Can we distinguish errors from incompetence

As patients and consumers alike are demanding (rightly so) a greater accountability from hospitals and practitioners for the health care being provided, I feel compelled to clarify an important issue that distinguishes healthcare errors from incompetence.

All healthcare professionals, including physicians, nurses and pharmacists, are accountable for the services they provide to their patients. They must ensure that their individual competency level is meeting the standard set by their Colleges. Measurements and assessments of staff competency need to be implemented in order to identify practitioner competency issues in a timely fashion. It is important therefore that regulatory bodies and the healthcare organizations should ensure periodic competence and performance assessments.

Take the example of pharmacy Colleges across Canada. They presently have an on-going quality assurance program to randomly select members to undergo a comprehensive assessment. It has been recommended that such assessment programs be expanded to cover more practitioners, more frequently. There are other mechanisms for identifying performance issues and education opportunities, such as peer review, and aggressive continuing education and training programs, and aggressive continuous quality improvement initiatives. College of physicians and surgeons as well as college of nurses across Canada also has similar quality assurance program in place. It is recognized that there will be cases where a practitioner is deemed negligent. Such examples would include: practicing without a license; working while impaired, or performing recognized illegal activities. Such acts should not be viewed as errors, and need to be addressed within performance management systems and potentially, within the legal tort system.

It is well recognized that even competent and careful practitioners are fallible and that errors can occur in dynamic interactions between people and the complex organization systems. Root cause analysis data has shown many system-based problems such as lack of communication, high stress level, disruptions and excessive workload are contributing factors to errors. Highly competent, highly experienced staff has been involved in tragic errors as a result of preventable circumstances. In fact, most health care professionals are at risk for being involved in an error, because of the very nature of healthcare work. Discipline directed at the individual practitioner because an error will not correct the underlying causes of the error. Research bears out that a punitive approach to error will create an environment where errors are hidden, remain invisible and not reported.

With the recent media hype on some cases of physician's malpractice and negligence issue, it is reasonable and justifiable for the public to be upset and be alerted of negligent practitioners. A mechanism is needed, however, to differentiate practitioners who make an error, from practitioners where competency has proven to be a concern. Simply publicizing all complaints registered against an individual practitioner will not meet the real need of the public. Perhaps it is the College’s responsibility to investigate, case by

case, all the factors contributing to a complaint registered by a patient. A determination of reasonable and excusable error versus incompetence and negligence needs to be made.

It is gratifying to see that patient safety has finally been brought to the forefront, and that healthcare errors are being scrutinized and debated. We need to be careful not to group error and incompetence together. The two are distinct entities and require separate approaches to resolution and prevention of recurrence.

Contributed by

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