

Feasibility of centre-based incident reporting in primary care

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What: We evaluated the feasibility of a centre-based incident reporting procedure in five Dutch health care centres with 123 caregivers, caring for 43.000 patients.

Why: Local reporting systems might be more appropriate than centralized national databases because of increased employee involvement and willingness to report, resulting in more successfully implemented improvements.

Results and benefits: 476 incidents were reported during a 9-month period. Eighty percent of incidents were process-related. Incidents related to medical decisions were underreported. One out of nine



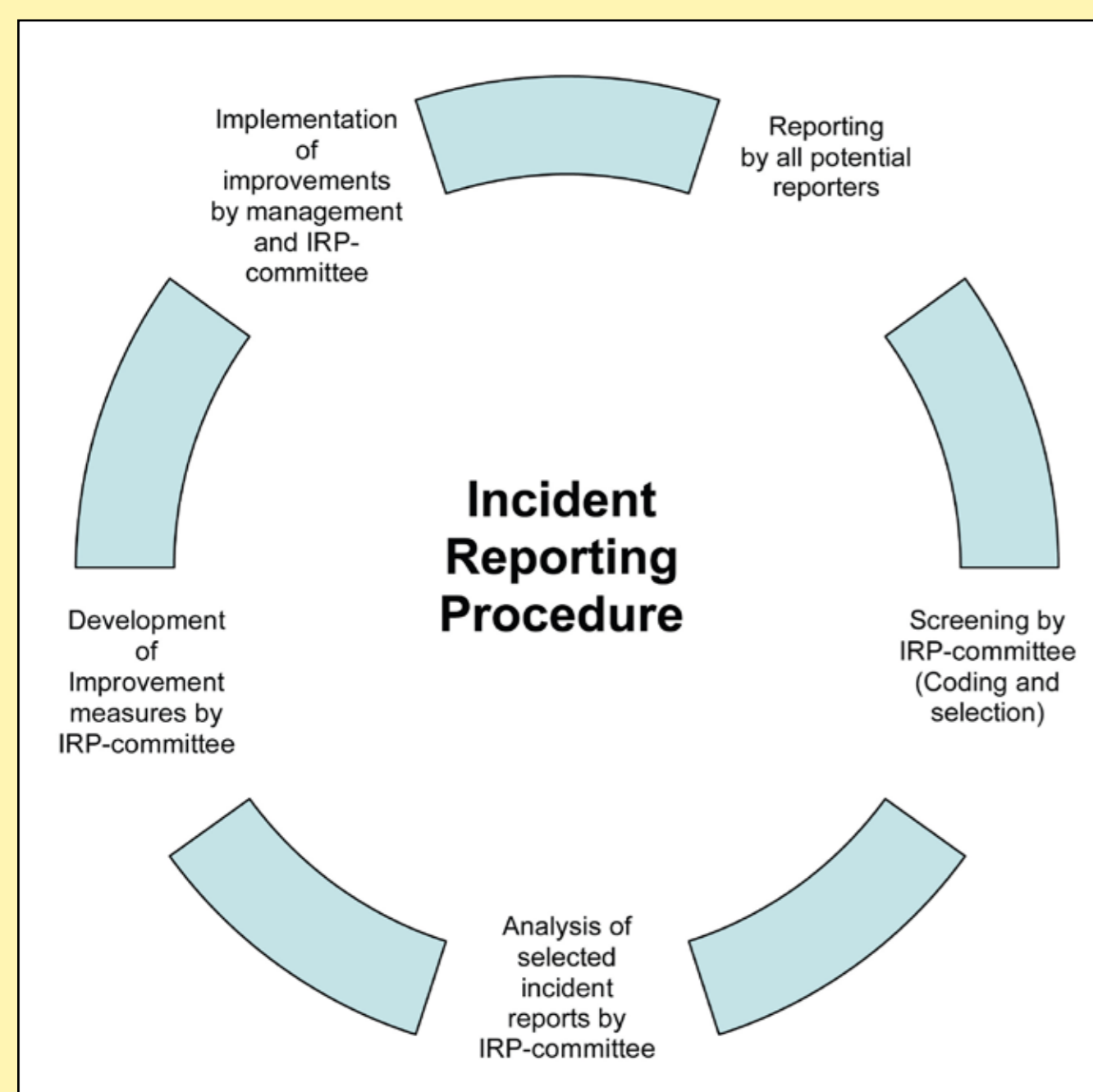
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incidents resulted in actual changes in daily practice. Participants considered the procedure feasible, but mentioned personal, professional and practical barriers.

Aim and methods

The aim of our study was to assess the feasibility of a local incident reporting procedure. To that end, an incident reporting procedure (IRP, see Figure 1) was implemented in which participants were encouraged to report incidents, defined as any unintended or unexpected event which could have led or did lead to harm for one or more patients receiving care. Feasibility was studied by assessing the frequency and nature of reported incidents, number of incidents analysed by the IRP committees and number of improvements implemented. Furthermore, we observed the actual implementation of the IRP and examined the acceptability of the IRP as experienced by the participants.

Figure 1: The Incident Reporting Procedure



Conclusions

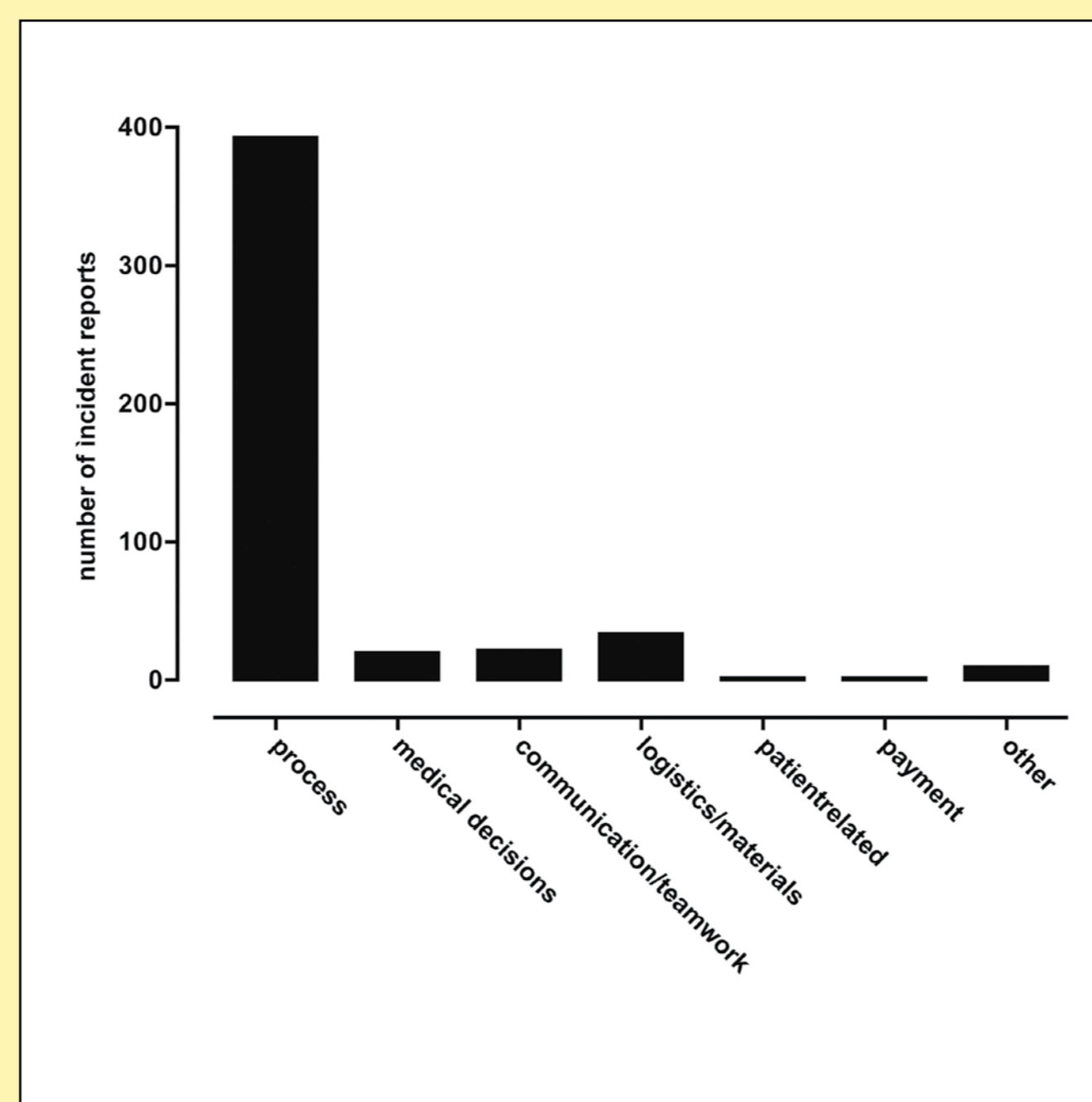
- A locally implemented IRP as a tool for managing patient safety in general practice is feasible.
- As compared to centralised incident reporting procedures a local IRP results in:
 - A higher number of incident reports
 - Observed implemented improvements in daily practice
- Medical decision-related incidents are underreported due to unsafe culture but also because of the ambiguity of these incidents

Results

A total of 476 incidents were reported during a 9-month reporting period, mostly by GPs and assistants. Most incident reports were process-related. The number of incident reports related to medical decisions was low (Box 2).

Possible harm for patients was none or small in 87% of the reported incidents. IRP committees analysed 84 incidents (18%) and found 230 root causes. These root causes were organisational (38%), human (35%), technical (14%) or patient-related (14%). All centres had initiated improvement projects as a result of reported incidents. For 55 incident reports (12% of all reported incidents) improvements were completely implemented within the nine month study period.

Box 2a: Categories of all 476 incident reports

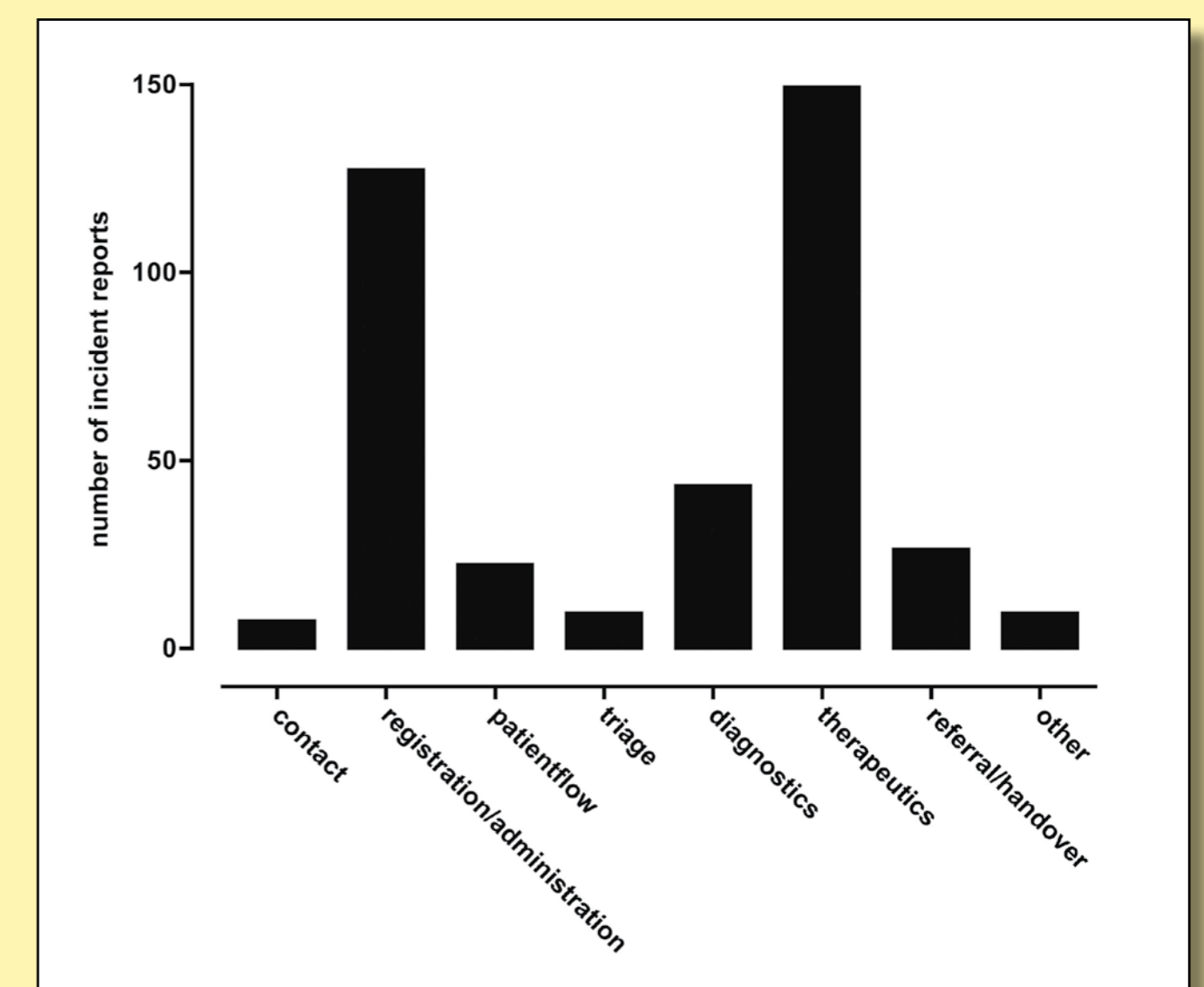


Implications

- A local IRP might be more appropriate to improve daily practice in primary care as compared to a centralised IRP.
- Differences in the nature of incident reports between local and centralised IRPs should be researched in future studies.
- Incident reporting does not cover the entire spectrum of possible types of incidents. Tools other than incident reporting could be more suitable for learning about medical decision-related incidents.

Most interviewees considered the IRP feasible and thought it enhanced patient safety, but several barriers to the IRP were mentioned in the interviews. Underlying themes were time constraints, low task priority of incident reporting and doubts about the effectiveness and objectivity of the IRP. Also personal emotions about incidents in an “unsafe” culture played a role in not reporting incidents (see Box 3).

Box 2b: Subcategories of the process incident reports (n=392)



Box 3: Quotes about difficulties with the IRP

“An in depth incident analysis costs me more than 25% of my personnel in one day, that’s not possible!”
manager of a GP health care centre

“Incident analysis is a difficult tool, it seems so very subjective.”
GP, member of an IRP committee

“When it’s not busy, incident reporting is OK, but when there is a lot of work, patients always go first, and I forget to report incidents.”
Medical nurse

“I did not report that I missed the diagnosis of pulmonary embolism in one of my patients. I think it is my (personal) error of judgment and I do not think that anybody can learn anything from this. So why analysing this, I know the answer already.”
GP

“Writing down a medical error in an incident report feels much worse than talking about it in a small group of trusted colleagues.”
GP, member of an IRP committee

“IRP is useful in improving the way we organise things, but we don’t think it is enhancing patient safety because our care is already very safe.”
IRP-committee

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