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Inefficient Clinical Incident Reporting Systems Create Problems in Learning from Errors

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Inefficient clinical incident reporting systems create problems in learning from errors

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Research highlights clinical incidents are caused by a number of undetected small sequential errors or system failures. If these errors are detected they can be corrected before there is a catastrophic event. This can be done with a robust and reliable reporting system and form.

However barriers to effectively learning from errors that have occurred are hampered by the poor data quality of existing report forms. The information provided on reports is often inaccurate and unclear. Additional to this is the problem of many different forms used throughout the NHS, there is a lack of standardisation. There is evidence that staff are not communicating their experiences of error due to lack of meaningful feedback resulting from those reports that are filled out.

What are the problems associated with current reporting forms that hinder clinical incident reporting. What needs to be included in the design of the standardised clinical incident report form?

In order to develop standards for the systemised reporting of adverse clinical incidents we have compared incident reporting forms currently used in NHS practice. Between twenty and thirty current forms were accessed from NHS trusts throughout the UK. Further forms were sought from medical device trainers. These were compared in terms of best practice from the literature.

Current NHS incident reporting forms have features which hinder clinical incident reporting. Forms failed to capture clinical incident data at the point of care and many do not encourage feedback mechanisms. Definitions regarding what to report are not clear.