Small Steps to Increase Resident Reporting of Near Misses and Adverse Patient Care Events

Aim of project
To increase internal medicine resident near miss and adverse event reporting through the Patient Safety Network, UNM Hospital’s chosen method of reporting such events.

Background of project
The 1999 Institute of Medicine report, “To Err is Human,” revealed that 44,000-98,000 people die in hospitals annually from preventable medical errors.1 In this groundbreaking report the authors identify a four-tiered approach to preventing such errors, one of which includes: “identifying and learning from errors by developing a nationwide mandatory reporting system and by encouraging health care organizations and practitioners to develop and participate in voluntary reporting systems.” Yet at least one survey of teaching hospitals showed that <60% of physicians knew how to report near misses and adverse events and <40% knew what to report.2 Here at UNMH, residents are in a unique position to identify hospital errors. Yet in 2012 our voluntary reporting system through the Patient Safety Network (PSN) identified residents as reporters <2% of the time. Our objective was to identify and carry out small interventions that lead to an increase in internal medicine resident PSN reporting of near misses and adverse patient care events.

Planned interventions tested
To increase internal medicine resident near miss and adverse event reporting using the PSN through the following steps:

1. Send out a survey to help identify barriers to internal medicine resident adverse event reporting.
2. Take results from the short survey and address these barriers to adverse event reporting.
   a. In a short presentation at the internal medicine weekly conference (Thursday School).
   b. Modify the PSN reporting format to make it user-friendly for residents.
   c. Make PSN’s more accessible to residents by placing a link in Powerchart.

We will measure the effectiveness of these interventions by gathering data from the PSN on number of internal medicine residents reporting near misses and adverse patient care events before and after this intervention.

Prediction of Results and/or Intended Results
We expect our interventions will lead to an increase in internal medicine near miss and adverse event reporting.

Preliminary results
We sent out a monkey survey with 10 questions to all 74 internal medicine residents. Thirty-four residents completed the survey: 12 (35.3%) were PGY1, 8 (23.5%) were PGY2, and 14 (41.2%) were PGY3. Seventeen (51.5%) residents reported not knowing how to report an adverse patient care event or near miss in the PSN compared to 16 (48.5%) who reported they did know how to locate and use the PSN form.

Twenty-eight (82.4%) reported never having filled out a PSN at any point during their residency training, 4 (11.8%) reported having filled out 1-3 PSNs, and 2 (5.9%) reported having filled out 4-7 PSNs. No resident reported having done more than >7 PSN’s.

Twenty-seven (79.4%) answered “yes” and 7 (20.6%) answered “no” when asked if they felt that accessibility to PSNs affected adverse event reporting.
Summary of results

Of the 46% of internal medicine residents who electively responded to our survey, more than 4 in 5 reported never having reported an adverse patient care event or near miss in the PSN during their residency. A majority (51.5%) of internal medicine residents report not knowing how to report such events. Additionally, close to 4 of 5 residents report accessibility to PSNs as a reason for not reporting more often. However, trends on the Likert scale suggest that residents feel reporting of such events can be an important tool for improving patient safety in our hospital. Furthermore, the results suggest that residents are not comfortable with identifying near miss and adverse patient care events. Also, residents express concern about punitive action being taken, which may play a part in failure to report potentially adverse events.

Next steps and timeline for completion of project

We have submitted a proposal to add a link to Powerchart that will connect a resident directly to the PSN form while logged-in. This will increase accessibility to PSN while charting in electronic medical records. By collaborating with the UNM creators of PSN we have identified areas of potential change in the PSN form, which can be modified to make it a more user-friendly document for residents. Finally, on March 28, 2013 we will give a short presentation at the internal medicine conference, Thursday School. During this presentation we will teach residents how to find and fill out a PSN, educate on identifying reportable events, and discuss the culture of PSN reporting. We will then gather data on the number of PSN reports done by internal medicine residents prior to our March 28 intervention and compare with the number of PSNs filed by internal medicine residents after the intervention.

Conclusions

Internal medicine residents at UNM see great value in resident reporting of adverse patient care events and near misses as a tool for making improvements to hospital patient safety, yet we rarely report. Two major reasons we have identified for not reporting are: lack of knowledge on how to find and use the PSN forms, and lack of knowledge on what events should be reported. Additionally, there appears to be concern among residents that punitive action may ensue as a consequence of PSN form completion. This suggests a need for change in hospital culture and education about the role of PSN. With our intervention, we hope to see a significant increase in PSN reporting. Perhaps more importantly, we hope to liven up a conversation on resident reporting. Some possible future interventions include weekly education of residents by medicine faculty while on wards, mandatory periodic reporting by residents, and more extensive training sessions for residents on
the practice and utility of adverse event reporting. This approach has been carried out at other academic centers with good results.\textsuperscript{3} Additionally, consistent

\textsuperscript{3} Jericho BG, Tassone RF, Centomani NM, Clary J, Turner C, Sikora M, Mayer D, McDonald T. An assessment of an educational intervention on resident physician attitudes, knowledge, and skills related to adverse event reporting. \textit{Journal of Graduate Medical Education}. June 2010; 188-94.

feedback regarding outcomes of PSN reporting and data showing the ways it has improved our hospital will contribute to a positive perception of PSN as a tool for quality improvement and encourage more reporting.

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