Introduction

- Safety event reporting is recognized as a priority by the Joint Commission, the Accreditation Council for Graduate Medical Education, and the Institute of Medicine.
- Reporting allows for identification and prevention of potential system hazards.
- Despite this, reporting rates by physicians remain persistently low.
- Our system is striving to reach the goal of zero serious safety events by 2025.
- Understanding physician attitudes regarding medical errors can facilitate this process.

Purpose

To describe physician attitudes toward reporting medical errors within our healthcare system.

Methods

- Electronic surveys were sent to physicians at four sites with training programs within the Advocate Health Care system (Lutheran General Hospital, BroMenn Medical Center, Illinois Masonic Medical Center, and Christ Medical Center).
- Responses were collected over a three week period.
- Chi-square or Fishers’ Exact Test were used to determine associations, including relative odds, between physician participant characteristics and attitudes towards error reporting.
- Subgroup analysis was performed to identify differences between female vs male physicians, teaching faculty vs trainees, and internal medicine specialty vs other specialties.

Results

- 136 of 142 surveys were completed (response rate=96%).
- Respondents were residents (65%), teaching faculty (29%), fellows (4%), and unidentified (2%). [Table 1]
- Internal medicine comprised the largest group of physicians by specialty. [Fig. 1]
- The majority of physicians (98%) agreed they will be responsible for a medical error at some point and were likely to report events when they occurred (84%).
- As a group, physicians in all other specialties had 2.87 [1.06,7.79] times greater odds of agreeing they would report errors compared to internal medicine physicians (p=0.0329). [Fig. 2]

Discussion

- Most physicians believe they will be responsible for a medical error and value reporting them, although internists were comparably less likely to report.
- While there was some concern for reputation damage among trainees, fear of disciplinary action and lack of support were not prohibitive concerns to reporting errors across physician groups.
- House staff were felt to be integral to reporting errors, underlining the importance of disclosure training in medical education.