONS

MOST COMMONLY MISSED TY

Cerebellar

MEDICAL ERRORS IS THE
_____ LEADING CAUSE OF
DEATH IN AMERICA

Third

WHEN SHOULD YOU GIVE
CODEINE TO KIDS?

Never

HEURISTIC ERROR WHEN
YOU ARE STUCK ON A
DIAGNOSIS?

Anchoring Heuristic

Hypotension, JVD,
Muffled Heart Sounds.

What is the dx?

Cardiac Tamponade

WHAT IS THE MOST
COMMON CAUSE OF
WRONG-SITE ERRORS?

COMMUNICATION

A PREOPERATIVE ROENTGENOGRAM IS INDICATED IN A 40-YEAR-OLD MALE WITH WHICH OF THE FOLLOWING UNDERLYING DISORDERS?

- A. DOWN SYNDROME
- B. PARKINSON DISEASE
- C. GUILLAIN-BARRÉ SYNDROME
- D. KLINEFELTER SYNDROME
- E. SICKLE CELL ANEMIA

A PREOPERATIVE ROENTGENOGRAM IS INDICATED IN A 40-YEAR-OLD MALE WITH WHICH OF THE FOLLOWING UNDERLYING DISORDERS?

- A. DOWN SYNDROME*
- B. PARKINSON DISEASE
- C. GUILLAIN-BARRÉ SYNDROME
- D. KLINEFELTER SYNDROME
- E. SICKLE CELL ANEMIA

Robert Hasty, DO, FACOI, FACP

Founding Dean & Chief Academic Officer

Idaho College of Osteopathic Medicine - Applicant Status



Proposed

IDAHO

College of Osteopathic
Medicine