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# The Prevention of Medical Errors

## For PTs and PTAs in Florida

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Note to Participants: There are interactive pop-up questions throughout this lecture. If you choose to pause the lecture and return at a later time, a natural break time would be after answering the interactive questions. (You are able to pause at any time and the presentation will "remember" where you were. It's just a more natural time to pause after the interactive questions.) For your convenience, this outline reflects where/when within the lecture the interactive questions occur.

This lecture has 98 slides and is 112 minutes in duration.

- I. What are medical errors?
  - A. The definition according to the Joint Commission
  - B. Why do they occur?
  - C. Areas of prevention of ME that include physical therapy
  - D. Defining an adverse event
  - E. Why require a course on ME?
  - F. Prevention initiatives

Interactive Questions — slide 25 @ 36 minutes

- II. The occurrence of medical errors
  - A. Where do they occur?
  - B. Common causes
  - C. Examples of harm
  - D. Examples of medical errors in PT
  - E. Causes of medical error claims against PTs
  - F. Practice areas of risk and medical error
  - G. The JC/JCAHO on medical errors
  - H. Defining health literacy

Interactive Questions — slide 51 @ 75 minutes

- III. Reactivity vs. proactivity; accountability
  - A. JC initiatives on medical error
  - B. The cultural change needed:
    - 1. Retrospective
    - 2. Prospective
  - C. Who is at risk?
  - D. The prevention of pharmacological or medication errors
    - 1. In general
    - 2. By physicians
    - 3. In nursing
  - E. The prevention of pharmacological errors in PT
    - 1. Common medications encountered by PTs
    - 2. What PTs must know about medications

Notes

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3. PT-administered or –applied drugs
  4. How errors occur
  5. Practicing without a license

Notes

Interactive Questions — slide 66 @ 94 minutes

IV. Physical therapy documentation

- A. What is documentation?
- B. What is the purpose of documentation
- C. Documentation and communication principles
  1. Should we use abbreviations?
  2. Include all communication in documentation — face to face, phone and email
  3. Standards for documentation

V. Precautions and contraindications

- A. Documentation
- B. Co-morbidities
- C. Proactivity and accountability
  1. Responsibilities during clinical practice
  2. What to do if an incident occurs
  3. Provide a safe environment for patients and employees

Interactive Questions — slide 94 @ 107 minutes

VI. Conclusion

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