

Primary Care Visual Error Reporting Tool

Reports on errors can be a rich source for understanding their causes, cascades, and consequences, leading to interventions for improvement. There are national and international calls for the development of appropriate error reporting and taxonomy systems that are useful at the point of care. The current momentum and urgency for these developments present an opportunity to harness the benefits of computer visualization that helps structure and illustrate the “story” of an error. This visualization process could help overcome the shortcomings of current reporting methods and could aid in creating unambiguous international error taxonomy.

As part of one of our AHRQ funded projects we have used this concept for error reporting by physicians and a pharmacist in a number of ambulatory settings. The visual format (Figure 1) was found to be very convenient, efficient, effective and user friendly. According to the reporters, by the time they had finished completing the report the “story” appeared to get “told” automatically with little remaining to add to complete the ‘telling’. Errors reported in this way have been used by us to populate a “visual database,” (Figure 2) providing the ability to disseminate patient safety information in a straightforward, structured format that can be useful to a variety of stakeholders, and particularly at the point of care. In our current work we have used paper-based formats.

The concept has been found by us to be easily transferable to all healthcare setting.^{1,2,3} It has the potential to be computerized and thus advance the frontiers of meaningful use of HIT. We see it to be a potentially powerful tool for the PSOs.^{2,4}

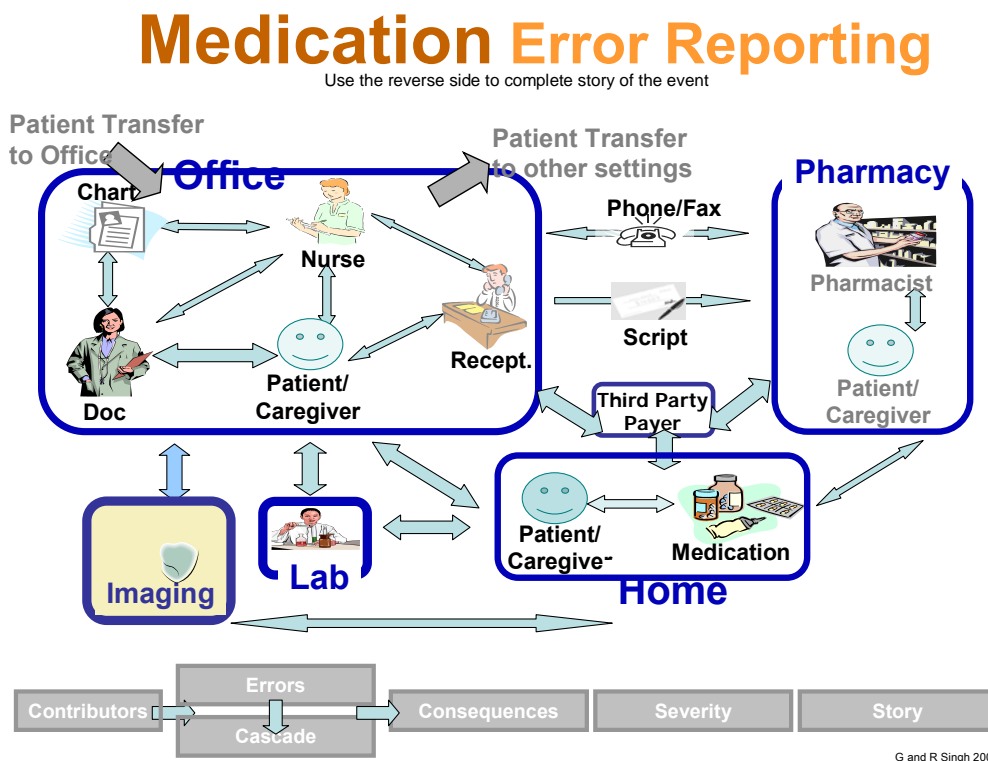


Figure 1: Paper-based Error Reporting Format: the reporters simply mark the appropriate location/s where the event's occurred and write their comments on the sheet.

Taxonomy/Database

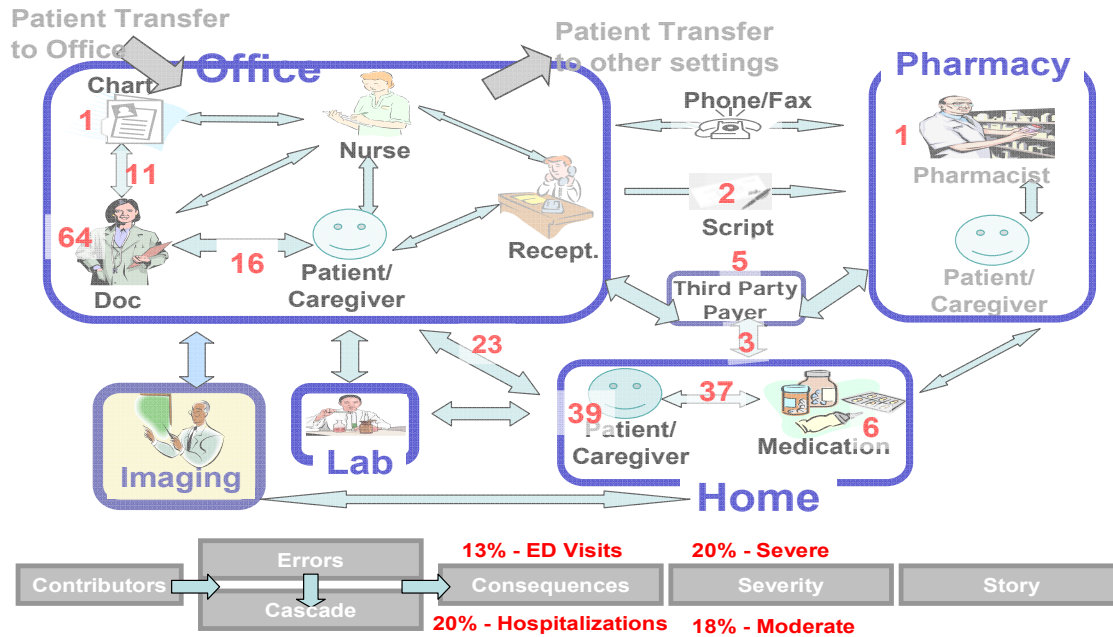


Figure 2: An Example of Visually Coding 124 Preventable ADEs in 11 Primary Care Practices during Observations in an AHRQ Funded Project. ⁴

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