

Active prevention of errors – Not collecting them

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Preventive medicine is better than curative. Purifying water. Immunization and other measures taken to prevent a disease are well known. The same measures are needed to prevent the epidemic of our time, namely human error and mishap in the medical domain. It was necessary to start with collecting data that brought to our attention the magnitude of the problem and its roots. However, at a certain point those who passively collect data forgot the main reason for doing so and they are trying to develop new ways of collecting as many "events" as possible. The question then is (as was asked in a conference on safety): What shall I do with 67,411 events?

For example, in the area of surgical procedures the following errors were found to be common in several studies:

- operations of the wrong patient, the wrong site, or the wrong side,
- retained instruments and sponges,
- medication errors,
- equipment failures,
- faulty technique,
- errors in anesthesia

These are all examples of errors that might have catastrophic consequences for the patient.

There is no doubt that these are horrific events that need to be prevented, but by collecting the event and even by doing a very careful analysis does not mean the results shall be able to be used to prevent the next event. As during the analysis we are biased by the consequence and by many other factors.

We suggest that we have to be active. Not to wait for an event to occur but to do observation and analysis of our system and THEN to try and predict where we may encounter the next mishap (like what we did in our operating room watching 200 surgeries without any mishap!).

Like the observer on the mast of a ship that may stay there for days just to prevent the collision with the iceberg.

We need to use ergonomic methods and to create a medicoergonomic society, where physicians and human factors engineers work together hand in hand, as we have a common goal – Prevention!