

Digging Deeper into Medical Errors

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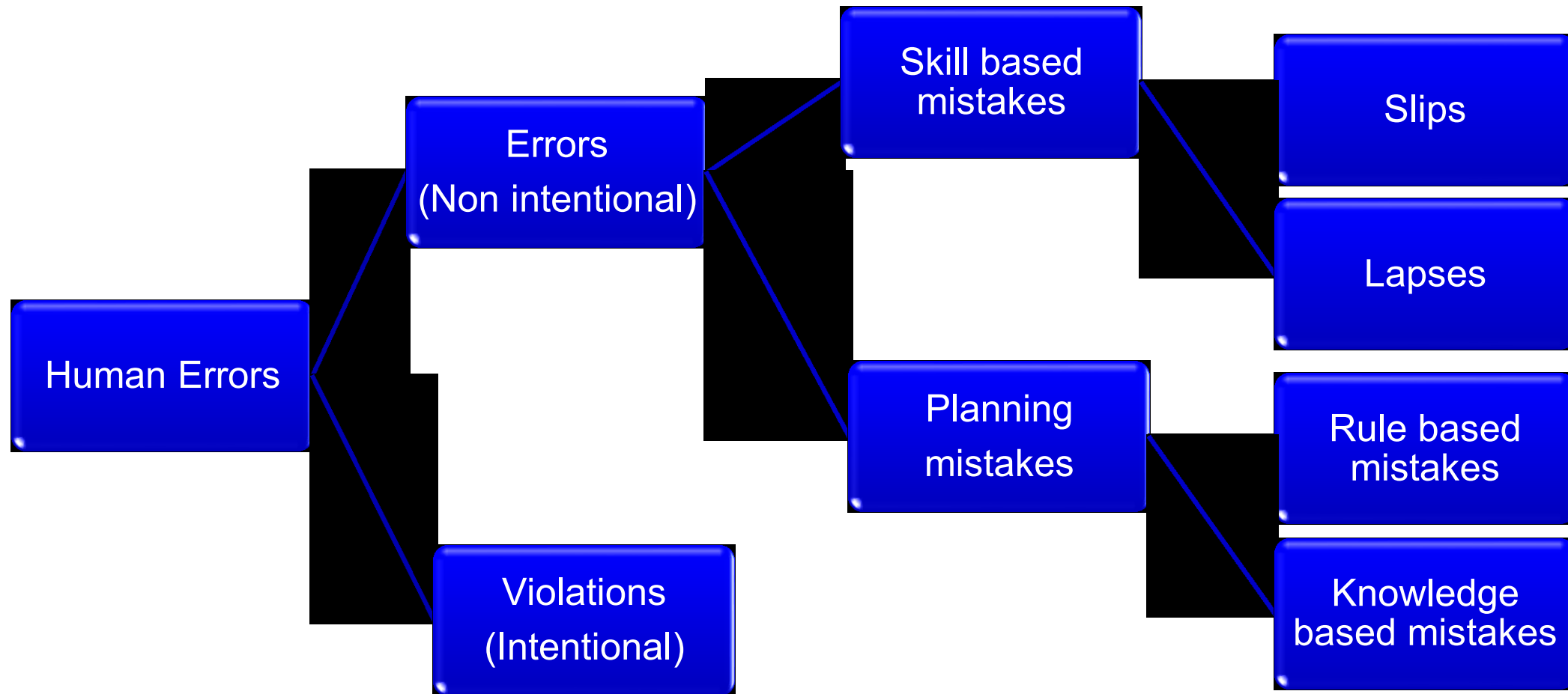


Introduction

- Anonymized survey at 4 postgraduate simulation courses
- Educators (n=13) and participants (n= 47)
- Perception of medical errors

- Reason's „Classical“ Error Classification
and
Round's „Practicaly- oriented“ Classification

Reason's „Classical“ Error Classification



Round's „Practicaly-oriented“ Classification

| Type of mistake | Definiton |
|--------------------------------|--|
| Sloth | not doing what you should the effort required or (perceived) is inadequate reward |
| Fixation | particular diagnosis or analysis is firmly held onto, despite evidence against it, confirmation bias |
| Communication breakdown | paramount information is not released or does not reach its destination at the right time |
| Poor team working | team members out of their abilities, lack of leadership |
| Playing the odds | failure to understand fundamental rules of probability, preferring well known diagnosis |
| Bravado | clinicians work beyond their competence or without adequate supervision |
| Ignorance | lack of knowledge, unconscious incompetence |
| Mis-triage | over- or underestimation of the seriousness of a situation and lack of prioritisation |
| Lack of skill | lack of teaching or practice |
| 4 System error | unnecessary decision making steps, multiple distractions, lack of check list, policies |

Methods

– 2 types of variables:

Occurrence – whenever particular mistake type was present in the simulation, binary data type 1 - mistake was present
0 - mistake was not present

Rankings- how the participant assess the frequency of certain mistake type in their daily practice

1 - most often

5 - least often in Classical Classification

10- least often in Practically-oriented Classification

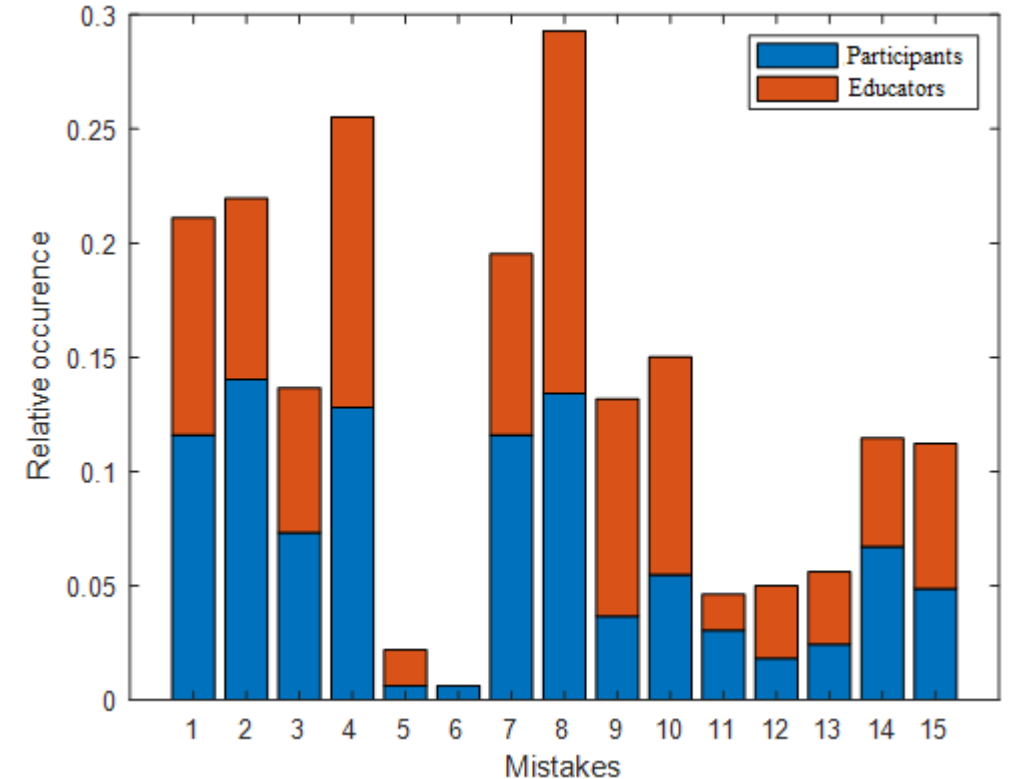
Results- Occurrence

The most frequent mistakes admitted during the simulation sessions:

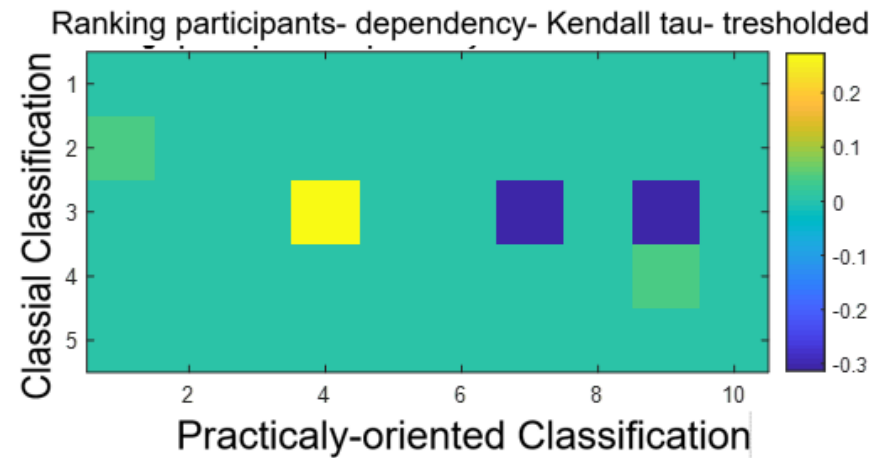
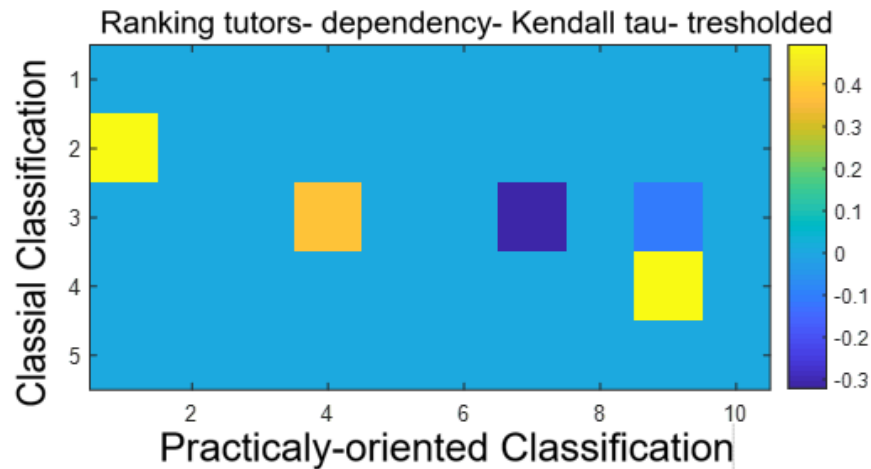
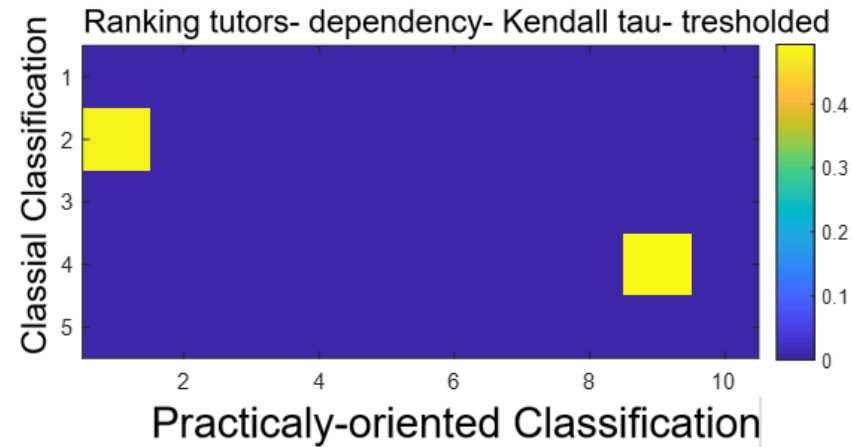
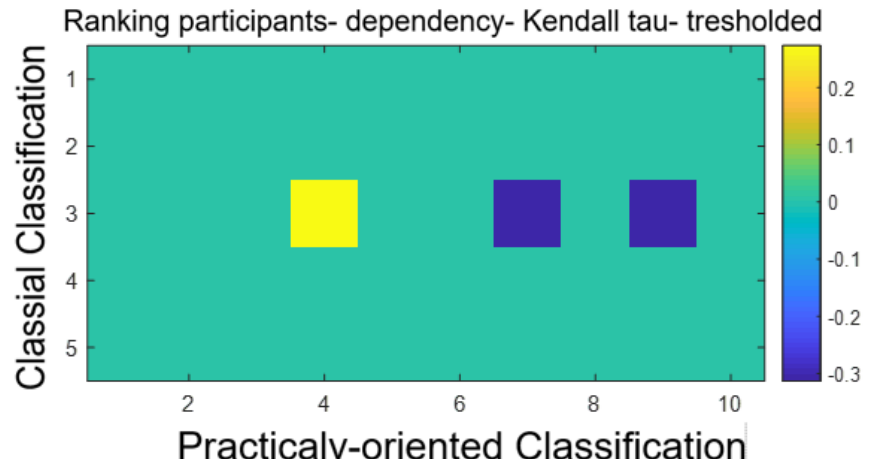
- Communication breakdown
- Knowledge based mistake
- Lapses

The least frequent mistakes admitted during the simulation sessions:

- Sloth
- Violation
- Bravado



Results- Rankings



Results- Interpretation

- Only some types of mistakes are significantly associated
- Some suggested interpretation of results:

Rule-based mistakes associated with the **lack of team cooperation**, according to participants.

Knowledge-based mistakes associated with mistakes by a **lack of skills**, according to tutors.

Conclusion

- Proof of concept we can use this method to uncover correlations
- Interim results-collecting data with continuing analysis
- What is the best functional medical error classification scheme?

Thank you...

