

# Medical Error Reporting Systems Called Inadequate

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Virtually all pediatricians favor reporting medical errors to hospitals and colleagues, as well as disclosing them to patients' families, but most of these specialists also consider the available systems for doing so to be inadequate, according to a survey by Dr. Jane Garbutt of Washington University, St. Louis, and her associates.

The researchers noted that although medical errors involving hospitalized children are frequent, most of the current data on reporting and disclosing medical errors have come from physicians who treat only adults. Because of this, the authors conducted what they described as the first study "to examine communication about medical errors in a large sample of pediatricians."

A total of 557 academic and community pediatricians and pediatric residents completed an anonymous, 15-minute survey of the issue

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by mail or over the Internet in 2003-2004. The respondents were affiliated with medical centers in St. Louis or Seattle, which had electronic and other incident reporting systems in place that were designed to analyze errors so

as to prevent their recurrence.

Despite the emphasis on open communication about medical errors to improve patient safety, such errors are underreported and "such transparency appears to be far from the norm," the investigators said.

They defined medical errors as "the failure of a planned action to be completed as intended, or the use of a wrong plan to achieve an aim."

Roughly equal numbers of male and female pediatricians responded to the survey. The mean respondent age was 43 years, and the mean number of years in practice was 12.

Only 7% of the respondents said they had never been involved in a medical error. Approximately 40% said they had been involved in a serious medical error, defined as one that caused permanent injury or transient but potentially life-threatening harm.

A total of 72% said they had been involved in a minor medical error, defined as one that caused harm that was neither permanent nor potentially life threatening. And 61% said they had been involved in a "near miss," defined as an error that could have caused harm but did not, either by chance or by a timely intervention.

Nearly all the physicians surveyed (97%) endorsed open discussion about medical errors with the hospital, their colleagues, and patients' families, but only 39% felt that available systems were adequate to

the task. Respondents said they had problems accessing formal reporting systems and that existing systems were too time consuming, did not ensure confidentiality, were punitive, and did not use the information to improve patient safety.

A full 40% of the respondents said they did not even know whether their hospitals had an error-reporting system that physicians could use to improve patient safety. Most respondents (74%) said they used informal mechanisms to report errors, such

as telling a supervisor or manager, Dr. Garbutt and her associates wrote (*Arch. Pediatr. Adolesc. Med.* 2007;161:179-85).

Two encouraging findings concerned malpractice. Most respondents felt that open discussions of medical errors would make malpractice suits less, rather than more, likely. And respondents' predictions of whether they would be sued for malpractice in the near future had no bearing on their willingness to report and disclose their own errors.

Both of these findings refute the notion that pediatricians avoid reporting or disclosing medical errors because they are afraid of being sued for malpractice, the researchers said. The survey results indicate that redesigning error-reporting systems would encourage pediatricians to report and would thereby improve the safety of hospitalized children. In particular, "the medical profession should develop disclosure guidelines to help physicians with this difficult task," they added. ■

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