

Robert T Hasty, DO, MACOI, FACP

Dean & Chief Academic Officer

Orlando College of Osteopathic Medicine

OCOM



2026

PREVENTION OF MEDICAL ERRORS

DISCLOSURE INFORMATION

ROBERT T HASTY, DO, FACOI, FACP

No relevant financial disclosure(s) with ineligible companies to disclose.

OBJECTIVES

- Meet biannual CME requirement 64B15-13.001, F.A.C.
- Discuss medication and surgical errors
- Reduce Misdiagnosis
- Prevent System Failures
- Create a Safety Culture
- Perform a Root Cause Analysis
- Reduce and Prevent Errors
- Improve Patient Safety
- Prevent the Most Common Errors as defined by the FL-BOM

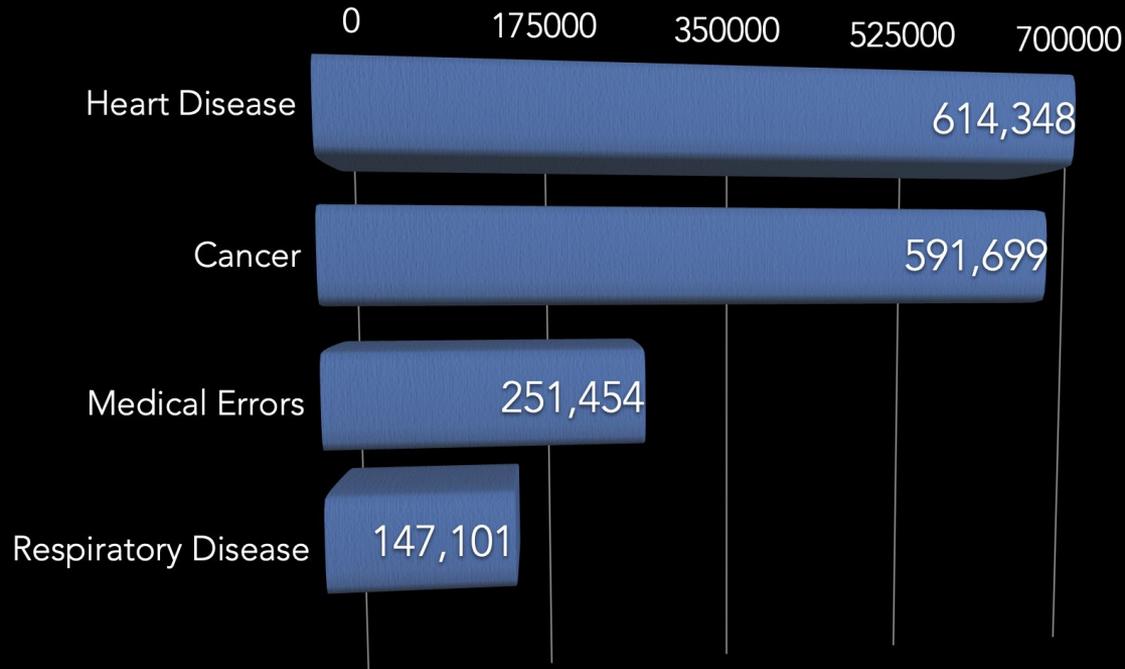
The Five Most Misdiagnosed Conditions (DO)

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 controlled substances;
2. Failure to diagnose reproductive-related conditions;
3. Wrong site/patient surgery;
4. Failure to diagnose spine-related conditions; and
5. Failure to accurately diagnose cancer-related conditions.

THIRD LEADING CAUSE OF DEATH

MEDICAL ERRORS: THIRD LEADING CAUSE OF DEATH IN AMERICA





CMAJ. 2010 Sep 21; 182(13): E645–E646.

PMCID: PMC2942936

Published online 2010 Aug 23. doi: [10.1503/cmaj.109-3344](https://doi.org/10.1503/cmaj.109-3344)

PMID: [20732979](https://pubmed.ncbi.nlm.nih.gov/20732979/)

Medical errors increasing because of complexity of care and breakdown in doctor–patient relationship, physician consultant says

[Wayne Kondro](#)

[▶ Author information](#) [▶ Copyright and License information](#) [Disclaimer](#)

This article has been [cited by](#) other articles in PMC.

The message was direct: many a doctor is out of sync with patients and as a consequence often does them a disservice or makes preventable medical mistakes.

The paradigm for the doctor–patient medical relationship must be revised to account for the explosion of medical information, as well as the increasing demands for transparency and accountability about therapies and outcomes, says Carbondale, Colorado, family physician Dr. John Findley.

Moreover, the increasing complexity of modern medicine has exceeded the ability of an individual doctor to deliver care safely, so doctors must become less paternalistic in assuming that only they have the answers and more willing to work collaboratively with one another and with other health professionals, Findley told delegates to the Canadian Medical Association's 143rd annual meeting on Sunday in Niagara

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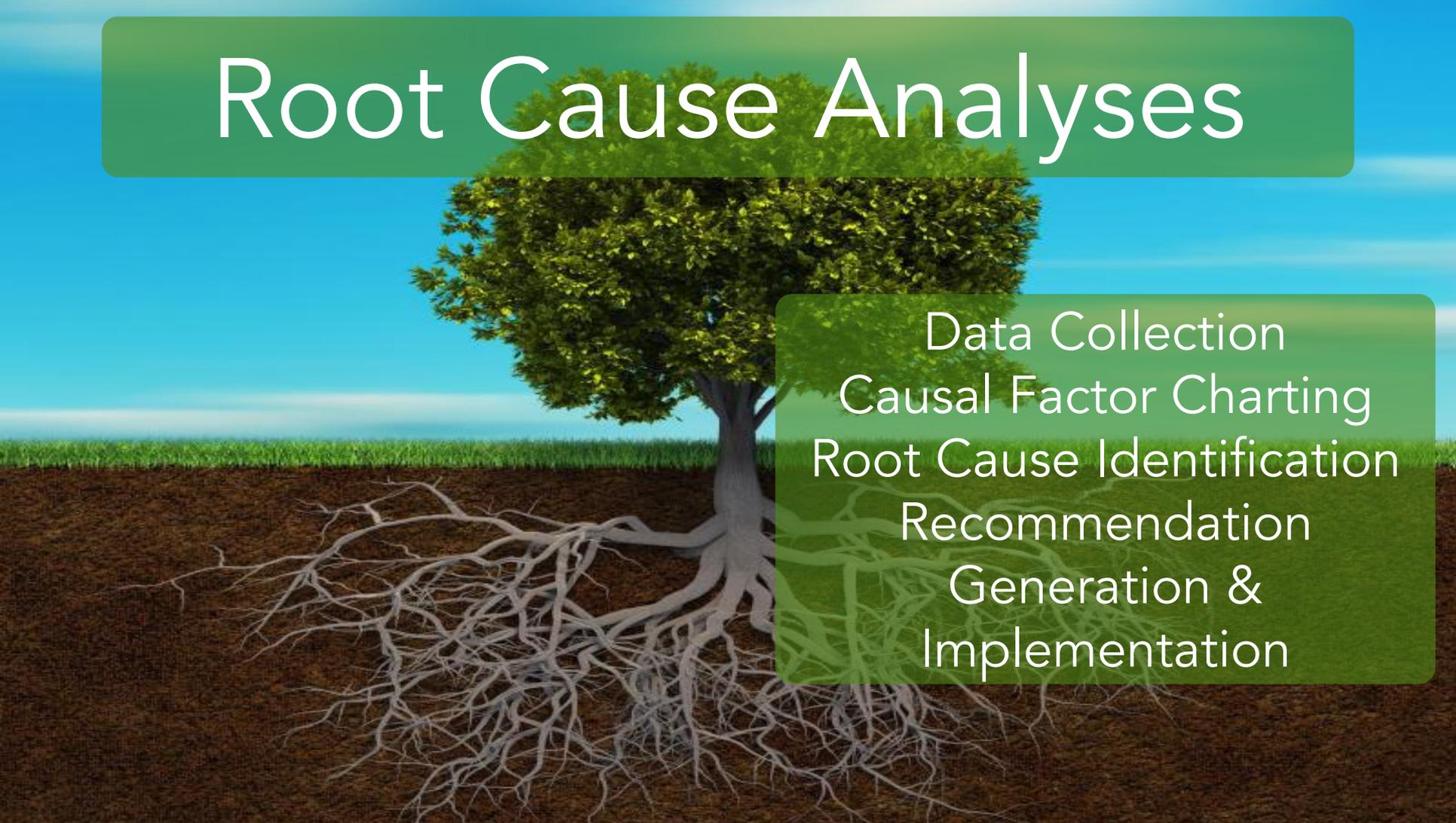
SILENCE & SECRECY

One aspect of professionalism is embracing feedback

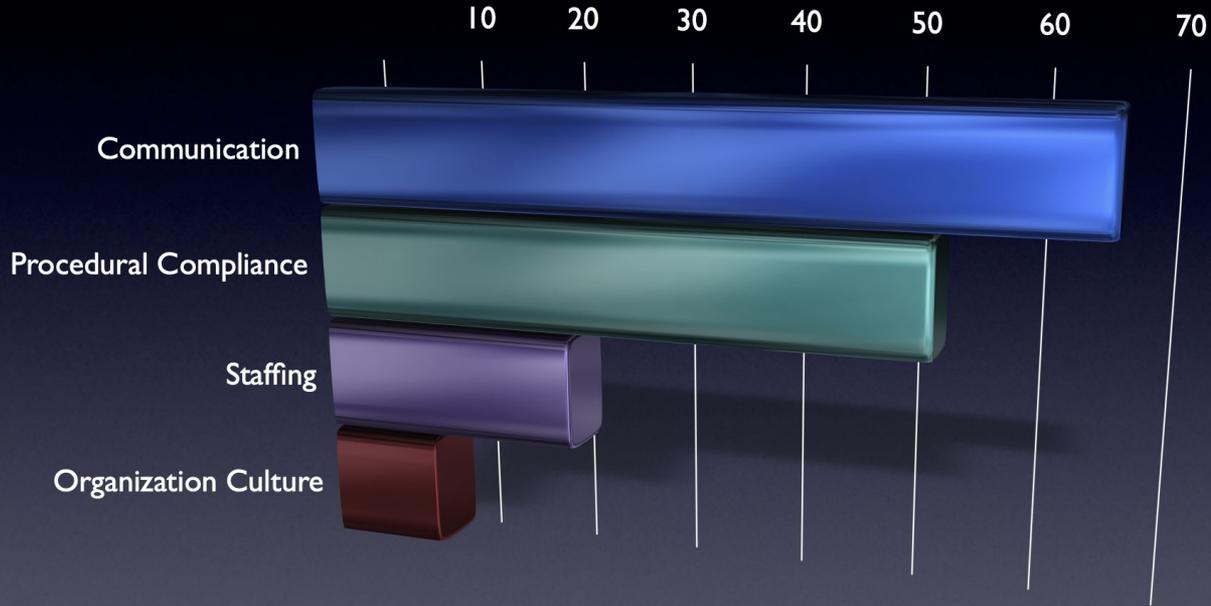
DISCLOSURE+APOLOGY + OFFER PROGRAMS

OWN YOUR ERRORS

Root Cause Analyses

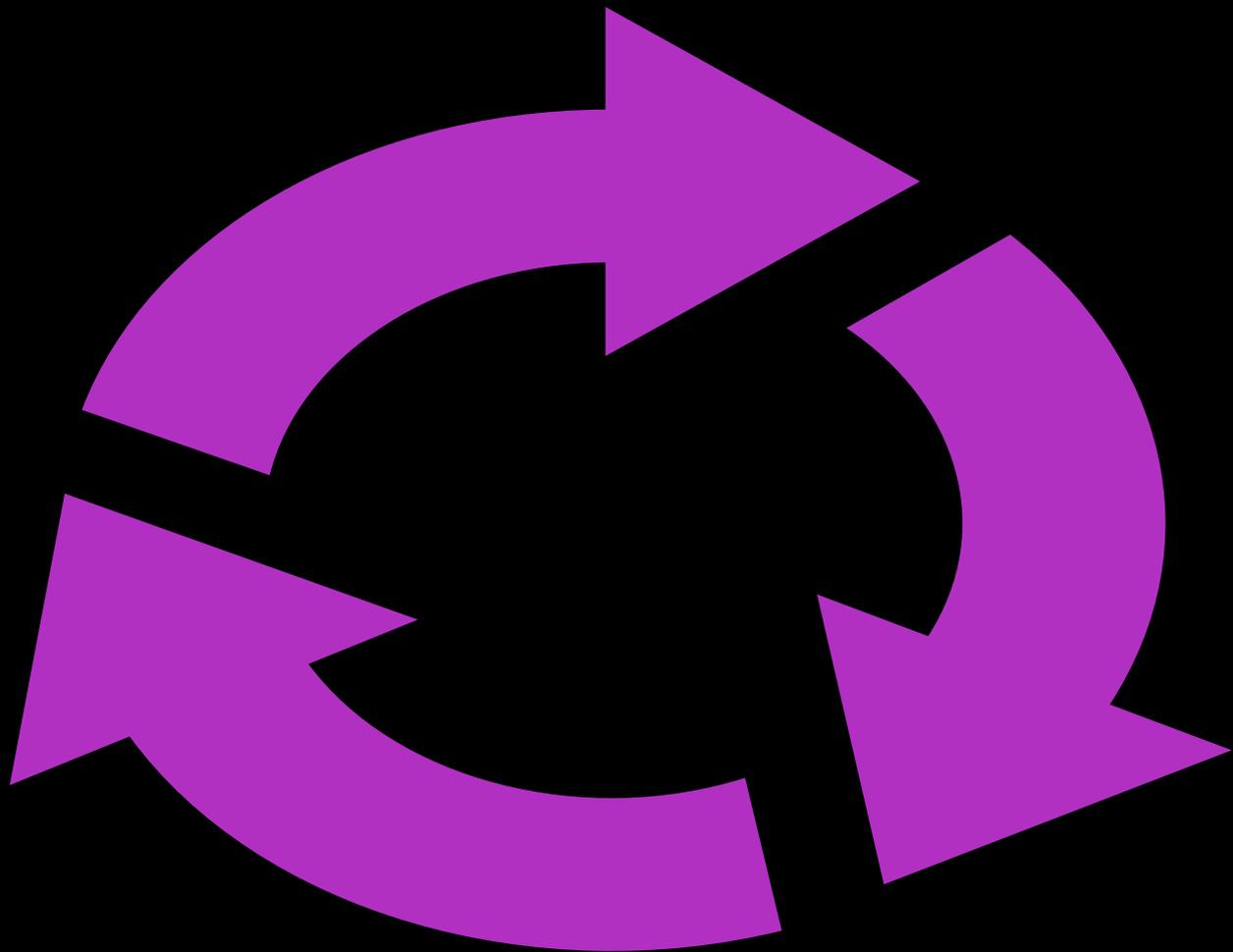


Data Collection
Causal Factor Charting
Root Cause Identification
Recommendation
Generation &
Implementation



Root Causes of Sentinel Events (1995-2004)

CLOSED-LOOP COMMUNICATION



Breaking: Med Student Saves Patient's Life Using Krebs Cycle



BY DR. GLAUCOMFLECKEN

<p>Join us for MUSCULOSKELETAL ULTRASOUND HANDS-ON TRAINING</p>	<p>Course Dates & Locations Baltimore, MD Oct 13 - 15, 2017 New Orleans, LA Jan 26 - 28, 2018 REGISTER NOW</p>	<p>MTMI Medical Technology Management Institute <small>A Continuing Education Division of Westinghouse</small></p> 
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18.4K
SHARES



RALEIGH, NC – In a shocking turn of events in the emergency department this morning, 3rd-year med student Daniel Moder saved a patient's life using only his knowledge of the [Krebs cycle](#).



IMPROVING PATIENT SAFETY THROUGH TECHNOLOGY

AI & MEDICAL ERRORS

AI Detecting Medical Errors

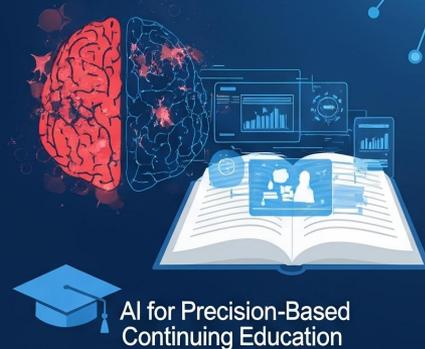


Risk of AI "Hallucinations"



? Misdiagnosis:
False Positive for
Rare Condition

Risk of AI "Hallucinations"



Improving Physician Work-Life Balance



Decreasing Administrative Tasks
Pajama time



Decreasing the Lag Between Result Availability and Decision-Making in the Emergency Department Using Push Notifications

Christian Koziatek, MD*

Jordan Swartz, MD, MA*

Eduardo Iturrate, MD, MSW†

Dina Levy-Lambert, BS*

Paul Testa, MD, JD, MPH*

*New York University School of Medicine, Ronald O. Perelman Department of Emergency Medicine, New York City, New York

†New York University School of Medicine, Department of Medicine, New York City, New York

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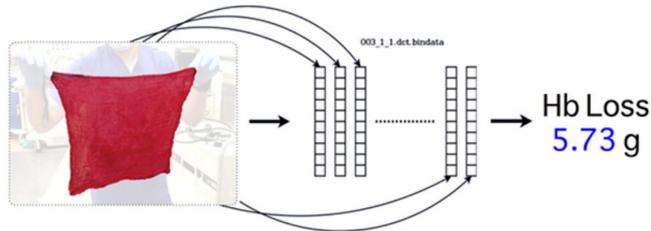
Introduction: Emergency department (ED) patient care often hinges on the result of a diagnostic test. Frequently there is a lag time between a test result becoming available for review and physician decision-making or disposition based on that result. We implemented a system that electronically alerts ED providers when test results are available for review via a smartphone- and smartwatch- push notification. We hypothesized this would reduce the time from result to clinical decision-making.

Methods: We retrospectively assessed the impact of the implementation of a push notification system at three EDs on time-to-disposition or time-to-follow-up order in six clinical scenarios of interest: chest radiograph (CXR) to disposition, basic metabolic panel (BMP) to disposition, urinalysis (UA) to disposition, respiratory pathogen panel (RPP) to disposition, hemoglobin (Hb) to blood transfusion order, and abnormal D-dimer to computed tomography pulmonary angiography (CTPA) order. All ED patients during a one-year period of push-notification availability were included in the study. The primary outcome

Gauss Surgical Blood Loss Measurement App Approved by FDA for Use in ORs

MAY 21ST, 2014 MEDGADGET EDITORS

ANESTHESIOLOGY, CARDIAC SURGERY, ENT, NEUROSURGERY, OB/GYN, THORACIC SURGERY, UROLOGY, VASCULAR SURGERY



EBL, or estimated blood loss, is "estimated" for a reason



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Online revision for medical and surgical interviews



Merck Manuals Is Now Available to Epic Customers through the App Orchard



VirtaMed and Smith+Nephew Partner for Educational Excellence



The procedural and anatomical determinants of second-generation renal denervation



Learn Best Practices on How Customer-Facing Outreach Can Enhance Consumer

TELEHEALTH & PATIENT SAFETY



“Telehealth is associated with lower mortality and emergency admission rates.”

Innovator Health



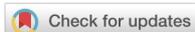
Improving Hypertension Control and Patient Engagement Using Digital Tools

[Richard V. Milani, MD](#)  , [Carl J. Lavie, MD](#), [Robert M. Bober, MD](#), [Alexander R. Milani](#), [Hector O. Ventura, MD](#)

Department of Cardiovascular Diseases, John Ochsner Heart and Vascular Institute, Ochsner Clinical School – University of Queensland School of Medicine, New Orleans, La



DOI: <https://doi.org/10.1016/j.amjmed.2016.07.029> |



Article Info

Abstract Full Text Images References

Abstract

Hypertension is present in 30% of the adult US population and is a major contributor to cardiovascular disease. The established office-based approach yields only 50% blood pressure control rates and low levels of patient engagement. Available home technology now provides accurate, reliable data that can be transmitted directly to the electronic medical record. We evaluated blood pressure control in 156 patients with uncontrolled hypertension enrolled into a home-based digital-medicine blood pressure program and compared them with 400 patients (matched to age, sex, body mass index, and blood pressure) in a usual-care group after 90 days. Digital-medicine patients completed questionnaires online, were asked to submit at least one blood pressure reading/week, and received medication management and lifestyle recommendations via a clinical pharmacist and a health coach. Blood pressure units were commercially available that transmitted data directly to the electronic medical record. Digital-medicine patients averaged 4.2 blood pressure readings per week. At 90 days, 71% of digital-medicine vs 31% of usual-care patients had achieved target blood pressure control. Mean decrease in systolic/diastolic blood pressure was 14/5 mm Hg in digital medicine, vs 4/2 mm Hg in usual care ($P < .001$). Excess sodium consumption decreased from 32% to 8% in the digital-medicine group ($P = .004$). Mean patient activation increased from 41.9 to 44.1 ($P = .008$), and the percentage of patients with low patient activation decreased from 15% to 6% ($P = .03$) in the digital-medicine group. A digital hypertension program is feasible and associated with significant improvement in blood pressure control rates and lifestyle change. Utilization of a virtual health intervention using connected devices improves patient activation and is well accepted by patients.

Keywords:

Chronic disease, Hypertension, Patient engagement

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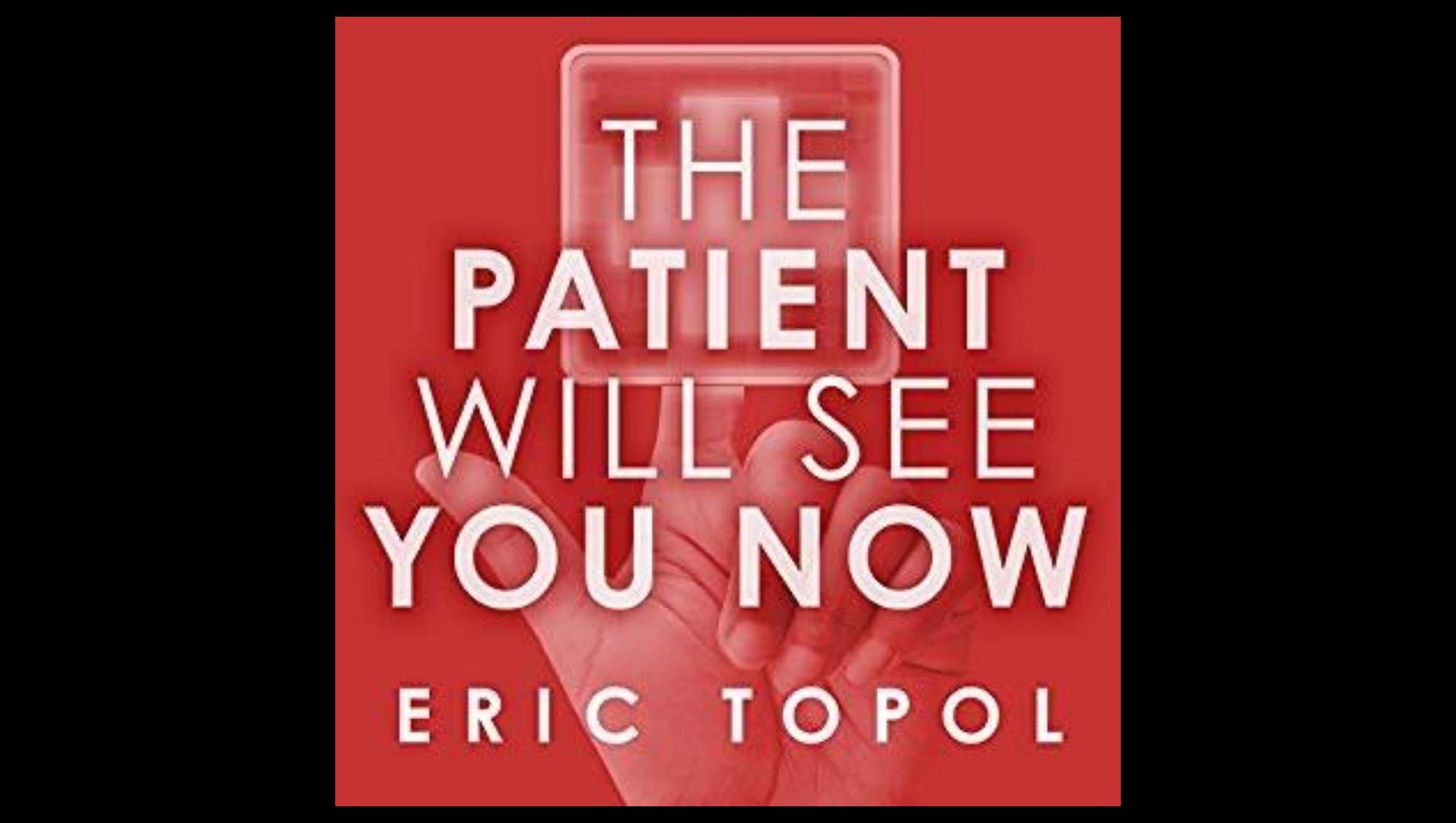
THE AMERICAN
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The
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**REDUCING
GLOBAL
PERI-
OPERATIVE
RISK**

UPDATES IN
RISK PREVENTION
RISK MANAGEMENT

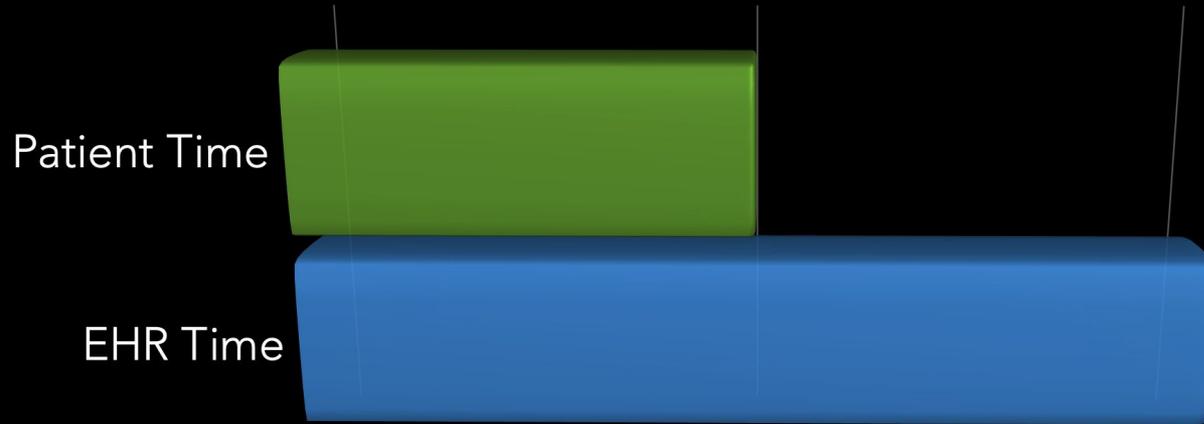
The image features a hand holding a glowing red button. The button has the text 'THE PATIENT WILL SEE YOU NOW' written on it in white, bold, sans-serif capital letters. The background is a solid red color.

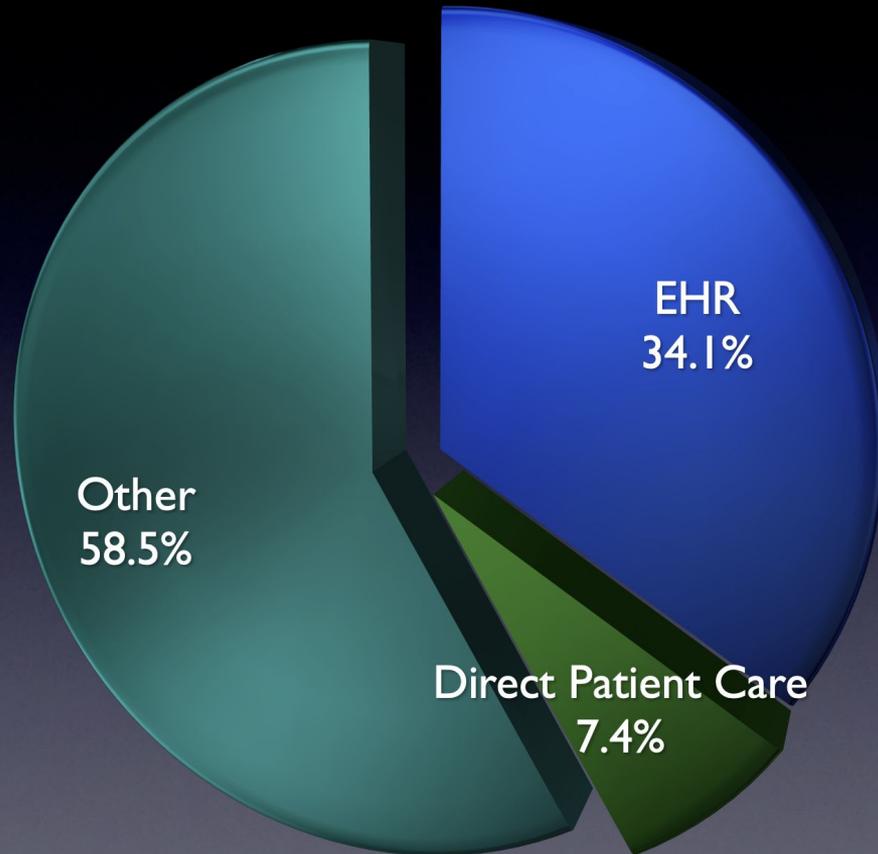
THE
PATIENT
WILL SEE
YOU NOW

ERIC TOPOL

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%

TABBED PATIENT/WRONG
PATIENT ERRORS

Discharge Summary

Date Admitted 08/12/2016

Date Discharged 13/12/2016

Final Exam Summary	Discharge Status & Instructions	Clinician's Narrative	Included Progress Notes
Diagnosis:	T23.209. Burn of second degree of unspecified hand, unspecified site.	Referral(s)	
Condition on discharge:	Greatly improved		
Prognosis:	Good		
History of present illness:	<p>22 year old male with 12 000 Instagram followers (bot ratio 15%) "checked in" to the emergency department on Friday night complaining of "OMG 📱🔥🔥🔥🔥🔥🔥"</p> <p>A&E documented a one inch second degree burn to the right palm and multiple superficial burns on fingers arising from a spontaneously combusting smartphone.</p> <p>Exposure to the ignition source was apparently prolonged as the patient took the time to extract his other smartphone, record a brief video, snap a selfie, select a filter, and post it to social media. Online history included labile opinions, frequent group brunches, and liking to excess.</p> <p>Burn was cooled, disinfected, and dressed in A&E, and patient was admitted to the ward after threatening to leave a negative review on TripAdvisor.</p>		
Hospital Course			
<p>On arrival to the ward, the patient reported feeling severely 😞😞😞 and described the food as 🍌.</p> <p>Patient's quality of life has been acutely affected now that he is without his primary smartphone and remains more than 12 months away from his next upgrade. We were unable to gather data using the patient reported outcome measures form as the patient disdained the use of pen and paper as "basic."</p> <p>On examination, ego was tender and inflated. Patient was initially unreactive to analogue stimuli until we titrated ward's wifi speed down to 0.6 kbps, which induced involuntary eye rolling and prolonged whining. Rapport was initially established by an FY1 on WhatsApp before that became uncool, then SnapChat (ditto), then Kik (ditto), before resorting to the old fashioned method - SMS/Message.</p> <p>Based on the latest government guidelines developed by an advisory committee formed entirely of the commercial sector, we used full spectrum technology deployment to formulate a management plan. We first attempted to crowdsource treatment recommendations on Twitter, but we were unable to decipher many of the replies as they had been massively abbreviated and were lacking punctuation in order to fit the 140 character limit.</p> <p>Next, an international telemedicine consultation was undertaken with our best friend's cousin who is a hospital overseas as a virtual grand round. After watching a mandatory video on "how to be an essential worker" (sic), the experts don't want you to know," our sister team suggested (via automatic translation) that we might like to "exterminate him somewhat gingerly for two nights obscuring ironing board." We have taken this advice under advisement.</p> <p>A virtual coach recommended a rehabilitative course of Pokemon GO (preferably a Bulbasaur if the trust still has them on formulary), 10 000 steps a day on a FitBit with updates streamed to Facebook so his mum can check them, and gentle thumb calisthenics such as Winter Walk or Angry Birds 2.</p> <p>After consultation with the analogue "version 1.0" multidisciplinary team we have prescribed a course of any topical ointments with 4.5 or more stars on Amazon, referred for a surgical consult with consideration taken into account of residual narcissistic function, and recommended grief counselling to help deal with the untimely loss of a treasured and valued smartphone.</p>			
Follow-up:	<p>Patient has been scheduled for discharge to the community via Uber or Hailo (depending on surge pricing) although our machine learning algorithm has volunteered to continually track his whereabouts, emails, phone calls, personal beliefs, credit rating, overall survival, date of car insurance renewal, and recovery from his most recent injury. We are reassured that these data will help improve our services.</p>		

Emoji Notes?

A rectangular sign with a dark wood frame and a light-colored grid background. The text "PHYSICIANS LOUNGE" is centered in a bold, black, serif font. The sign is slightly tilted and set against a black background.

**PHYSICIANS
LOUNGE**

THE UNHAPPIEST PLACE ON EARTH

BURNOUT & MEDICAL ERRORS

"Major medical errors reported by surgeons are strongly related to a surgeon's degree of burnout"

A portrait of a middle-aged man with grey hair, a mustache, and glasses, wearing a dark blue button-down shirt. He is standing against a blurred background of large, light-colored circular patterns. The text is overlaid in the lower-left quadrant of the image.

Jacob Neufeld, MD

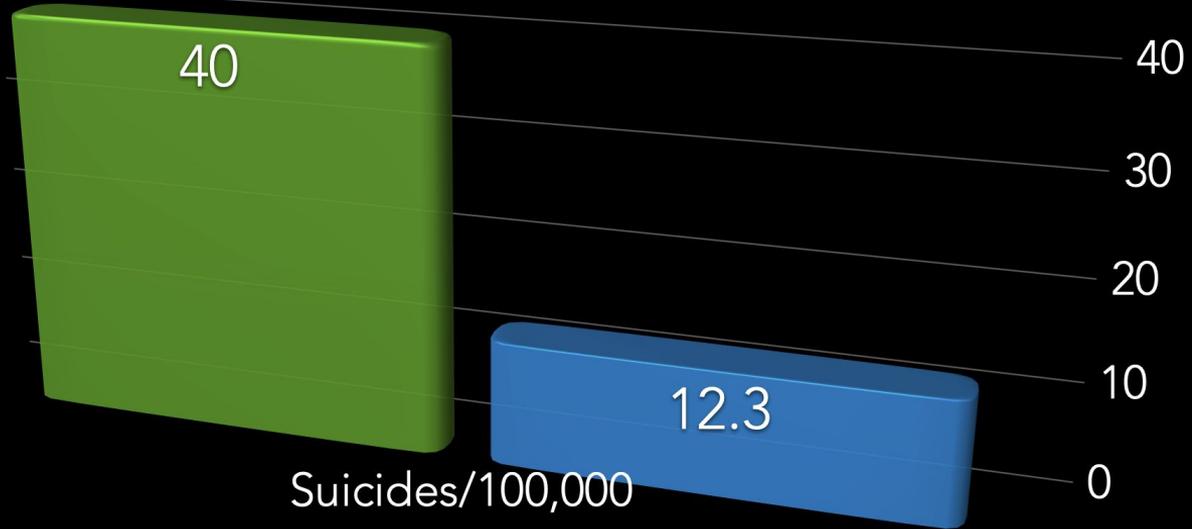
4/22/1962 - 9/29/2017

“Doctors' Suicide Rate Highest of Any Profession”

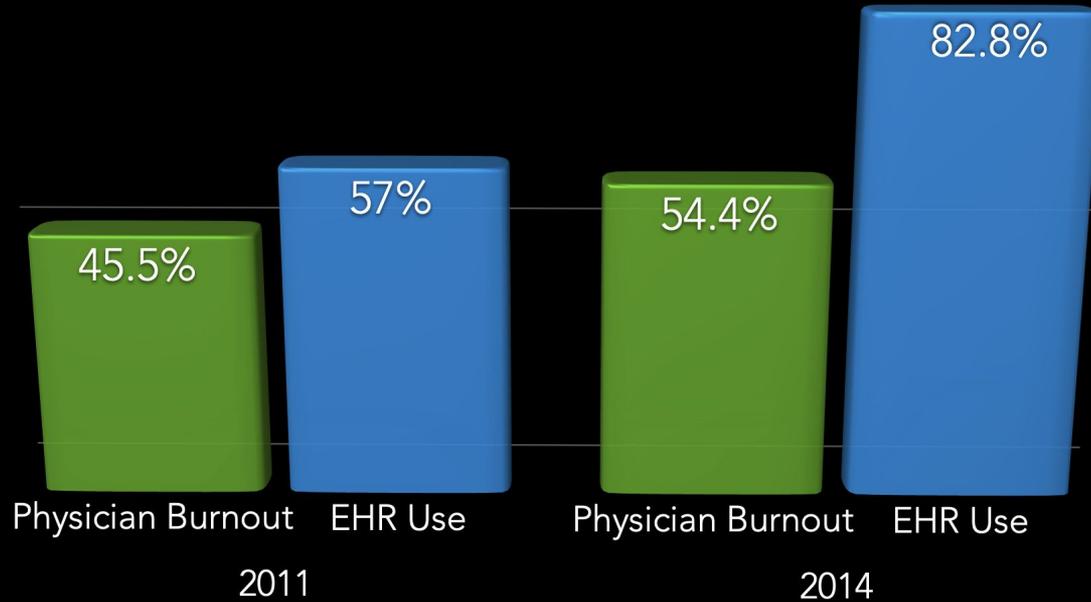
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■ Physicians

■ General Population

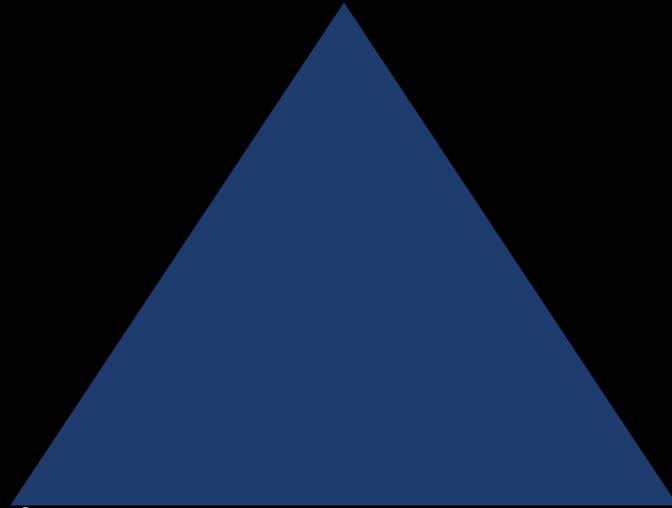


EHR UTILIZATION COMPARED WITH PHYSICIANS REPORTING AT LEAST 1 SYMPTOM OF BURNOUT



TRIAD OF BURNOUT

Emotional Exhaustion



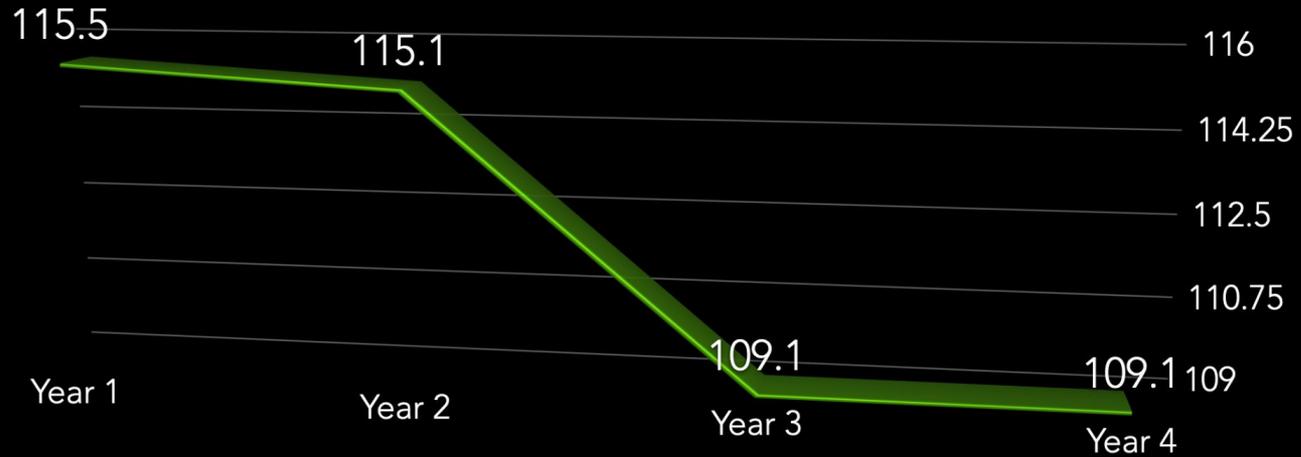
Decreased
Sense of Personal
Accomplishment

Depersonalization

QUADRUPLE AIM

Triple Aim + Physician/Staff Wellness

Empathy Declines During Medical School



NEIL PASRICHA 20 Minutes/Day

1. Nature Walks
2. Positive Journaling
3. Random Acts of Kindness

HANDOFFS

IPASS SHOWN TO DECREASE
PREVENTABLE ERRORS BY 30%

Handoff

Jennings, Sophie

▼ Summary

Sophie Jennings is a 78 year old female presenting with fever and cough. Found to have right lower lobe pneumonia. Arrived in respiratory distress.
PMH: CAP, environmental allergies
Social Hx: Smoker

Edited by: Wade, Dana at 7/30/2013 3:22 PM [History](#)

▼ To Do

Ordered 2 LPM of O2 via nasal cannula. Increase to 4 LPM if desaturating or confused.

Edited by: Wade, Dana at 7/30/2013 3:42 PM [History](#)

▼ Meds

Current Facility-Administered Medications:

Medication	Dose	Route
doxycycline (VIBRA-TABS) tablet 100 mg	100 mg	Oral

▼ Labs

RED BLOOD CELL COUNT (M/uL)

↑ Prev ↓ Next

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Medical errors increase by nearly 20% around daylight savings, study finds

Gabrielle Masson - Friday, September 18th, 2020 [Print](#) | [Email](#)

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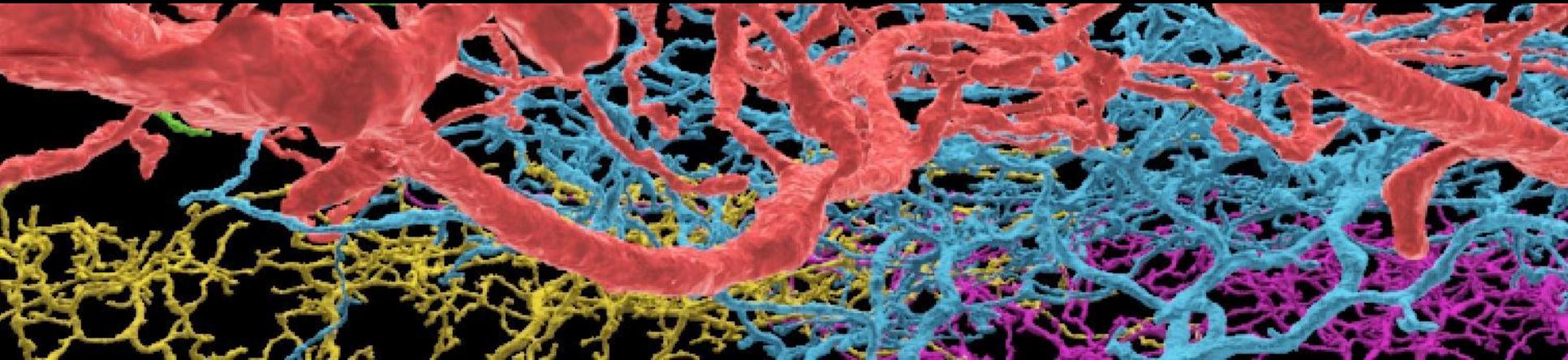
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In the days following the switch to daylight saving time, human mistakes tied to patient safety-related

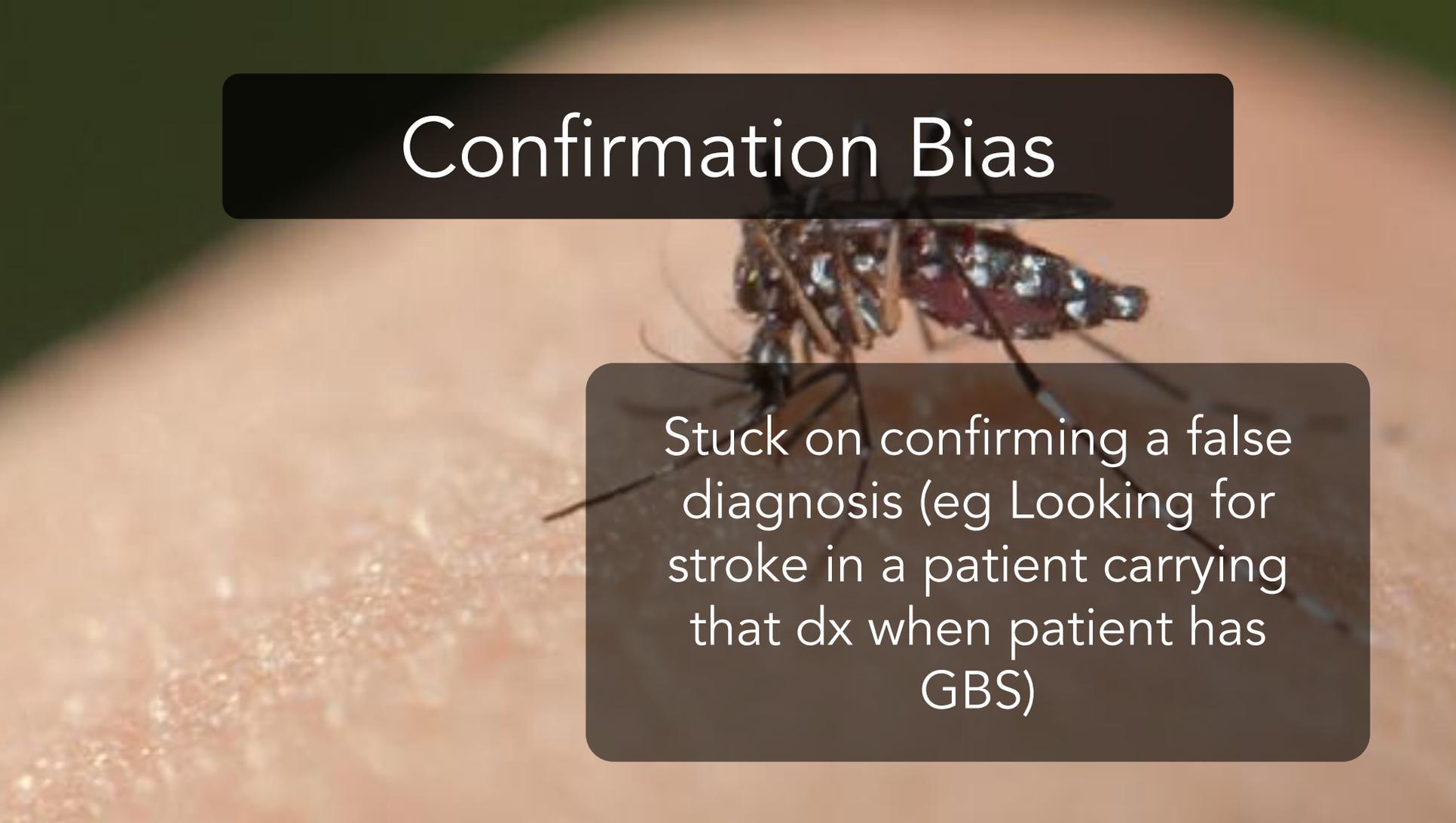
**Interoperability can help
improve cash flow and
increase revenue.**

Learn how to leverage the
Conditions of Participation
to your organization's

HEURISTICS: COGNITIVE SHORTCUTS



Confirmation Bias

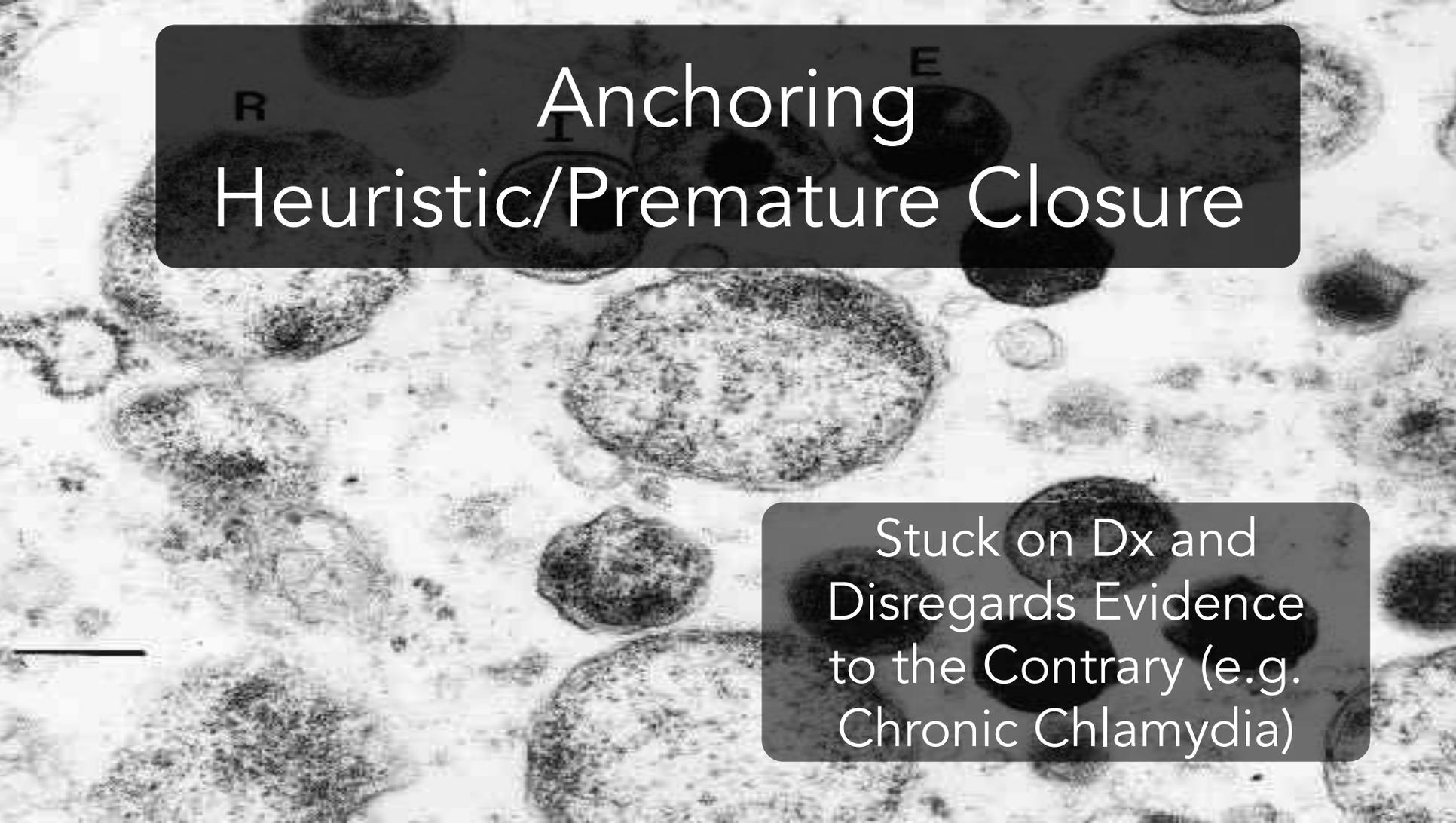


Stuck on confirming a false diagnosis (eg Looking for stroke in a patient carrying that dx when patient has GBS)

AVAILABILITY BIAS



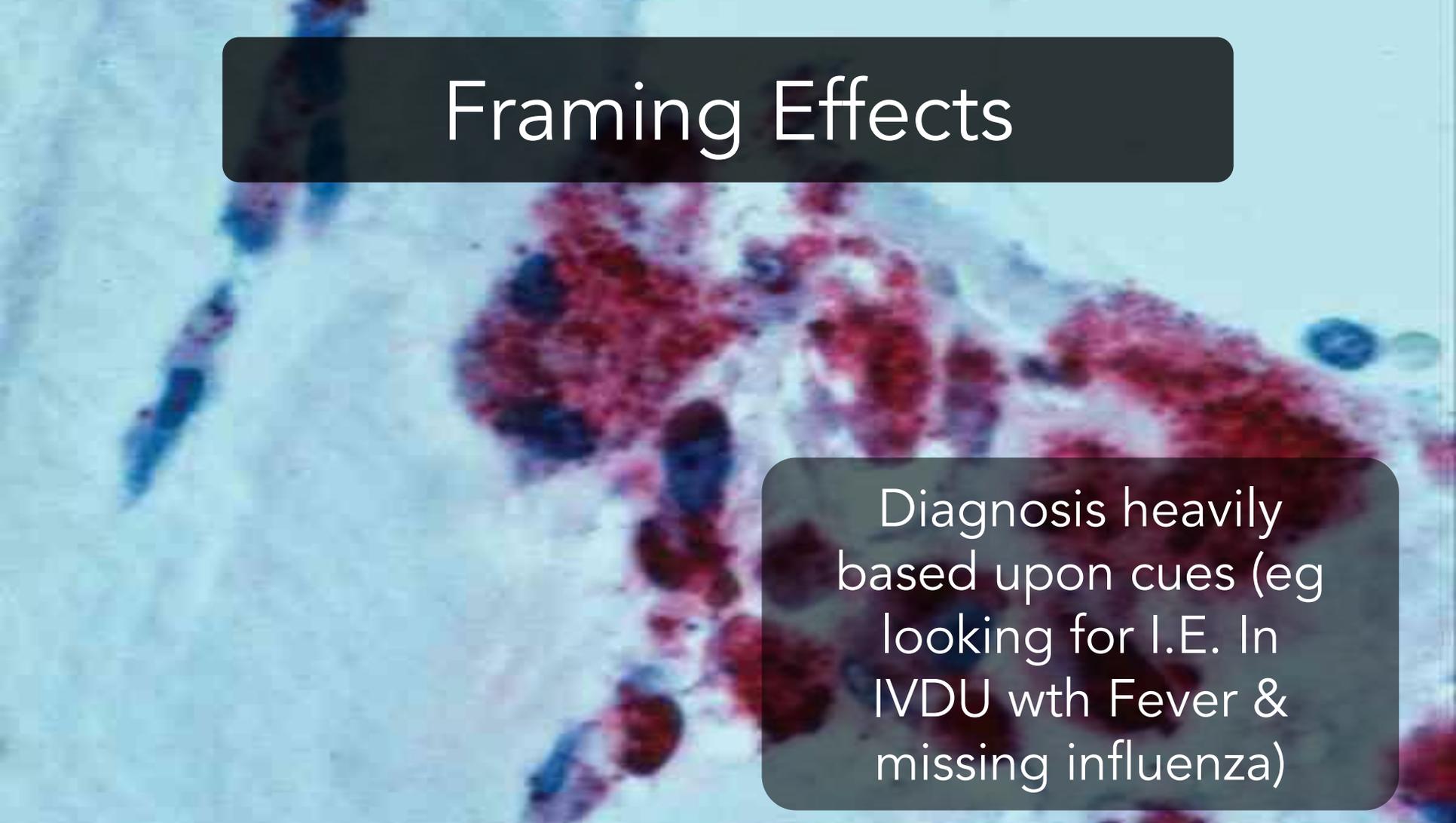
Make readily available
DX (eg H1N1
increased dx after
news stories)

An electron micrograph showing several cells with various internal structures. Labels 'R', 'I', and 'E' are visible on the image. A dark semi-transparent box is overlaid on the top half of the image, containing the title text. Another dark semi-transparent box is overlaid on the bottom right, containing a descriptive text block. A horizontal scale bar is located on the left side of the image.

Anchoring Heuristic/Premature Closure

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

Framing Effects

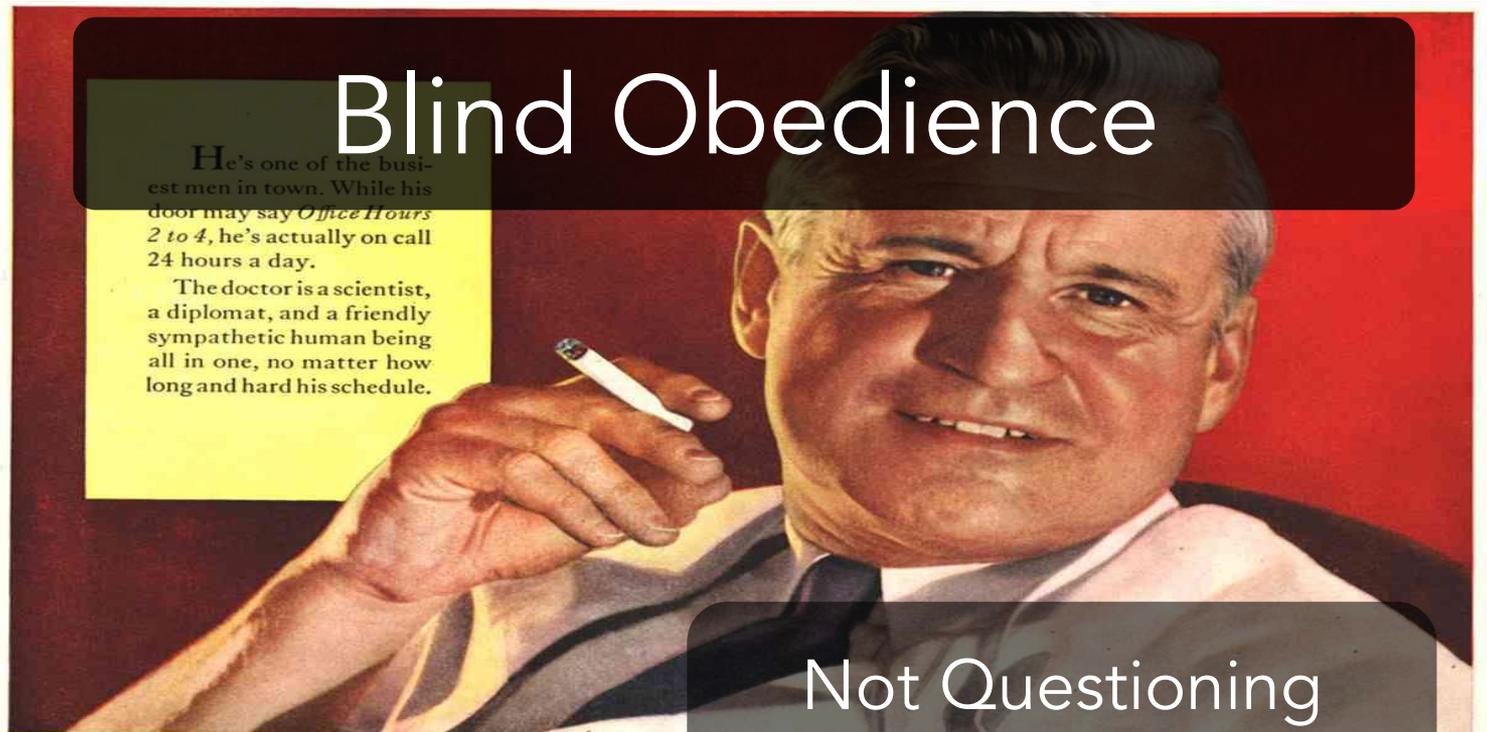
A microscopic image of a blood smear. The background is a light blueish-grey color. There are several large, irregular, reddish-brown clusters of cells, likely representing red blood cells or platelets. Some smaller, dark blue or purple spots are scattered throughout, possibly representing white blood cells or other cellular components. The overall appearance is that of a stained blood smear under a microscope.

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

The background of the slide is a photograph of two zebras in a savanna. One zebra is in the foreground, facing right, with its head turned back towards the other zebra. The second zebra is behind it, also facing right. The zebras have their characteristic black and white stripes. The ground is covered in dry, yellowish-brown grass. The background is a soft-focus landscape of more grass and trees under a bright 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

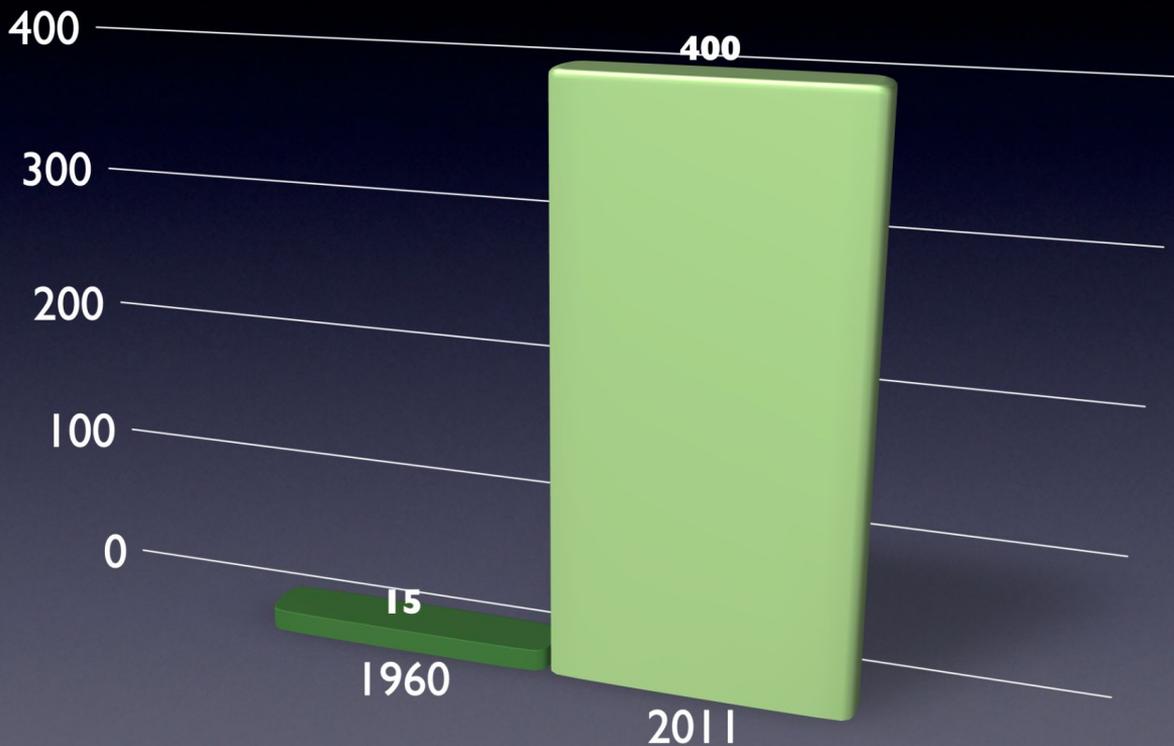
Codeine after T & A

(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



HIGH-FREQUENCY LOW STAKES ASSESSMENT

make it stick



The Science of Successful Learning

Peter C. Brown

Henry L. Roediger III

Mark A. McDaniel



The Agnew Clinic



“the design of which is to improve on our present system of surgery, obstetrics, and treatment of generally, and place the same on a more rational and scientific basis.”

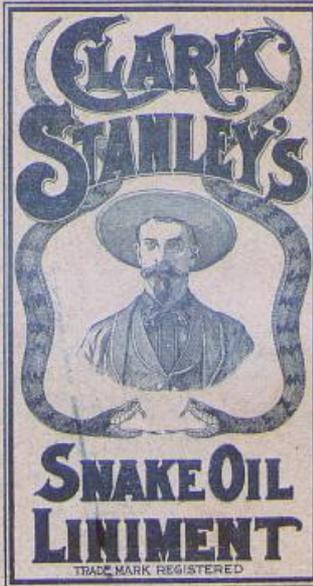
–AT STILL, MD

**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.

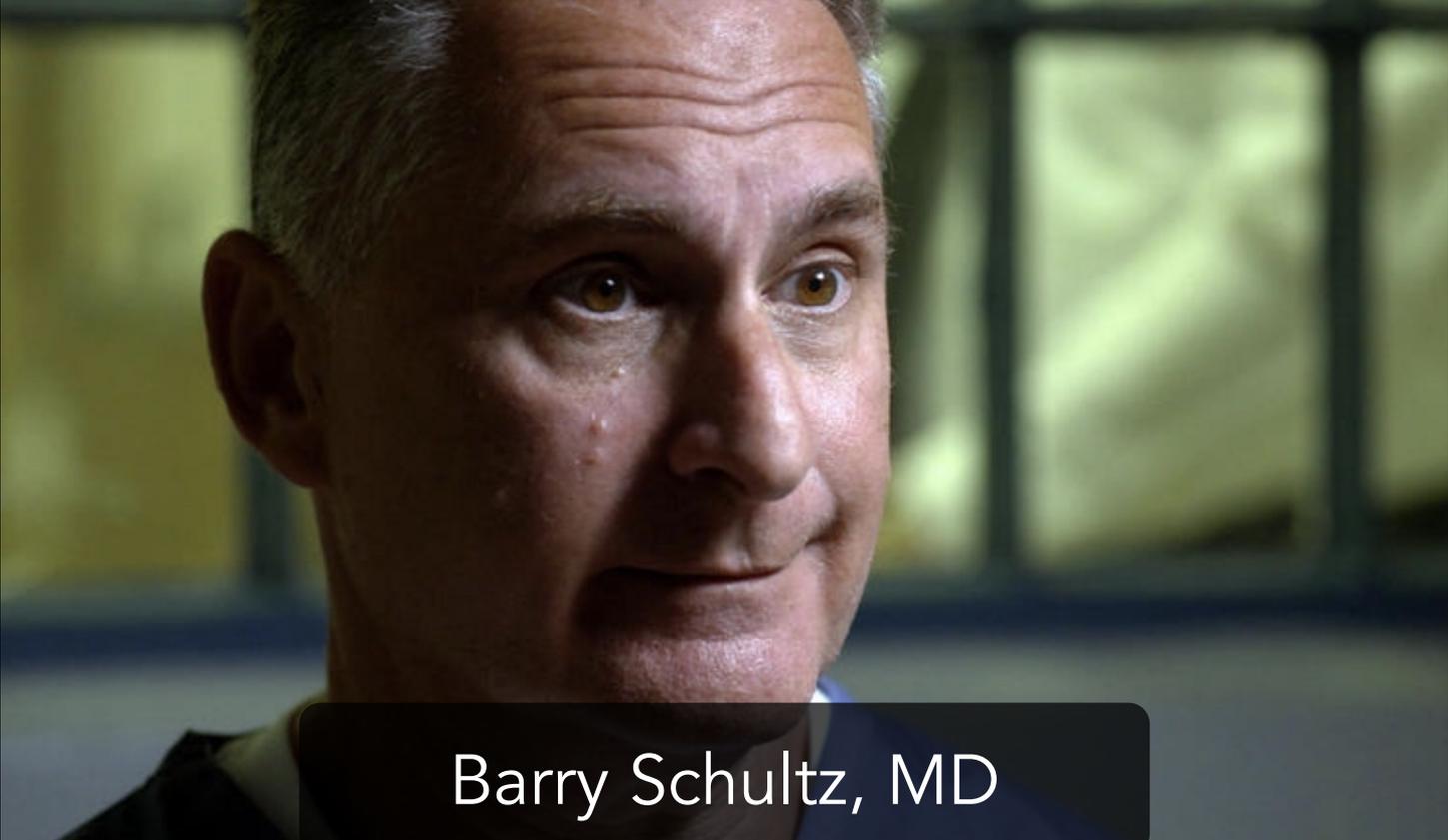


Unapproved FDA Drugs

Inappropriate prescribing of controlled substances

EXAMPLES OF CONTROLLED SUBSTANCES

- Opioids
- Benzodiazepines
- Tramadol
- Testosterone
- Methamphetamines



Barry Schultz, MD

Opioid Withdrawal

A blurred background image showing a person lying on a concrete surface. A white pill bottle is tipped over, and several white, oval-shaped pills are scattered on the ground. The person's hand is visible, reaching out. The overall scene suggests a medical emergency or overdose.

Mydriasis
Yawning
Increased Bowel Sounds
Piloerection
Irritability
Diarrhea
Tremor
Lacrimation

PREVENTING PRESSURE ULCERS

- Risk Assessment
- Specialty mattresses (Static Mattress) for increased risk
- Interventions: rotate q 2 hours, keep clean and dry

FALL PREVENTION

- Bed alarms/fall risk to those at risk
- Avoid sedative hypnotics
- Nurse call button in close proximity
- Remove floor rugs at home

Failure to monitor the safety of prescribed medications

EXAMPLES OF SAFETY MONITORING OF PRESCRIBED MEDICATIONS

- Anticoagulants (evaluate for occult bleeding, falls)
- QT prolongation (periodic EKG)
- Polypharmacy (especially with care transitions)
- Compliance and missed doses (therapeutic range)
- Monitoring for common side effects (e.g. Amiodarone – thyroid and lung function)

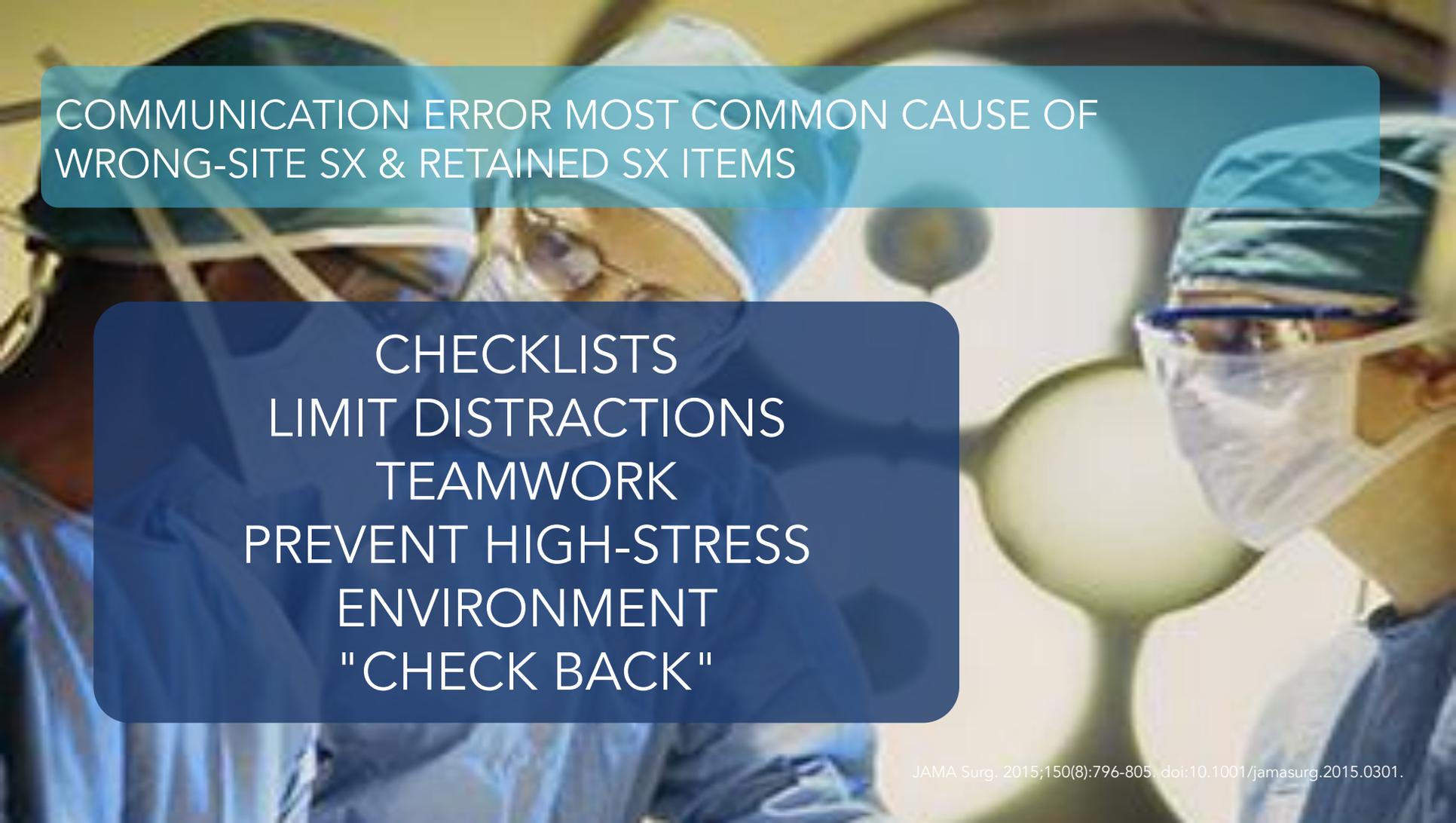
Retained foreign objects in surgery and
wrong site/patient surgery

RETAINED FOREIGN BODY

POST OP

R
TLK





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

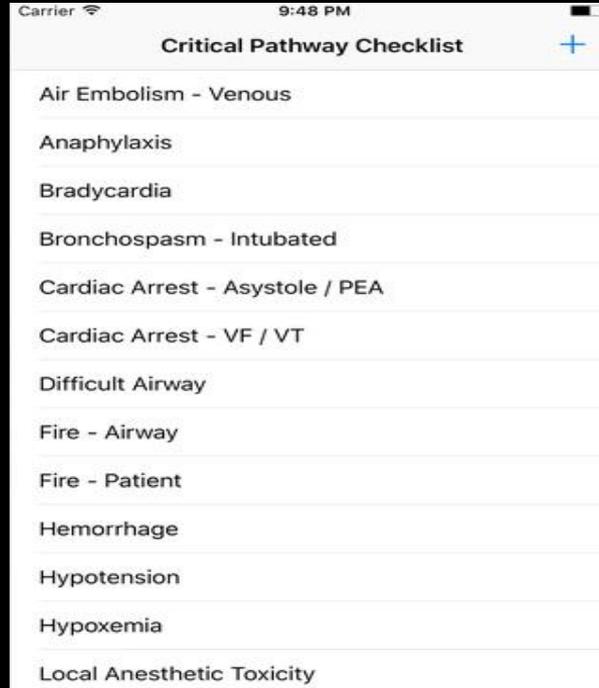
CHECKLISTS
LIMIT DISTRACTIONS
TEAMWORK
PREVENT HIGH-STRESS
ENVIRONMENT
"CHECK BACK"

TEAMSSTEPS

TEAMSTEPPS



OR CHECKLISTS PROVEN TO DECREASE ERRORS IN 12 COMMON OR CRISES



Failure to accurately diagnose cause of back
and leg pain

DIFFERENTIAL OF BACK PAIN

DISC HERNIATION	INFECTION
MUSCLE STRAIN	MALIGNANCY/EPIDURAL CORD COMPRESSION
OA	FRACTURE/TRAUMATIC LESION
SPONDYLOLISTHESIS	AORTIC DISEASE/ANEURYSM
ANKYLOSIS SPONDYLITIS	REFERRED PAIN (ORGAN)
NEPHROLITHIASIS/PYELONEPHRITIS	

DIFFERENTIAL OF LEG PAIN

DVT	FRACTURES/TRAUMATIC
MALIGNANCY	MUSCLE STRAIN
PVD	INFECTION
OA	

Failure to timely diagnose sepsis

TYPICAL PRESENTATION OF SEPSIS: HYPOTENSION,
TACHYCARDIA, FEVER, AND LEUKOCYTOSIS

SEPSIS S/SX

Obvious infection (e.g. respiratory, wound)

Hypotension (<90 mmHg)

Temp (>38.3 or <36)

Tachycardia (>90)

Tachypnea (>20)

End-Organ Perfusion (e.g. AMS, cyanosis, Ileus)

LABORATORY SIGNS

WBC 12k or <4K

>10% immature WBCs

Hyperglycemia without DM

CRP >2 Standard Deviations Above

Arterial Hypoxemia

Acute Oliguria

Creatinine Increase > 0.5

INR > 1.5

Platelet <100k

Total bilirubin >4 mg/dL

Severely elevated lactate or procalcitonin

“CORRECTING HYPOXEMIA, AND ESTABLISHING VENOUS ACCESS FOR THE
EARLY ADMINISTRATION OF FLUIDS AND ANTIBIOTICS ARE PRIORITIES
IN THE MANAGEMENT OF PATIENTS WITH SEPSIS AND SEPTIC SHOCK”

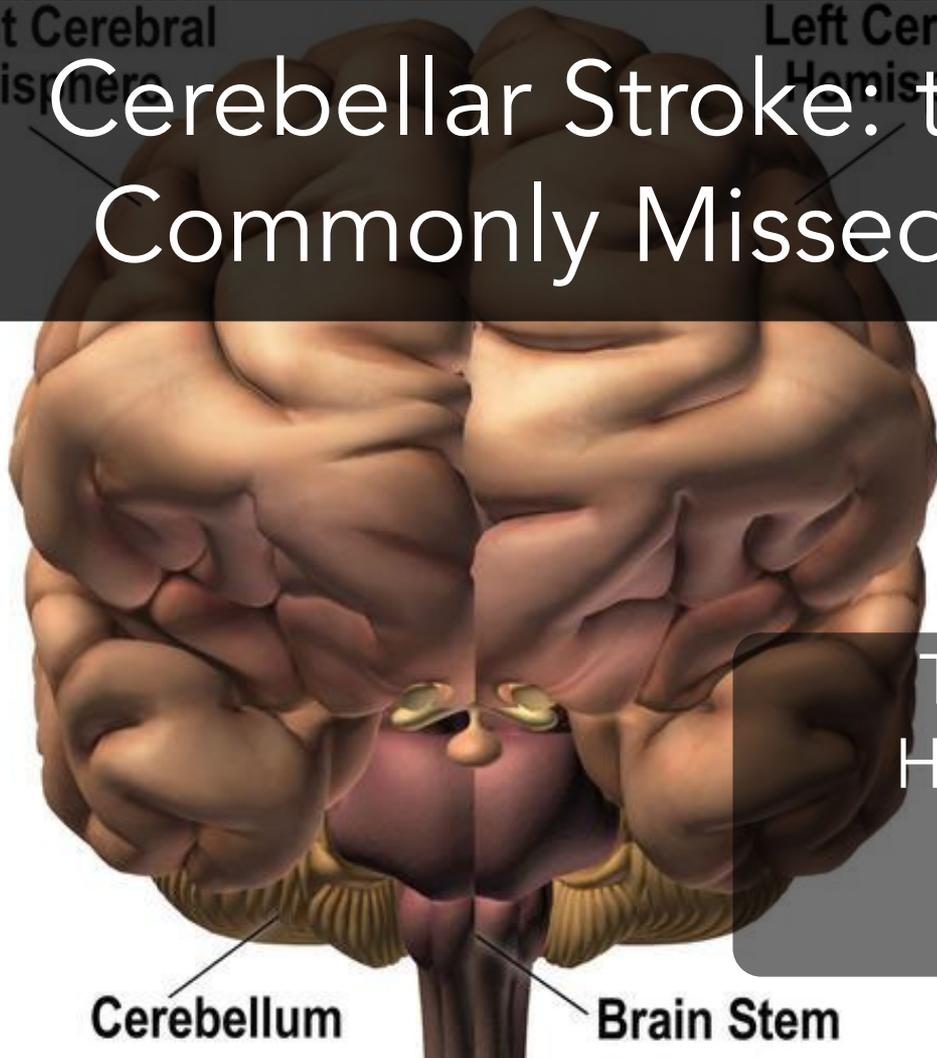
NEUROLOGICAL ERRORS

GUILLAIN-BARRE SYNDROME

Right Cerebral
Hemisphere

Left Cerebral
Hemisphere

Cerebellar Stroke: the Most Commonly Missed Stroke



Cerebellum

Brain Stem

Triad: Vertigo,
Headache, Gait
Imbalance

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

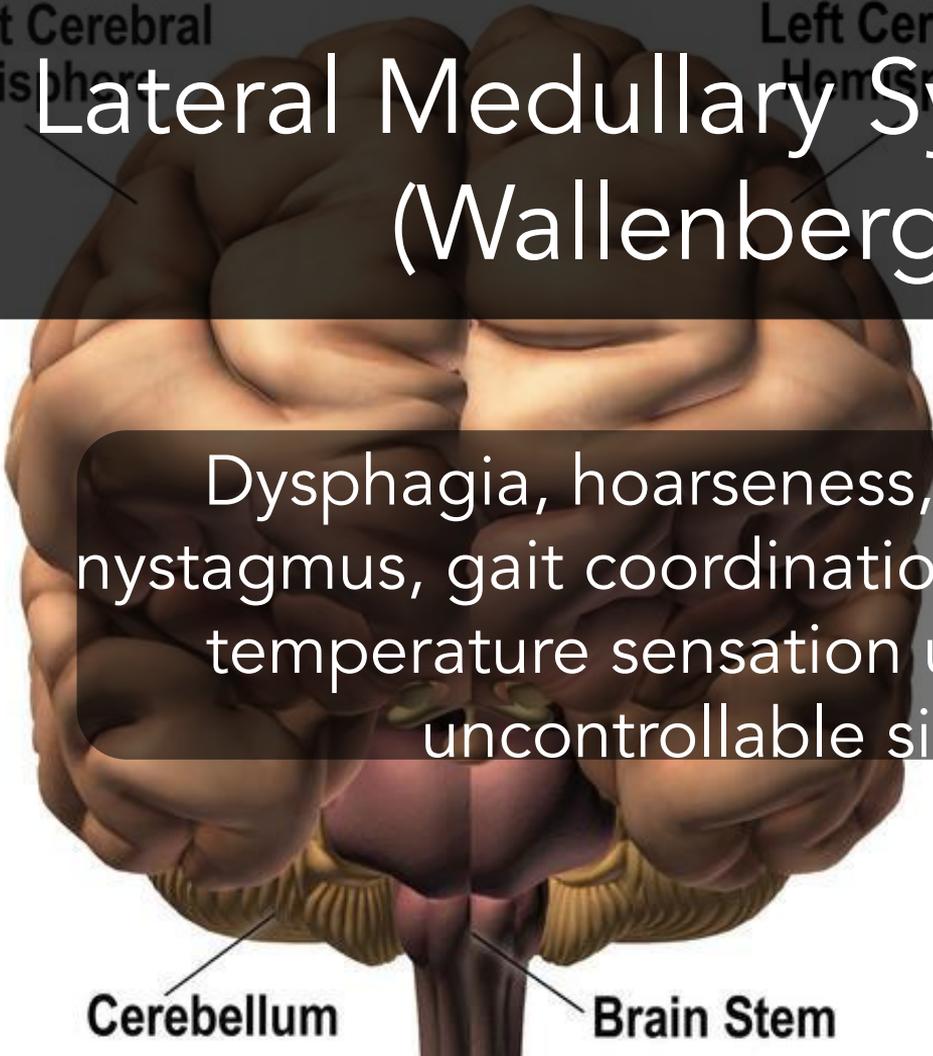
Left Cerebral Hemisphere

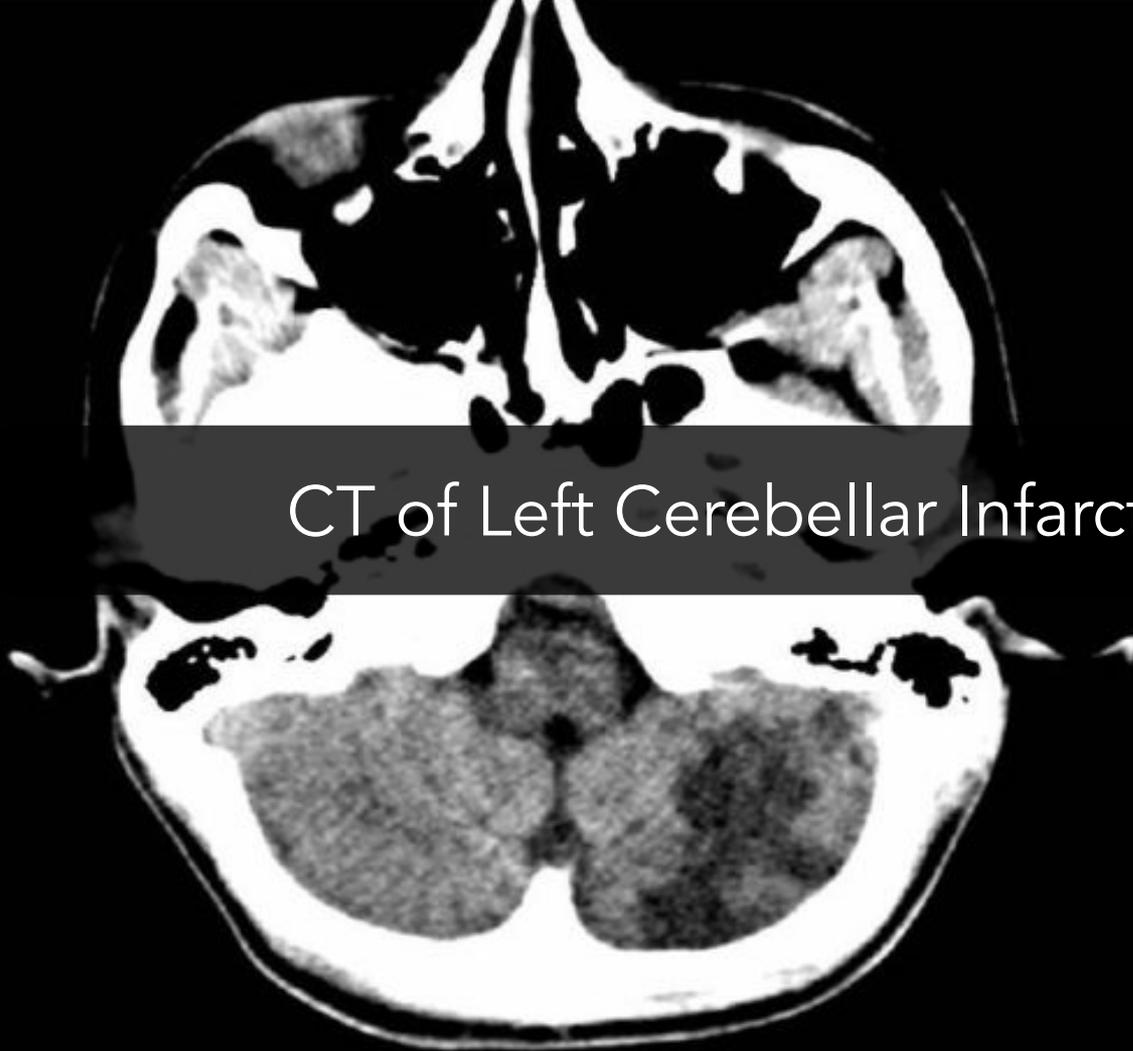
Lateral Medullary Syndrome (Wallenberg)

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

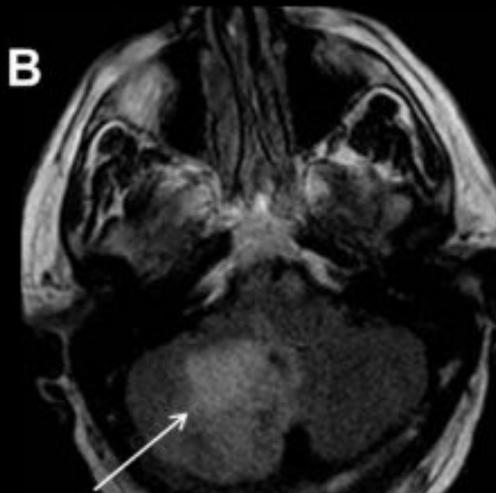
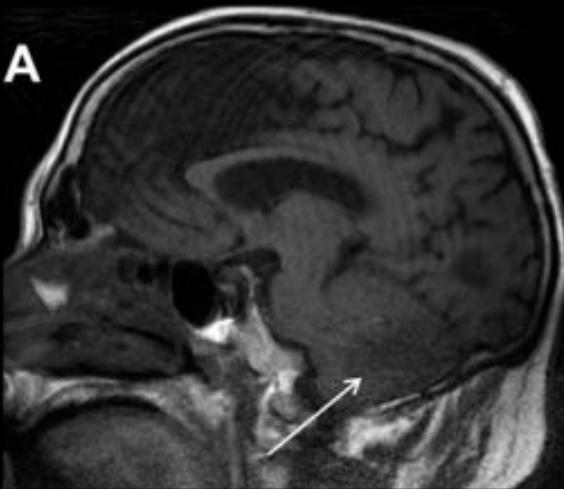
Cerebellum

Brain Stem

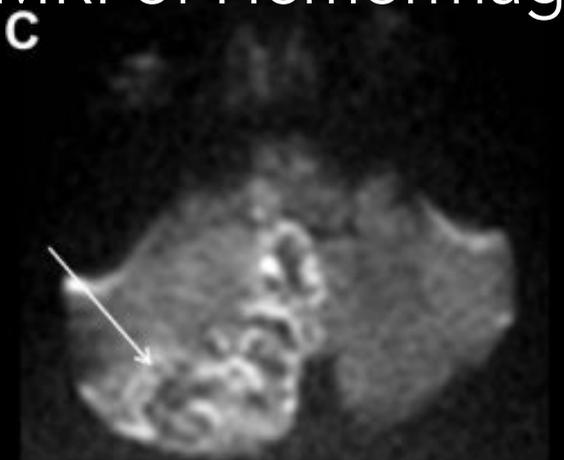




CT of Left Cerebellar Infarction

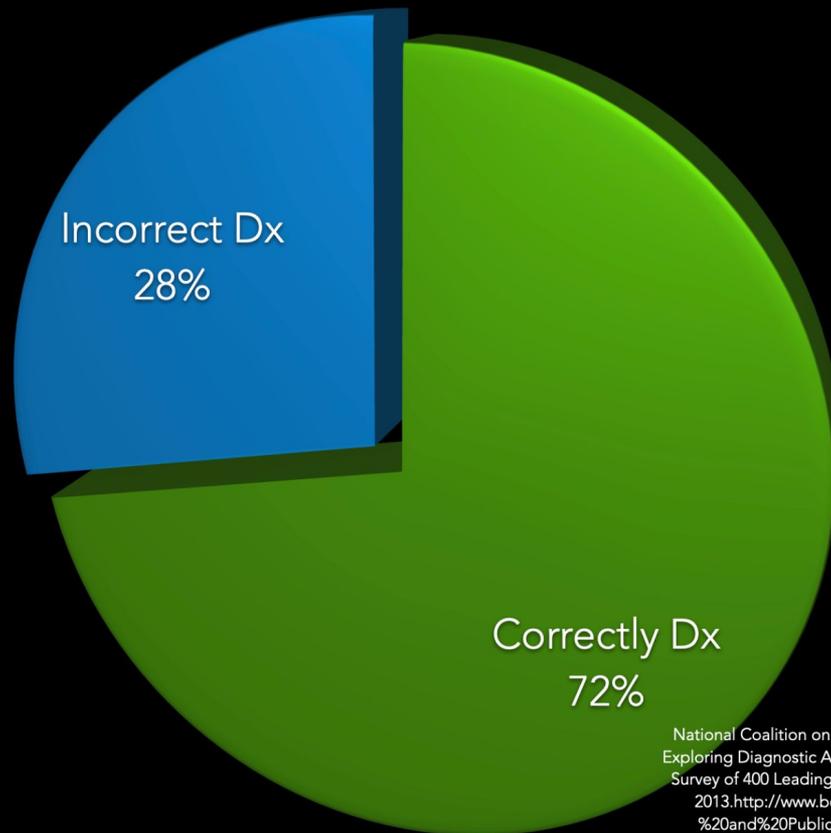


MRI of Hemorrhagic Acute Cerebellar Infarction

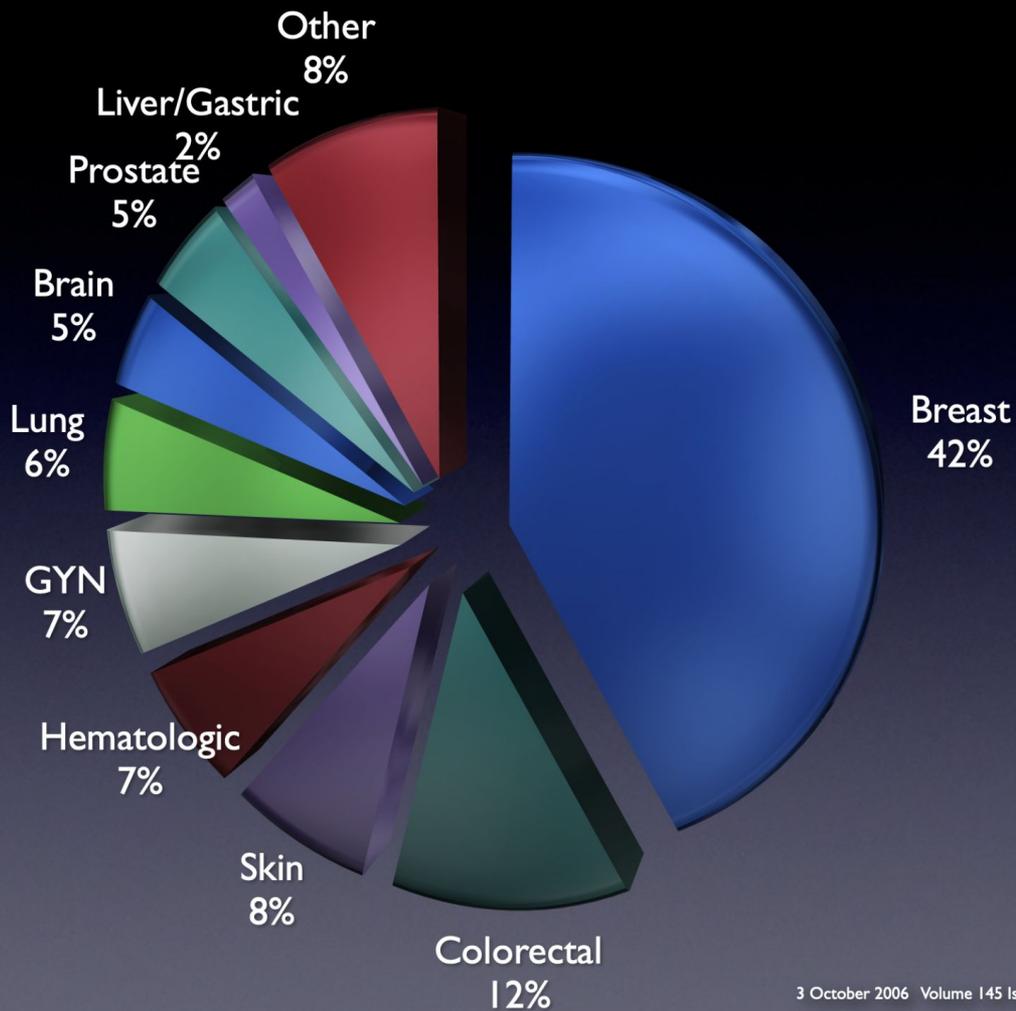


CANCER MISDIAGNOSIS

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/MisdiagnosisSurvey_FINALiv.pdf. L



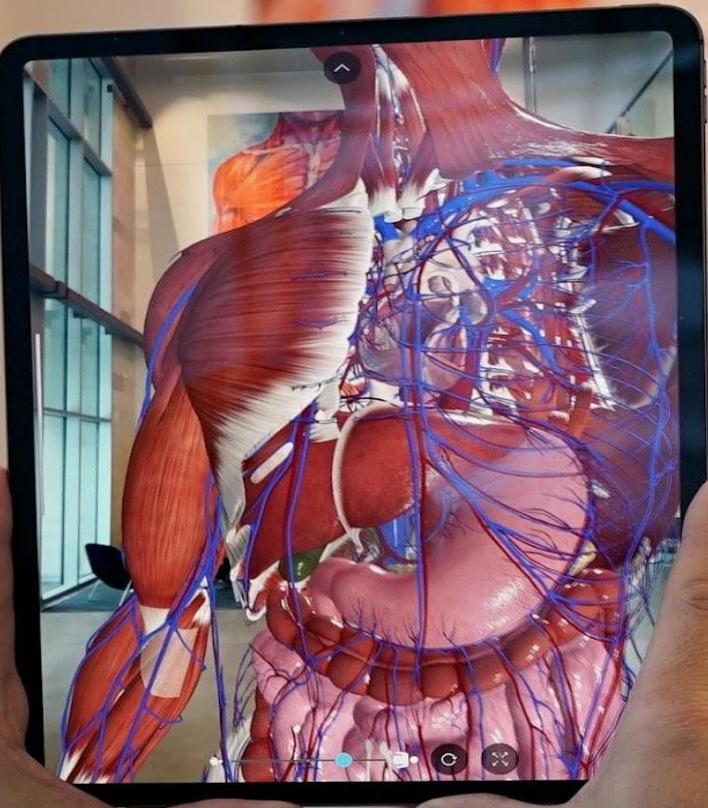
BETTER THINGS TO SAY

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"

PATIENT SAFETY FOR THE NEXT GENERATION







Technology in Medical Education
AR & VR

TEAMSTEPPS

Osteopathic Tenet

RATIONAL TREATMENT IS BASED ON AN UNDERSTANDING OF THE BASIC PRINCIPLES OF BODY UNITY, SELF-REGULATION, & THE INTERRELATIONSHIP OF STRUCTURE AND FUNCTION

Preventing Medical Errors is Intertwined with this
osteopathic tenet

TAKE-HOME POINTS

MOST MISSED TYPE OF STROKE?

Cerebellar Stroke

PROFESSION WITH HIGHEST
SUICIDE RATE?

Physicians

ASCENDING PARALYSIS AFTER INFLUENZA. DX?

GBS

MOST COMMON ROOT CAUSE OF
MEDICAL ERROR?

Communication

OCULAR FINDING IN A PATIENT WITH OPIOID WITHDRAWAL?

Mydriasis

Robert T Hasty, DO, MACOI, FACP

Dean & Chief Academic Officer

Orlando College of Osteopathic Medicine

OCOM

