Medical Errors: Practicing Physician and Public Views

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Institute of Medicine Report on Medical Errors

- 44,000 to 98,000 Americans die each year as a result of medical errors

- These errors result in total national costs estimated to be between $17 billion and $29 billion

- Errors are primarily due to system failures

- Recommends a mandatory non-punitive system of reporting of errors and creating of safety systems

- Reports of errors should be confidential

Methodology

The Harvard School of Public Health and the Henry J. Kaiser Family Foundation's *Medical Errors: Practicing Physician and Public Views* is based on two surveys, one of physicians and one of the public, both designed and analyzed by a team of researchers from HSPH and KFF.

Physician Survey

The fieldwork for the survey of physicians was conducted April 24 – July 22, 2002 by mail or online with 831 physicians by Harris Interactive, Inc. The sample was drawn from the national list of physicians provided by Medical Marketing Service, Inc. This list includes both American Medical Association members and non-members and is update weekly. The margin of sampling error was +/- 3.5 percentage points.
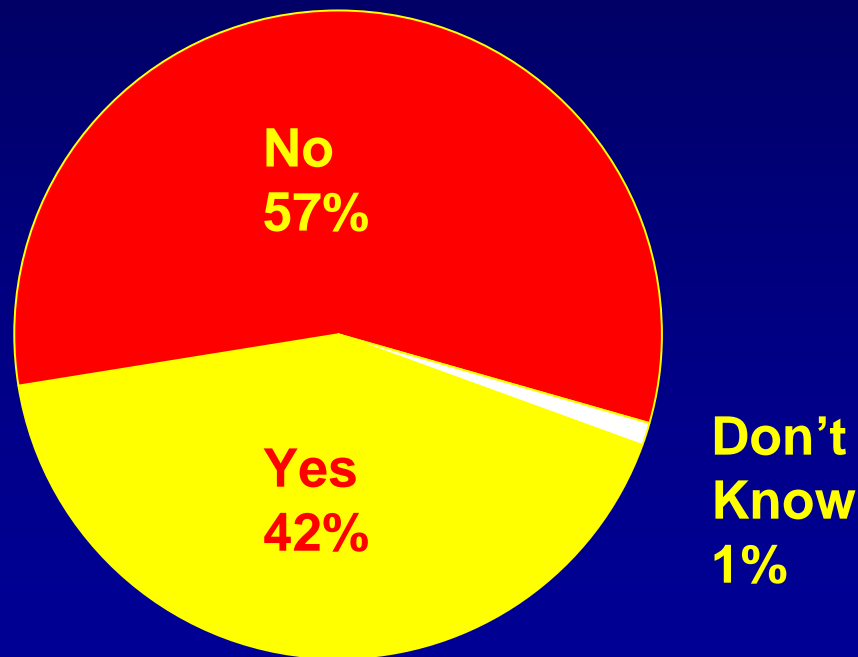
General Public Sample

The survey of the public was conducted by telephone April 11 – June, 2002 with a nationally representative sample of 1,207 adults 18 years and older. The fieldwork for the survey was conducted in Spanish and English by ICR/International Communications Research. The margin of sampling error was +/- 2.6 percentage points.

Personal Experience with Medical Errors

The percentage to said that they had been personally involved in a situation where a preventable medical error had been made in their own care or that of a family member

Public

No 57%

Yes 42%

Don't Know 1%

Physicians

Yes 35%

No 65%

Blendon, et. al. "Views of practicing physicians and the public on medical errors."
The New England Journal of Medicine, v347, n24: 1933-1940
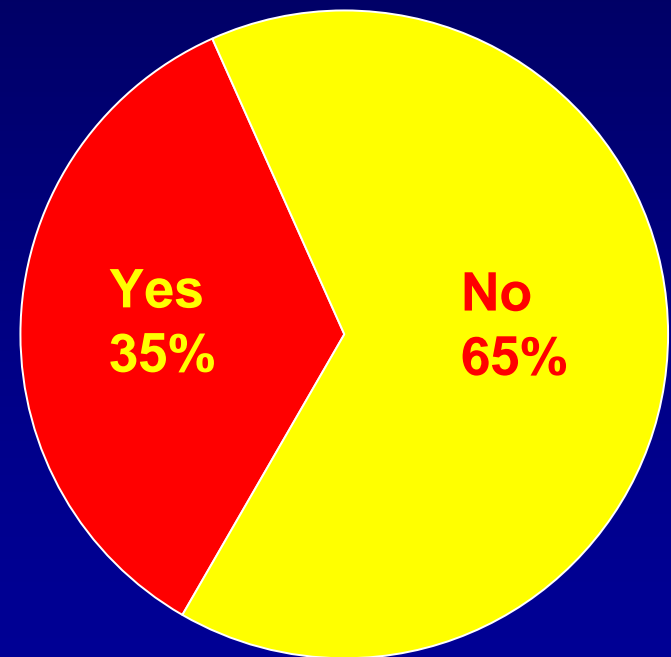
Health Consequences of Medical Errors

Among the general public and physicians, the percentage who reported experience with a medical error that resulted in…

■ **The public**   ■ **Physicians**

Serious health consequences
- Physicians: 18%
- The public: 24%

Minor health consequences
- Physicians: 10%
- The public: 13%

No health consequences
- Physicians: 7%
- The public: 5%

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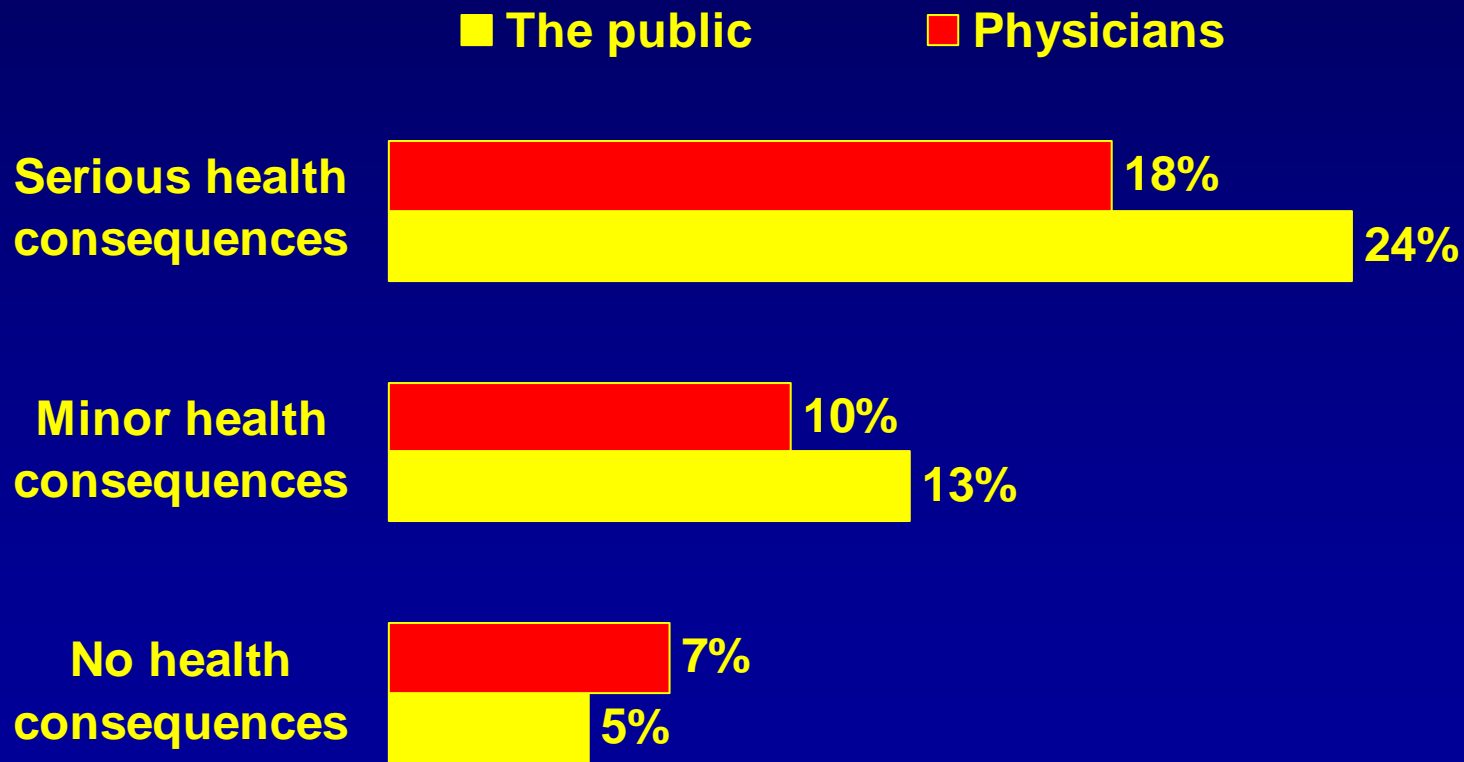
Perceived frequency of preventable medical errors

When people seek help from a health care professional, how often do you think preventable medical errors are made in their care?

	Very often	Somewhat often	Not too often	Not often at all	Don't know
Public	10%	39%	37%	8%	6%

	1%			
Physicians	19%	59%	21%	

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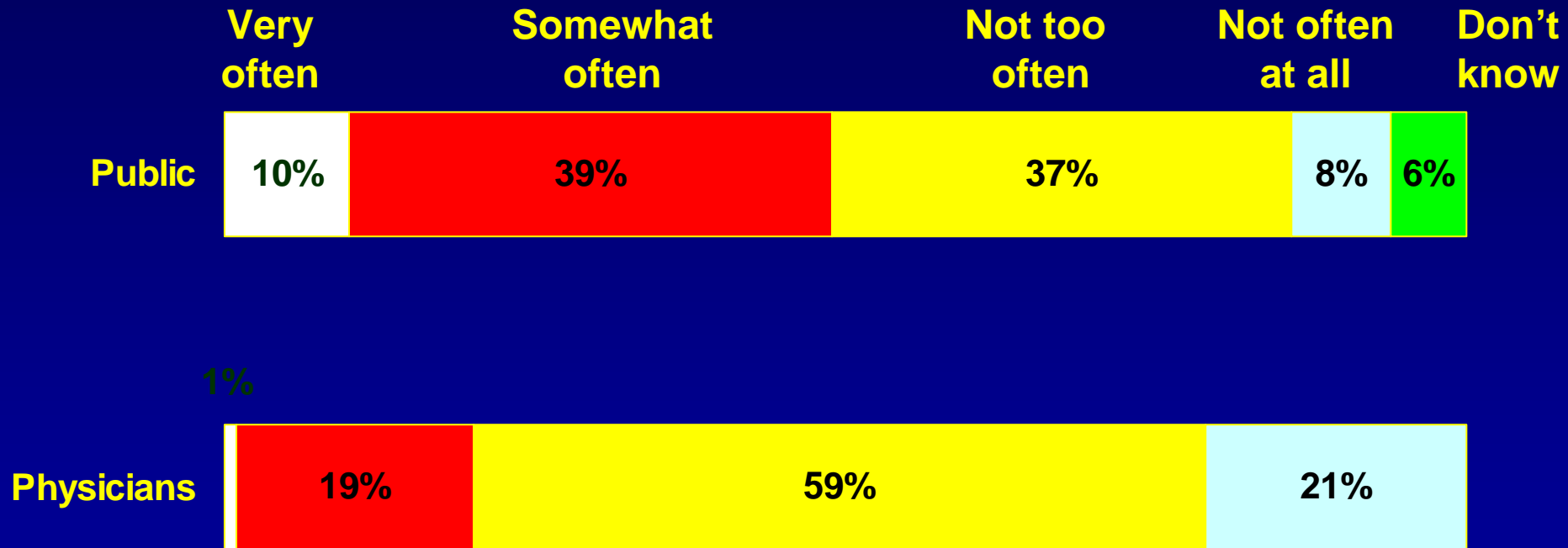
Perceived number of deaths each year due to medical errors

	Public	Physicians
500	24%	26%
5,000	36%	46%
50,000	20%	25%
100,000	7%	9%
500,000+	4%	1%

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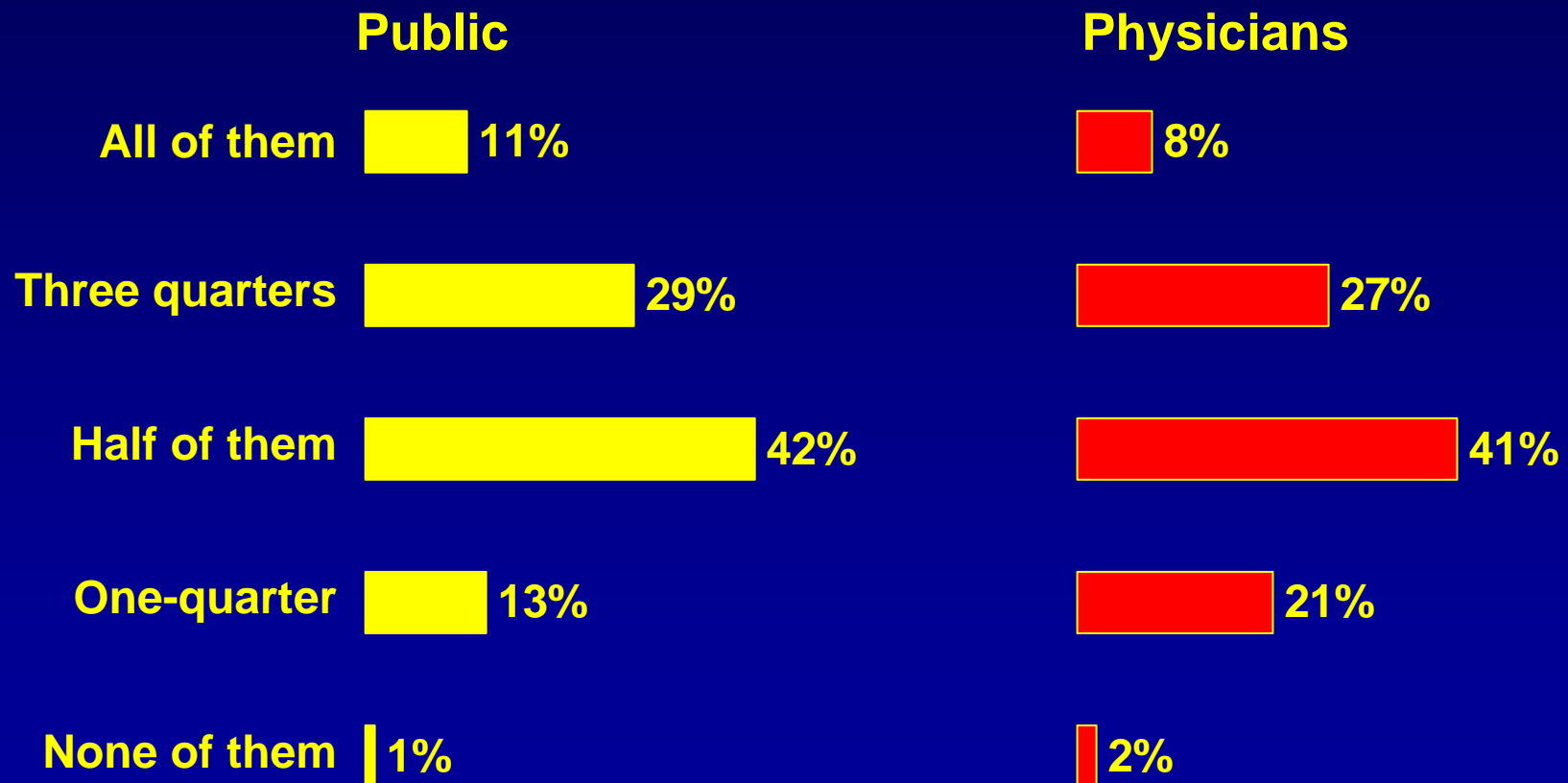*The New England Journal of Medicine*, v347, n24: 1933-1940
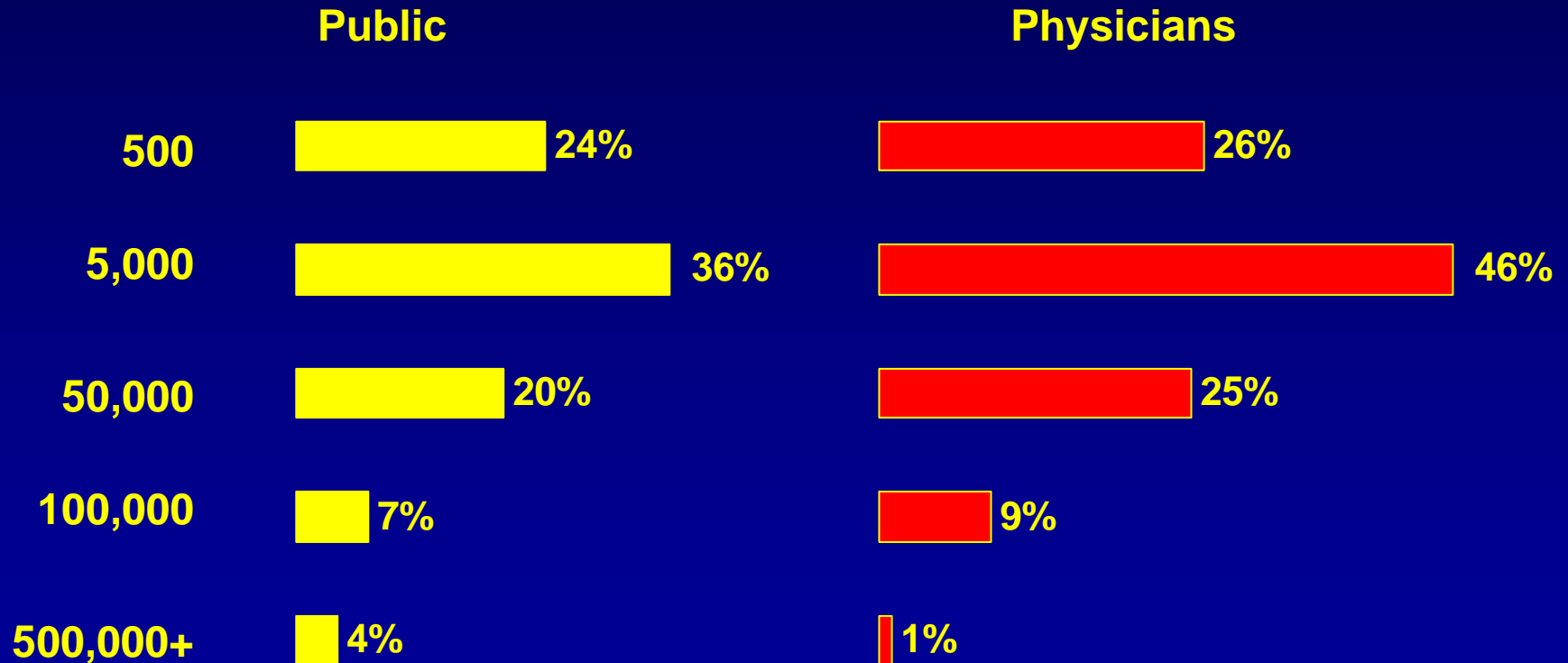
Who is responsible for preventable medical errors?

Which of the following do you think is a more important cause of preventable medical errors that result in serious harm?

Mistakes made by individual health professionals   **Mistakes made by Institutions where they work**

Public   55%   38%

Physicians   58%   43%

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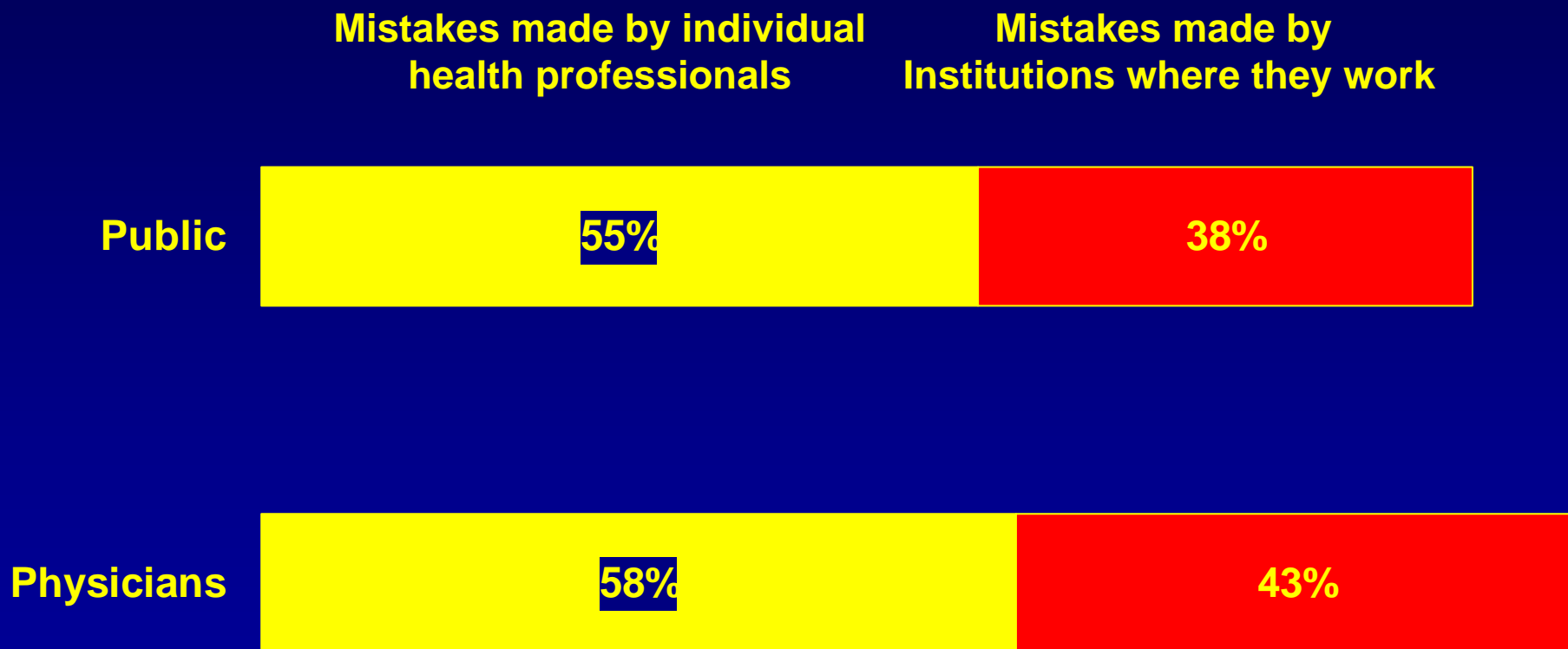
Perceptions about whether deaths due to medical errors are preventable

The proportion of the deaths due to medical errors that respondents feel could realistically be prevented

	Public	Physicians
All of them	11%	8%
Three quarters	29%	27%
Half of them	42%	41%
One-quarter	13%	21%
None of them	1%	2%

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"Very Important" Causes of Preventable Medical Errors - Physicians

Understaffing of nurses in hospitals

53%

Overwork, stress, or fatigue on the part of health professionals

50%

Failure of health care professionals to work as a team

39%

Influence of HMOs and other managed care plans

39%

Complexity of medical care

38%

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"Very Important" Causes of Preventable Medical Errors - Public

Insufficient time spent by doctors with patients

72%

Overwork, stress, or fatigue on the part of health professionals

70%

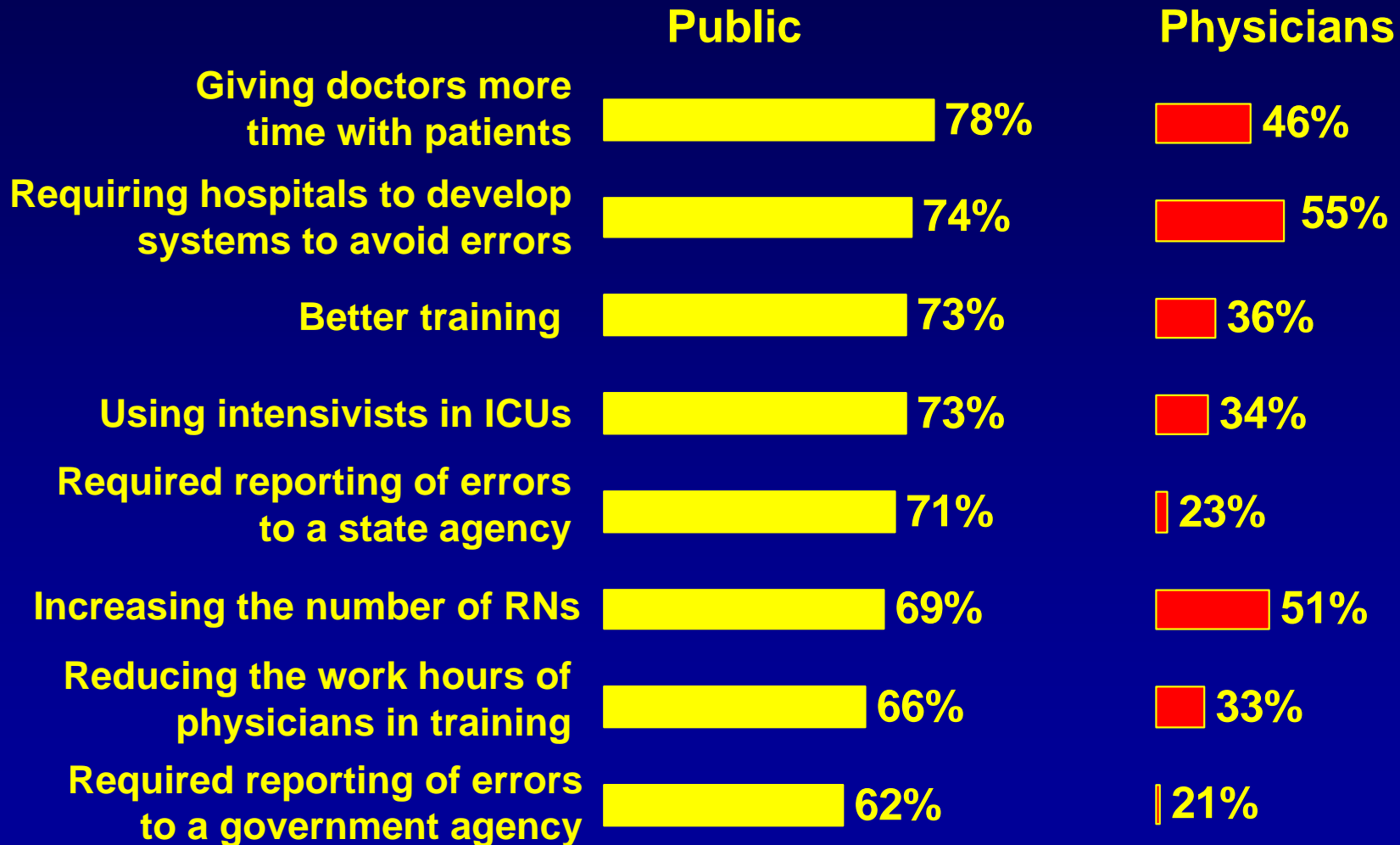**Failure of health care professionals to work as a team**

67%

Understaffing of nurses in hospitals

65%

Complexity of medical care

62%

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Percentage who feel each solution would be <u>very effective</u> reducing preventable medical errors

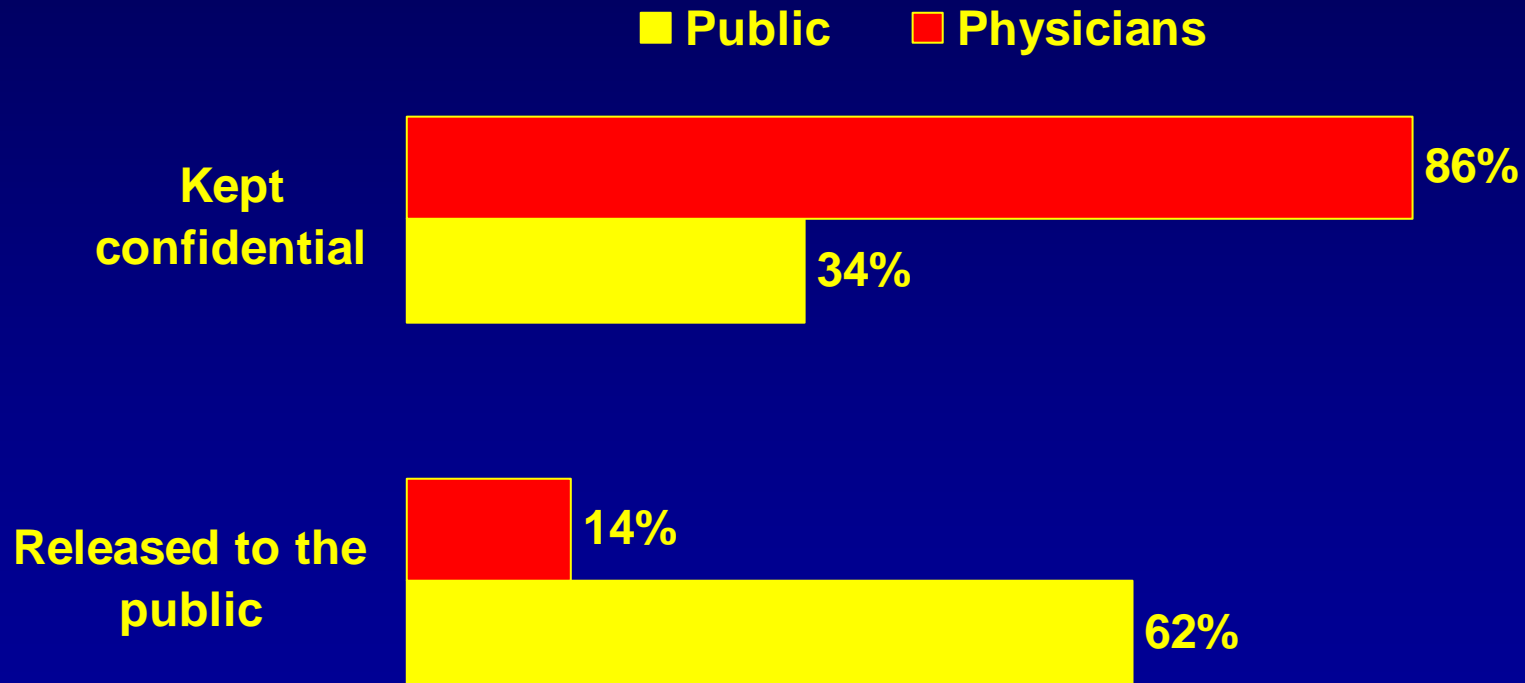|	Public	Physicians
Giving doctors more time with patients	78%	46%
Requiring hospitals to develop systems to avoid errors	74%	55%
Better training	73%	36%
Using intensivists in ICUs	73%	34%
Required reporting of errors to a state agency	71%	23%
Increasing the number of RNs	69%	51%
Reducing the work hours of physicians in training	66%	33%
Required reporting of errors to a government agency	62%	21%

Where are medical errors more likely to occur?

Suppose a patient needs a specialized medical procedure. This person can choose a hospital that does a large number of these procedures or a hospital that does not do as many.   At which hospital do you think this patient would be more likely to have a preventable medical error made in their care, or wouldn't it make a difference?

A hospital that does a large number of the procedures

■ **Phyicians**

■ **Public**

4%

23%

A hospital that does not do as many

71%

49%

Wouldn't make much difference

24%

26%

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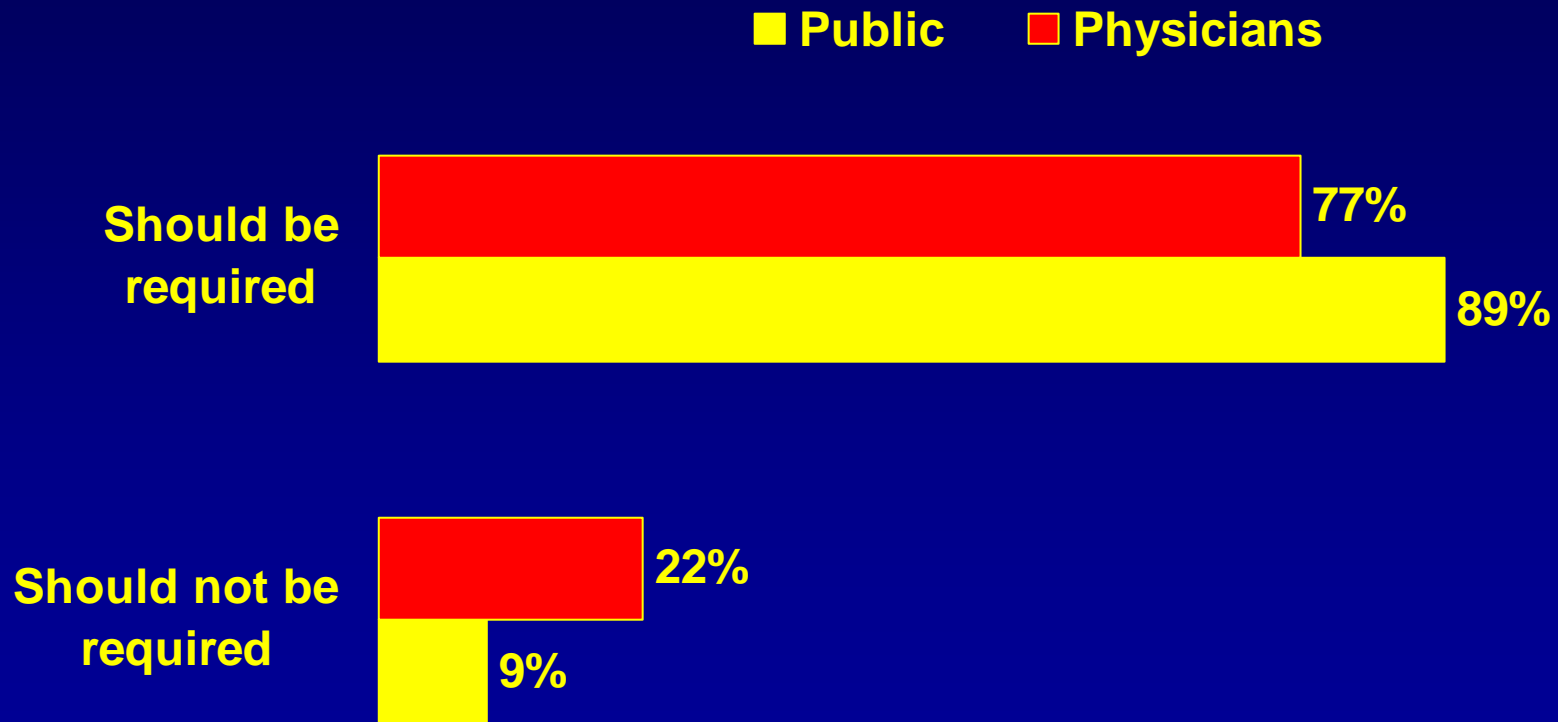*The New England Journal of Medicine*, v347, n24: 1933-1940
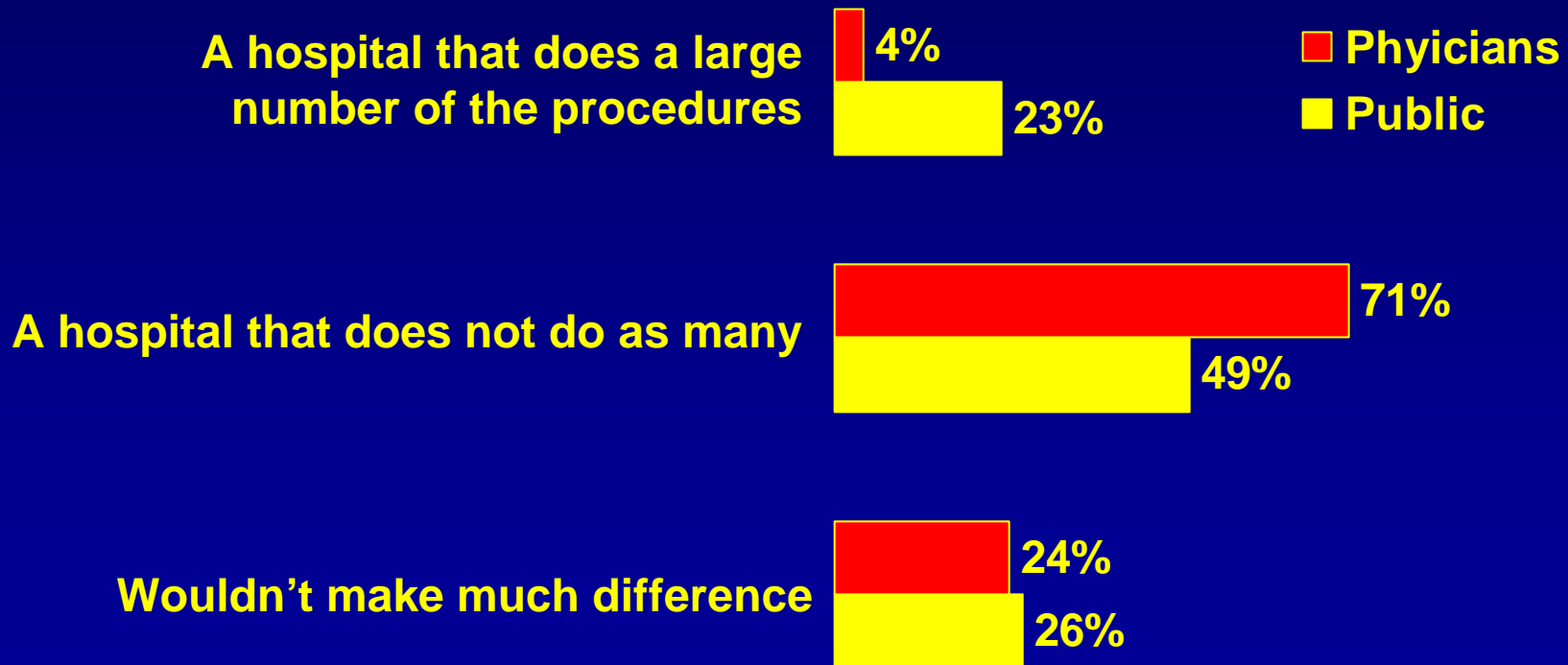
Reporting of medical errors

Should hospital reports of serious medical errors be confidential and only used to learn how to prevent future mistakes or should they also be released to the public?

■ **Public** ■ **Physicians**

Kept confidential
- 86%
- 34%

Released to the public
- 14%
- 62%

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Reporting of medical errors

Should physicians be required to tell patients if a preventable medical error resulting in serious harm is made in their care, or not?

■ **Public**   □ **Physicians**

Should be required
- Physicians: 77%
- Public: 89%

Should not be required
- Physicians: 22%
- Public: 9%

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Conclusions (1)
Overall

- Patient safety issue remedies principally an "influential/leadership" top concern

- Public support for change is significant but level of interest is likely to be episodic

- Missing information is why many physicians are "lukewarm" about recommended changes

- Need for more focus on how influential/leadership groups can change physician beliefs and behavior
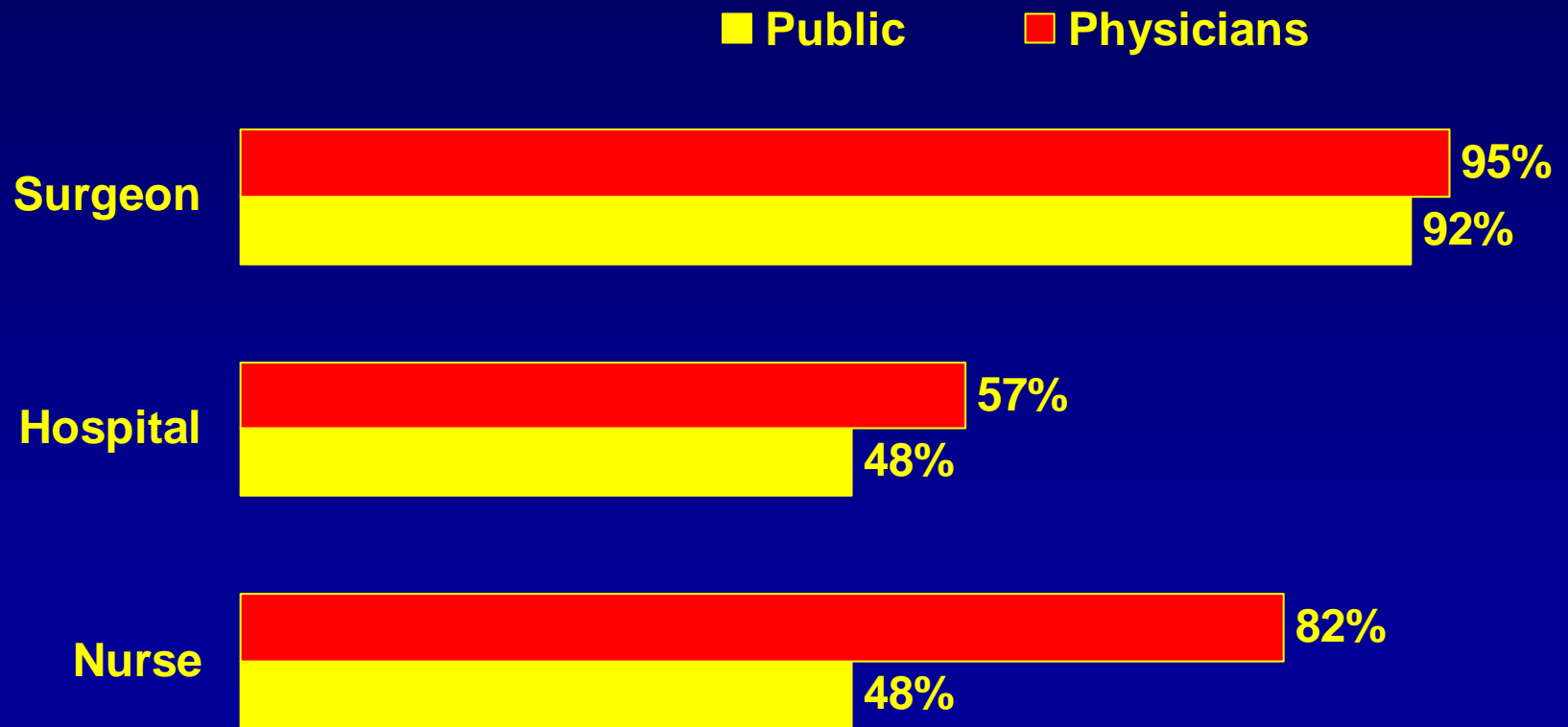
Vignette

A 67- year old man goes to the hospital for surgery. He has an allergy to antibiotic drugs, which is noted on his medical record. The surgeon does not notice the information about the allergy and orders an antibiotic to be given at the end of the surgery. A hospital nurse gives the patient the antibiotic.

Version A: The patients wakes up with a rash all over the body. The mistake is noticed, the antibiotic was stopped and the patient fully recovered.

Version B: The patient wakes up with a rash all over his body and gasping for air. The mistake is noticed, the antibiotic is stopped, but the patient stops breathing. Despite every effort, the patient dies.
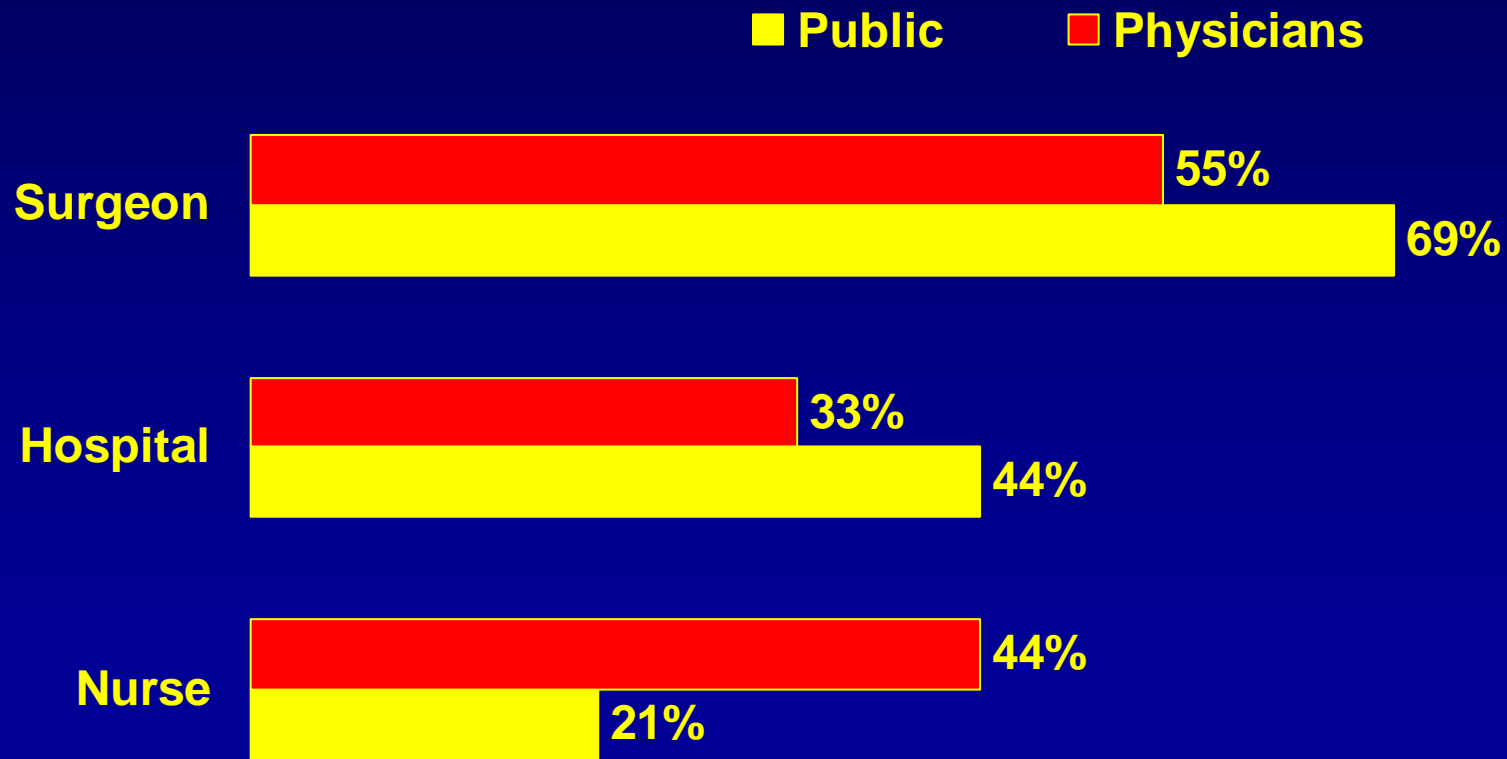
Responsibility for the error resulting in serious harm

When read the vignette with the medical error resulting in serious harm, percent saying each <u>bore "a lot" of responsibility for the error</u>

■ **Public**   ■ **Physicians**

Surgeon
- Physicians: 95%
- Public: 92%

Hospital
- Physicians: 57%
- Public: 48%

Nurse
- Physicians: 82%
- Public: 48%

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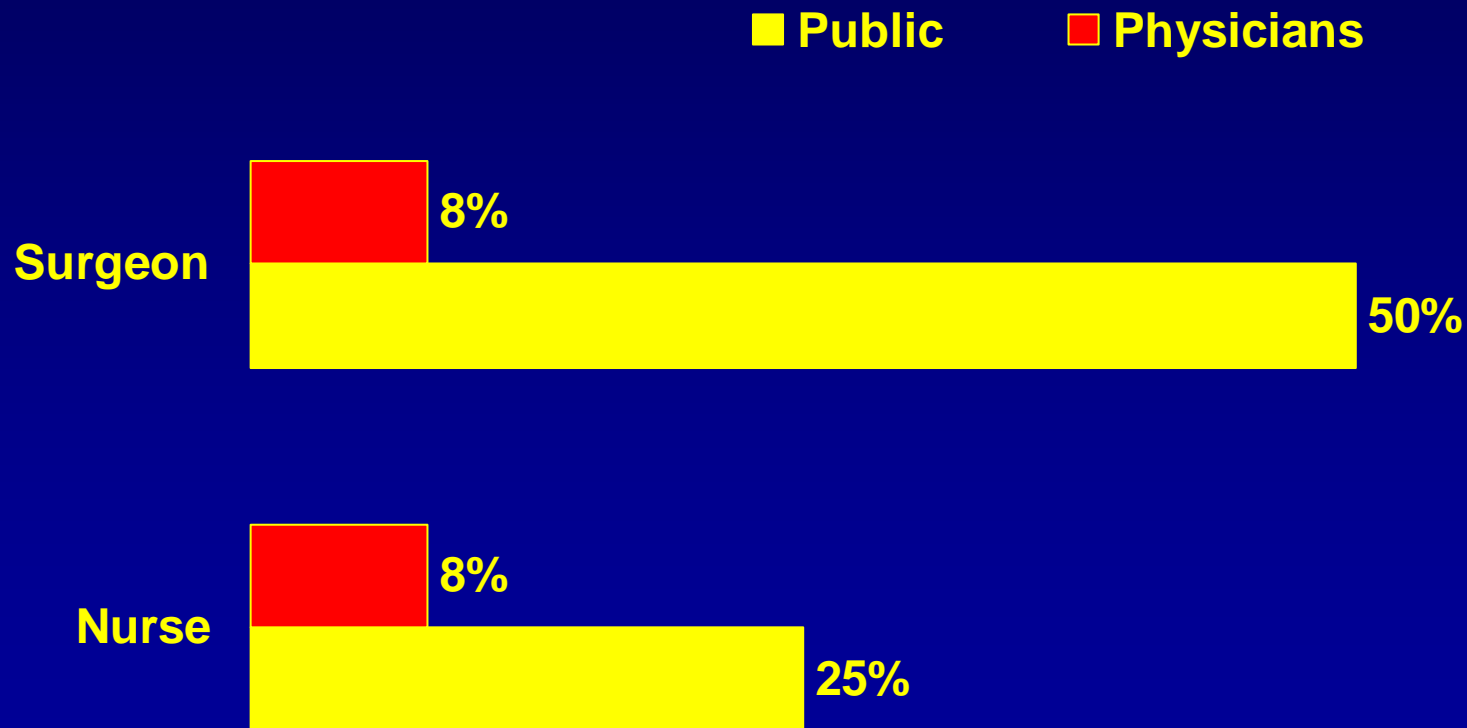*The New England Journal of Medicine*, v347, n24: 1933-1940

Public and physician support for the right to sue

When read the vignette with the medical error resulting in serious harm, percent saying each <u>should be sued for malpractice</u>

■ Public   ■ Physicians

Surgeon
- 55%
- 69%

Hospital
- 33%
- 44%

Nurse
- 44%
- 21%

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Patient and physician support for revoking medical license

When read the vignette with the medical error resulting in serious harm, percent saying each <u>should lose their license to practice medicine</u>

■ **Public**　　■ **Physicians**

Surgeon
- 8%
- 50%

Nurse
- 8%
- 25%

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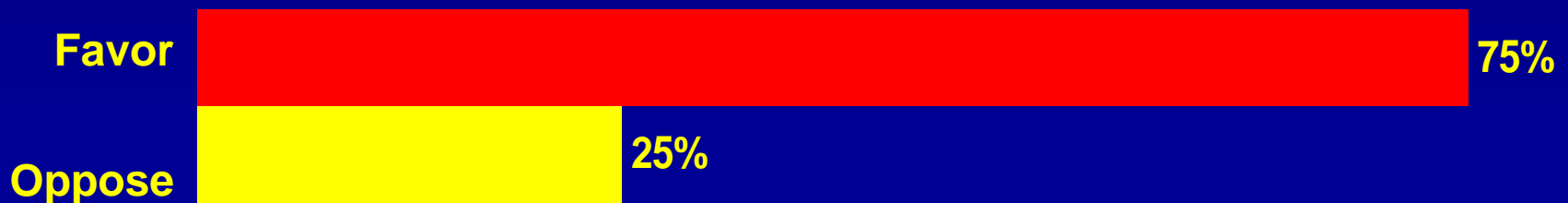
Public Views of Proposals Restrict Size of Malpractice Settlements

A limit on the amount a patient can be awarded as punishment to doctors for negligence or carelessness

Favor 64%

Oppose 31%
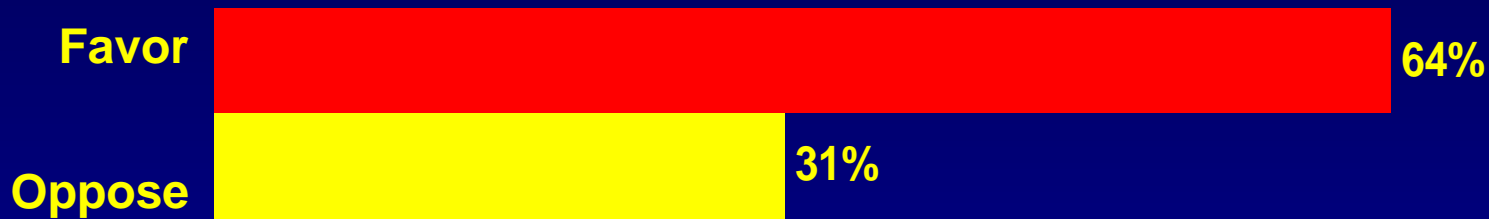
A limit on the amount that patients can be awarded for their emotional pain and suffering

Favor 75%

Oppose 25%

Gallup Poll, January 2003.

Conclusions (2)
Policy Issues

- Long Term debate likely over whether hospital reports of medical errors should be publicly released

- Little support among public and many physicians for a "no fault" medical error system

- Support among both groups for limits on size of malpractice settlements