

“I never thought it would happen to me”  
How experiencing medical error  
has changed patients’ interactions  
with healthcare

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September, 2003

# Background

- Medical errors and patient safety studied primarily from hospital and healthcare system perspective.
- Primary care perspective on medical errors mainly from physicians.
- Ongoing work collecting primary care error reports from patients (AAFP)
- Early qualitative work defining error and harm from patients (VA, OH)

# Study Purpose

- Explore patients' experiences with self-defined errors and preventable problems in primary care
- Examine how these experiences have changed patients' interactions with the healthcare system.

# Methods

- Semi-structured interviews with primary care patients (24) and self identified patient safety self advocates (5).
- Qualitative analysis via “editing” method

# Methods – Participant selection

- Primary care patients:
  - Patient phone numbers from two University affiliated practices, sorted by age groups and race.
  - Randomly called, and person who answered was asked “Have you ever experienced a preventable problem in your primary care physician’s office?”
  - Participants also solicited by word of mouth and from other participants
  - Attempted to get men, women; aged 18 – elderly; white and African-American.

# Methods – Participant selection

- Safety advocates–
  - PULSE contacts through websites informed of study.
  - Volunteers contacted me and learned more of study.

# Methods – Data collection

- 15 – 45 minute semi-structured interview
- In-person (primary care patients) or over phone (safety advocates)
- Interviews audiotaped and transcribed

# Methods – Data collection

## ○ Interview guide

- Story of error or errors
- Why did error happen?
- What could you have done to prevent it?
- What have you learned from this experience?
- How have you changed how you interact with healthcare now?

# Methods – Data Analysis

- 4 interviews read by 4 researchers and initial categories and codes suggested.
- PI read 12 interviews and devised initial coding book
- 2 interviews read and coded by 4 researchers, and understanding reached on initial codebook
- Each interview coded by PI and one other researcher; dyad meetings to discuss and agreement reached on all 29 interviews

# Methods – Data Analysis

- 4 researchers meet to discuss final coding categories, themes and model building begins.
- PI further develops models and themes with input from other researchers
- 4 researchers meet to discuss and finalize model and themes.

# Results

- Participants – 29 total
  - 23 women (79%)
  - 17 white (59%), 12 African-American (41%)
  - Mean age 50.7 (range 20 – 81)
  - 17 Urban dwellers (59%), 10 suburban (34%) and 2 rural (7%)

## Results – Patient response to errors

- **Avoid health care system**
- **Accommodate to system**
- **Anticipate problems**
- **Advocate for self**

# Results: AVOID

- **Avoid health care system**

- **Total**

- Avoid or stop going to doctors
- Avoid teaching hospitals - residents

- **Bypass**

- Bypass staff and go directly to nurse or doctor
- Bypass staff and phones and use e-mail
- Avoid phoning the doctors office
- Go in person to make appointments, don't phone
- Change to another doctor

# Results: ACCOMMODATE

- **Accommodate to system**

- Learn to deal with waits and delays to be seen at the office
- Be cooperative, not demanding with doctor
- Keep going to a doctor
- Make no changes
- Follow doctors advice closely
- Be timely for appointments
- Allow plenty of time for doctor's visits

# Results: ANTICIPATE

- Anticipate problems
  - **Attend to details**
  - **Attend to emotions**
  - **Acquire knowledge**
  - **Actively communicate**

# Results: ANTICIPATE

- **Attend to details/mindfulness**
  - Schedule best appointment times (first, last, best for doctor)
  - Call and confirm appointment times
  - Keep a list of meds and health problems and bring it to the doctor
  - Write down medical information and questions before going to the doctor
  - Keep documented track of problems with staff
  - Check medications before taking them
  - Get all scripts filled at one pharmacy
  - Make sure a script is legible before bringing it to pharmacy
  - Attentive to own medical chart-record
  - Do everything possible before going to the doctor
  - Observe doctor's office and doctor closely

# Results: ANTICIPATE

- **Attend to emotions**
  - Only see a doctor you trust
  - Stay calm
  - Trust gut instincts

# Results: ANTICIPATE

- **Acquire knowledge**
  - Educate self by using family or friends in health care
  - Educate self about medical condition, medications, insurance
  - Check out hospital-ER carefully
  - Check out doctor beforehand

# Results: ANTICIPATE

- **Actively communicate**
  - Make sure you get heard by doctors and health care workers
  - Tell doctor what you expect and want from visit
  - Give more information about medical condition to doctor
  - Tell the physician about system and staff problems
  - Be assertive with the office staff
  - Explain why you changed doctors
  - Ask more questions of MD
  - Ask questions about meds

# Results: ADVOCATE

- **Advocate for self**
  - Bring or be an advocate for others
  - Be a self-advocate
  - Be a policy level advocate
  - Use a medical insider as a helper or advocate
  - Don't always see just one doctor
  - Get a second opinion
  - Be willing to fight

# Significance

- Further explores patients experiences with and descriptions of medical error in primary care
- Delineates patient responses to experiences of medical errors.
  - Patients often responded with multiple types of responses
  - Many responses were adaptations to dysfunctional systems
  - Many responses echoed those recommended by policy groups/agencies.

# The Future

- Analysis is ongoing
  - Relationship to type of error, emotional state, perceived harm.
  - Further descriptions of errors involved
- Are primary care patients who haven't experienced error willing to adopt these positive changes?
- Will the changes adopted by these patients change the outcomes of their health care?