Deviation of Care / Reference-Standard of Care

Case **test-case-5-6143587d0932ce510d808ba396be34fb** · Generated 2026-08-02T 17:40:29+00:00 · Sentinel protocols: 3

1. Case Header / Reference Standard Overview

Patient: [Name]

DOB / MRN: [DOB] / [MRN]

Encounter dates: 12/15/2023 → 04/10/2024

Presenting complaint: Chronic low back pain — ongoing 2 years; unrelated to future fall. Assessment: Chronic low back pain. Lumbar strain, chronic. ICD Codes: • M 54.5 Low back pain • M 51.36 Other intervertebral disc degeneration, lumbar Plan: Home exercise, OT

Facilities: Metro General Hospital, Mountain View Imaging Center, Quick Care Urgent Clinic, Riverside Family Medicine, Harlan Shoulder Clinic, Metro General Imaging, Metro Neuro Associates, Peak Motion Physical Therapy

Providers: A. Nguyen, PA-C, J. Ruiz, DPT, M. Harlan, MD, S. Bernstein, MD, L. Cho, MD, R. Okonkwo, MD

2. Summary of Findings

0	0	0	0	0
TOTAL DEVIATIONS	JUSTIFIED DEVIATIONS	MISSED CARE	DOCUMENTATION GAPS	DETERIORATION-RELATED
0	**0**	**8**	**25**	**6**
REFERENCE DEVIATIONS	CAUSATION-LINKED	DEPENDENCIES MET	COMORBIDITY SCORE	CANDIDATE HINTS

Severity — critical: 0, high: 0, medium: 0, low: 0

3. Standard-of-Care Rule Index

Rules defined via Protocol Curation Studio and evaluated by Sentinel.

#	Rule text	Category	Expected action	Timing (min)	Severity
1	After Sepsis diagnosis / suspected sepsis, perform Serum lactate measured within 60 minutes	intervention	Serum lactate measured	60	high
2	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	intervention	Blood cultures drawn	60	high
3	After Sepsis diagnosis / suspected sepsis, perform Broad-spectrum antibiotics administered within 60 minutes	intervention	Broad-spectrum antibiotics administered	60	critical
4	After Sepsis diagnosis / suspected sepsis, perform IV fluid resuscitation within 60 minutes	intervention	IV fluid resuscitation	60	high
5	After Sepsis diagnosis / suspected sepsis, perform Blood cultures drawn within 60 minutes	intervention	Blood cultures drawn	60	critical
6	After Sepsis diagnosis / suspected sepsis, perform Broad-spectrum antibiotics administered within 60 minutes	intervention	Broad-spectrum antibiotics administered	60	critical

#	Rule text	Category	Expected action	Timing (min)	Severity
7	After Sepsis diagnosis / suspected sepsis, perform Serum lactate measured within 60 minutes	intervention	Serum lactate measured	60	**high**
8	After Sepsis diagnosis / suspected sepsis, perform IV fluid resuscitation within 180 minutes	intervention	IV fluid resuscitation	180	**high**
9	After STEMI / acute MI, perform ECG / EKG performed within 10 minutes	intervention	ECG / EKG performed	10	**critical**
10	After STEMI / acute MI, perform Aspirin administered within 30 minutes	intervention	Aspirin administered	30	**high**

4. Timeline-Aligned Deviation Map

Chronological reconstruction of deterministic deviations.

None flagged.

5. Missed Care Analysis

None flagged.

6. Deterioration-Related Deviations

None flagged.

7. Documentation Deviations

None flagged.

8. Causation-Linked Deviations

Logic-gated “so what?” framing: Because [deviation], the patient may have suffered [harm]. Abstains when harm cannot be linked.

None flagged.

9. Rule-to-Chart Comparison Table

None flagged.

10. Document Index

Kind	Title	Filename	ID
reference standard	RITA_Reference_So C_Manual_Sepsis_STEMI	RITA_Reference_So C_Manual_Sepsis_STEMI.pdf	RITA_Reference_SoC_Manual_Sepsis_STEMI
case chronology	Case chronology events (22 events)	—	test-case-5-6143587d0932ce510d808ba396be34fb
case document	RITA_Synthetic_Full Case_[Name].json	RITA_Synthetic_Full Case_[Name].json	doc_4822b971a3

11. Reference Deviation

Compared chronology against 1 reference manual(s): 1 aligned, 2 partial, no hard deviations flagged

1 ALIGNED

0 DEVIATIONS

0 JUSTIFIED

2 PARTIAL

0 MENTIONED (NOT TIMED)

0 INSUFFICIENT / N/A

Timing/compliance verdicts are from Sentinel window checks. "Mentioned (not timed)" means the chart uses related language only — it is not a compliance finding and does not contradict a Deviation row.

References compared

Title	Filename	Text chars	Text OK
RITA_Reference_So C_Manual_Sepsis_STEMI	RITA_Reference_So C_Manual_Sepsis_STEMI.pdf	3766	Yes

Theme / rule	Status	Reference	Reference expectation	Chart finding	Justification / Exception	Impact / Harm	Severity	Evidence
ECG / ACS evaluation	Partial	Reference Manual_Sepsis_STEMI	Reference discusses ecg / acs evaluation (matched on 'ecg')	Chart shows both performance and delay/gap language	—	—	medium	...osis; stroke alert; blood culture; antibiotics; lactate measurement; fluid resuscitation; ecg; aspirin; ct head. 5. Save to runtime protocols fi score the Avery case hospitalization (...

Theme / rule	Status	Reference	Reference expectation	Chart finding	Justification / Exception	Impact / Harm	Severity	Evidence
Sepsis bundle actions	Aligned	Reference Manual_Sepsis_STEMI	Reference discusses sepsis bundle actions (matched on 'sepsis')	Chart documents sepsis bundle actions consistent with this reference theme	—	—	low	Reference Manual p. 1
Documentation completeness	Partial	Reference Manual_Sepsis_STEMI	Reference discusses documentation completeness (matched on 'document')	Chart shows both performance and delay/gap language	—	—	medium	Reference Manual pp. 1–2

12. Why No Deviations Were Found

Zero evaluable deviations against currently loaded protocols/references. This is an evaluation gap, not a medical clearance of care quality

- 3 protocol(s) loaded; 8 dependency(ies) met; 0 evaluable deviation(s) flagged
- Sepsis/STEMI-related language appears in the chronology, but no matching loaded protocol rule produced an evaluable deviation
- Therefore no protocol deviations can be evaluated as confirmed gaps until matching pathways are loaded and triggers fire

13. Recommended Uploads

Optional protocols and reference categories that may enhance future deviation detection for this case. Upload in Protocol Curation Studio when counsel wants broader Sentinel coverage; absence here does not mean the current report is incomplete

Optional protocols that may enhance future deviation detection. Absence here does not mean this report is incomplete.

Upload	Why for this case	Priority	Loaded?
ED vitals escalation protocol	Enables evaluation of abnormal vitals → attending/rapid-response timing	high	No
Imaging delay protocol	Defines expected XR/CT/MRI turnaround for delay analysis	high	No
MSK acute pain pathway	Supports analgesia, disposition, and return-precaution expectations	high	No
Neurologic deficit escalation protocol	Supports neuro consult / stroke-alert timing when deficits appear	high	No
Rotator cuff tear pathway	Useful when MOI or imaging suggests RTC pathology and delayed MRI/PT	high	No
Shoulder injury pathway	MSK/shoulder presentations benefit from staged imaging and ortho triage rules	high	No

14. Potential Deviation Candidates (Not Evaluated)

These items are potential deviation candidates for protocol comparison. They are NOT confirmed deviations

Candidate	Date	Detail	Source	Note
Abnormal vitals not escalated	03/05/2024	rr=tachypnea	chronology/vitals	Candidate for protocol comparison — not a confirmed deviation
Delayed imaging	01/19/2024	Chronology explicitly notes delayed imaging	chronology	Candidate for protocol comparison — not a confirmed deviation
Delayed imaging	02/05/2024	Chronology explicitly notes delayed imaging	chronology	Candidate for protocol comparison — not a confirmed deviation
Missed PCP follow-up	01/19/2024	…scharged home with sling. ortho f/u written but not booked. no pcp follow-up arranged. — end encounter 04 / page section break…	chronology	Candidate for protocol comparison — not a confirmed deviation
Delayed neurology referral	02/18/2024	…rthopedic follow-up date: 02/18/2024 | purpose: mri review; delayed neurology for hand tingling bates-000012 harlan shoulder clinic —…	chronology	Candidate for protocol comparison — not a confirmed deviation
MOI contradictions	01/19/2024	…emergency department visit date: 01/19/2024 | purpose: ed: moi contradiction; vitals non-escalation; fake med/icd; delayed xr bates-0000…	chronology	Candidate for protocol comparison — not a confirmed deviation

15. Clinical Risk Context

Litigation risk score: High (52.5). Patterns and missed/delayed care signals below are for counsel context even when protocol deviations are zero

High	52.5	5	6	5
RISK LEVEL	RISK SCORE	HIGH-RISK PATTERNS	MISSED/DELAYED SIGNALS	ED SEVERITY MARKERS

High-risk chronology patterns

- ED/acute care presentation
- Neurologic symptoms
- Persistent / worsening course
- Imaging abnormality language
- Red-flag vitals language

ED severity markers

- 01/19/2024: ED acuity / triage language present
- 01/19/2024: ED severity symptom/vital marker
- 03/05/2024: ED severity symptom/vital marker
- 03/11/2024: ED acuity / triage language present
- 03/18/2024: ED acuity / triage language present

When	Signal	Source
03/05/2024	Abnormal vitals not escalated	candidate hint
01/19/2024	Delayed imaging	candidate hint

When	Signal	Source
02/05/2024	Delayed imaging	candidate hint
01/19/2024	Missed PCP follow-up	candidate hint
02/18/2024	Delayed neurology referral	candidate hint
01/19/2024	MOI contradictions	candidate hint

Risk rationale: Shared case risk score 52.5/100 (High) using shared deterministic v1. Peak event severity 4.5/10 → +31.5; High-severity emergency/urgent encounters ×2 → +6.0; Missed/delayed-care signals ×7 → +15.0

16. Next Steps for Counsel

Counsel roadmap to convert a thin/zero-deviation report into an evaluable liability analysis

- Load MSK / shoulder / rotator cuff pathways in Protocol Curation
- Load ED vitals escalation protocols
- Load any remaining facility-specific policies not yet selected
- Request the facility vitals escalation policy (RRT / attending notify timing)
- Request imaging turnaround / radiology SLA policy (XR/CT/MRI)
- Request neurology referral / consult guidelines for this facility
- Pressure-test Potential Deviation Candidates against newly loaded protocols

Visual Deviation Timeline PREMIUM

Dated deviation markers by severity (undated findings omitted).

No dated deviations available to plot.

Severity Scoring / Risk Index PREMIUM

0	0	0	0
CRITICAL	HIGH	MEDIUM	LOW

Provider-Specific Deviation Breakdown PREMIUM

None flagged.

Guideline-to-Outcome Overlay PREMIUM

No guideline gaps available to overlay with later outcomes.

Facility Policy Comparison PREMIUM

Facility	Policy source	Chart alignment
Metro General Hospital	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Mountain View Imaging Center	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Quick Care Urgent Clinic	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Riverside Family Medicine	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Harlan Shoulder Clinic	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Metro General Imaging	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Metro Neuro Associates	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded
Peak Motion Physical Therapy	Not found in curated facility-policy protocols — compare against hospital pathways once curated	Facility observed in chronology; no facility-specific policy protocol loaded

Expert-Ready Deviation Summary PREMIUM

Reference/Standard of Care — Sentinel Summary (Deterministic) Protocols evaluated: 3 Dependencies met: 8 Deviations: 0 unique group(s) Selected references: Reference Manual — Sepsis/STEMI No deterministic deviations flagged. All deviation flags computed by Reference/So C Sentinel; LLM did not decide compliance

Litigation-Ready Deviation Packet PREMIUM

Packet contents for counsel derived from Sentinel findings, reference deviation comparisons, and document index: rule index (10), timeline deviations (0), causation rows (0), reference deviations (0), document index (3).

Narrative synthesis

Reference/Standard of Care — Narrative Synthesis Sentinel evaluated 3 protocol(s); 8 dependencies were met; 0 unique deviation group(s) remain after collapsing overlapping protocol flags. No deterministic deviations were flagged against the selected Reference/Standard of Care protocols. Deviation flags computed by Reference/So C Sentinel; LLM did not decide compliance

QUALITY ASSURANCE: VERIFIED

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Pod liability