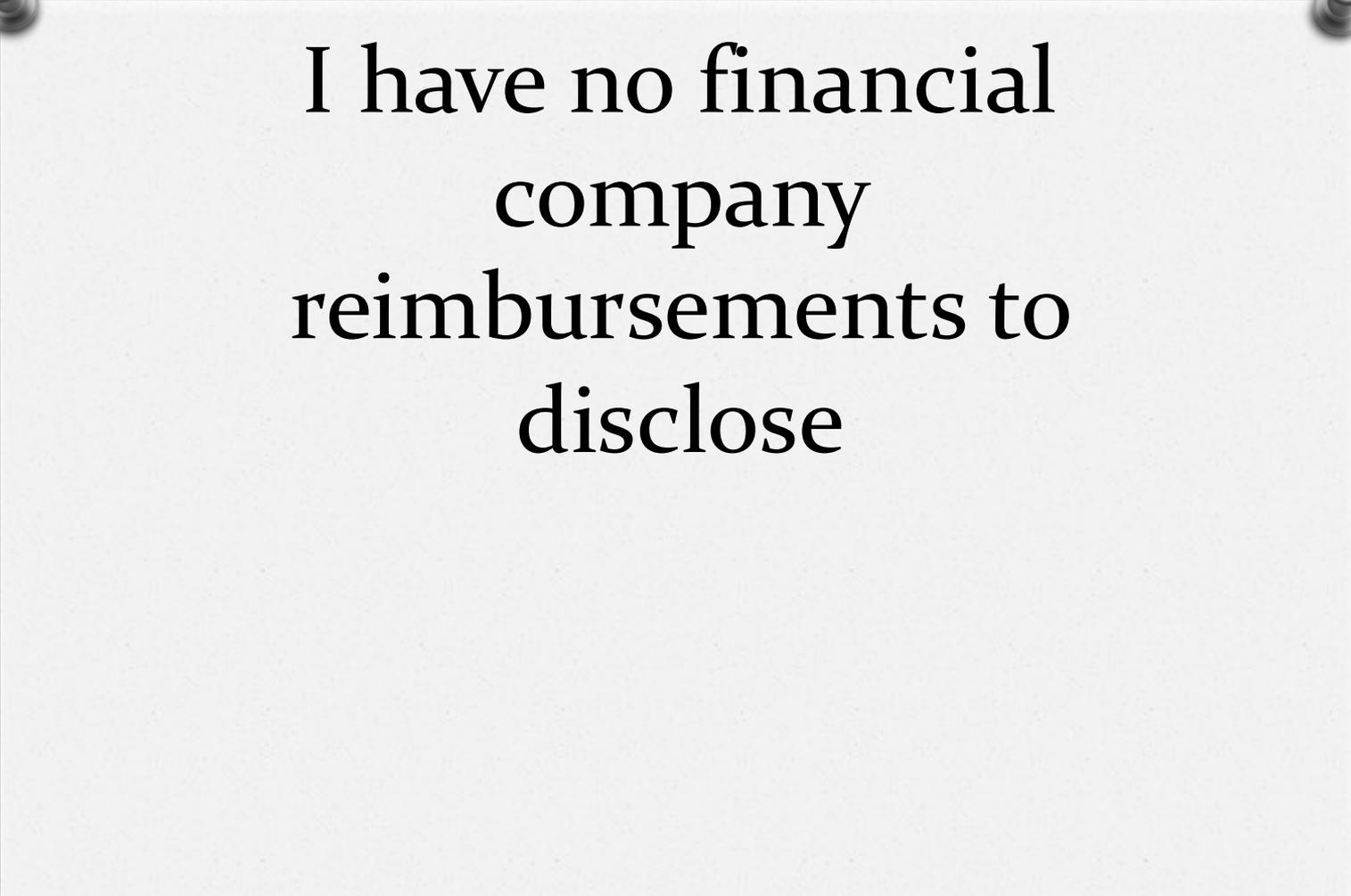


Prevention of Medical
Errors
EyeMed 2026

Brian P. Den Beste, O.D., F.A.A.O.
Diplomate ABO



I have no financial
company
reimbursements to
disclose



Purpose

- o We are here to talk about preventing medical errors...to protect our patients and to protect ourselves.
- o Making errors happens, fortunately most errors in our arena ie Optometry do not result in serious outcomes and lawsuits
- o We will discuss how to limit bad outcomes and what happens if they occur
- o Remember...A bad outcome doesn't mean you did something wrong.

Medical Error : defined

“A preventable adverse event”

What is Medical Malpractice?

- o You just experienced a bad result. The corneal ulcer that you had been treating for the past month is now quiet but the patient's best vision is now 20/50.
?malpractice?
- o The reality is a lot of lawsuits don't have merit. A lot are due to a bad result, not bad doctoring.

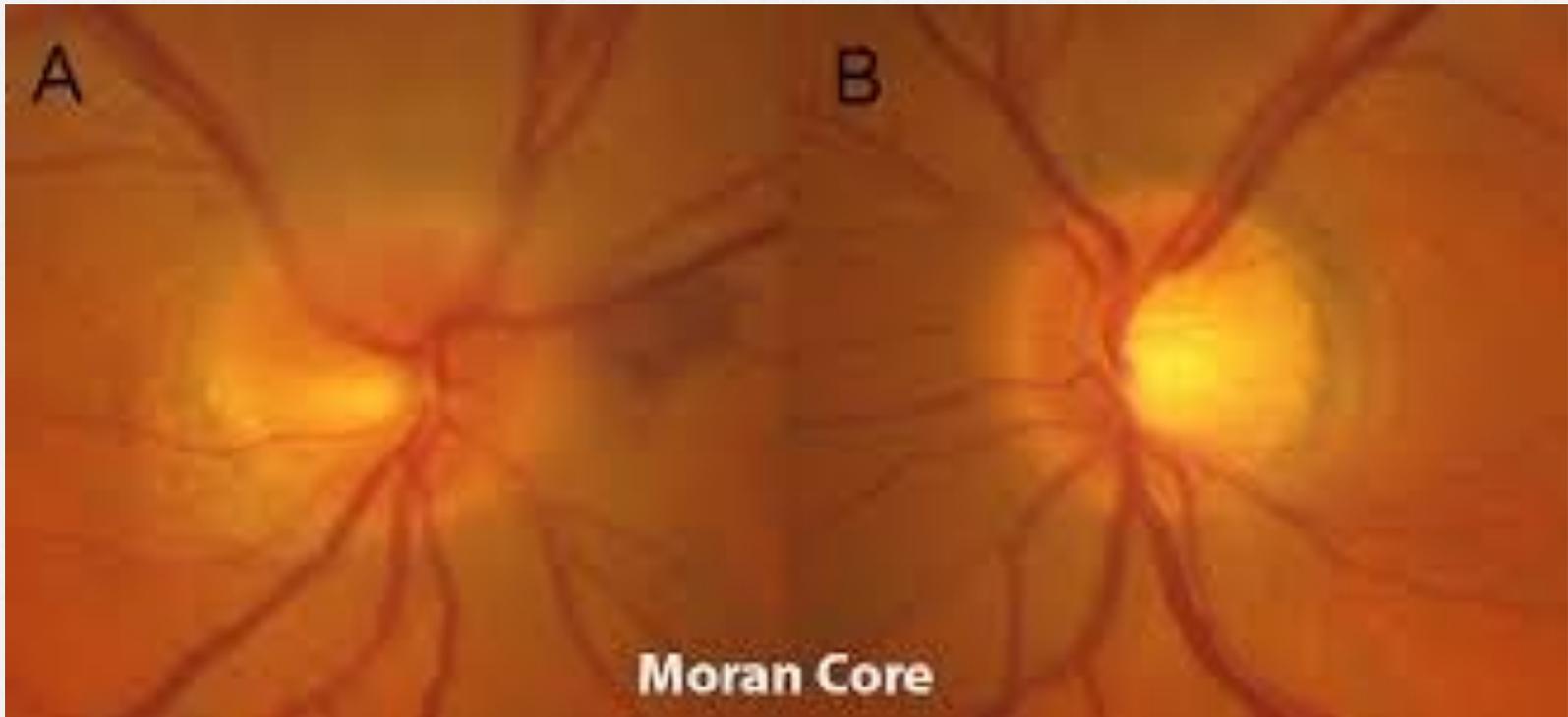
Lockton Affinity

- o AOAexcel asked their malpractice ins. Partner to identify the most common Mal practice claims made against ODs.

Failure to Diagnose

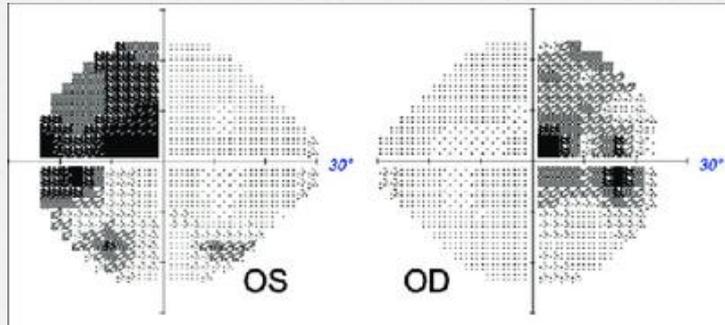
- o Failure to make a correct diagnosis or make no diagnosis can lead to a number of malpractice claims

ION...TA,

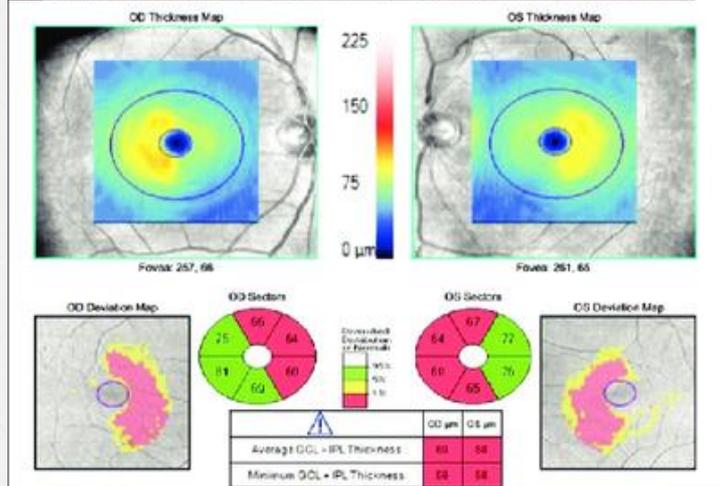




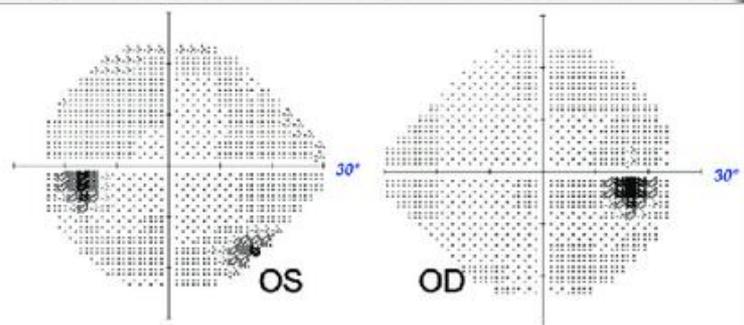
Buy OCT



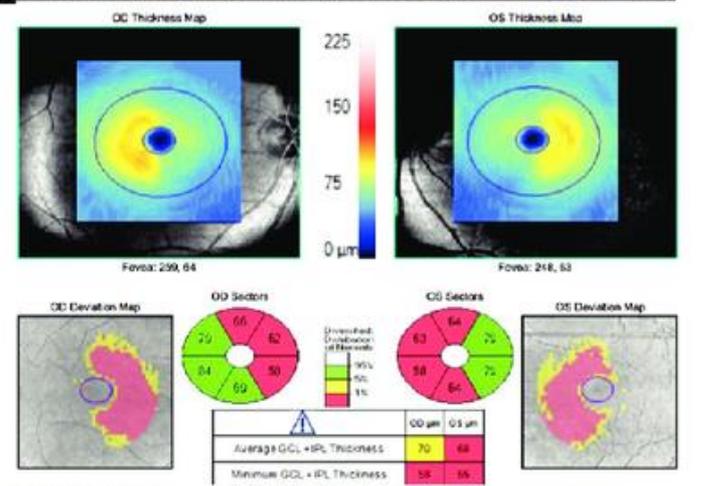
Technician: Operator, Cirrus Signal Strength: 9/10 10/10
a Ganglion Cell OU Analysis: Macular Cube 512x128 OD ● ● OS



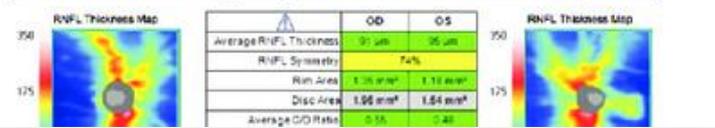
ONH and RNFL OU Analysis: Optic Disc Cube 200x200 OD ● ● OS



Technician: Operator, Cirrus Signal Strength: 7/10 8/10
c Ganglion Cell OU Analysis: Macular Cube 512x128 OD ● ● OS



Technician: Operator, Cirrus Signal Strength: 8/10 8/10
ONH and RNFL OU Analysis: Optic Disc Cube 200x200 OD ● ● OS



APPLANATION TONOMETRY



Tonometry

- o I -care
- o Puff
- o GAT

- o When technician has trouble or exam doesn't add up or history of Glaucoma, you just can't trust the first two. I have seen 20mm variation. Often they are close.



Is it open or closed?

- o PAS can happen when you don't expect it.
- o Amazingly some angles appear open with Von Herrick and are not. Von Herrick doesn't help with pigment depo or recession or PAS or..... Uveal tumor.
- o Particularly Important when asymmetry in IOP
- o Lets vote : who likes 3 mirror and who likes 4 mirror. ? Why ?

Dilate, dilate, dilate



HS Tears, some patients are difficult and if they keep complaining get a consult



Failure to Dilate the pupil

- o This increases the risk of malpractice
- o I like to say opens the gate
- o Maybe you miss the retinal tear, but if you don't dilate you are giving yourself no room for excuses.... You have to try ! New floaters have to result in a dilated exam
- o Audience : how good is optos imaging?

I just take photos

- When patient is asymptomatic seems reasonable
- Nothing takes place of 3-dimensional view.
- When experts get into the picture....pardon the pun....dilation always prevails.

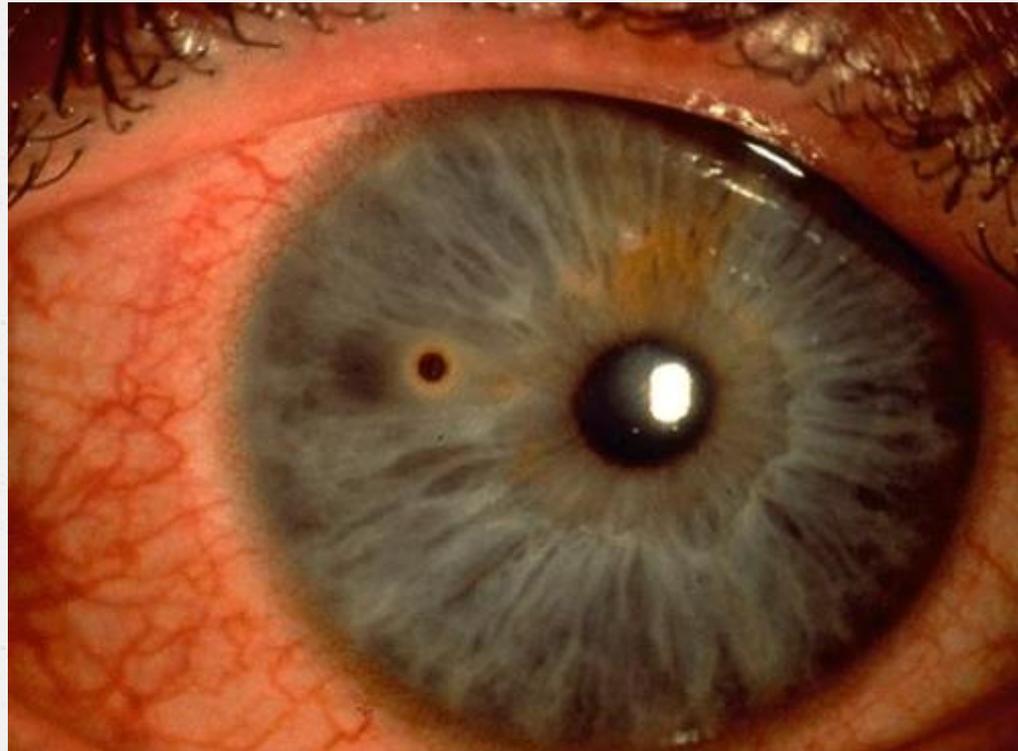
Improper patient termination or referral

- When delayed treatment results in a poor outcome, malpractice claims follow
- You have legal responsibility for a patient until treatment concludes, or the patient is referred to another practitioner.

Neglecting Informed Consent

- As a health care professional, you must obtain informed consent before performing tests, procedures and treatments. Failure to do so exposes you to malpractice claims should your care result in an injury

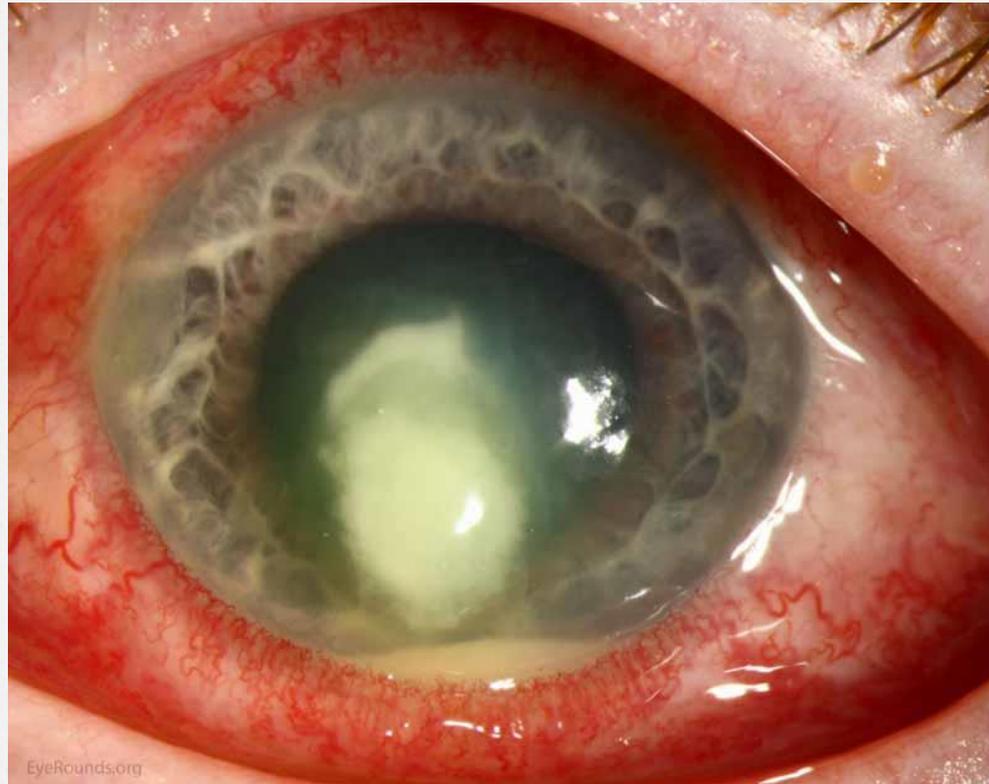
What if central...consent?



Corneal ulcer/ inflammation

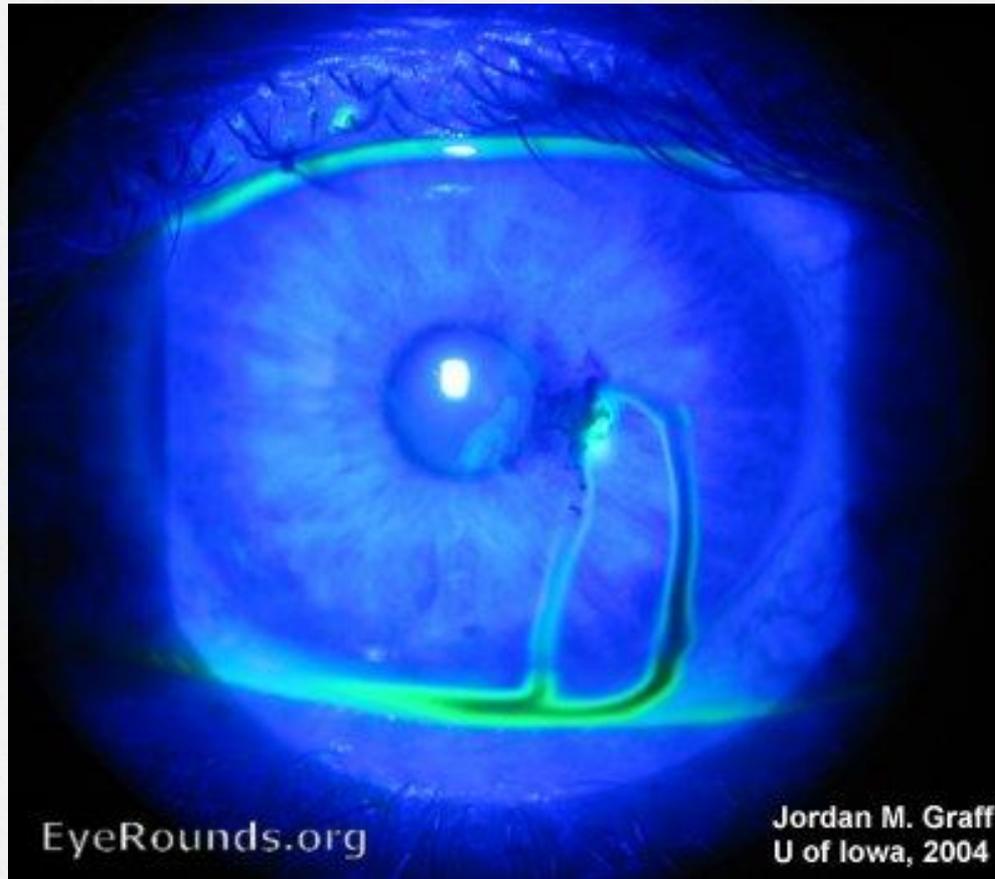
- o Ulcer and Hypopyon: std. is to culture
- o Central ulcers std. is to culture if size is 1.5 mm or greater
- o Is extended wear worth it?
- o Central ulcers: hold on the steroids, fungal ulcers are tricky and become trickier if steroids are added.
- o How about HSK?

**Fusarium: needs Culture and
will have vision loss**



EyeRounds.org

Don't miss it



EyeRounds.org

Jordan M. Graff
U of Iowa, 2004

Occasional mucous in the am.



Corneal melanoma





One yr later postop
resection and
radiation

Even more rare than Ciliary body
Melanoma.

Uveal melanoma 5 /1 M
CB 1 /2M



Poor record keeping

- o Lack of documentation can lead to missed diagnoses.... Glaucoma suspect to Glaucoma
- o Can lead to incomplete referral
- o Missed follow ups...did you stress import of glaucoma...blindness
- o Photos , drawings, discussions with people that are with them.
- o Consents and documents protect you & patient

Document, Document, Document

- o Especially if patient no shows for a follow up.
- o Corneal ulcers. Glaucoma. Disc edema (IIH) these are all serious conditions that require follow-up.
- o If you order imaging, you have to make sure they received it ,then you have to make sure you received the report.
- o The uninsured are a problem, we find them the least expensive CT or Mri and they still NS.

The Good News

- o According to a study done in 2024 by Claggett, Sykes and Garza, using the National Practitioner Data Base : Optometry had the least number of Malpractice or Disciplinary actions cases/reports in the United States
- o Less than 140 cases in the entire USA

Good News, 2024

- o 50,555 malpractice and disciplinary action reports
- o 39,167 adverse action reports and 11,388 Malpractice cases

4.93 Billion dollars = \$433,000 per claim

Most Reported Medical Roles in the U.S. Healthcare System

	<i>Practitioner Type</i>	<i>Reports</i>
1	Nurse - Registered Nurse	12,655
2	Physician (MD)	12,299
3	Nurse - Practical Nurse	5,851
4	Therapists and Counselors	3,788
5	Technicians and Assistants	3,456
6	Nursing Para-Professionals	2,889
7	Dentist	2,205
8	Pharmacist	1,417
9	Physician (DO)	1,385
10	Nurse - Adv. Practice Nurse	1,068

2024

Table: Claggett, Sykes & Garza • Source: npdb.hrsa.gov • Created with Datawrapper

Nurses and MDs

- The numbers point towards a significant issue: sheer patient numbers and frontline exposure to masses of patients are primary contributory factors when it comes to high report counts across a range of professions.

Optometrists had the lowest report count nationwide, with just **139** documented cases.

Dental hygienists and **assistants (332 reports),**

psychologists (344)

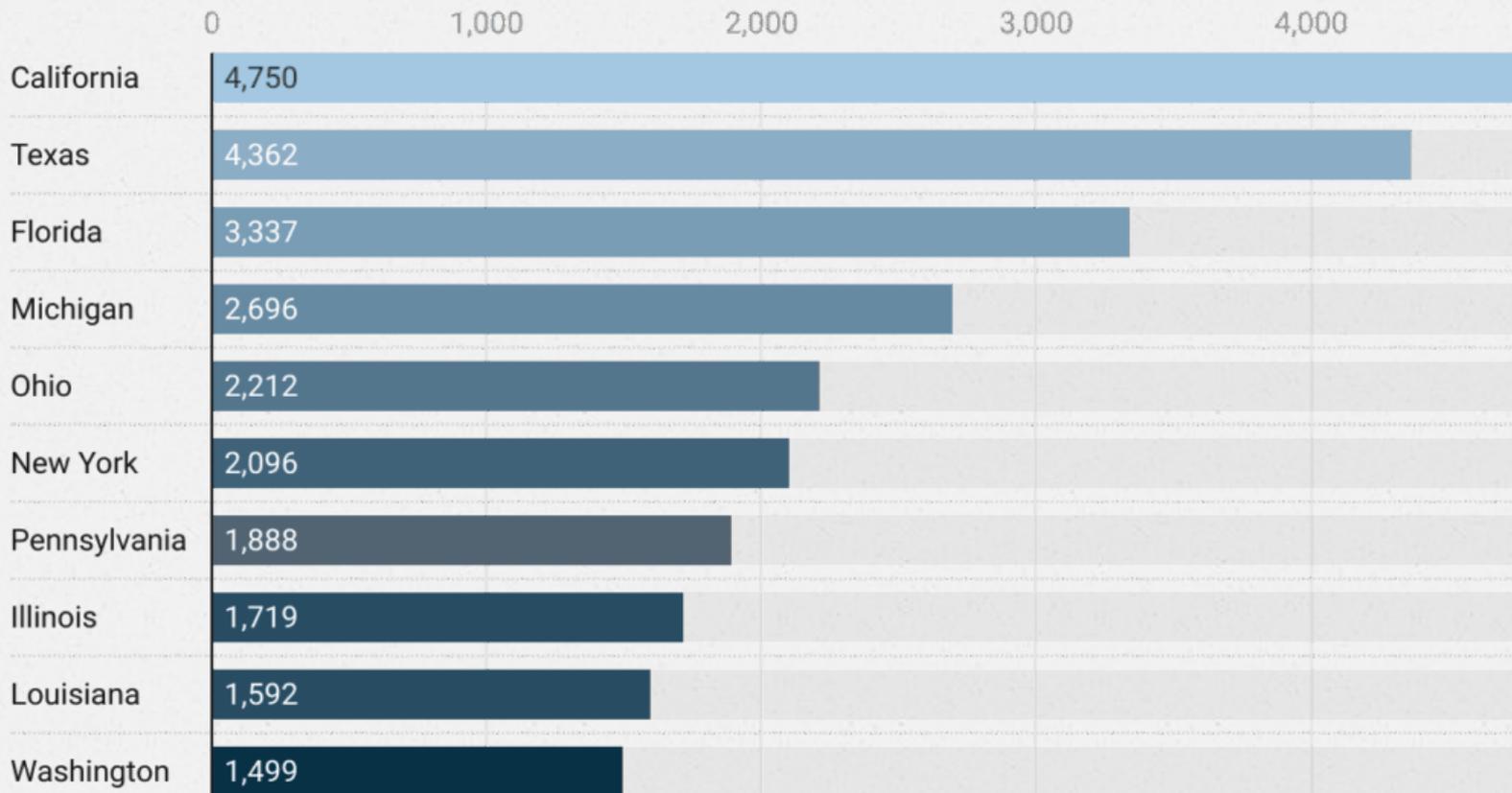
podiatrists (355)

chiropractors (510)

These relatively low numbers reflect a combination of less direct involvement in high-risk medical procedures, smaller patient volumes, and less likelihood of committing a serious error in their particular role.

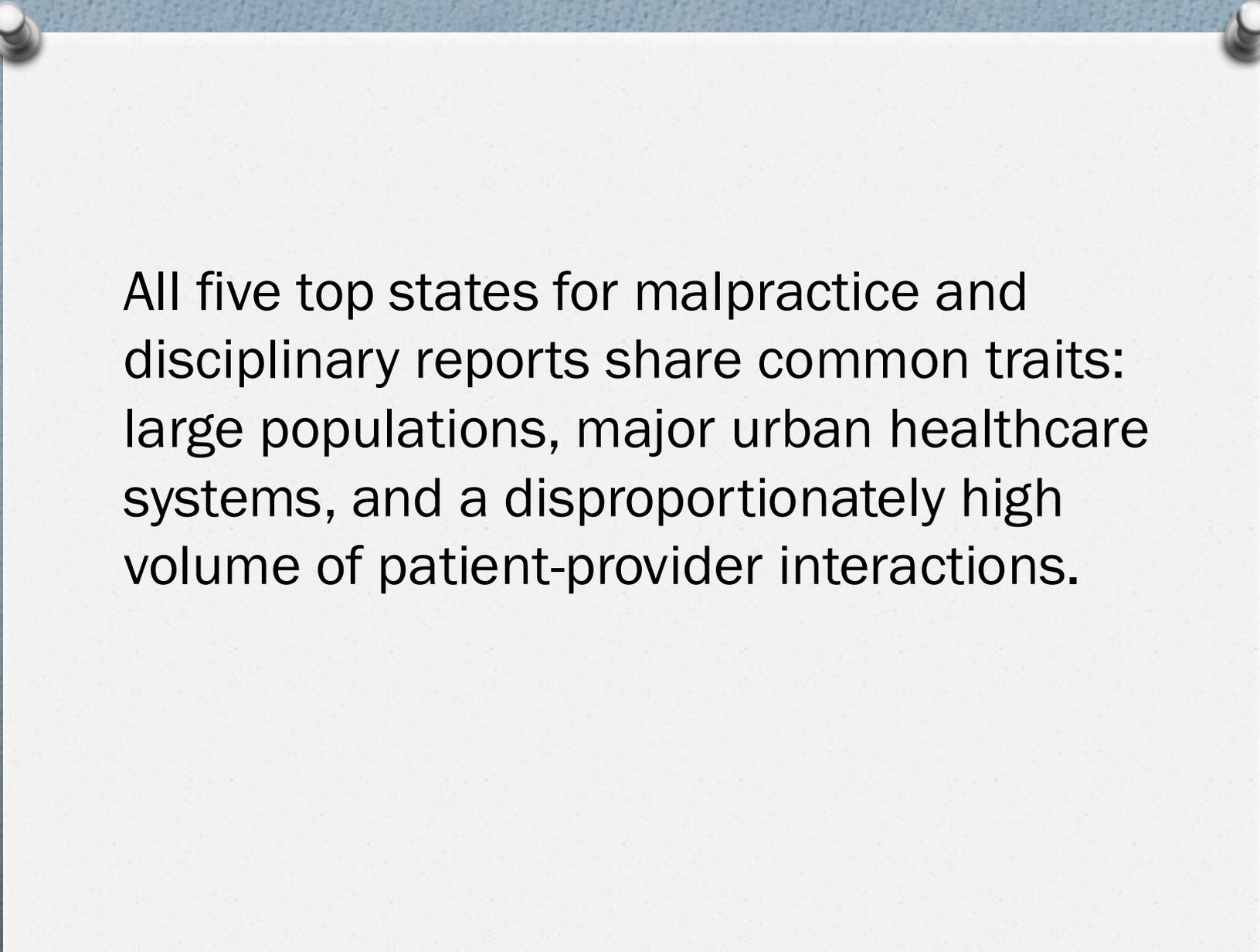
Where Medical Misconduct Is Most Reported: Top 10 States

California Texas Florida Michigan Ohio New York Pennsylvania Illinois
Louisiana Washington



2024

Chart: Claggett, Sykes & Garza • Source: npdb.hrsa.gov • Created with Datawrapper



All five top states for malpractice and disciplinary reports share common traits: large populations, major urban healthcare systems, and a disproportionately high volume of patient-provider interactions.

The 10 States with the Highest Rate of Provider Incidents [2024]

	State	Total Providers	Total Reports	Reports per 1,000 Providers
1	Michigan	30,880	2,696	87.31
2	Louisiana	21,897	1,592	72.70
3	Wisconsin	11,930	830	69.57
4	Colorado	22,486	1,497	66.57
5	Georgia	18,330	1,203	65.63
6	Delaware	3,175	208	65.51
7	Utah	6,905	452	65.46
8	Kansas	11,164	727	65.12
9	Kentucky	14,839	951	64.09
10	Minnesota	13,059	825	63.17

This total reflects the number of licenses across all practitioner types. Some providers may hold multiple licenses, so the actual number of unique practitioners may be lower.

Table: Claggett, Sykes & Garza • Source: npdb.hrsa.gov • Created with Datawrapper

Other good news

- o Over the past decade, the number of malpractice and disciplinary reports in the U.S. has declined by nearly 20%, dropping from 62,886 in 2014 to 50,555 in 2024
- o But payouts are larger.

Mega malpractice cases on the rise. Medscape 2/2024

- o \$261 million Take care of Maya case in Fl. Johns Hopkins All Childrens hosp in St. Pete
- o 2023 57 med mal verdict > 10 million and half of those were > 25 M.
- o New York, Illinois and Fl highest dollar amounts.
- o While most mega verdicts stick , still allows for higher settlements and makes ins.companies less likely to go to court.

Why are they on the rise?

- o People are angry at the healthcare system?
- o Healthcare has become big business...private equity owns large practices and hosp. Less personal relationship
- o Companies now invest in the litigation.
- o These large verdicts are causing large increases in Drs. premiums... in some states by 27%

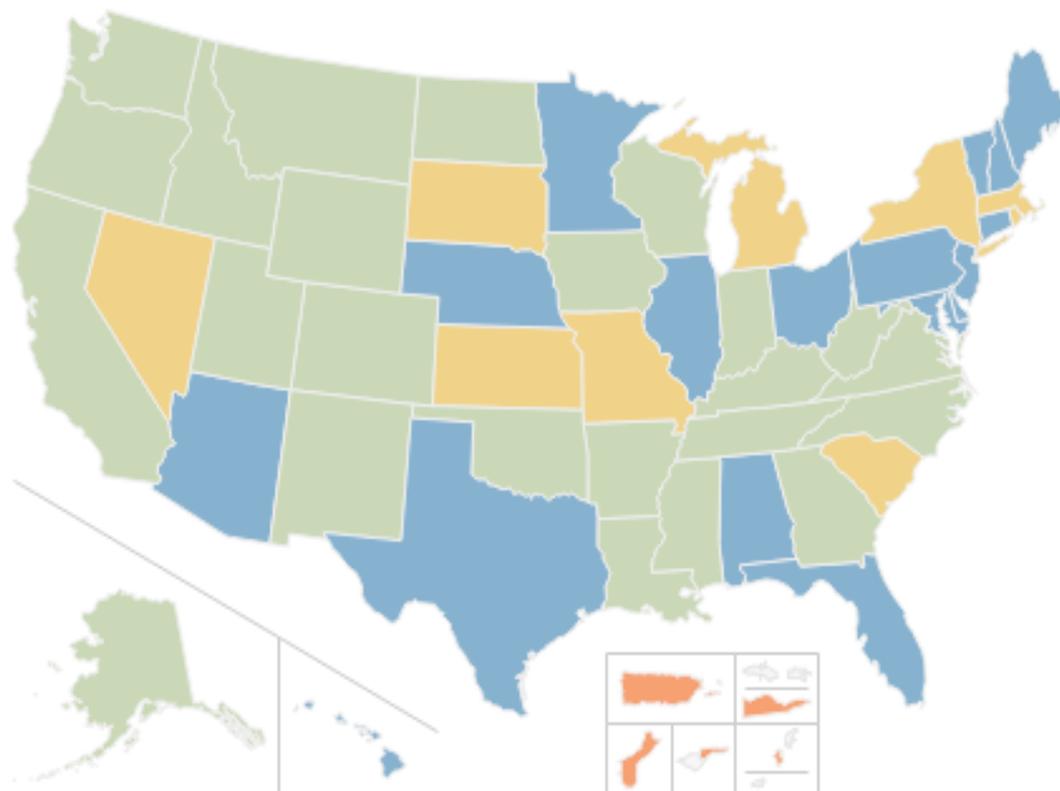
What's next for Optometry

- o Aging population
- o Unchanged numbers of Ophthalmologists
- o More legislation to allow us to do more
- o More risk and more chance for errors.
- o More potential for malpractice or disciplinary action

Optometrists: Injectable Authority

Source: National Conference of State Legislatures, September 2025

Switch View ▾

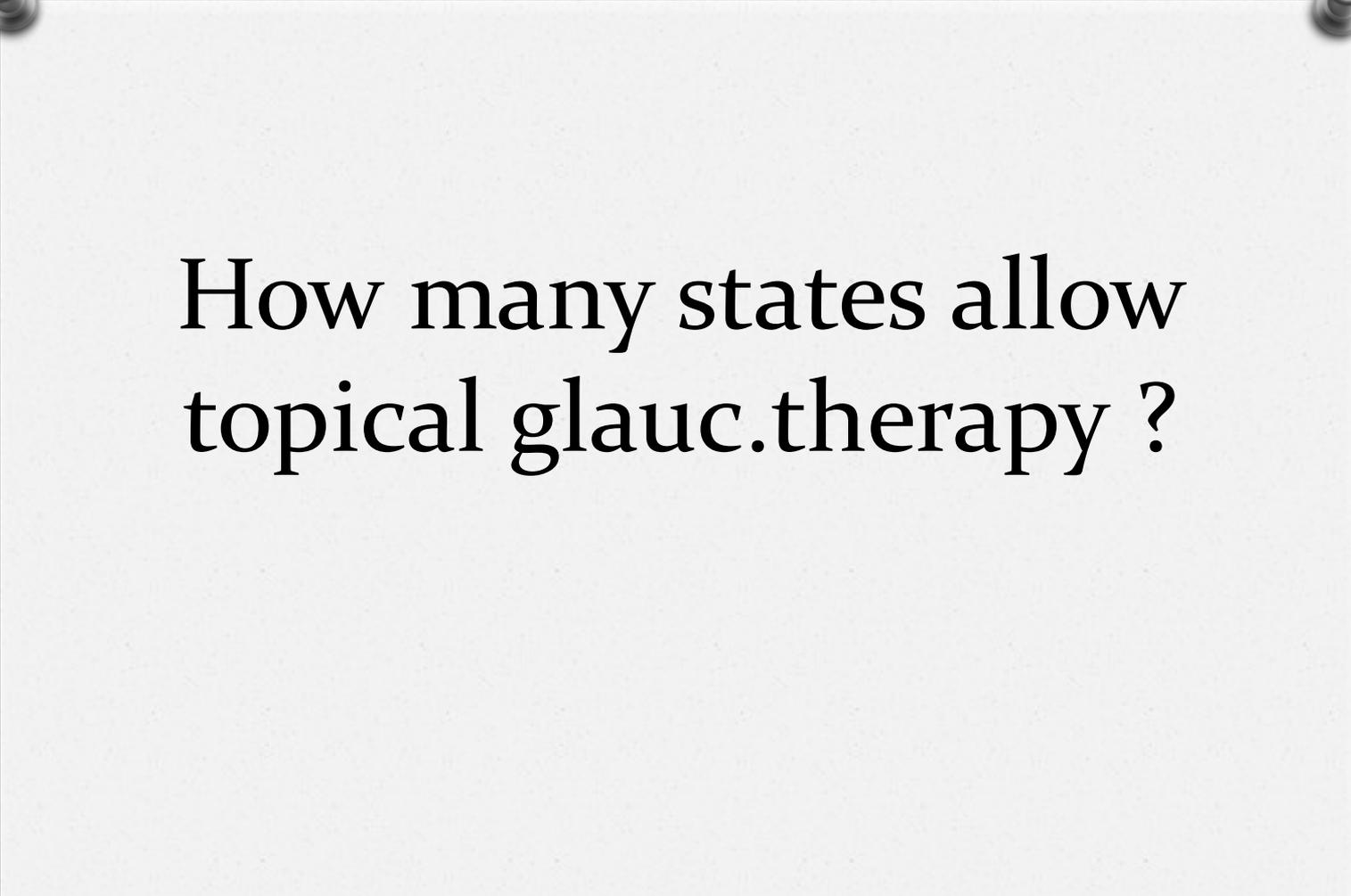


Lumps and bumps surgery

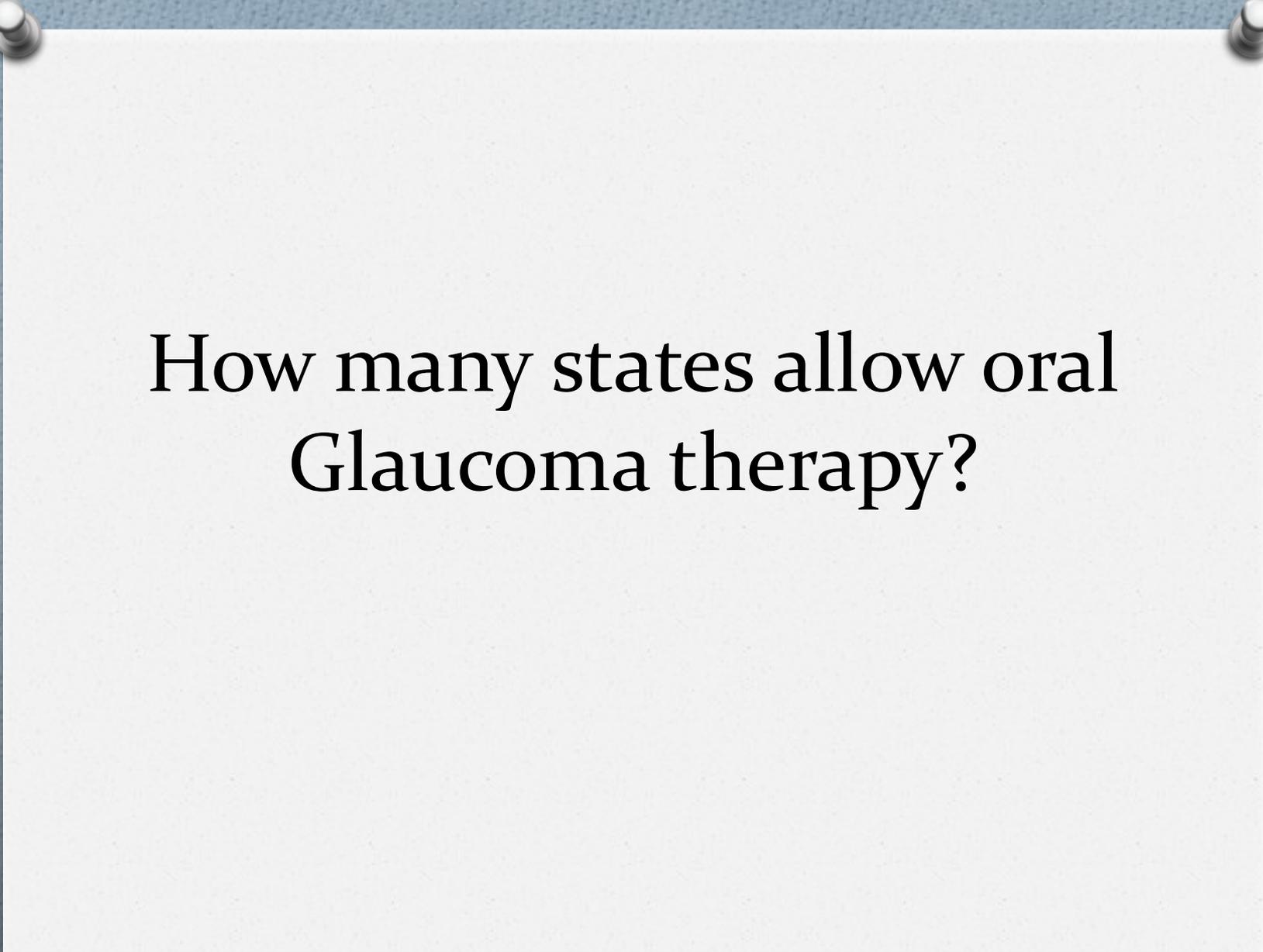
:

- Alaska
- Arkansas
- Colorado
- Georgia
- Idaho
- Indiana
- Kentucky
- Louisiana
- Mississippi
- New Mexico
- Oklahoma
- Oregon
- South Dakota
- Tennessee
- Utah
- Virginia
- West Virginia
- Washington
- Wyoming

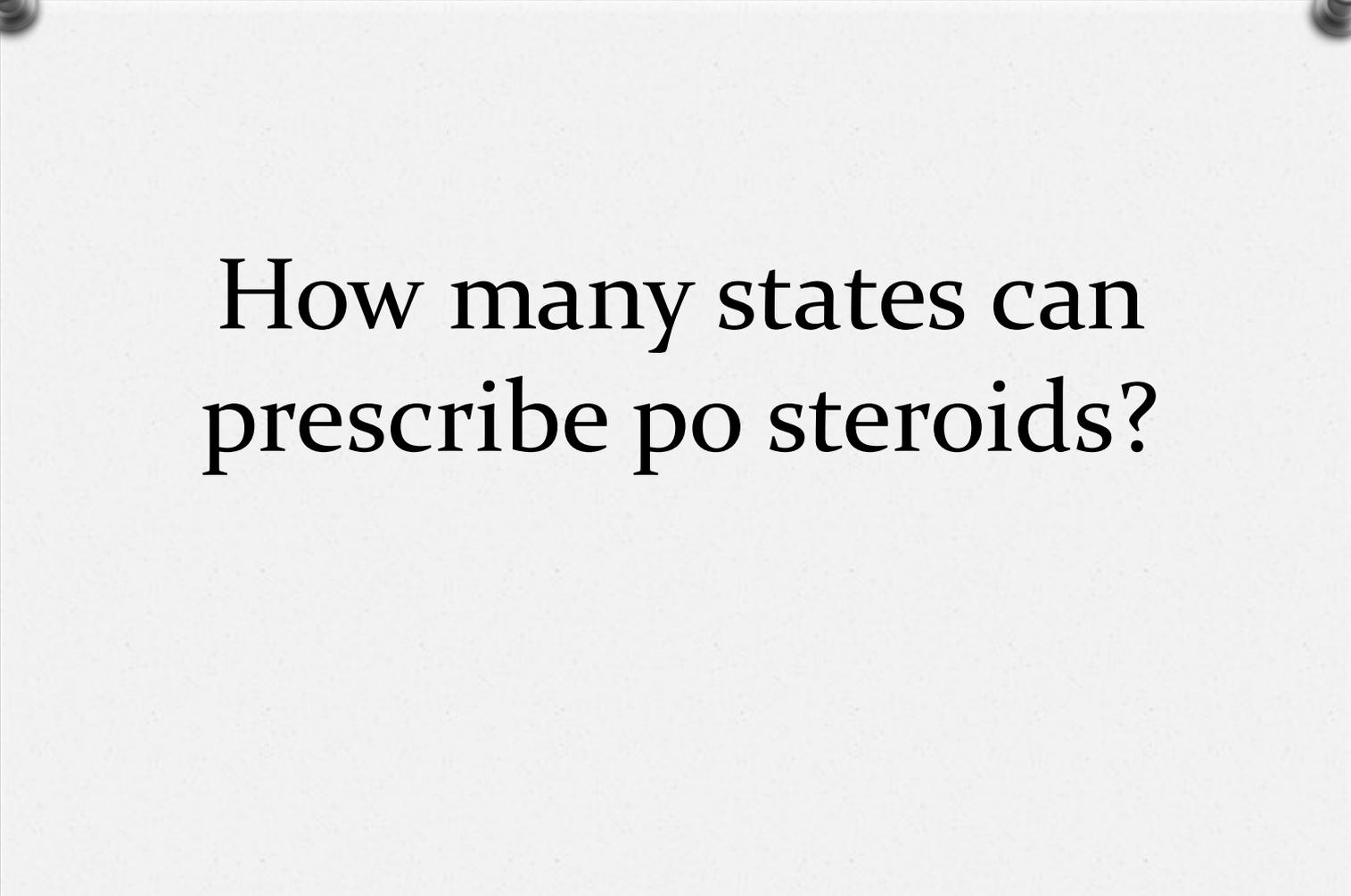
How many states allow
glaucoma therapy?



How many states allow
topical glauc.therapy ?



How many states allow oral
Glaucoma therapy?



How many states can
prescribe po steroids?

States that can't rx po steroids

- Florida
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- New York
- South Carolina
- Washington, D.C.

States where optometrists have **varying laser authority:**

- **Alaska:** YAG capsulotomy / ALT / SLT / LPI / PRK
- **Arkansas:** YAG capsulotomy / ALT / SLT
- **Colorado:** YAG capsulotomy / ALT / SLT / LPI
- **Indiana:** YAG capsulotomy / ALT / SLT / LPI
- **Kentucky:** YAG capsulotomy / ALT / SLT / LPI
- **Louisiana:** YAG capsulotomy / ALT / SLT / LPI
- **Mississippi:** YAG capsulotomy
- **Oklahoma:** YAG capsulotomy / ALT / SLT / LPI / PRK
- **South Dakota:** YAG capsulotomy / SLT
- **Virginia:** YAG capsulotomy / ALT / SLT / LPI
- **Wyoming:** YAG capsulotomy / ALT / SLT / LPI

Florida generalities

- o We now live in a conservative state
- o The supreme court used to be quite liberal but that has changed overtime with two Republican Governors. Scott and DeSantis
- o Conservative states usually favor defendants and not injured plaintiffs
- o Summary judgements are more common here



In Florida, there is no cap on non-economic damages for personal injury.

However, a cap has been established in medical malpractice (MedMal) cases.

Governor Ron DeSantis signed a bill in March of 2023 to cap non-economic damages in MedMal cases at \$500,000.

Doesn't apply to Personal injury cases

Never a cap on economic damages.

Malpractice generalities

- o The standard of care is keyyou don't have to be a super star....just average. What would a like practitioner do in a similar arena
- o It's expensive to sue someone, the plaintive attorneys have to have pretty deep pockets ...most cases are taken on contingency. Cheaper to go after slip and fall or motor vehicle cases...
- o But my friend who works for a state wide firm that defends Drs. says they are busier than ever

Malpractice generalities

- o People who are injured and sue: ask for compensation for medical expenses, loss of wages & pain and suffering.
- o They can also ask for punitive damages

What are punitive damages

- o To punish the Dr.
- o They would have to prove that the dr. had reckless disregard for the patient or that the Dr. purposely tried to injure the patient.

Age matters: harder to get lawyer to take your case

- o Sue for lost wages....less when you are older
- o So called Free Kill law ...longstanding in Florida. Only state in USA that has this
- o If there is no surviving spouse or child under the age of 25 then the family is ineligible to collect damages from a wrongful death (medmal) other than direct economic damages: usually drs. bills and funeral.



New England JOM

January 2017

- Hospital medical errors are the 3rd leading cause of death in the US, behind Cardiovascular disease and Cancer...busted.

Medical errors

- o They are real but they are not the 3rd most common cause of death. Article written by Jonathan Jarry, M.Sc McGill newsletter Aug 2021.
- o Wrong dx, drug dosage errors, treatment delays are probably underestimated because these occur in clinics and not the hospitals where most of the studies are done.

McGill newsletter

Jonathon Jarry cont

- o The data that was used to say med errors are the 3rd leading cause of death came from extrapolation of data. One study was done in Colorado and Utah and the other study was done in New York
- o They took that data and applied it to all hospitals in the United States and concluded that between 44,000 and 98,000 people die each yr from medical errors.

Jonathon Jarry cont

- o The other study he cited was from the British journal of medicine and their extrapolation estimated that 400,000 deaths occur annually from medical errors performed in **hospitals**. That translates to nearly 66% of all **deaths** would be from medical errors
- o That is not credible. Other studies suggest a number closer to 3-4%

25% of hospitalized patients
experience preventable
medical errors...(not death)

Dr. Marty Makary, MD, MPH
Johns Hopkins school of Public Health.
(Bottom Line, Jan 14 2013)

Factors that Contribute

- o Highly complicated technologies.
- o Fill in drs.
- o Language barriers.... Google translate !!
- o Too many patients?
- o Communication barriers between staff, and or patients.

17 Yr. Malpractice Data

old slide but reiterates the %'s

- o 9/1990 - 3/ 2008
- o MD 232,727
- o DO 14,733
- o Dentists 40,261
- o Podiatrists 6,618
- o OD 580

National practitioner data bank. NPDB

- o The website that you can access and other governing boards
- o Public can see data but not individual Drs
- o If you have an incident, your insurance will make a summary of the case and you should ask to see it before it is published.
- o You can add an addendum...” I didn’t want to settle but my insurance insisted”

Percentage of claims
National practitioner data bank
Diagnosis: lead cause for med errors

- o **Diagnosis** related 54%
- o Surgery related 18%
- o Anesthesia related 14%
- o Treatment related 4%
- o Obstetrics related 4%
- o Others 6%

EMR...a potential litigation issue

- o You must preserve your EMR: Back up back up
- o If you are sued and you don't have the electronic chart you can be sued for **spoliation of evidence**, which can be worse than medical malpractice. It can result in what's called "adverse inference" ... which basically can switch the tables, where you have to prove you didn't commit malpractice instead of the plaintiff having to prove that you did.

EMR challenges

- o Cookie cutter notes
- o Did you check the correct box
- o The optic nerve was pink and health...really??? and you are treating glaucoma.
- o 15 % of time with patient , much more time with charting
- o Difficult to leaf back and forth from exam one to exam 10.
- o Drawings are not like the old days...often scan in my drawing
- o I still like EMR, no one can say you went back and altered a chart.

Root Cause Analysis (RCA)

- o The “whys technique”: A great tool to use in practice to determine why an error in patient care was made.
- o What happened, Why did it happen and what do you do to prevent it from happening again.
- o In a hospital setting it will involve multiple disciplines and has a strict requirement of impartiality

Medscape Mal Practice Report 2015

- o 4,000 MDs were surveyed
- o OB- Gyns, Most likely to be sued
- o Psychiatrists and pediatricians least likely
- o Males 2 ½ times more likely to be sued than Females
- o 85% of OBs, 83% general surgeons, 79% orthopods admit to being sued.

2 ½ times more likely



Law 101

- o You receive a letter from a plaintiff's attorney saying they are intending to sue you, that means they have received your chart and have gotten another OD to sign a medical affidavit..... Which means a like physician states that your care fell outside the std of care.
- o You then call your insurance co. and you are assigned an attorney and you have 90 days to respond

Expect a marathon, not a sprint .

- o Malpractice suits are time-consuming and disruptive to your schedule, as 78% last more than a year, and 39% last more than three years.
- o But most cases will settle. In an analysis of 518 optometric cases, 98% were the result of negotiated settlements and only 2% the result of court judgments.
- o Review of Optometry.

Med Mal (medical professional liability)

- o The usual cause of action for a suit is Negligence.
- o The plaintiff has the burden of proof to establish 4 elements for a finding of negligence:

The 4 Element of Proving Negligence

- o 1. Legal duty is established
- o 2. Breach of duty or breach of the standard of care.
- o 3. Causation. The breach of duty caused the injury
- o 4. Damages. The injury caused an actual damage.

1. Legal Duty Exists

- o This is typically established by the physician – Patient relationship. A chart was started.
- o This may occur even if you have never seen the patient! If you are giving advise to another Dr.'s patient that you are on call for.
- o A patient that you saw only once when your colleague went on vacation.
- o Your partner's patient that you came in the room to see....for a moment





2. Breach of Duty

- o Once the legal duty is determined by the court or jury, the plaintiff must prove that a breach of duty has occurred, more commonly referred to as a deviation from the standard of care.

Standard of Care

- o It requires a physician to exercise the degree of knowledge and care ordinarily possessed and exercised by other members of the profession acting under similar conditions and circumstances.
- o AoA practice guidelines are useful
- o Will's eye manual

Breach of duty

- o The breach may be a failure to diagnose...most common
- o Delay in diagnosis or delay in referral
- o Improper treatment
- o Failure to obtain informed consent
- o And/or substandard care

To prove a breach std of care:

- o Expert witnesses are used
- o These are typically in the same specialty but don't have to be, could be and Ophtho if they can prove they know what an OD std is ??

3. Causation

- o The plaintiff has to prove that your actions caused a problem...usually loss of vision or visual field. But could be loss of eye or even death

4. Damages

- o The fourth element the plaintiff must prove
“The corneal ulcer is causing the patient to not see”
- o Public Facebook or Instagram is fair game
- o Private investigators are used all the time, surveillance of malingering patient
- o The measure of damages is the amount that will compensate for the injury
- o Compensatory damages are divided into economic and non- economic damages.

Economic Damages

- o Loss of wages... present and future
- o Medical expenses....past , present and future

Non-Economic Damages

- o Very subjective and can lead to a very large settlement
- o Pain
- o Physical impairment
- o Mental suffering, inconvenience
- o Loss of companionship, humiliation
- o Limited in California to 250K



In Florida, there is no cap on economic damages for personal injury.

However, a cap has been established in medical malpractice cases. Governor Ron DeSantis signed a bill in March of 2023 to cap non-economic damages in MedMal cases at \$500,000. Physician and 750K for institutions.

.

Affirmative Defenses

- o 1. Statute of limitations. Failure by the plaintiff to commence with action within the time limits set by the jurisdiction where the case is being brought. 2 yrs. in FL. But this is the time from when the patient knew something was wrong....
- o 2. Contributory or Comparative negligence: conduct by the plaintiff that falls below the std expected of a person for self-protection. Important to document : NS



Risk Management Plan- incident report

- o **Sore subject in Florida...they are discoverable !!!**
- o Hospitals need to keep incident reports but ? Drs office. My friend didn't think so in FL. 40yrs Mal Practice defense
- o So, I would **not** keep a separate file.... Just note in the chart the issues that occurred. Stick to the facts.

Communication is the Key

Poor communication leads to :

1. Diagnostic error
2. Noncompliance
3. Poor medical outcome
4. Increased likelihood of being sued

Good communication prevents the erosion in the Patient -DR . relationship

Chair side manner

- o Every large city has a Dr. with more complications than anyone but a silver /glib tongue keeps them from being sued.
- o The skilled DR. with no charisma is more likely to be sued.
- o The patient that cries wolf often is annoying but can still have a new problem.... I have pain, I have floaters , “I can’t see” but read 20/25 after IOL and being -10 preop

Best Advise

- o Aaron Carroll report in NY Times. June 1 , 2015.
- o To be sued less, Doctors should consider talking to patients more. Patients do not like to be rushed or talked down to.
- o Make good notes, if you change a chart, date and note
- o Don't let ego get in your way of making a referral

Damage Control

- o See patient regularly, don't just click a tab on your EMR. I write notes as if something is going to go wrong and write to notes about what will be next if the current tx is not working.
- o Explain what happened. You have a rash because the medicine is a relative to the one you are allergic to.
- o Better to express concern show compassion and do not hurry the individual.
- o Return phone calls to patient and guardian promptly
- o If lawyer contacts you or patient leaves your practice avoid speaking to the parties involved...your lawyer or mal-practice carrier then takes over.

What to say to the Patient

- o Empathy is always good.
- o I wish your cornea would help us fight this terrible infection. The average time from onset to dx of Fungal keratitis is 2 months
- o I really hate what diabetes does to the retina
- o Tumors in the brain are sometimes hard to explain and are never easy to treat

Mindful listening Means:

- o Carefully taking in what others say without judging them.....and this is difficult, but the hardest for me is when they won't let you explain as they keep just keep talking and talking
- o Simply being Heard can solve Many Problems.
- o Empathy and Anger cannot Coexist

Body Language

- o Touch nose: disbelief
- o Rub neck: anger/frustration
- o Hands to lips: Impatience
- o Arms Crossed: defensive
- o Tug to ear: wanting to interrupt
- o Clenched fist: anger, tension
- o All limbs uncrossed : agreement



Medical Malpractice Exposure Assessment

- o After hour instructions for contacting me are available by calling my office number
- o I meet regularly with my front desk reminding them of conditions that need to be seen the next day
- o Remind students and technicians: “ I’m not aware of the specific concerns but I know Dr.___ will discuss everything with you when he/she examines you
- o Probably most important: Do not let charts get sent without your knowledge and prior review.

Hippa

- o Legislates that patients are entitled to a copy but nothing says it has to be immediate.
- o Once they sign a release then it can be sent
But only after you have reviewed. Within 30 days to avoid any issues with law.
I like to finalize charts within a few hrs of seeing the patient, but you can add addendums.

Exposure check list

- o Patients with serious problems that are young or when there are language barriers... have someone with you preferably multiple people

Deposition

- o Be prepared
- o Have legal representation
- o Short answers, the plaintiff attorney, loves a conversation
- o Do not educate the plaintiff (they may not know what to ask)
- o Do not argue
- o What is said in depo is what is used in court, you have a chance to read and revise.

Deposition

- o The problem with short answers : Can make the defendant look unintelligent , cold , not interested
- o The plaintiff goes first in a trial and they can show how bad you are for 3 days before the defense has a chance to put the dr. on the stand. Jury already very tainted
- o Every case is different. But be prepared and ask questions during breaks of your attorney

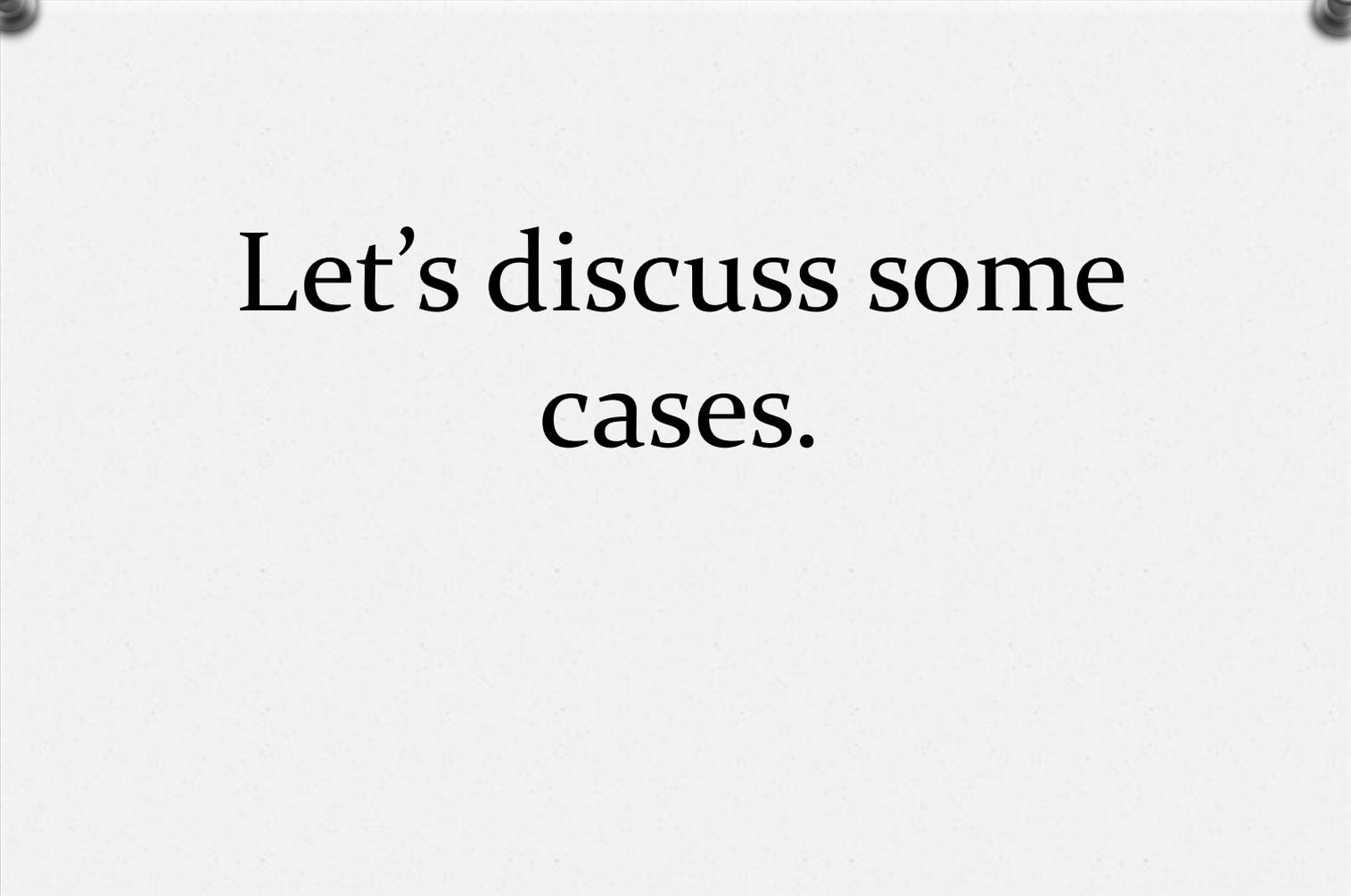
Most common Mal Practice

- o The vast majority of optometric malpractice lawsuits, often stemming from a failure to diagnose, fall into one of these five categories:
 1. Glaucoma #1 in terms of frequency
 2. Retinal detachment (most common triage issue)
 3. Tumors (more intracranial than intra-eye)
 4. Anterior segment
 5. Diabetic retinopathy

.

Number 3 tumors, largest payouts

- o Vision not corrected to 20/20....Is this amblyopia? Vision shouldn't worsen.
- o Have a reason for amblyopia...strab , aniso, injury
- o Pupils, may have to bring pt. back
- o Visual fields- attempt even if child or Haitian/non English speaking
- o Confrontations are good!



Let's discuss some
cases.

Timely follow up, particularly one eyed patient

- o Patient presented for an emergency visit with complaints of new onset pain, semi-acute loss of vision and onset light sensitivity of right eye. Fellow eye no vision.
- o Taking 3 glauc meds. History of tube sx 1 yr prior
- o OD: 20/200 OS: NLP

Glauc pt.

- o Notes cells in the AC and diagnoses : primary uveitis.
- o Starts pred gtts and tells patient to return in.....drum roll.... 2 wks
- o Patient returns in 10 days with HM vision, hypopyon and endophthalmitis. (trabs are always at risk for this)
- o Settles out of court. 4 yrs later. 1/2 million

70 yr. old male who underwent glaucoma surgery with a Baerveldt tube.

- o Talked to by the OD on call, never saw the pt.
- o Surgery on Monday , seen on tues and given f/u visit for 2 wks.
- o Called on Thursday
- o Bloody tears on Cheek
- o Offered to see the patient but it was after hrs and not convenient for the patient

70 yr old

- o So kept his one week apt,
- o Hypopyon and HM vision
- o Patient was an accountant, called about bloody tears, but how do you wait to see the clinic when your vision is that bad?
- o MD was not sued., “I like him but I didn’t like the guy on call”
- o Settled right before going to court

70 yr. cont

- o Lesson: enter info after an after hour conversations. His after hr conversations were written but not 1. entered into chart. 2.He was in the process of leaving the practice: **negative lottery**,
- o Series of bad situations.

80 yr old

- o Seen postop day one with blurred vision and pain
- o IOP not recorded....OD said he wouldn't let her take the pressure
- o She told him to return in a week.
- o Seen a few days later by the MD with 20/400 vision and high IOP , APD and peripapillary hemes.

80 yr old

- o High IOP postop that resulted in Ischemic optic neuropathy vs CRAO
- o Had Tri moxi injection.... Dropless cataract sx
- o He had macular scar in his fellow eye.
- o the case against the OD was dismissed...."Having taken the IOP wouldn't have changed the outcome."

12 yr old white female

- o OD was being sued for failure to dx the patient's glaucoma
- o Her chart goes back to when she was age 3
- o "Funny looking pupil"
- o Vision less than fellow eye and IOP sometimes higher on the NCT,

12 yr old

- o She over ruled the NCT IOP measurement on a couple of visits. Crossed it out !
- o Then the vision was getting worse correctable with more myopic rx
- o Then the optic nerve didn't look the same
- o Referred but patient didn't show
- o Parent took her to another dr and noted unilateral glaucoma, high IOP and high myopia

12 yr old

- o Glaucoma specialist said unilateral congenital glaucoma
- o She had ectropian uvea, which in some ways hurt the case as the iop was not always high as in congenital glaucoma, but helped the case because it is so rare, even the glaucoma specialist didn't label the disease correctly.
- o Patient did not show up for visits when referred and I believe saved the case...it was settled out of court.

70 yr old male from Australia

- o Complained of blurred vision with his glasses in the left eye. Been to several ODs and all had trouble with his OS refraction
- o OD recorded VA of 20/20 in each eye, mild astigmatism, OS
- o Seen again in 6months, same complaints so referred to MD for Cataract sx., MD saw patient and discussed surgery and Multifocals and scheduled him for surgery

Ausi cont

- o Noted a lesion in the left retina and referred him to colleague, who then referred him to university. This is his drawing
- o Thoughts ?



Ausie

- o Ciliary body melanoma
- o Eye removed
- o Now with brain metastasis
- o ? Malpractice
- o Expert is an academican MD

7 yr old Hispanic girl

- o Presents with lid edema, LLL
- o Mother says child opened the fridge and a bottle of soda fell and hit her head and eye
- o OD notes 20/50 vision and some lid swelling and a small heme/bruise on the lid and mild corneal edema
- o Dilated fundus normal
- o Told them to use cold compresses and return in 2 days

7 yr old cont.

- She is feeling better and vision unchanged
- Corneal edema and so patient is given rx for FML and told to return in 4 days to see his OD partner for full exam.

7 yr old

- o Patient feeling better but vision unchanged, didn't fill Rx for steroid
- o Partner noted less lid edema and clearer cornea, told to not get gtts and return in a wk for full exam
- o She returned in a wk , edema resolved, refracted to 20/20 . DFE normal. Told to return in a yr.

7 yr old cont.

- o 2 ½ months later , child's eye noted to be drifting and Mother asks child about vision and says its grey.
- o Takes child to MD and noted to have complete funnel RD
- o Emergent sx at BPEI , but no reattachment
- o History obtained by MD was that the bottle dropped out of frig , causing the bottle cap to strike the child's upper lid.

7yr old

- o The ultrasound showed indentation of the globe superiorly, and probable ruptured globe. Juvenile Vitreous to the wound, progressed causing complete detachment of retina

7yr old

- o This case was settled out of court for just under a million dollars. Civil suite
- o I reviewed it, after a settlement, the DOH attorneys get the document and sometimes then send to consultants to eval. Admin suite. I felt that the Drs met the std of care
- o But they didn't finalize the chart and the front desk gave them a different chart than What was later given... not the std of care.

Administrative law suite

- o Your malpractice policy usually covers you for legal help....10K but if it doesn't you should still employ lawyer for help. If the DOH experts find probable cause then board of optometry can fine you and your license
- o In this case the plaintiff had no idea that the DOH was policing this case.





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Questions

Briandenbest@gmail.com

321.331.6155