THE CULTURE OF INCIDENT REPORTING AMONG FILIPINO NURSES

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Background

- over one million adverse medical events per year (Kohn, Corrigan & Donaldson, 1999)
- 8th leading cause of death in the hospital (IOM, 2000)
- 98,000 deaths from medical errors in U.S. hospitals (Center for Disease Control and Prevention, 1999).

Background

- equivalent to two plane crashes at a major airport per day (Center for Disease Control and Prevention, 1999)
- surpasses that of breast cancer, vehicular accident and even AIDS (IOM, 2000)
- five to 10 percent are serious medication errors

Model of safety

FLYING

the safest mode of transportation

Model of safety

- errors can stem from personal or organizational failures
- learning from errors is vital in maintaining safe practice

Model of safety

- identify and analyze the errors, correct the source and prevent future errors from happening (Barach & Small, 2000)

* adverse events or near misses

- transparency and confidentiality in reporting (Reason, 2000)

Punitive tradition

- mark of incompetence, carelessness and negligence (Firth-Cozens, 2001; Reason, 2000).
- shame and blame and individual accountability
- fear and secrecy dominates (Kaplan, 2003; Lawton & Parker, 2002)

The single greatest impediment to error prevention in the medical industry is
"that we punish people for making mistakes."

Dr. Lucian Leape
Professor, Harvard School of Public Health
Testimony before Congress on
Health Care Quality Improvement

Problem

- there is very little or no evidence as to whether the systemic and organizational reaction to errors in patient care and incident reporting in the Philippine setting is similar to that documented in other countries

Purpose

- identify and describe the culture of incident reporting among Filipino nurses in terms of their willingness, motivations and barriers to incident reporting

Methods

- Mixed method
- Quantitative
  - volunteer sampling
  - modified AHRQ (Agency for Health care and Research Quality) Patient Safety Survey (N=54)

Methods

- Mixed method
- Qualitative
  - snowball sampling
  - focus group discussion (FGD) (N=6)

Qualitative data analysis: Moustakas' method

Bracketing

⇩ (Journaling of personal feelings and opinions)

Horizontalization

⇩ (identify significant "horizons" of the experience)

Imaginative variation

⇩ (investigate all possible alternate meanings and perspectives)

Cluster of meanings

⇩ (Clustering of similar meaning units)

Essence

(reduction of the meanings of experience to their essential invariant structure)

Results: Work characteristics

Primary Work Area (*N* = 54)	*f*	*%*
Many different units/No specific unit	14	**25.9**
Medicine (Non-surgical)	1	1.9
Surgery	3	5.6
Obstetrics	3	5.6
Pediatrics	1	1.9
Emergency department	6	**11.1**
Intensive care unit (any type)	8	**14.8**
Out-patient department	3	5.6
Medical-surgical	11	**20.4**
Others	4	7.4

Results: Work characteristics

Time worked (N = 46)	*f*	*%*
--40 to 59 hours per week	35	**76.1**
--20 to 39 hours per week	10	21.7
--Less than 20 hours per week	1	2.2

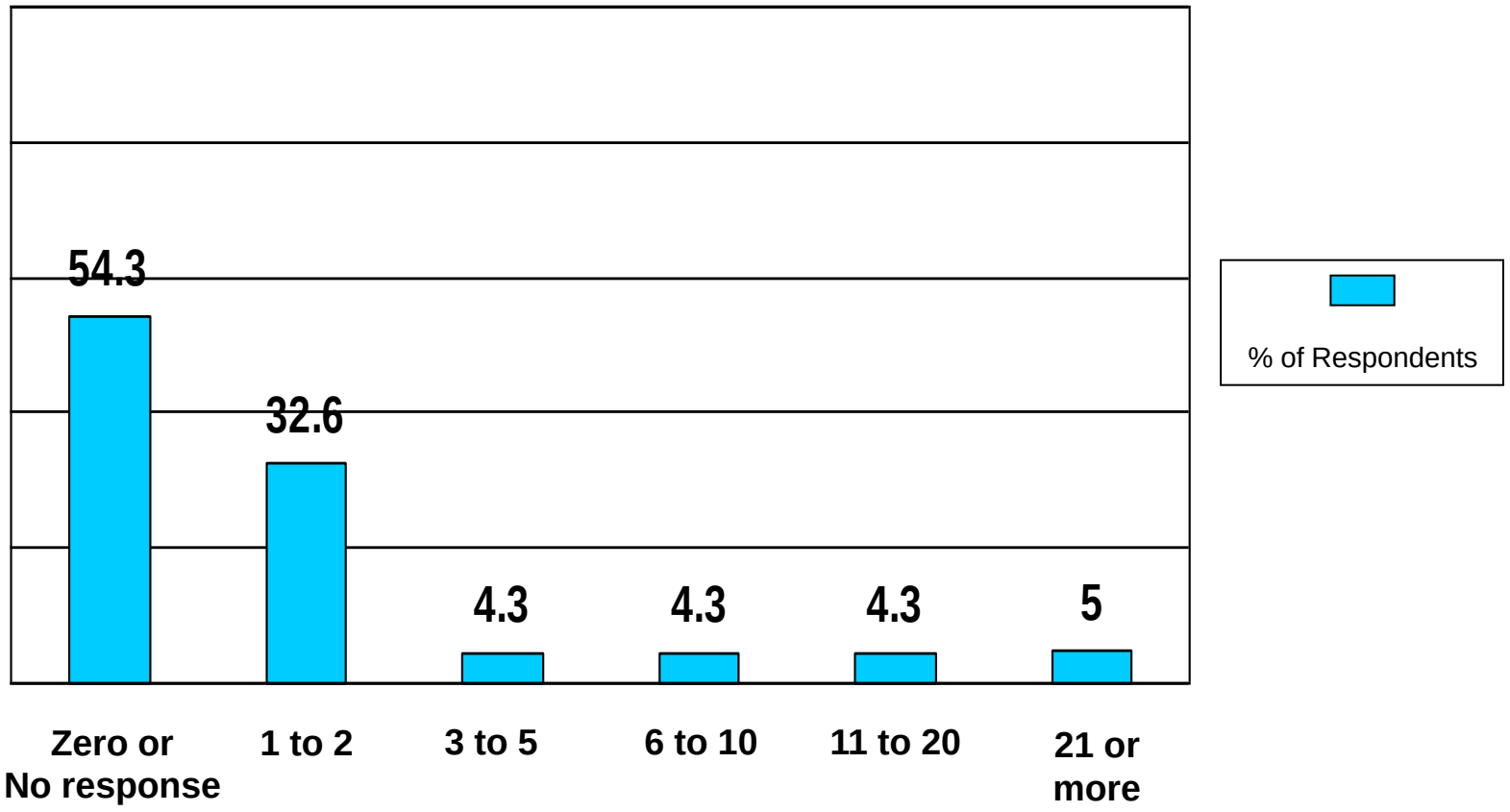
Results: Work characteristics

In the hospital	*f*	*%*
--6 to 10 years	6	13.0
--1 to 5 years	13	**28.3**
--Less than 1 year	27	**58.7**
In current area		
--6 to 10 years	4	8.7
--1 to 5 years	14	**30.4**
--Less than 1 year	28	**60.9**

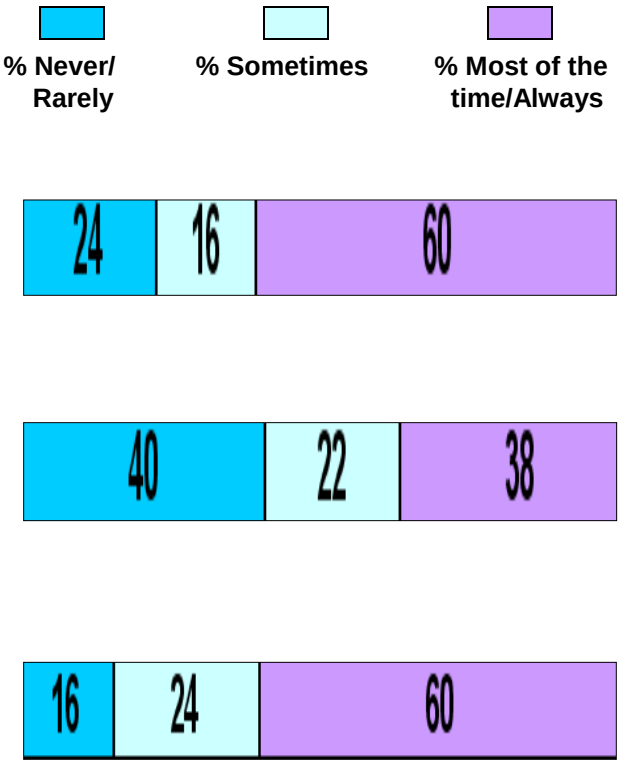
Results:
Overall Patient Safety Grade

	% Excellent	% Very Good	% Acceptable	% Poor	% Failing
E. Please give your work area/unit an overall grade on patient safety	6.1	36.7	53.1	4.1	0.0

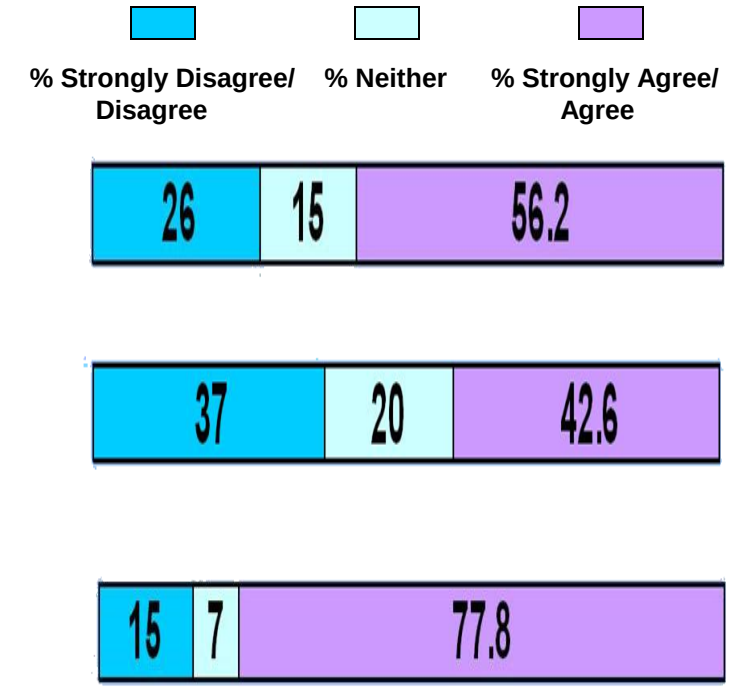
Results:
Number of Events Reported



Results:
Frequency of Events Reported



Results:
Nonpunitive Response to Error



5Ps of incident reporting among Filipino nurses

1. Policy

Organizational and unit practices, and leadership

5Ps of incident reporting among Filipino nurses

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"We only give verbal report. They' ve never asked for written incident reports".

5Ps of incident reporting among Filipino nurses

1. Policy

"I've never known or heard anybody who has ever given a written incident report".

5Ps of incident reporting among Filipino nurses

1. Policy

"My boss is very strict when it comes to incident reporting".

5Ps of incident reporting among Filipino nurses

1. Policy

"Anything that happens, we have to write it up".

5Ps of incident reporting among Filipino nurses

1. Policy

the culture of the organization is a major influence in incident reporting practices (Fein, et al., 2005)

5Ps of incident reporting among Filipino nurses

2. Probity

Incident reporting is concomitant to integrity and honesty

5Ps of incident reporting among Filipino nurses

2. Probity

"In the ICU, there's limited number of people working at any time an we keep to ourselves, so if there's an error, no one would know".

5Ps of incident reporting among Filipino nurses

2. Probity

"For me, not reporting the error, that reflects the person's honesty, character and value"

5Ps of incident reporting among Filipino nurses

2. Probity

"If you're not honest about the error, you lose the trust. It will be difficult for your boss or co-workers to trust you again".

5Ps of incident reporting among Filipino nurses

3. Peril

The degree of error determines whether it will be reported or not.

5Ps of incident reporting among Filipino nurses

3. Peril

"I haven't given it yet, but the doctor saw doctor that I was holding the wrong med so I was asked to do an incident report."

5Ps of incident reporting among Filipino nurses

3. Peril

but if the doctor did not ask you?

"I wouldn't report it, it was corrected before I could give it to the patient, no harm".

5Ps of incident reporting among Filipino nurses

3. Peril

"Sometimes we'll observe it first, if there's no reaction, we won't report it. Charge to experience".

5Ps of incident reporting among Filipino nurses

3. Peril

JACHO emphasizes that data on caught errors are critical in order to provide insight on how the potential error was prevented, but sadly, these errors are exactly the ones that are never identified because they are not viewed as significant

5Ps of incident reporting among Filipino nurses

4. Punishment

Punitive response to error.
Incident reporting is used to determine who is to blame.

5Ps of incident reporting among Filipino nurses

4. Punishment

"There's always an investigation, with a panel even. But it's always to find who's at fault".

5Ps of incident reporting among Filipino nurses

4. Punishment

"Never that the hospital accepted the error as systemic rather than individual. The one who committed the error is always the one who is liable".

5Ps of incident reporting among Filipino nurses

4. Punishment

"you recognize that you are a professional and you are liable but how about factors like staffing or overtime? Then, when an error occurs, I get the blame".

5Ps of incident reporting among Filipino nurses

5. Preservation

incident reporting represents a sense of defense or protection as a response to the punitive culture.

5Ps of incident reporting among Filipino nurses

5. Preservation

"you learn that it is necessary so that the incident will be properly documented, and you will have that as your defense, something to protect you just in case."

5Ps of incident reporting among Filipino nurses

5. Preservation

"For example, the doctor commits an error, and it's not your fault. You write the report to have proof that it wasn't your fault".

5Ps of incident reporting among Filipino nurses

5. Preservation

"That's your license, if you lose it, you're done. You lose something you've worked hard for, for so many years".

5Ps of incident reporting among Filipino nurses

5. Preservation

There is a perceived need to defend and protect oneself from blame and accountability by having an accurate documentation of the incident that will “save” the nurse from the consequences of errors such as suspension, or termination.

THE CULTURE OF INCIDENT REPORTING

POLICY

PROBITY

PERIL

PUNISHMENT

PRESERVATION

Conclusions

- punitive culture was very evident (Punishment)
- inconsistencies in the knowledge or information about what errors are reportable (Peril)
- the culture of the organization is a major influence in incident reporting practices (Policy)

Conclusions

- incident reporting was synonymous with being honest about the error that was committed (Probity)
- rather than of secrecy and protectionism, fear of blame and liability was a stronger motivation for Filipino nurses to accomplish an incident report (Preservation)

References

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THANK YOU!