

Research Project

Error Disclosure Attitudes in Switzerland

Third-party funded project

Project title Error Disclosure Attitudes in Switzerland

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Organisation / Research unit

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Department

Project Website <http://ibmb.unibas.ch/research/open-disclosure/>

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Probable end 31.07.2014

Status Completed

1. Background

Healthcare is not an exact science and errors inevitably and regularly occur. Available data suggests that errors in healthcare cause disabling injuries or death to nearly one in ten patients. The truthful disclosure of errors to patients, however, has long been strongly discouraged by superiors, risk managers, hospital lawyers, and liability insurers and there remains a large “disclosure gap” between patients’ preferences to be told about errors and current practice, with international studies suggesting that as few as 30% of harmful errors are disclosed to patients. Error disclosure has received growing attention from policy-makers, legal experts and academic researchers internationally and measures have been put in place in a number of countries to encourage disclosure and mitigate some of the barriers to such open communication. In contrast, error disclosure currently plays no significant role in Swiss health policy and there is currently no empirical data relating to actual practice or practitioners’ attitudes and views. However, the findings of a survey I recently conducted suggests that there is still considerable room for improvement in Switzerland in relation to hospitals providing a supportive and consistent framework for practitioners regarding such communication, with only 95 (47%) respondents reporting that they currently have an internal standard concerning error disclosure. Further research is required in Switzerland regarding the actual practice of error disclosure and practitioners’ attitudes and views, particularly concerning the barriers they perceive to such communication.

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2. Aim

This project aims to explore the views and attitudes of doctors’ and key stakeholders’ regarding medical errors, the communication of errors to patients and identify perceived barriers to such communication in Switzerland so that these barriers can be better understood and improved in the future.

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3. Methods

This project will utilize both quantitative and qualitative techniques. The first phase will be a quantitative questionnaire of Swiss doctors to identify general attitudes and perceived barriers regarding error disclosure. Qualitative interviews will then be conducted with key-stakeholders to explore these issues in more detail and how barriers could be improved.

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3.1. Quantitative Questionnaire of Swiss doctors

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Sample:

All clinically active anaesthesiologists and visceral surgeons working in the 5 university hospitals in Switzerland.

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Questionnaire Design

A questionnaire will be developed in German and French based on studies previously conducted by Dr Thomas Gallagher in the American and Canadian settings. Dr Gallagher has given his written permission for these to be used and will also provide advice. The questionnaire will be pre-tested with 5-10 German and 5-10 French speaking doctors in order to check whether there are any problems with the questionnaire, such as the clarity of the questions.

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Doctors will be asked to provide their demographic and practice characteristics. Established definitions of medical errors from previous literature will be provided and doctors will be asked to use these definitions when answering the questions. Doctors will be asked questions regarding their general attitudes towards errors, communication with patients after an error, experience with errors and communication with hospitals about errors. Questions will include Yes/No and Likert scale (for instance, “strongly disagree” to “strongly agree”) answering options.

Data Collection and Analysis

Heads of Department will be contacted during April and May 2012 and asked to participate between July 2012 and October 2012. If a department agrees to participate the necessary number of questionnaires will be sent to department by post. Questionnaires will be numbered to allow identification of location. Postage paid envelopes will be included. Statistical analyses will be performed with SPSS.

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3.2. Interviews with key stakeholders in Switzerland

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Sample:

Key informants in administrative positions, including hospital lawyers and quality improvement heads from university hospitals in Switzerland, liability insurance representatives, and a representative from the FMH extrajudicial expert bureau.

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Design

Semi-structured and open-ended interviews exploring general attitudes towards errors and the communication of errors to patients, perceived barriers to such communication – including a discussion of the barriers identified by doctors in the questionnaire, and potential ways of improving the situation.

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Data Collection and Analysis

Stakeholders will be contacted Interviews will be conducted during November 2012 and January 2013. A suitable date to meet will be arranged with those willing to participate. For those not wishing to hold interviews in English, a speaker of German and French will attend to assist. All interviews will be recorded, transcribed verbatim and analyzed assisted by Atlas.ti.

Financed by

Foundations and Associations

Add publication

Published results

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