

## **PATIENT-REPORTED ADVERSE EVENTS: POLICY IMPLICATIONS OF FACTORS THAT CONTRIBUTE TO PATIENT HARM**

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**Category:** Patient Safety

### **Background**

While interest in error reporting by patients is growing, there is no current national effort to collect safety reports directly from patients. This is important because patients can provide valuable information missing from existing data sources such as incident reporting systems, medical records, and root cause analysis reports. Error reports from patients might be able to provide new insights into safety-related problems.

### **Objectives**

We analyzed a large sample of error reports gathered by patient advocates and determined the association between patient-reported contributory factors and patient harm.

### **Methods**

We conducted a secondary analysis of self-reported harms captured on a national online survey-based reporting platform housed by the Empowered Patient Coalition (EPC). Adverse medical events of all types were collected between January 2010 and February 2016 and self-reported harms were classified as physical, emotional, and financial. For analysis, participants were separated into four outcome harm groups (no physical, only physical, physical plus one other harm, all three). We evaluated and scored four responses for potential contributory factors for each of 13 questions related to personnel behaviors, communication, and knowledge (from factor did not occur or NA (0) to major factor affecting patient outcome (3)). Each question was evaluated individually; scores (0-3) were also combined to create a contributory factor aggregate summary score for each respondent and average scores were compared by harm group. For each type of reported harm, we analyzed potential patient factors and adverse event contributory factors for significant differences.

### **Results**

Of 449 patient reports, 351 mentioned physical, emotional, or financial harms. Nearly one-third (31.6%) reported experiencing all three, 25.9% reported physical harms only, 27.9% reported physical harms and one additional harm, and 14.5% reported only non-physical harms. Age ( $p=0.0050$ ), years since event ( $p<0.0001$ ), presence of a diagnostic error ( $p<0.0001$ ), and surgical complication ( $p<0.0001$ ) were significantly different among the four groups. Most respondents (69.5%) were female and experienced the adverse event in hospital (70.1%) although these characteristics were not different across harm groups ( $p>0.05$ ). The most commonly reported major contributing factor associated with patient harm related to communication from health care personnel to patients, and this was more likely to occur in those reporting all three harms ( $p<0.0001$ ). Adjusted summary scores were lowest for those with only physical harms (4.0, STD 6.7), and more than doubled or tripled with the addition of each category of harm (physical+1 harm:10.0, STD 6.7; 3 harms:12.0, STD 6.9), respectively ( $ptrend<0.0001$ ).

### **Discussion**

Patients report breakdowns in communication from health care personnel to patients as a major factor leading to harm. Although many of these breakdowns are preventable, they have persisted in the last two decades. Our findings underscore the importance of additional policy and practice initiatives to accelerate implementation of established best practices in communication. Patients also identified several contributory factors associated with harm and generated unique safety insights. Because patient perspectives are often missing from other reporting mechanisms, we call for policy efforts to support more systematic collection of patient-reported safety data to advance the science of reducing adverse medical events.