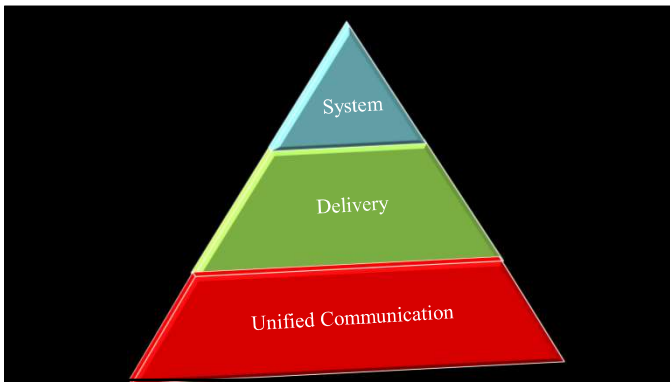
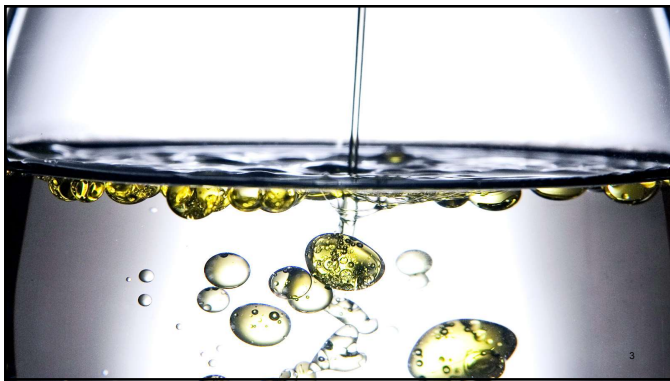




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*“We have committed, talented pool of individuals working in a **dysfunctional** system with a fractured communication **platform**.”*

Kayur V. Patel, MD

4

“..... “It’s the system more than the individuals that is to blame,” Makary said. The U.S. patient-care study, which was released in 2016, explored death-rate data for eight consecutive years. The researchers discovered that based on a total of **35,416,020 hospitalizations**, there was a pooled incidence rate of 251,454 deaths per year — or about **9.5 % of all deaths stemmed from medical error.**”

<https://pubmed.ncbi.nlm.nih.gov/26982000/>

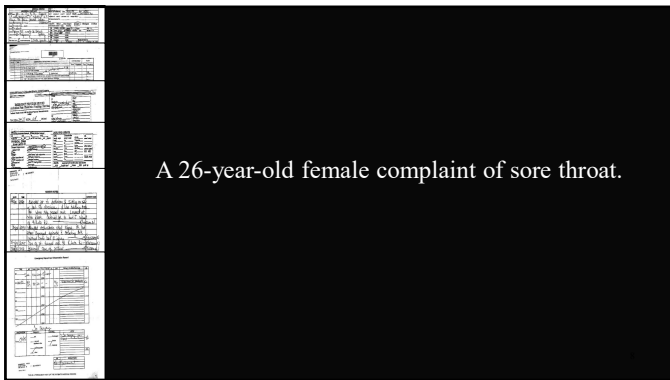
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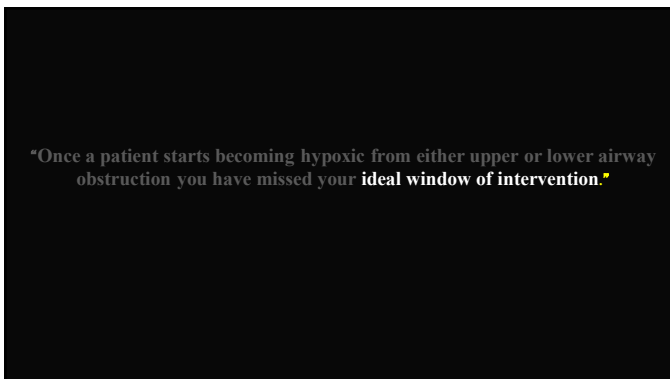
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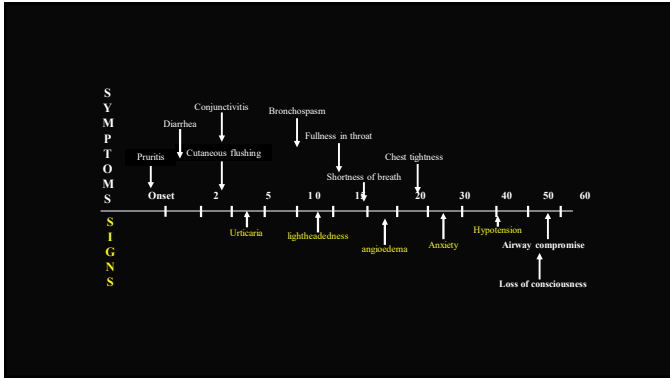
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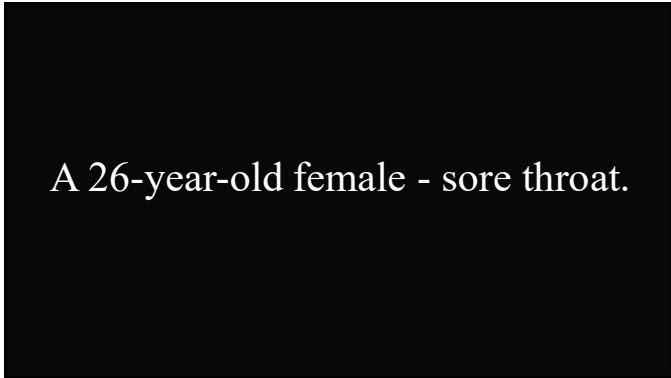
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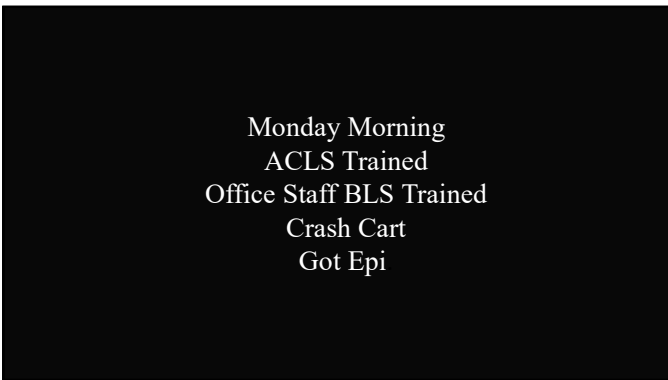
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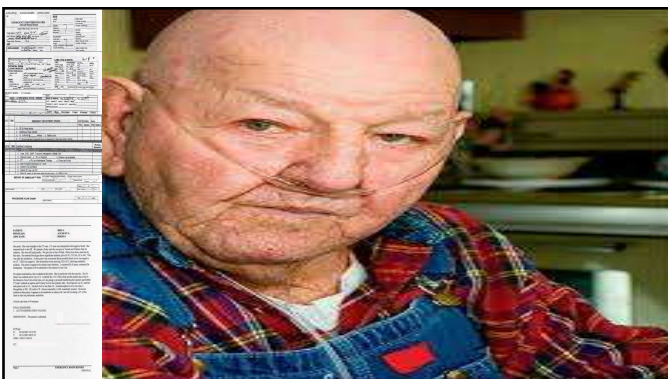
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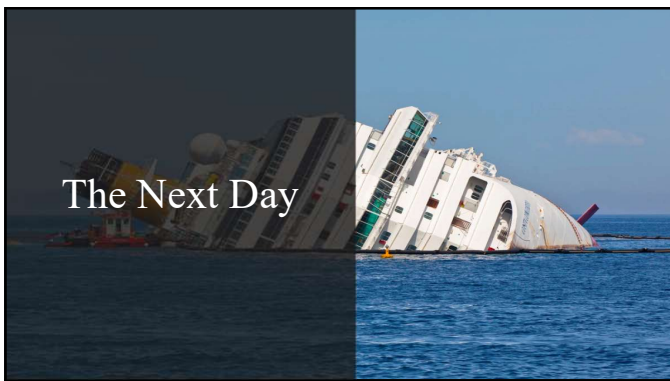
18

Medical chart snippet showing handwritten notes and medication orders. The notes include "Alcon 500mg q.s.i.d. + Ativan 1mg bid for NCB". Medication orders listed are "Solumedral 125mg IVP", "Levaquin 750mg IVPB", "COPD - acute exacerbation", and "Regular".

19



20



21

Risk Management

Are we assigning a pretest probability?
 Did we think about the “Pre” PERC
 Does PERC rule apply?
 Documentation of Wells criteria?
 Did we order a D-dimer?
 Did we think of imaging?

22

A 55-year-old man whom you have been following for the last 5 years comes to the emergency room because he has increasing difficulty breathing. He has a history of smoking related COPD. The patient has no fever, chills, chest pain or sweats. The mild productive cough he has been having during the last year has not increased. When the patient is supine, his dyspnea is worse. His previous ABGs are pH 7.36, pCO₂ 60, pO₂ 70. His normal peak expiratory flow is 275 cc. You initiate therapy with Ipratropium and Albuterol inhalers, but the patient does not improve with continued inhaler use. On examination, respiratory rate 22, Pulse 125, Temp 99.2, BP 120/80, decreased breath sounds in both lungs with dry inspiratory rales at the bases. Heart: no murmur. Lab: Hgb 12/dL, Hct 53%, WBC 8000/mm³, Peak expiratory flow is 280 cc, ABGs: pH 7.50, pCO₂ 40, pO₂ 50. Chest x-ray reveals no changes. EKG shows sinus tachycardia and normal rhythm. Patient was started on oxygen therapy as necessary with a venturi mask with 60% oxygen in order to reach a 90% oxygen saturation. What is the next step in the patient's management?

23

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24

Most common diagnosis for a missed PE?

- COPD
- 12% of proven PE have no risk factors
- 25% of DVT will recur even if treated
- 5-15% of obese patient on an 8-hour flight will have DVT
- 50% of iliofemoral DVT embolize
- 20% of calf DVT propagates and embolizes
- 50% sensitivity for clinical exam
- 30% of PE will have negative ultrasound exam of LE
- 80% of fatal PE have DVTs in LE

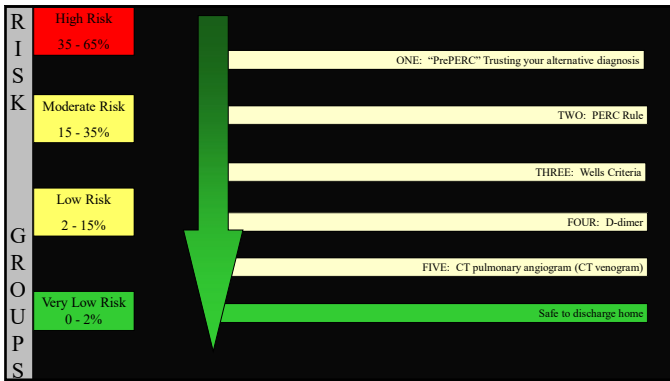
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$$\frac{[(1 - \text{specificity}) \times R]}{\{[(1 - \text{specificity}) \times R] + [\text{sensitivity} \times B]\}}$$

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30

Monday Morning
New Vital Signs.

31

Marginal Gains

32

?

33



34



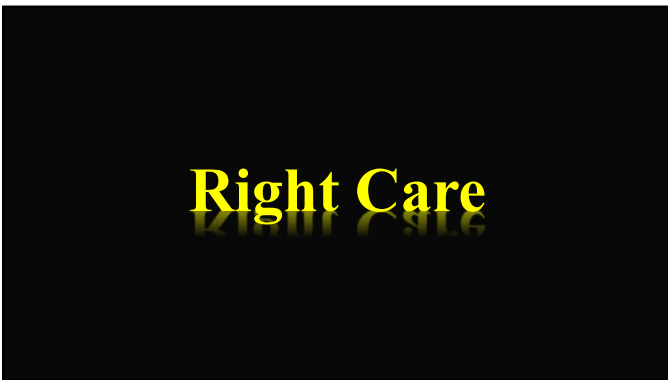
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Sentinel Events

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"The ultimate purpose of The Joint Commission's accreditation process is to enhance quality of care and patient safety. Each requirement or standard, the survey process, the Sentinel Event Policy, and other Joint Commission initiatives are designed to help organizations reduce variation, reduce risk, and improve quality. Health care organizations should have an integrated approach to patient safety so that high levels of safe patient care can be provided for every patient in every care setting and service....The Joint Commission."

<https://www.jointcommission.org/resources/sentinel-event/>

44

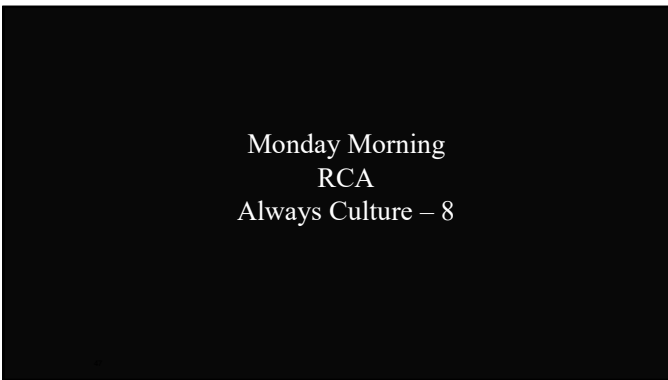


Kimberly Jones
 Baby at 06:00
 Tubal ligation
 Coma
 Kadlec Medical Center
 Lakeview Anesthesia Associate.

45



46



47



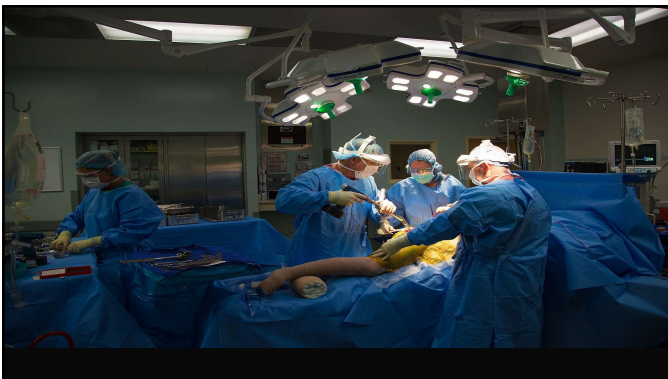
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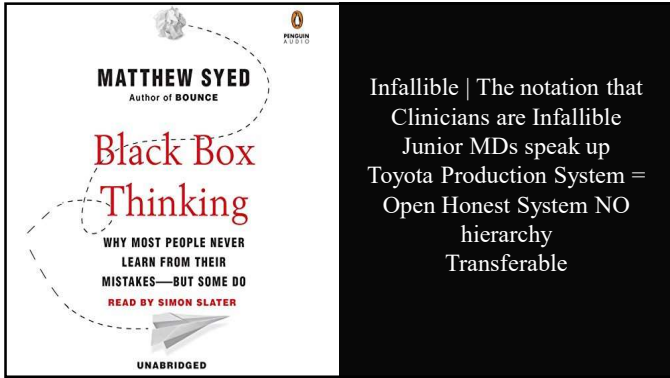
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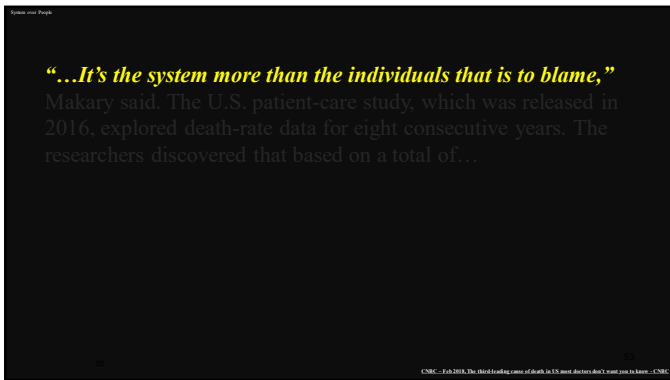


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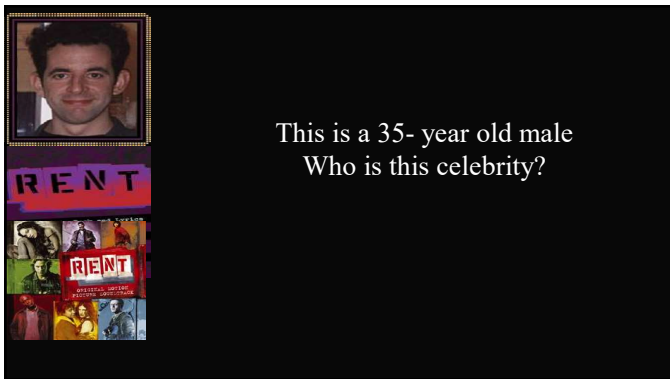


Infallible | The notation that
 Clinicians are Infallible
 Junior MDs speak up
 Toyota Production System =
 Open Honest System NO
 hierarchy
 Transferable

52




53



54

Jonathan Larson, 35, Composer Of Rock Opera and Musicals

By MEL GUSNOW



Jonathan Larson, the composer and author of the musical "Rent," which had been scheduled to begin previews at the New York Theater Workshop last night, died yesterday at his home in Manhattan. He was 35.

James C. Nicola, the artistic director of the New York Theater Workshop, said that an autopsy would be performed to determine the cause of death. Last night's preview of the show was canceled, and the company announced that it would sing the score for Mr. Larson's friends and family at the theater instead.

Mr. Larson had returned home on Wednesday night after the show's final dress rehearsal. The production of "Rent," a modern rock opera version of "La Bohème" set in the East Village in Manhattan, was the composer's first major New York effort.

".....It is believed that if the aortic aneurysm had been properly diagnosed and treated, Larson would have lived. He had been suffering chest pains and nausea for several days prior, but doctors at St. Vincents Hospital could not find signs of a heart attack and so misdiagnosed it either as flu or stress....."

55

Culture

56

Culture = Recruit

57



58



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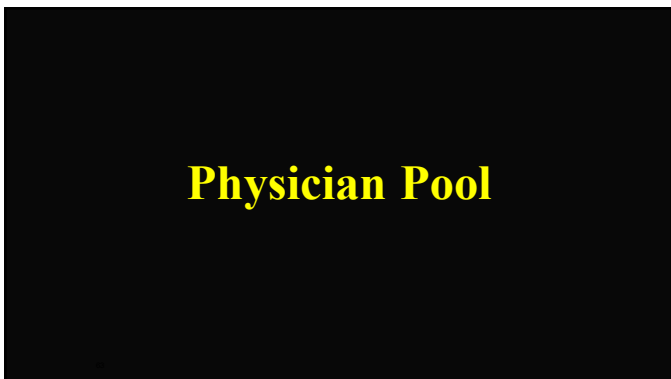
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Right Environment

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Institutional > Individuals

65

Culture of Zero Tolerance

66

