



“Oops” to “Aha” Moments: Top 10 List of Patient Safety Concerns

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Top 10 List

ECRI

Claims

Surgeon
General

Objectives



Identify patient safety concerns to help mitigate risks



Explore best practices to address patient safety concerns



Discuss strategies to improve patient outcomes

What are the top 3 leading causes of death?

The third-leading cause of death in US most doctors don't want you to know about

Diagnostic errors linked to nearly 800,000 deaths or cases of permanent disability in US each year, study estimates

Medical Errors Are No. 3 Cause Of U.S Deaths, Researchers Say

795,000 Americans a year die or are permanently disabled after being misdiagnosed

Address 'Plane-Crash Level' Patient Harm, HHS Tells Hospitals, As Political Currents Swirl

Medical errors kill thousands of people each year. But are hospitals getting any safer?

Researchers: Medical errors now third leading cause of death in United States

#10



#10

Vital Signs

Alarm Fatigue

Response

Education



Chart Reviews

Temperature = 93.7

Blood Pressure = 182/182

Pulse = 1,242

Pulse Ox = 57%

Annoying or Negligent



- HR – 11
- Temp – 92.7
- Resp – 122

WHAT'S WRONG WITH THIS PICTURE?

Look closely at this ER patient board and identify the concerning issue

Emergency Department = 36				Rapid Care = 4			Waiting Room *				
Time	UnATT	PT	Gender	Complaint	C	Age	BP	Temp	Pulse	O2Sat	Resp
13:43 01/28	51		Male	Inj, Shoul	2	56 Years	157/100	97.9	99		14
13:59 01/28	84		Male	CP	2	51 Years	153/90	98.4	108	98	14
14:22 01/28	10		Female	HTN	2	77 Years	197/89	98.4	87		14
14:28 01/28	33		Female	Abcess	2	77 Years	128/49	98.1	81		14
15:27 01/28	17		Female	Complaint	2	20 Years	128/77	98.8	72	99	14
15:34 01/28	11		Female	Sr Thrt	2	21 Years	117/81	98.5	86		14
12:56 01/28	169		Female	HyperG	3	57 Years	172/89	99.1	94		14
13:02 01/28	73		Female	N/V	3	18 Years	113/68	98.7	70		14
13:05 01/28	73		Male	HTN	3	45 Years	151/83	97.8	64		14
15:20 01/28	23		Male	HA	3	39 Years	139/93	97.7	80		14
15:41 01/28	5		Female	GYN	3	28 Years	117/81	101.6	105		14
15:44 01/28	1		Female	Dizzy	3	29 Years	135/99	98.8	82		14
14:52 01/28	54		Male	Pain, Back	4	58 Years	147/97	97.9	85		14

Blood Pressure Measurements



Pediatric Fever



Inaccurate readings

Misdiagnosis

Inappropriate Treatments

Overlooked serious medical conditions

Inappropriate Discharges

What's the fix

Correct
Documentation

Correct
Equipment/Training

Communication

#9



#9

Patient Falls

Let's talk about Bernice

- Dizziness – ER
- Admitted for Observation to be safe
- Fall in the bathroom 2100
- Midnight – sleeping
- 0200 – Unresponsive – Code called

TJC Sentinel Events – Classified as Falls

2022
611

2021
483

2020
173

70% of the falls in 2022 resulted in severe harm

5% resulted in death

Leading injuries:

head injury

bleeding

fractures

When do patients fall?



Ambulating (40%)



From bed (23%)



Toileting (10%)

Fall Documentation

- Patient fell getting out of bed.
- Returned to bed.
- Patient stable.
- Ambulating in hall with patient, c/o feeling dizzy
- Assisted patient to floor, did not hit head
- Patient returned to bed with assist x 2, Vital Signs Stable at this time
- Patient denies any complaints
- Assessment completed
- Provider notified

Strategies

 Fall Risk Interventions

 Education

 Training

 Communication

 Reporting/Trending

 Documentation

“Aha”



#8



#8

**Accidental Administration of
Neuromuscular Blocking Agents**

Accidental administration of neuromuscular blocking agents



RaDonda Vaught - 2017



What we can learn from the RaDonda Vaught Case 12/2017



Conviction

- March 25th, 2022 – Negligent homicide and gross neglect of an impaired adult
- May 13th, 2022 – Sentenced to 3 years of supervised probation



What's the fix?



LIMIT ACCESS



SEGREGATE
STORAGE



WARNING LABELS

#7



#7

**Missed Follow-ups, Referrals
Test tracking**

Areas of concern

Return Appointments

Test Results

Post-Surgery Care

Recommended Treatments

Referrals/Consultations

Failure to Return Calls

Evaluate your process

What do we do when patients miss an appointment?

Are there gaps in your referral process?

What gaps in test tracking do you experience

How do we document our efforts?

Do your efforts match your policy?

How many times do we call the patient?

A general common-sense principle:

The effort that must be expended should be proportionate to the importance of the result.



Best Practices



COMMUNICATION



TIMELINESS



DOCUMENTATION OF
THE COMMUNICATION

#6



#6

Inaccurate Medication Lists

Research – Medication Errors

- At least one medication error per hospital patient per day
- 400,000 preventable drug-related injuries occur each year
- Results in additional costs estimated at 3.5 billion dollars
- 75% of errors are from the ordering or administration phase

Medication errors resulting from inaccurate patient medication lists



Inaccurate Medication Lists

Biggest sources of Error in Family Practices

- Contraindicated Medications
- Prescribing the wrong dose

Factors contributing to lack of medication reconciliation

Lack of patient knowledge of medication

Physician and Nurse Workflows

Lack of integration of records across the continuum

Aspirin low dose 1x day morning *
5mg Synthroid (Levothyroid) 1x day morning *
20mg Atenolol 1x day night *
40mg Atorvastatin 1x day night *
100mg Veripat 2x day morning & night *
200mg Theppra 2x day morning & night *
300ml Tuleptol 2x day morning & night *
40mg Pantoprazole 1x day morning *
10MEQ Potassium Chloride 1x day morning *
75mg Clopidogrel 1x day morning *
Centrum Cadum 1x day *
1GM Sodium Chloride 2 morning & 2 evening
5mg Lisinopril 1 every morning
2x day means 1 pill in morning 1 pill at night

Best Practices

Review the
medication list
at every visit

Provide
patients with an
updated copy

#5



#5

“Oops”



What is #5?



Policies and Procedures

- Current
- Does practice reflect what the policy says
- Normalized Deviance



#4



#4

Normalized Deviance

Normalized Deviance

- Once you think it becomes acceptable to deviate from one standard, you can start thinking it's acceptable to keep deviating from it more and more or start deviating from other standards.
- This can lead to...

January 28, 1986



In healthcare it can lead to...



Normalized Deviance

- Increase of pressure ulcers
- Turning patients no longer a routine
- No skin assessments
- No pictures of skin breakdown
- Because of COVID and short staffing it just became routine to skip these tasks

High-Risk areas where this might occur:

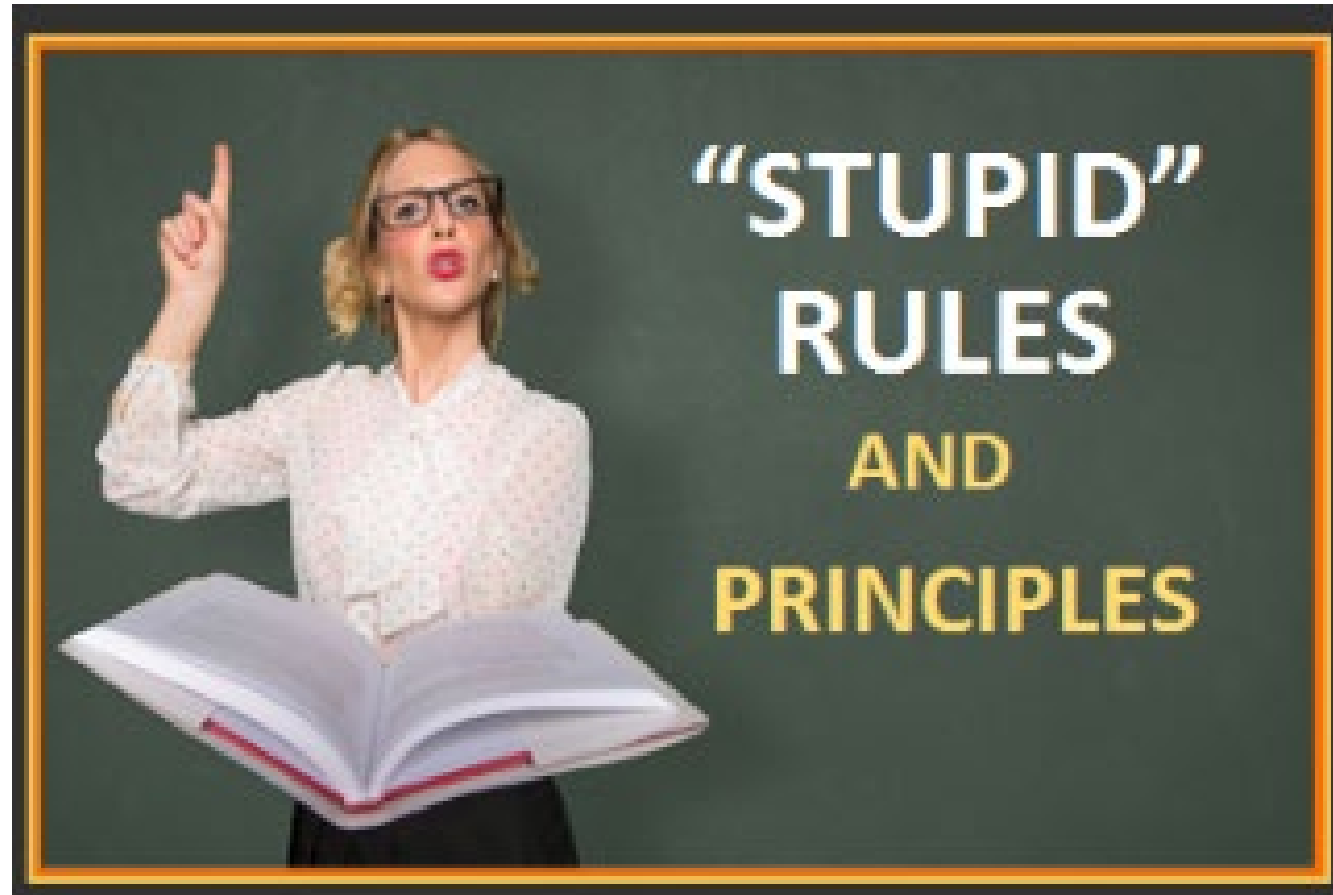
Handwashing

Infection
control tasks

Donning and
doffing

Patient
identifiers

Why does this happen?



What's the fix

Renew

Renew a commitment to patient safety

Observe

Observe and be vigilant in deviant practices and behaviors

Examine

Examine your policies in relation to practice

Review

Review if practices are out of date and need updating

Respond

Respond to unsafe practices

#3



#3

Staffing

**yeah, we're gonna be short
staffed today**



Short-Staffed



LONGER HOURS



HIGHER STRESS



FATIGUE



"SO - WHAT DOES IT SOUND
LIKE TO YOU?"

“OOPS”

- A 61-year-old experienced multiple falls, a fibular fracture, nerve damage, foot drop, along with bruising and contusions.
- The plaintiff’s complaint included allegations of abuse and neglect because of understaffing, high employee turnover, and employees working excessive hours.
- The parties agreed to settle the case for \$1.2 million

The Fix



#2



#2

**Disrespectful Team
Members**

Disruptive Behavior

- Personal conduct – verbal or physical- that negatively affects patient care
- Profane, disrespectful, insulting, demeaning, insensitive, abusive language
- Outbursts of anger – throwing or breaking things
- Can be covert or passive (such as refusal to comply with accepted practice standards)
- Not collaboratively working with others

Impact



Poor
postoperative
care

Incorrect or
delayed
medication
orders

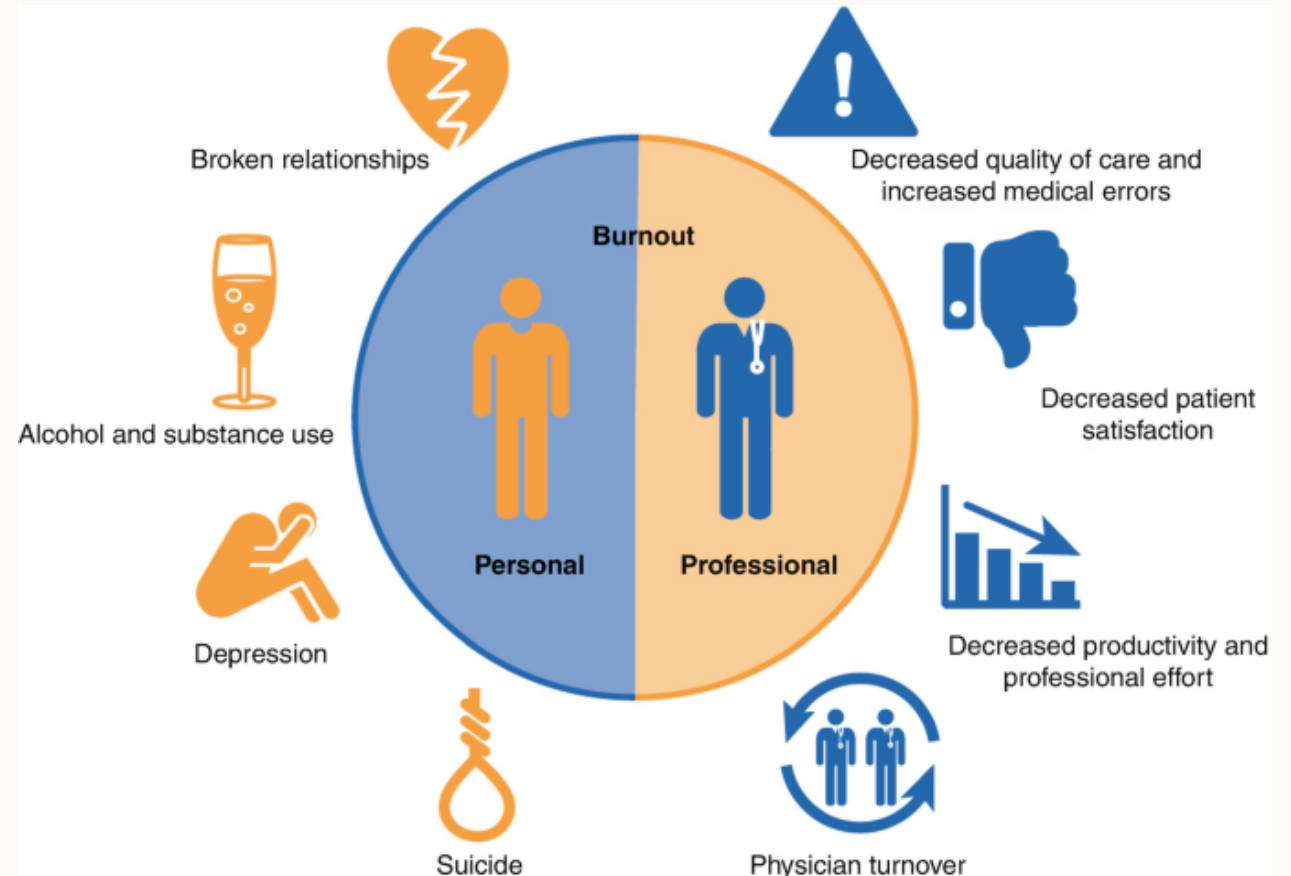
Prolonged
patient
suffering

Physician Burnout

- 1–5 years: 46.7%
- 6–10 years: 55.1%
- 11–15 years: 55.3%
- 16–20 years: 50.8%
- 20 or more years: 41.3%

Consequences of Physician Burnout

- Medical errors
- Impaired professionalism
- Decreased patient satisfaction
- Staff turnover
- Depression and suicidal ideation
- Near misses



The Fix

Polices

Training

Providing Support

Modeling and reinforcing
positive behaviors





Drumroll to #1...

Breathless Anticipation...



#1

Pediatric Mental Health

Michigan mass shooter 11.30.2021



“I asked my dad to take me to the doctor yesterday, but he just gave me some pills and told me to suck it up,” to a friend



“Some weird shit just happened and now I’m scared” to his mother



“I want to go to the ER for help, but I know my parents will be pissed” to a friend

Who was the patient? June 10th, 2015



Commonwealth v. Carter

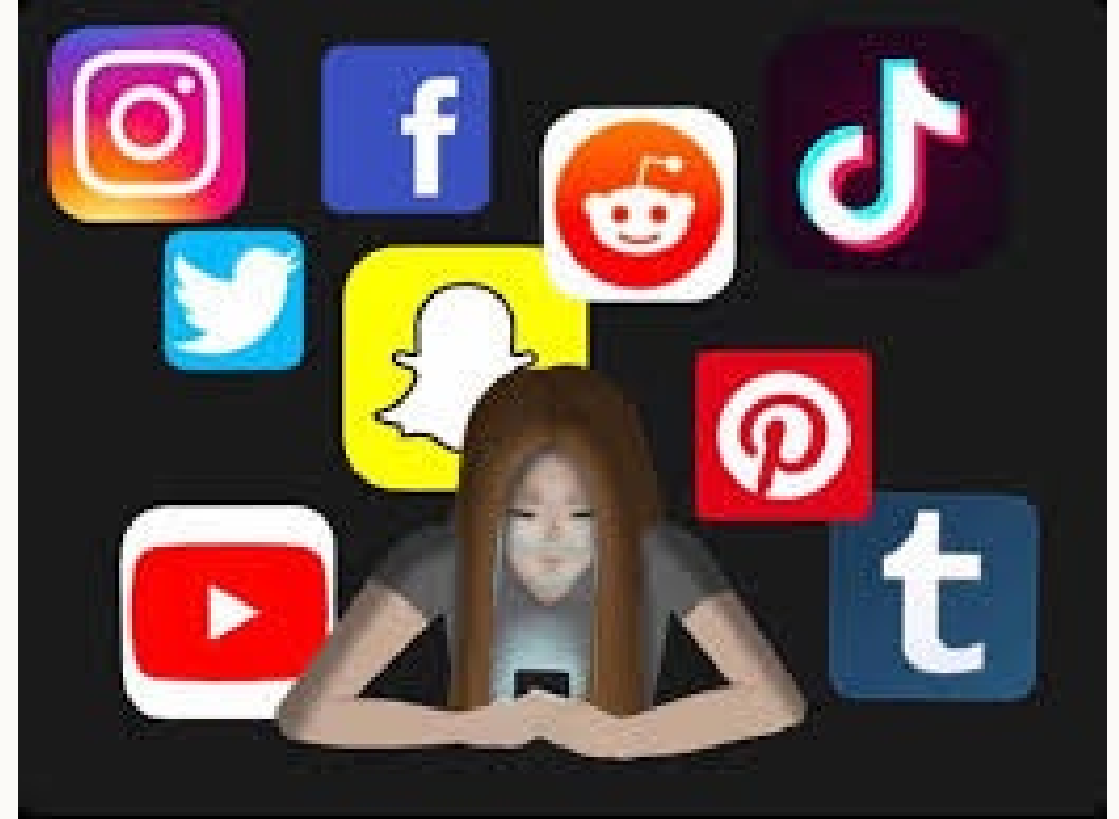
7/13/2014



The Anxious Generation

Surgeon General warning:

- Anxiety
- Depression
- Mental Health problems



Adult Behavior

Stressed out
Exhausted
Short fuses



Video gaming improves mental well-being, landmark study finds

Innovative research challenges negative perceptions, revealing the psychological benefits of video gaming

Date:

August 27, 2024

Source:

Osaka University

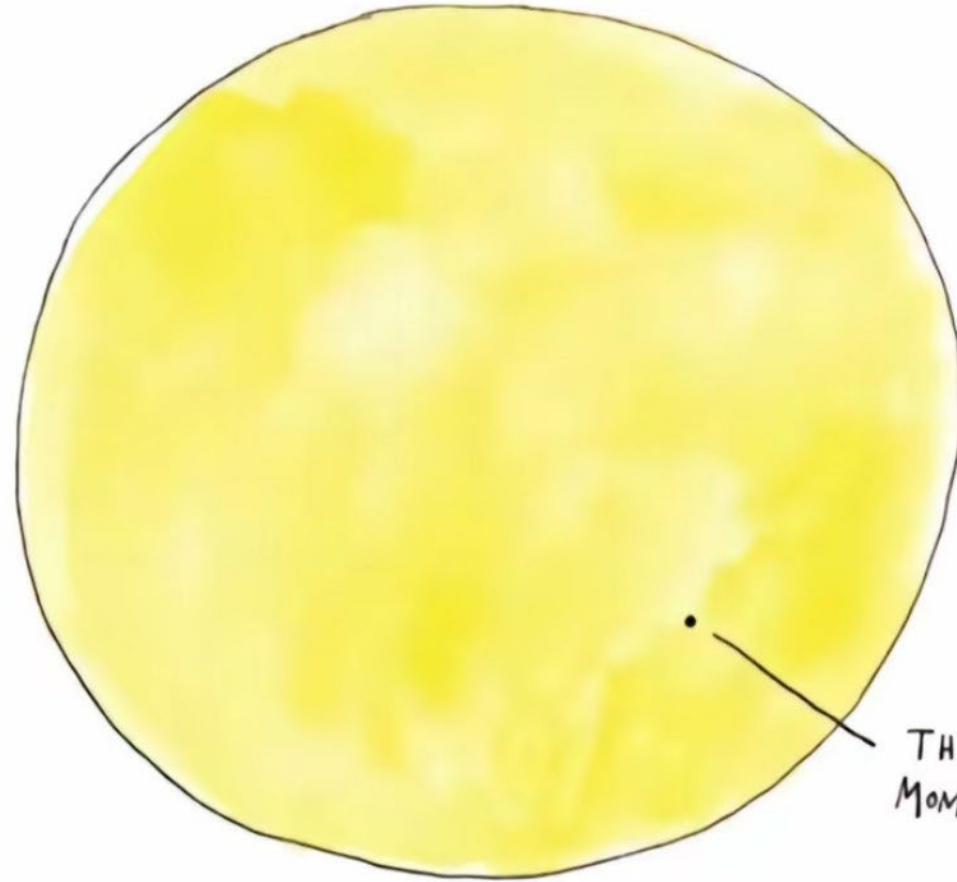
Summary:

A new study on the causal relationship between video gaming and mental well-being challenges commonly held views about the effects of gaming.

Key Findings:

- Analysis of 97,602 survey responses from Japanese residents aged 10-69
- Game console ownership, along with increased gameplay, significantly improved mental well-being

YOUR LIFE



THIS
MOMENT

Mental Health and Social Media

1 Set Limits:

Social media can be addictive and overwhelming, so it's important to set limits on how much time you spend on it.

2 Follow Positive Accounts:

Follow accounts that promote positivity, inspiration, and mental health.

3 Be Selective with Your Connections:

Follow people and pages that are aligned with your values, interests, and goals.

4 Don't Compare Yourself to Others:

Remember that people only post the highlights of their lives, and it may not be an accurate representation of their reality.

5 Take Breaks:

Disconnecting from social media can help you focus on yourself and improve your mental health.

6 Practice Self-Care:

Make time for self-care activities such as exercise, meditation, reading, or spending time with loved ones.

Strategies to Help

- Recognize there is a problem
- School Counselors
- Talk about Suicide
- Telehealth visits
- Physician Involvement



“Aha” Moment



You all have a PSRM
assigned to you



Make your own Top 10
list

My Top Grey's Moment

Love each other
even when we
hate each other
no running
Take care when old
senile and smelly.
And it's forever.

x Meredith Grey
x Derek Shepherd

Resources

<https://www.ecri.org/components>

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