

HIM's Role in Ensuring Patient Safety: Reducing Medical Errors Requires a Cultural and Technological Shift in Healthcare

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Many factors contribute to medical errors. Ensuring patient safety entails tying together pieces of information so that patients get the right care at the right time in the right way. While this may sound simple, it requires input and efficiency at every level of care.

A Patient's Point of View

At the HIMSS annual conference in April actor Dennis Quaid described his twins' experience with a medical error. Quaid noted that human errors are bound to happen, but that with the right information systems, used the right way, errors such as these can be significantly reduced.

The actor's infant twins, diagnosed with a staph infection, were twice administered adult doses of heparin. Although the children recovered, Quaid felt the need to establish the Quaid Foundation to help prevent similar errors from happening to others.

Quaid learned that multisystem failures caused the error. The labels on the heparin doses did not clearly distinguish between child and adult versions. The culture in the healthcare environment causes overworked caregivers, which can reduce alertness and cause errors.

Finally, he noted that the healthcare industry has the technology to help streamline processes, but most providers still use dated processes and systems. In his view, technology can significantly reduce medical errors through bar-coding, computerized physician order entry, and electronic record keeping.

What Quaid was getting at was that the culture in the healthcare industry needs to change.

William L. Sutker, MD, has noted that several cultural shifts can help reduce errors. He believes that caregivers should put themselves in the patient's place to truly understand the impact of medical errors and that all healthcare workers should take responsibility for their actions and inactions.

Teamwork and communication are key. Sutker believes that errors should be disclosed to patients and their families and that patients should actively participate in their care.

The Joint Commission standards on leadership echo Sutker's belief that if clinicians consider disruptive behavior from the patient's point of view they will see the harm it may cause. Standard LD.03.01.01 addresses disruptive and inappropriate behaviors in two of its elements of performance as behaviors that can undermine a culture of patient safety.

HIM's Role in Patient Safety

The HIM professional is well positioned to educate consumers on the importance of personal health information so they can participate in their care, alert leaders to unethical or disruptive behavior, and work toward improving electronic medical record systems with standards and alerts.

As HIM professionals we should take note from others' experiences. Humans make mistakes. Let's continue to find ways to build systems that can alert us when potential errors occur. Keeping an open and transparent culture will be paramount.

References

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Article citation:

Rulon, Vera. "HIM's Role in Ensuring Patient Safety: Reducing Medical Errors Requires a Cultural and Technological Shift in Healthcare" *Journal of AHIMA* 80, no.6 (June 2009): 10.

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