Message from the Chair

WASHINGTON Medical Commission
Licensing. Accountability. Leadership.

Focusing on the Patient to Reduce Errors

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From a patient perspective—as a consumer of health care services in the United States—it is perplexing that health care continues to be as unreliable and dangerous as it is. According to most reports, an estimated 250,000-400,000 deaths a year are caused by medical errors. Despite the hard work of physicians, clinicians, administrators, policy makers, advocates, investors, and dozens of other stakeholders, medical errors remain the third highest cause of death in this country. According to some accounts, the risk of dying from a medical error in a hospital is greater than dying while climbing Mount Everest. This level of risk translates to about 450 airline crashes in the US *a day*. It is mind boggling that we accept this level of hazard in health care, perhaps because the perception of dying from something else is so much worse that it is worth the risk of walking through the hospital doors. Ironically, unlike the other top causes (heart disease and cancer), which may arguably be considered at least partially uncontrollable and unpreventable, medical errors are entirely preventable.

Prevention, however, is not possible by the action of a single individual but requires the collaboration of all those involved and the system within which individuals operate. This is what is referred to as "Highly Reliable Organizing"—the creation of systems and just culture that predict failures and prevent human beings from making errors that otherwise would be natural consequences of our daily behaviors.

Ever since the 1999 Institute of Medicine (IOM) publication "To Err is Human" released the astonishing statistics into the public spotlight, many organizations have attempted to reduce errors by creating registries to collect outcomes data and developing evidence-based guidelines that would serve as standards of care. Physicians have generally been resistant to adopting guidelines, however, relying instead on personal experience and anecdotal learnings over standardization. In a 2008 study by the New England Healthcare Institute, more than half of physicians surveyed stated that they do not consistently use clinical guidelines. Cardiologists were the most likely to use guidelines (70%) and orthopedic surgeons were the least likely (25%). Some of the reasons for not using guidelines included lack of awareness of guidelines (44%), inconvenience (37%), or not being reimbursed for guideline implementation (20%). Over 2/3 of the physicians stated they are less likely to use guidelines if more effort was required to find or read the guidelines. At least ¼ of the physicians stated that their own experience yields better outcomes than guidelines.

The statistic I found the most interesting, however, was that about 45% of physicians stated that they would be more likely to use guidelines if they knew that their patients were informed of their compliance. Admittedly, I am unsure how to interpret this. While I am glad to see that physicians do care about what patients think, it is unsettling that physicians are willing to take unnecessary risks with their care delivery if no one is watching them. Clearly, if the physicians are concerned with "looking good" to the patient, they must realize that following guidelines is a "good" decision. Thus, if physicians recognize that patients want them to follow guidelines (which are ostensibly created to improve patient outcomes), why would we only do it when someone is watching?

As advocates for both patients and professionals, the Washington Medical Commission is dedicated to reducing errors and helping physicians and physician assistants provide excellent care to optimize the patient experience. We also recognize that over time, clinical guidelines can change and sometimes be reversed as more research is done. However, the primary goal of health professionals is to serve the interests of the patient and do everything possible to prevent errors and patient harm. It is imperative that we remain patient-centered in our decision making and ensure that the patient experience is as reliable and safe as modern air travel. Unfortunately, very little has changed in 24 years since the IOM report, but we must persist and maintain focus on what is most important to the patient.

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