***Scenario One:***

*You are a member of the clinical investigation team reviewing a recent patient care incident described below.*

Overview:

**Mr. Stevens**, a 76 year old male, is hospitalized after a fall. Marcy is the resident managing his care. After receiving medication, he exhibits signs of increasing respiratory distress. A code is called. After being resuscitated, Mr. Stevens is transferred to the ICU and placed on a ventilator. After treatment, he improves

rapidly and is transferred back to the floor in stable condition.

Detail:

**Marcy** is a first year resident. She has young children at home, one of whom has been sick for the past 3 days. Marcy is on Night Float (not having done inpatient medicine yet), which is very busy. **Scott** is the senior resident who is supervising Marcy and checking in with her regularly, but he is quite busy too. **Brad** is the attending on call as a back-up, who is also very busy. Marcy receives Mr. Stevens as her patient at 2 am. He fell at home and was accompanied by his partner to the hospital. He is admitted for a work-up to determine the cause of his fall and to assess his current condition. Marcy is learning the newly implemented electronic medical record and managing multiple patient situations in addition to Mr. Stevens. A medication that Mr. Stevens was on at home was not available, so he is changed to a similar formulation of the combination medication, and given a higher dose based on abnormal lab findings. Marcy ordered the medication, the pharmacy delivered it, and the nurseadministered it. Within 5 minutes, Mr. Stevens begins to exhibit respiratory distress, and his partner runs to signal the nurse about the change in his condition. A code is called. After being resuscitated Mr. Stevens is transferred to the ICU and placed on a ventilator. It is discovered he is allergic to one of the ingredients in the substitute medication. After treating his reaction, he rapidly improves and is transferred back to the floor within

6 hours in stable condition.

*Respond to facilitator’s questions*

***Scenario Two:***

In your clinic, you are seeing two patients with similar names (same pronunciation) on the same day:

Mrs. **Smith** - A and Mrs. **Smythe** – B, both women in their 50’s in reasonably good health.

Due to their birthdates, you order a Hepatitis C screen on both per guidelines in addition to addressing

patient’s other issues.

Mrs. Smith is not worried, sees it as a routine screening, and has no questions.

Mrs. Smythe is very nervous about it, has lots of questions, and fears having a positive test.

Mrs. Smith’s test (A) comes back ***negative*** and Mrs. Smythe’s test (B) is ***positive***.

You call Mrs. Smith and tell her the test is *positive* and she needs to come in for further testing.

You ask your MA to send a “normal lab” letter to Mrs. Smythe, the worried patient.

A week later, Mrs. Smith’s follow up visit is on your schedule. When reviewing her chart before clinic, you see that her Hep C test was actually *negative*! Being a clever resident, you remember you also saw another patient recently with a similar name and for whom you also ordered the Hep C screen.

You review Mrs. Smythe’s chart and you discover that her test was *positive* but she was sent a “normal lab” letter.

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