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Agency for Healthcare Research & Quality

Spotlight Case January 2008

How Do Providers Recover from Errors?

Source and Credits

- This presentation is based on the January 2008 AHRQ WebM&M Spotlight Case
  - See the full article at http://webmm.ahrq.gov
  - CME credit is available
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  - Spotlight Editor: Tracy Minichiello, MD
  - Managing Editor: Erin Hartman, MS

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2

Objectives

At the conclusion of this educational activity, participants should be able to:

- Describe the provider-specific prevalence of medical errors
- Appreciate the impact of medical errors on care providers
- Understand coping strategies, including error disclosure
- Review potential support structures for providers involved in errors

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3

Case: How Do Providers Recover from Errors?

An 81-year-old man with chronic obstructive pulmonary disease and end-stage congestive heart failure was admitted to the hospital with increasing shortness of breath. CXR revealed a moderate sized, right-sided pleural effusion. He was treated with diuresis and bronchodilators. However, after 2 days and a net output of more than 2.7 liters, he continued to be dyspneic, requiring more supplemental oxygen than baseline.

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4

Case: How Do Providers Recover from Errors?

The primary team decided to perform a therapeutic thoracentesis. The resident on the primary team had not performed the requisite number of thoracenteses and therefore could not perform this procedure without supervision. A resident from another team who had performed the required number of thoracenteses offered to perform the procedure, and the team's resident accepted this offer.

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5

Case: How Do Providers Recover from Errors?

Consent was obtained from the patient and his wife. The resident performed the thoracentesis, but was unable to draw any fluid, aspirating only a small amount of blood and air. The resident then realized that the effusion was on the contralateral side, not the left side she had just tapped. One hour after the procedure the patient developed hemoptysis and a CXR revealed a pneumothorax on the left and a persistent unchanged pleural effusion on the right.

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6

Impact of Medical Errors on Providers

- Proportion of hospitalized patients affected by medical errors estimated to be 5% to 10%, but approaches 50% in some studies
- Proportion of physicians who commit errors is not well described, and data available is limited to resident physicians

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7

West CP, et al. JAMA. 2006;296:1071-1078.
Newman MC. Arch Fam Med. 1996;5:71-75.

Medical Errors Among Physician Trainees

- Nearly 30%-50% of internal medicine residents reported making a serious medical error during training
- Nearly 20% of trainees across multiple specialties reported an adverse event under their care in the previous week—1/3 of these were considered mistakes
- This data relies on self-reporting and likely underestimates magnitude

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8

See Notes for References.

Providers—the "Second Victim" of Medical Errors

- 3-fold increase in depression
- Increase in burnout
- Decrease in overall quality of life
- Feelings of distress, guilt, shame may be long-lasting
- Feelings appear to occur regardless of stage of training

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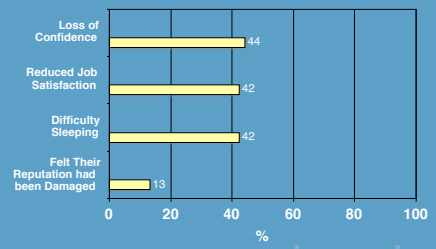
See Notes for References.

Emotional Impact of Medical Errors on Physicians



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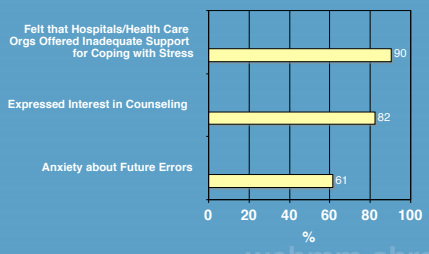
Waterman AD, et al. Jt Comm J Qual Patient Saf. 2007;33:467-476.

Emotional Impact of Medical Errors on Physicians (cont.)



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Waterman AD, et al. Jt Comm J Qual Patient Saf. 2007;33:467-476.

Predictors of Impact of Medical Error

- Patient outcome resulting from the error
  - The more severe the morbidity the greater the impact
- Degree of personal responsibility felt for the error
  - If provider feels directly and fully responsible, error will be more damaging

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Engel KG, et al. Acad Med. 2008;81:86-93.

Processing Medical Errors

- Avoid counterproductive responses to errors
- Express emotions
- Do not avoid the patient
- Avoid defensive medical practice
- Accept responsibility

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13

See Notes for References.

Processing Medical Errors (cont.)

- Pursue additional training to better understand and correct mistakes
- Consider supportive discussion with colleagues and family members
- Appreciate that need for support after an error is normal rather than a sign of weakness
- Disclose error to patient and apologize if appropriate

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14

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Case (cont.): How Do Providers Recover from Errors?

The resident provided full disclosure to the wife immediately following the procedure. The patient continued to deteriorate and died approximately 4 hours after the thoracentesis. The resident was devastated by the error. One week after the patient passed away, the wife called the hospital where the event occurred and asked for the resident. The wife wanted to thank her for her honesty and to check and see if the resident was doing okay after the event.

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15

Support for Providers Involved in Medical Errors

- Few formal support programs are available for providers after errors occur
- Providers often rely on informal support structures such as family, friends, and colleagues
- More formalized structures are poorly defined and have not been evaluated in literature

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16

Wu AW. BMJ. 2000;320:726-727.

Support for Providers Involved in Medical Errors (cont.)

- Traditional Morbidity and Mortality conference
  - Errors regarded as lapses resulting from unacceptable personal fallibility
  - May place providers at risk for public humiliation and shame
  - Changing emphasis of such conferences could provide powerful opportunity for professional role-modeling of error acknowledgment and open discussion

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17

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Support for Providers Involved in Medical Errors (cont.)

- Availability of institutional "confessor"
- Confidential one-on-one discussion of case
- Provide emotional support on a more individual level
- Must not be part of the clinician's performance evaluation team

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18

Pellack C. Camb Q Healthc Ethics. 2003;12:203-207.

Improving Support for Providers Involved in Medical Errors

- Require curriculum addressing medical errors throughout medical training:
  - Emphasize errors are part of any human endeavor
  - Help providers understand helpful coping strategies
  - Caution against maladaptive coping strategies
  - Promote open discussion of errors in a manner designed to foster personal and institutional growth rather than humiliate and assign blame

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19

Take-Home Points

- Medical errors are an unavoidable part of medical practice resulting in significant distress for providers
- Coping strategies are necessary and range from personal approaches to formal organized forums for discussion of errors
- Institutional efforts should focus on implementing curriculum in medical errors at all levels of medical training
- Culture shift will be necessary to create a productive process for the provider sharing the medical error

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20