COPIC Tip:

Specialty Focus: Internal Medicine/Family Medicine

This article is part of a new series that provides a summary of common areas of risk for particular medical specialties and strategies on how to address these.

Case Study 1
A 56-year-old female is seen by her internist for a medical examination and management of her hypertension and hypercholesterolemia. The internist was copied by the ED on imaging reports after a car accident that the patient had two months ago. He initialed those reports and scanned them into the patient’s record. The CT chest report noted a 1.4 cm ground glass lesion in the left upper lobe (of the lung). The patient is then seen annually for the next two years, and no further mention is made of the lesion. At 28 months after the original visit (and 30 months after the accident), the patient describes severe bone pain in the mid-thoracic region. A workup reveals metastatic bony lesions, and a repeat CT of the chest demonstrates the original lesion has grown to 4.8 cm. Six months later, the patient dies from metastatic lung cancer.

Case Study 2
A 48-year-old male who rarely sees physicians comes into a family medicine clinic because he was feeling unsteady on his feet while working and thought his vision “seemed off, like there’s something blocking me on the right side.” He has no prior history of such symptoms. The physician describes the patient’s neurological exam as “nonfocal, sensation normal, MAE X4.” The patient is told he probably has vertigo or a migraine variant, and he is sent home on symptomatic measures with activity restrictions until he feels better. The next morning, the patient presents to the ED with worsening ataxia and a visual field cut. Studies show a dissection of the basilar artery with ischemic changes in the posterior circulation.

Overview
Unfortunately, these cases illustrate examples of the typical failure to diagnose or delay in diagnosis that account for the majority of claims in internal medicine and family medicine. While these specialties cover a wide array of clinical presentations, diagnoses, and treatments involving a full range of age spectrums, the areas that generate the greatest liability risk are actually quite concentrated. In an effort to provide practitioners with some practical advice and tools to focus on these key risks, COPIC has developed one-sheet summaries for various specialty classes. The first of these covers internal medicine/family medicine and is reprinted on the following page. It is organized into two sections:

- Key areas for errors and litigation
- Strategies to reduce errors

We urge you to share this with other practitioners in your setting, including physician assistants and advanced practice nurses as well as other members of your staff.
**Internal Medicine/Family Medicine**

### KEY AREAS for errors and litigation

**Failure to Diagnose or Delayed Diagnosis**
- Heads—acute neurological presentations: CVA, SAH, epidurals, encephalitis/meningitis and space occupying spinal cord lesions
- Hearts—chest pain triple rule-out: MI/ACS, PE, dissection
- Guts—acute abdominal emergencies: appendicitis, perforations, ischemic bowel, abscess
- Bugs—severe infectious diseases: sepsis, necrotizing fasciitis, MRSA, SBE, septic joints

**Cancer**
- Timely diagnosis of and screening for breast, colorectal, lung, melanoma and prostate malignancies

**Medication Errors**
- Dosing errors
- Look alike/sound alike medications
- Allergies or adverse drug reactions
- Failure to monitor

### STRATEGIES to reduce errors

- Recognize the narrow window of opportunity to make these rare but serious diagnoses
- Perform a good exam and document it, including neurologic when appropriate
- Use imaging & communicate with your radiologist
- Urgent consults—you own the window of time until your patient gets there
- Vital signs are important, especially trends and discharge vitals
- Document what you are thinking

- Sophisticated tickler and tracking systems
- Risk-specific screenings and document their completion or refusal
- Systematic work-up of symptomatic findings
- Once there is an incidental finding, track it through the process

- Ensure the right prescription, right delivery, and right dose; understand how your electronic systems can help or hinder this
- Proper patient education and monitoring