

ECHELON PREVENTION OF MEDICAL ERRORS TEST ANSWERS

MEDICAL ERRORS AND ADVERSE EVENTS: MANAGING THE AFTERMATH THE PATIENT'S GUIDE TO PREVENTING MEDICAL ERRORS HEALTH CARE ERRORS AND PATIENT SAFETY IMPACT OF MEDICAL ERRORS AND MALPRACTICE ON HEALTH ECONOMICS, QUALITY, AND PATIENT SAFETY AVOIDING MEDICAL ERRORS MEDICAL ERRORS AND PATIENT SAFETY MEDICAL ERROR MEDICAL ERRORS MEDICAL ERROR AND PATIENT SAFETY MEDICAL ERROR AND HARM EPIDEMIC OF MEDICAL ERRORS AND HOSPITAL-ACQUIRED INFECTIONS MEDICATION ERROR: USE OF WARFARIN DEFINING ADVERSE EVENTS AND DETERMINANTS OF MEDICAL ERRORS IN HEALTHCARE THE CONSUMER'S GUIDE TO MEDICAL MISTAKES PREVENTING MEDICATION ERRORS ANATOMY OF MEDICAL ERRORS TALKING WITH PATIENTS AND FAMILIES ABOUT MEDICAL ERROR MEDICATION ERRORS REDUCING MEDICAL ERRORS DISCLOSING MEDICAL ERRORS DAVID WALUUBE KARIN J. BERNTSEN BRIAN HURWITZ RIGA, MARINA ROBERT M. FOX JAY KALRA MARILYNN M ROSENTHAL UNITED STATES. CONGRESS. SENATE. COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS GEORGE A. PETERS MILOS JENICEK WILLIAM CHARNEY PATRICK KIMUYU VASILIKI KAPAKI ROBERT A. PERAINO INSTITUTE OF MEDICINE DONNA HELEN CRISP ROBERT D. TRUOG NEIL M. DAVIS UNITED STATES. CONGRESS. HOUSE. COMMITTEE ON ENERGY AND COMMERCE. SUBCOMMITTEE ON HEALTH MEDICAL ERRORS AND ADVERSE EVENTS: MANAGING THE AFTERMATH THE PATIENT'S GUIDE TO PREVENTING MEDICAL ERRORS HEALTH CARE ERRORS AND PATIENT SAFETY IMPACT OF MEDICAL ERRORS AND MALPRACTICE ON HEALTH ECONOMICS, QUALITY, AND PATIENT SAFETY AVOIDING MEDICAL ERRORS MEDICAL ERRORS AND PATIENT SAFETY MEDICAL ERROR MEDICAL ERRORS MEDICAL ERROR AND PATIENT SAFETY MEDICAL ERROR AND HARM EPIDEMIC OF MEDICAL ERRORS AND HOSPITAL-ACQUIRED INFECTIONS MEDICATION ERROR: USE OF WARFARIN DEFINING ADVERSE EVENTS AND DETERMINANTS OF MEDICAL ERRORS IN HEALTHCARE THE CONSUMER'S GUIDE TO MEDICAL MISTAKES PREVENTING MEDICATION ERRORS ANATOMY OF MEDICAL ERRORS TALKING WITH PATIENTS AND FAMILIES ABOUT MEDICAL ERROR MEDICATION ERRORS REDUCING MEDICAL ERRORS DISCLOSING MEDICAL ERRORS DAVID WALUUBE KARIN J. BERNTSEN BRIAN HURWITZ RIGA, MARINA ROBERT M. FOX JAY KALRA MARILYNN M ROSENTHAL UNITED

STATES. CONGRESS. SENATE. COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS GEORGE A. PETERS MILOS JENICEK WILLIAM CHARNEY PATRICK KIMUYU VASILIKI KAPAKI ROBERT A. PERAINO INSTITUTE OF MEDICINE DONNA HELEN CRISP ROBERT D. TRUOG NEIL M. DAVIS UNITED STATES. CONGRESS. HOUSE. COMMITTEE ON ENERGY AND COMMERCE. SUBCOMMITTEE ON HEALTH

A NATION WATCHED IN HORROR AS 17 YEAR OLD JESSICA SANTILLIAN DIED NEEDLESSLY AFTER A HEART LUNG TRANSPLANT IN 2003 SHE HAD BEEN GIVEN ORGANS WITH THE WRONG BLOOD TYPE THAT ERROR KILLED HER IT IS JUST ONE AMONG TENS OF THOUSANDS OF LESS PUBLICIZED ERRORS THAT OCCUR IN U S HOSPITALS EACH YEAR AUTHOR KARIN BERNTSEN A VETERAN OF THE HOSPITAL AND HEALTH CARE INDUSTRY TAKES US THROUGH THE HEADLINES AND THE EVENTS NEVER PUBLICIZED INTO HOSPITAL WARDS AND SURGICAL ROOMS TO SEE HOW ERRORS ARE MADE CAUSING DISABILITY OR DEATH SHE GIVES GRAPHIC EXAMPLES OF ACTUAL EVENTS THAT ILLUSTRATE THE PROBLEMS CITED IN A FEDERAL INSTITUTE OF MEDICINE REPORT SHOWING MEDICAL ERRORS IN THE HOSPITAL CAUSE 44 000 TO 98 000 DEATHS EACH YEAR THOSE ERRORS INCLUDE MEDICATION MISTAKES WRONG SITE OR SIDE SURGERY AND BOTCHED TRANSFUSIONS BERNTSEN EXPLAINS WHY THESE ARE NOT JUST HUMAN ERRORS WITH ONE OR TWO PEOPLE RESPONSIBLE THEY ARE SYSTEMS FAILURES THAT REQUIRE A MAJOR CULTURE CHANGE TO REMEDY AND THAT CHANGE SHE ARGUES MAY NOT COME WITHOUT ACTION BY THE VERY PEOPLE THE MEDICAL SYSTEM IS DESIGNED TO HELP PATIENTS SHE OFFERS CLEAR ACTIONS CONSUMERS CAN TAKE TO ASSURE THEY ARE NOT ON THE RECEIVING END OF A MEDICAL ERROR THE BOOK DETAILS OVER 200 TIPS FOR IMPROVING PATIENT SAFETY U S HOSPITALS HAVE COUNTLESS STORIES OF MIRACULOUS HEALING AND RECOVERY THE GREATEST TECHNOLOGY MOST ADVANCED MEDICINES AND BEST RESEARCH IN THE WORLD ON THE OTHER HAND WE HAVE A SYSTEM WHERE MEDICAL ERRORS BRING MORE THAN 120 FATALITIES EACH DAY ACROSS THE COUNTRY IN HOSPITALS AN AIRLINE CRASH CAUSING THAT MANY DEATHS DAILY WOULD PARALYZE THAT INDUSTRY BUT BECAUSE THE DEATHS AND HARM ARE DILUTED ACROSS AND DEEP WITHIN THE SILENCE OF HOSPITALS IT IS EASIER TO BE COMPLACENT THERE IS SAYS BERNTSEN AN URGENT NEED TO PAUSE AND TAKE INVENTORY A NEED FOR CLINICIANS AND CONSUMERS TO COME TOGETHER AS PARTNERS FOR CHANGE

THE DETECTION REPORTING MEASUREMENT AND MINIMIZATION OF MEDICAL ERRORS AND HARMS IS NOW A CORE REQUIREMENT IN CLINICAL ORGANIZATIONS THROUGHOUT DEVELOPED SOCIETIES THIS BOOK FOCUSES

ON THIS MAJOR NEW AREA IN HEALTH CARE IT EXPLORES THE NATURE OF MEDICAL ERROR ITS INCIDENCE IN DIFFERENT HEALTH CARE SETTINGS AND STRATEGIES FOR MINIMIZING ERRORS AND THEIR HARMFUL CONSEQUENCES TO PATIENTS WRITTEN BY LEADING AUTHORITIES IT DISCUSSES THE PRACTICAL ISSUES INVOLVED IN REDUCING ERRORS IN HEALTH CARE FOR THE CLINICIAN THE HEALTH POLICY ADVISER AND ETHICAL AND LEGAL HEALTH PROFESSIONALS

PRECISE AND FLAWLESS MEDICAL PRACTICE IS IMPERATIVE DUE TO THE DELICATE NATURE OF PATIENT LIVES AND HEALTH WITHOUT METHODS AND TECHNOLOGIES TO DETECT MEDICAL MISTAKES MANY LIVES WOULD BE COMPROMISED IMPACT OF MEDICAL ERRORS AND MALPRACTICE ON HEALTH ECONOMICS QUALITY AND PATIENT SAFETY IS AN ESSENTIAL REFERENCE SOURCE FOR THE LATEST RESEARCH ON THE DETECTION AND ANALYSIS OF THE VARIOUS IMPLICATIONS OF MEDICAL ERRORS AND ADDRESSES THE HIDDEN MALPRACTICES THAT EXIST IN HEALTHCARE SYSTEMS GLOBALLY FEATURING EXTENSIVE COVERAGE ON A BROAD RANGE OF TOPICS SUCH AS CLINICAL PATHWAYS DECISION MAKING TECHNIQUES AND HEALTH INFORMATION TECHNOLOGY THIS BOOK IS IDEALLY DESIGNED FOR PRACTITIONERS PROFESSIONALS AND RESEARCHERS SEEKING CURRENT RESEARCH ON VARIOUS ISSUES IN HEALTHCARE PROVISION

THIS BOOK WRITTEN BY A LAWYER AND A DOCTOR EXPLAINS TO EVERYDAY READERS WAYS IN WHICH THEY CAN AVOID DEATH AND INJURY CAUSED BY MEDICAL MISTAKES IT MAY BE SHOCKING TO LEARN THAT PREVENTABLE ERRORS BY DOCTOR AND HOSPITAL PERSONNEL ARE A LEADING CAUSE OF DEATH AND INJURY IN THE UNITED STATES PERHAPS EVEN EXCEEDING THE ANNUAL DEATHS CAUSED BY HEART DISEASE AND CANCER BUT AVOIDING THESE MISTAKES IS POSSIBLE AND THE RULES FOUND IN THIS BOOK WILL ARM READERS AGAINST THE CARELESS ERRORS THAT LEAD TO SUCH DEATHS AND INJURIES FROM HOSPITALS TO DOCTORS OFFICES MEDICAL PROFESSIONALS ARE OVERWHELMED OVERTIRED EVEN OVERWORKED AND MISTAKES ARE SOMETIMES UNAVOIDABLE EVEN WITH THE BEST SAFETY MEASURES IN PLACE A RESIDENT AT THE END OF A 36 HOUR ON CALL STINT MAY FORGET TO WASH HER HANDS BEFORE PERFORMING A SURGICAL PROCEDURE A CHART MAY BE MISMARKED MEDICATIONS MAY BE INACCURATELY LISTED TEST RESULTS MAY BE INACCURATELY INTERPRETED BUT PATIENTS ARE IN A POSITION TO HELP THEMSELVES AND THEIR MEDICAL CAREGIVERS TO AVOID THESE MISTAKES BY TAKING MORE ACTIVE AND ATTENTIVE PART IN THEIR OWN HEALTHCARE BY BEING AWARE OF THE MOST COMMON ERRORS PATIENTS CAN LOOK FOR WAYS TO ASK QUESTIONS REVIEW INFORMATION EVEN EXAMINE TEST RESULTS WITH A CRITICAL EYE

TOWARD THEIR OWN HEALTH AND SPECIFIC SITUATIONS ROBERT FOX AND CHRIS LANDON SHOW THEM HOW

PATIENT SAFETY EMPHASIZES THE REPORTING ANALYSIS AND PREVENTION OF MEDICAL ERRORS THAT VERY OFTEN LEADS TO ADVERSE HEALTHCARE SITUATIONS 1 IN 10 PATIENTS ARE IMPACTED BY MEDICAL ERRORS THE WHO CALLS THE PATIENT SAFETY ISSUE AN ENDEMIC CONCERN A NUMBER OF WELL KNOWN EXPERTS OF ALL AREAS IN THE MEDICAL FIELD HAVE COLLECTED VERY VALUABLE INFORMATION FOR A BETTER PATIENT TREATMENT AND HIGHER SAFETY CULTURE IN ALL MEDICAL DISCIPLINES

THE INFORMATION CONTAINED IN MEDICAL ERROR INCLUDES CONTRIBUTIONS FROM EXPERTS IN THE FIELD WHO OFFER A COMPREHENSIVE AND CONSTRUCTIVE REVIEW OF MEDICAL MISHAPS THE BOOK PROVIDES A USEFUL REFERENCE FOR STUDENTS AND PRACTITIONERS WHO MUST EXAMINE AND ASSESS THE CRITICAL AREA OF PATIENT SAFETY THROUGHOUT MEDICAL ERROR THE AUTHORS STRESS THE CRITICAL NEED FOR ACCOUNTABILITY AND TRANSPARENCY AND ADDRESS A NUMBER OF COMPELLING QUESTIONS WHERE ARE WE MIRED IN OUTDATED APPROACHES WHERE HAVE WE MISINTERPRETED DATA WHERE ARE WE GETTING NEW INSIGHTS WHERE DO WE DARE TO BE INNOVATIVE THIS HELPFUL RESOURCE WILL PROVE TO BE A VALUABLE TOOL FOR HEALTH CARE PROFESSIONALS WHO STRIVE TO IMPROVE CARE FOR ALL THEIR PATIENTS

A DIFFICULT AND RECALCITRANT PHENOMENON MEDICAL ERROR CAUSES PERVASIVE AND EXPENSIVE PROBLEMS IN TERMS OF PATIENT INJURY INEFFECTIVE TREATMENT AND RISING HEALTHCARE COSTS SIMPLE HEIGHTENED AWARENESS CAN HELP BUT IT REQUIRES ORGANIZED EFFECTIVE REMEDIES AND COUNTERMEASURES THAT ARE REASONABLE ACCEPTABLE AND ADAPTABLE TO SEE A TRULY SIGNIFICA

RECENT DEBATE OVER HEALTHCARE AND ITS SPIRALING COSTS HAS BROUGHT MEDICAL ERROR INTO THE SPOTLIGHT AS AN INDICATOR OF EVERYTHING THAT IS INEFFECTIVE INHUMANE AND WASTEFUL ABOUT MODERN MEDICINE BUT WHILE THE TENDENCY IS TO BLAME IT ALL ON HUMAN ERROR IT IS A MUCH MORE COMPLEX PROBLEM THAT INVOLVES OVERBURDENED SYSTEMS CONSTANTLY CHANGING TECHNO

THIS BOOK EXPLORES THE ISSUES SURROUNDING MEDICAL ERRORS AND EXAMINES THE SCIENCE BEHIND POSSIBLE SOLUTIONS IT CREATES A MORE EFFICIENT DIALOGUE THAT WILL PRODUCE A MORE SYSTEMIC

TARGETING OF THE CAUSES OF MEDICAL ERRORS AND HAS THE AUTHOR ELUCIDATES THE PROBLEMS INCLUDING THE COMPLEX ISSUES OF MONEY AND ETHICS HE USES STATISTICAL DATA TO BUILD THE CASE FOR SYSTEMIC CHANGE AND RE CONFIRMS THAT MILLIONS OF PROCEDURES DONE WITHOUT ERROR IS AS AN IMPORTANT MEASURING FIGURE AS ARE THE NUMBERS OF MISTAKES

SCIENTIFIC ESSAY FROM THE YEAR 2016 IN THE SUBJECT HEALTH PUBLIC HEALTH GRADE 1 EGERTON UNIVERSITY LANGUAGE ENGLISH ABSTRACT MEDICATION ERRORS REMAIN LIFE THREATENING MISTAKES AFFECTING THE DELIVERY OF HEALTH CARE MEDICAL ERRORS ARE CONSIDERED AS A GLOBAL PROBLEM CAPABLE OF INCREASING THE LENGTH OF HOSPITALS STAY MORTALITY RATE AND OTHER RELATED COSTS THOUGH MEDICATION ERRORS CAN BE CAUSED BY ANY HEALTHCARE PROFESSIONAL A HIGH PERCENTAGE OF SUCH MISTAKES ARE MADE BY NURSES ESPECIALLY DURING DRUG ADMINISTRATION THE CURRENT RESEARCH INDICATES THAT THOUSANDS OF AMERICANS DIE ON AN ANNUAL BASIS OWING TO MEDICATION ERRORS NURSES COMMIT MAJORITY OF ERRORS DURING INTRAVENOUS INJECTION OF DRUGS WHILE POOR HAND WRITING WITNESSED AMONG PRIMARY CARE GIVERS OFTEN RESULTS TO DOSING ERRORS OTHER PRIMARY CARE GIVERS USE ABBREVIATIONS DURING PRESCRIPTIONS MAKING IT HARD FOR PHARMACISTS TO INTERPRET HENCE RISING THE RISK OF MEDICATION ERRORS MEDICATION ERRORS CAN ALSO BE ATTRIBUTED TO INADEQUATE PHARMACOLOGICAL KNOWLEDGE AND LACK OF AWARENESS OF THE ROUTE OF THE ADMINISTRATION FURTHER MEDICATION ERRORS ARE ALSO ATTRIBUTED TO COMPLEXITIES WITHIN THE HEALTHCARE ENVIRONMENT PARTICULARLY MULTIPLE PROCESSES INVOLVED IN THE MEDICATION PROCESS RANGING FROM PACKAGING TO THE ACTUAL ADMINISTRATION OF THE DRUG HEALTH SERVICES SUPPORT AGENCY 2012 THIS RESEARCH PAPER DISCUSSES MEDICATION ERROR WITH WARFARIN AND ITS CONSEQUENCES

THE CONCEPT OF ERROR TYPICALLY REGARDS AN ACTION NOT ITS OUTCOME AND ITS MEANING BECOMES CLEAR WHEN SEPARATED INTO CATEGORIES MEDICAL ERROR NURSE PERCEPTIONS OF MEDICATION ERROR DIAGNOSTIC ERROR ONE WRONG ACTION MAY OR MAY NOT LEAD TO AN ADVERSE EVENT EITHER BECAUSE THE ABOVEMENTIONED ACTION DID NOT CAUSE ANY SERIOUS DAMAGE TO PATIENTS HEALTH CONDITION OR BECAUSE IT WAS PROMPTLY DETECTED AND CORRECTED THE CONCEPT OF ERROR ON THE CONTRARY WHICH IS USED ALTERNATIVELY IN THE STUDY REFERS TO THE ADVERSE OUTCOME OF AN ACTION THE RESPONSIBILITY FOR THE EMERGENCE OF ERRORS IN HEALTHCARE SYSTEMS IS SHARED AMONG THE NATURE

OF THE HEALTHCARE SYSTEM THAT IS GOVERNED BY ORGANIZATIONAL AND FUNCTIONAL COMPLEXITY THE MULTIFACETED AND UNCERTAIN NATURE OF MEDICAL SCIENCE AND THE IMPERFECTIONS OF HUMAN NATURE MEDICAL ERRORS SHOULD BE EXAMINED AS ERRORS OF THE HEALTHCARE SYSTEM IN ORDER TO IDENTIFY THEIR ROOT CAUSES AND DEVELOP PREVENTIVE MEASURES THE MAIN AIMS OF THIS CHAPTER ARE THE FOLLOWING 1 TO UNDERSTAND MEDICAL ERRORS AND ADVERSE EVENTS AND DEFINE THE TERMS THAT DESCRIBE THEM AND 2 THE MOST EXCELLENT WAY TO COMPREHEND HOW MEDICAL ERRORS AND ADVERSE EVENTS OCCUR AND HOW TO PREVENT THEM MOREOVER IT MAKES CLEAR THEIR CLASSIFICATION AND THEIR DETERMINANTS

IN 1996 THE INSTITUTE OF MEDICINE LAUNCHED THE QUALITY CHASM SERIES A SERIES OF REPORTS FOCUSED ON ASSESSING AND IMPROVING THE NATION S QUALITY OF HEALTH CARE PREVENTING MEDICATION ERRORS IS THE NEWEST VOLUME IN THE SERIES RESPONDING TO THE KEY MESSAGES IN EARLIER VOLUMES OF THE SERIES^[2] TO ERR IS HUMAN 2000 CROSSING THE QUALITY CHASM 2001 AND PATIENT SAFETY 2004 ^[2] THIS BOOK SETS FORTH AN AGENDA FOR IMPROVING THE SAFETY OF MEDICATION USE IT BEGINS BY PROVIDING AN OVERVIEW OF THE SYSTEM FOR DRUG DEVELOPMENT REGULATION DISTRIBUTION AND USE PREVENTING MEDICATION ERRORS ALSO EXAMINES THE PEER REVIEWED LITERATURE ON THE INCIDENCE AND THE COST OF MEDICATION ERRORS AND THE EFFECTIVENESS OF ERROR PREVENTION STRATEGIES PRESENTING DATA THAT WILL FOSTER THE REDUCTION OF MEDICATION ERRORS THE BOOK PROVIDES ACTION AGENDAS DETAILING THE MEASURES NEEDED TO IMPROVE THE SAFETY OF MEDICATION USE IN BOTH THE SHORT AND LONG TERM PATIENTS PRIMARY HEALTH CARE PROVIDERS HEALTH CARE ORGANIZATIONS PURCHASERS OF GROUP HEALTH CARE LEGISLATORS AND THOSE AFFILIATED WITH PROVIDING MEDICATIONS AND MEDICATION RELATED PRODUCTS AND SERVICES WILL BENEFIT FROM THIS GUIDE TO REDUCING MEDICATION ERRORS

THROUGH THE AUTHOR S COMPELLING STORY AND DISCUSSION GUIDE THIS BOOK PROVIDES AN ETHICAL AND CRITICAL EXPLORATION FOR CARE PROVIDERS SEEKING TO IMPROVE PATIENT CARE NOT JUST FOR HEALTHCARE STAFF THIS TRAGIC YET INSPIRING STORY WILL ENGAGE AND INFORM ALL READERS BACK COVER

MORE THAN A MILLION PATIENT SAFETY INCIDENTS OCCUR EVERY YEAR AND MEDICAL ERROR IS THE THIRD

LEADING CAUSE OF DEATH IN THE UNITED STATES ILLUMINATING THE EXPERIENCES OF THOSE AFFECTED BY MEDICAL ERROR PATIENTS THEIR LOVED ONES AND PHYSICIANS AND OTHER MEDICAL PROFESSIONALS TALKING WITH PATIENTS AND FAMILIES ABOUT MEDICAL ERROR DELVES DEEPLY INTO THE CHALLENGES OF COMMUNICATING HONESTLY AND OPENLY ABOUT MISTAKES IN MEDICAL PRACTICE CC BASED ON GUIDELINES FROM THE INSTITUTE FOR PROFESSIONAL AND ETHICAL PRACTICE AND THE AUTHORS OWN EXPERIENCES THE PRACTICE BASED APPROACHES OUTLINED HERE OFFER CONCRETE GUIDANCE ON INITIATING DISCUSSIONS DEALING PROFESSIONALLY AND COMPASSIONATELY WITH PATIENTS REACTIONS WHO SHOULD BE INCLUDED IN THE CONVERSATION WHAT INFORMATION SHOULD BE DOCUMENTED IN THE MEDICAL RECORD HOW TO RESPOND TO QUESTIONS ABOUT FINANCIAL COMPENSATION AIMED AT PROMOTING RESOLUTION AND HEALING THIS BOOK STRESSES THE IMPORTANCE OF CLEAR EMPATHETIC COMMUNICATION THAT WILL IMPROVE CLINICAL AND ORGANIZATIONAL RESPONSES TO MEDICAL MISSTEPS AND MISMANAGEMENT IT EMPHASIZES FIVE FEATURES OF THE PHYSICIAN PATIENT RELATIONSHIP DESERVING OF SPECIAL ATTENTION TRANSPARENCY RESPECT ACCOUNTABILITY CONTINUITY AND KINDNESS TRACK NARRATIVE EXAMPLES OF COMMON SITUATIONS DEMONSTRATE HOW CONVERSATIONS ABOUT MEDICAL ERROR CAN LEAD TO HEALING

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