

# Understanding Medical Errors in Chiropractic Care

Presented by:

Jennifer Martingano Calautti, CCPA

President/CEO – Chiropractic Educational Network

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[www.ChiropracticEducationalNetwork.com](http://www.ChiropracticEducationalNetwork.com)

# Introduction

Medical errors are one of the top causes of preventable harm in healthcare.

**Definitions:**

- **Institute of Medicine:** Failure of a planned action to be completed as intended, or use of a wrong plan to achieve an aim.
- **NIH:** Act of omission or commission that contributes—or could contribute—to an unintended result.

Errors are hard to measure due to inconsistent definitions and reporting. Still, preventing them is central to patient safety, professional ethics, and compliance.

## Types & Key Characteristics

Most errors result from **system failures**, not just individual mistakes.

### Examples:

- **Active Errors:** Occur at the point of care (e.g., wrong machine setting).
- **Latent Errors:** Hidden system flaws (e.g., poor equipment maintenance).
- **Adverse Events:** Undesirable outcome not caused by the disease.
- **Never Events:** Incidents that should never occur.
- **Sentinel Events:** Unexpected death or severe harm.

### Omission vs. Commission:

- Omission = not taking needed action.
- Commission = taking the wrong action.

Both can qualify as malpractice.

## Legal & Ethical Responsibilities

**Florida Statute 460.413(1)(r):** Gross or repeated malpractice = failure to provide care at the level of a prudent chiropractic physician.

**Consequences:** Board discipline, fines, suspension, or loss of license.

**Ethical Duty:** Providers must “do no harm” by delivering safe, effective care.

## Categories of Medical Errors

- **Treatment Errors:** Wrong settings, excessive force, inappropriate adjustments.
- **Preventive Errors:** Incomplete histories, ignoring red flags, failure to monitor.
- **Communication Errors:** Miscommunication, poor documentation, unclear instructions.
- **Medication Errors:** Wrong drug/dose—especially relevant during intake histories.
- **Systemic Errors:** Weak workflows, lack of standardized protocols, inadequate staffing.
- **Human Factors:** Fatigue, burnout, inexperience.
- **Diagnostic Errors:** Missed or delayed diagnosis, lack of referral, faulty interpretation.

U.S. estimate: **795,000 deaths or disabilities annually** due to diagnostic errors.

## Building a Culture of Safety

**Root Causes:** Poor communication, weak leadership, inconsistent procedures, inadequate supervision.

### **Oversight & Standards:**

- **The Joint Commission** – national standards for safe healthcare.
- **NBCE & FCLB** – chiropractic licensing, exams, and accountability.

### **Strategies for Safer Practice:**

- Encourage non-punitive error reporting.
- Standardize protocols & use checklists.
- Verify patient identity in two ways.
- Communicate test results quickly.
- Monitor high-risk patients closely.

# Patient-Centered Care

Engaged patients reduce risk of errors.

## **Core Practices:**

- Ask meaningful questions and actively listen.
- Share decisions with patients about their care.
- Explain the “why” behind treatments.
- Respect patient concerns and preferences.

## **Planning Cycle for Safer Care:**

1. Collect health history & data.
2. Set realistic, measurable goals.
3. Assess patient and office resources.
4. Assign roles and responsibilities.
5. Monitor and evaluate outcomes.

## Documentation & Final Takeaways

### Documentation Best Practices:

- “If it’s not written, it didn’t happen.”
- Use standard abbreviations (avoid @, <, >).
- Confirm verbal orders with a read-back.
- Avoid EHR errors like copy-paste or wrong patient file selection.

### Key Messages:

- Medical errors can occur at any stage of care.
- Prevention depends on **systems, staff training, communication, and documentation.**
- A safety-first culture protects patients, providers, and the chiropractic profession.

### For More Information:

Jennifer Martingano Calautti, CCPA  
President/CEO – Chiropractic Educational Network  
Jen@ChiropracticEducationalNetwork.com  
www.ChiropracticEducationalNetwork.com