

## Talking about errors instead of hiding them goal of Vancouver hospital

A profound change in the culture surrounding medical error that is shifting the emphasis from silence to safety is the goal of a new program at Vancouver's St. Paul's Hospital, the only Canadian centre participating in a collaborative project of the Boston-based Institute for Healthcare Improvement (IHI).

St. Paul's is now encouraging its staff to discuss errors and near misses, and it has set specific goals, such as reducing adverse drug events by 75%. The IHI estimates that 4% of hospitalized patients in the US suffer a "serious adverse event" and that up to 10% of patients experience an adverse drug event (ADE). The number of deaths resulting from these adverse events in American hospitals totals between 44 000 and 98 000 annually, says IHI; in comparison, about 45 000 Americans die every year in motor vehicle accidents. The goal of the IHI project is to improve safety in medication management by a factor of 10.

At St. Paul's, the number of adverse events is unknown. "There is no incentive to report anything," says project coordinator Dr. Peter Dodek. "If people feel inclined to report an incident, they do."

Dodek's first step was to survey staff about their attitudes toward reporting errors and how they think hospital managers will respond. The hospital is also developing corporate policies to encourage incident reporting.

"Far and away, most of the problems are system issues and not individual-blame issues," explains Dodek, physician leader in the hospital's ICU. The project's challenge is to reassure staff that they won't be blamed. "We are going to thank you for reporting [the error]," he says, "because we want to know so that we can work on the issues that are responsible for it."

Staff now talk about the issues behind the errors several times a week in the hospital's medical ward. During 5-minute "safety huddles," nurses, doctors and pharmacists discuss any recent near misses or actual adverse events.

Every issue raised is listed on a track-

ing sheet, along with the names of the people who are resolving the problem; the sheets are posted in the nursing stations. Dodek says he's surprised by how simple some things have been to rectify. One problem involved a shortage of calculators needed to convert measurements for correct dosages. "Because no one has ever identified [these problems], we weren't aware of them."

Reconciling medications during different phases of a patient's care and reducing the number of ADEs are among the other goals of the project, which is being piloted in the ICU.

"Imagine this scenario," says Dodek. "A patient is on a hypertension medication before [he] comes to the hospital, [he is] sent home with a slightly different drug and the patient takes both, thinking [he is] still supposed to be on the previous medication. The idea is to reconcile these lists so we minimize those kinds of errors."

Dodek is delighted with the results. He says the open-ended questioning now being encouraged "has led to a huge list of things that we never would have known about because we never asked." — *Heather Kent, Vancouver*

## ON THE NET

### More than 120 journals, at your fingertips

Ever wanted to do one-stop shopping for online medical journals? A Prince Edward Island family physician has anticipated the need by creating My Morning Journal ([www.mymorningjournal.com](http://www.mymorningjournal.com)), a handy site that provides links to journals famous and obscure.

Creator Garth Slys came to his interest in the Web and computers honestly enough — his father was director of the Computer Science Department at Mount Allison University in New Brunswick — and he decided to combine it with his love of family medicine. "After 11 years in practice, I had collected many medical journal bookmarks, but it was a little tiresome looking to see if new editions were available, so I wrote a Java program that told me which ones were new. It worked well and I thought other doctors might enjoy this."

His site provides links to journals ranging from well-known titles such as the *Lancet* to top specialty journals such as *Chest* and obscure ones such as the *Turkish Journal of Gastroenterology*. Links to more than 120 journals are provided, with colour coding indicating which ones have been published that day or that week.

Slys launched his site last June and said he has had positive responses from around the world. "My hope is that physicians will use this page to help keep up with all the new medical information. The page makes it available in smaller doses and saves much time in looking around for new articles."

Why did he do it? "Satisfaction, and it helps me keep up on my journals. No fame and fortune yet, though." — *Patrick Sullivan, CMAJ*

