AUB study on patient safety in Lebanese hospitals: Poor reporting of medical errors

Beirut, Lebanon– 01/03/2013 –Concern about patient safety in hospitals in Lebanon is an issue of increasing public interest, with news broadcasts, television programs and newspaper articles covering stories of catastrophic and tragic complications, medical errors, injuries and preventable deaths. What do we know about patient safety? What are hospitals doing to protect the lives of their patients?

Fadi El-Jardali, associate professor of health policy and management at the Faculty of Health Sciences, the American University of Beirut, conducted a nationwide study between 2010 and 2011 to examine the culture of patient safety in Lebanon. This study, published in international academic journals in 2012, was the first in Lebanon to assess the culture of patient safety, obtaining the participation of 68 hospitals and 6807 health care providers and professionals in hospitals, including: 3934 nurses (57.8%), 251 physicians (3.7%), 69 pharmacists (1%), 930 technicians (13.7%), 115 quality and safety officers (1.7%) and 204 administrative personnel (3%). The study, backed by the Syndicate of Private Hospitals in Lebanon, utilized the Hospital Survey on Patient Safety Culture (HSOPSC) tool previously used in the United States, the Netherlands, Mexico, Turkey, Saudi Arabia and other countries.

Results expose critical findings

Compared to results from a similar study conducted in the United States, Lebanon fares poorly in many areas pertaining to patient safety particularly as regards: non-punitive response to error, staffing, communication, and supervisor actions to promote patient safety. "Non-punitive response to error is when the person reporting the error is encouraged to come forward so that lessons can be learnt and interventions made to prevent the same mistakes from recurring," explains El-Jardali, "and these results showed that the culture in some hospitals is still one of blaming and shaming, which means staff are afraid to report errors and at the same time, no one is actually held accountable."

A total of 81.7% of staff feel that their mistakes are held against them and 82.3% are concerned that their mistakes--even if they are not their own but are systemic-- are kept in their personal files instead of being used to instigate change. Staffing shortages and heavy workloads, particularly in nursing departments, also appear to have an effect on patient safety: less than 40% of respondents indicated having enough staff to handle the workload, 66.9% of staff work long hours and 72.7% try to do too much too quickly when overloaded. Additional problems were identified particularly regarding poor exchange of information across units as reported by 72.6% of respondents. Only 38.9% of staff speak up when they observe something that might negatively affect patient care and 43.1% are afraid to ask questions when something does not feel right. It should be noted that a separate analysis focusing on the responses of physicians found that this group of healthcare providers also feel

their mistakes are held against them when an event is reported (71.8%), instead of being used to reform processes or as a learning experience. Moreover, 66% worry that reports of incidents and mistakes are merely kept in their personal files, without being investigated to determine whether they are the result of the employees' incompetence or a flaw in the system itself. Around half of the physicians try to do too much too quickly when working under pressure. Over 60% believe that mistakes do not happen by chance. When hospital employees were asked about the number of errors and mistakes reported, around 60% reported none. Rather than reflecting an absence of actual events however, this shows the lack of a proper mechanism for reporting, for following up to look at root causes, and more importantly, for learning from such experiences.

Assessing the readiness of hospitals to improve patient safety practices, a nurse working in a hospital said, "Patient safety is in the strategic plan, but it's not applied."

A hospital physician said, "Patient safety should be a priority in all Lebanese hospitals, like it is in most developed countries, but the health system in Lebanon is full of gaps that prevent hospitals and medical staff from providing proper and safe care to patients."

Patients have the right to be safe in health care organizations

The primary purpose of patient safety reporting systems is to minimize the chance of errors but also to learn from errors to prevent them from recurring. Despite the fact that some hospitals have made improvements to patient safety practices since the integration of patient safety standards into the Lebanese Accreditation System in 2008, significant gaps remain. Hospitals, health care providers, professional orders and syndicates and policy makers should regulate the issue of patient safety so that both healthcare providers and patients benefit.

According to Professor El-Jardali, current reporting reveals only the tip of the iceberg. "The evidence shows that the health care system in Lebanon lacks a national set of patient outcome indicators for hospital performance," said El-Jardali. "It is time to move away from a culture where information about errors and injuries is withheld to a transparent one that serves both patients and health care providers because patients have a right to safety in health care organizations and practitioners need systems in place that will encourage accountability. There is a critical need for policy-makers and health professionals to institute standardized and comparable measures to assess and monitor hospital performance including patient safety practices. Otherwise, many patients will remain unsafe and those responsible for their care, will remain unaccountable."

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Note to Editors
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