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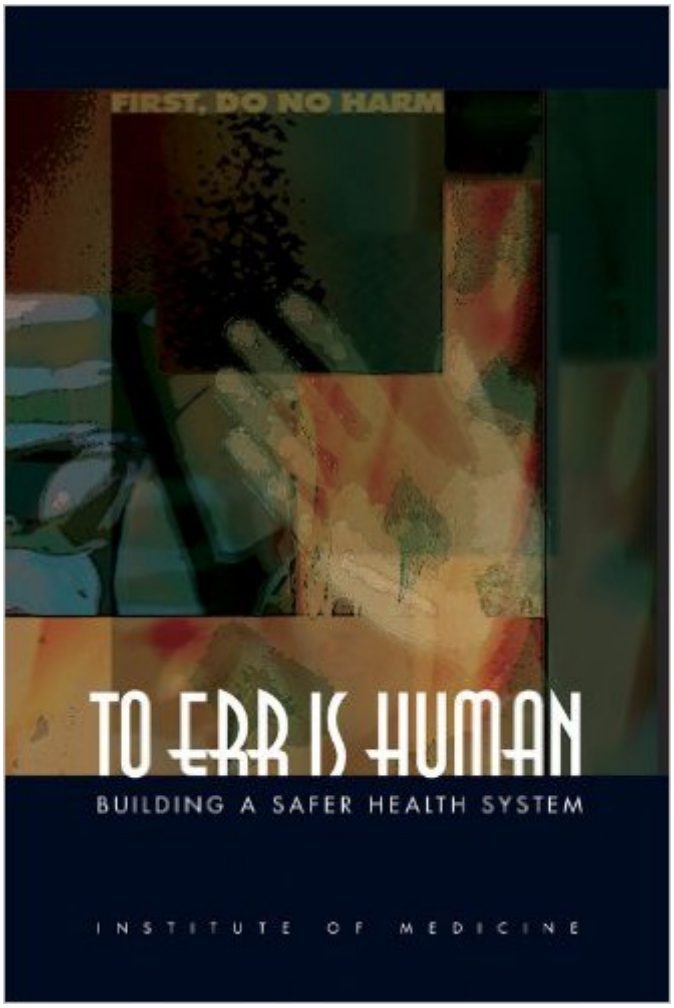
To Err Is Human: Building A Safer Health System



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Synopsis

Experts estimate that as many as 98,000 people die in any given year from medical errors that occur in hospitals. That's more than die from motor vehicle accidents, breast cancer, or AIDS--three causes that receive far more public attention. Indeed, more people die annually from medication errors than from workplace injuries. Add the financial cost to the human tragedy, and medical error easily rises to the top ranks of urgent, widespread public problems. To Err Is Human breaks the silence that has surrounded medical errors and their consequence--but not by pointing fingers at caring health care professionals who make honest mistakes. After all, to err is human. Instead, this book sets forth a national agenda--with state and local implications--for reducing medical errors and improving patient safety through the design of a safer health system. This volume reveals the often startling statistics of medical error and the disparity between the incidence of error and public perception of it, given many patients' expectations that the medical profession always performs perfectly. A careful examination is made of how the surrounding forces of legislation, regulation, and market activity influence the quality of care provided by health care organizations and then looks at their handling of medical mistakes. Using a detailed case study, the book reviews the current understanding of why these mistakes happen. A key theme is that legitimate liability concerns discourage reporting of errors--which begs the question, "How can we learn from our mistakes?" Balancing regulatory versus market-based initiatives and public versus private efforts, the Institute of Medicine presents wide-ranging recommendations for improving patient safety, in the areas of leadership, improved data collection and analysis, and development of effective systems at the level of direct patient care. To Err Is Human asserts that the problem is not bad people in health care--it is that good people are working in bad systems that need to be made safer. Comprehensive and straightforward, this book offers a clear prescription for raising the level of patient safety in American health care. It also explains how patients themselves can influence the quality of care that they receive once they check into the hospital. This book will be vitally important to federal, state, and local health policy makers and regulators, health professional licensing officials, hospital administrators, medical educators and students, health caregivers, health journalists, patient advocates--as well as patients themselves. First in a series of publications from the Quality of Health Care in America, a project initiated by the Institute of Medicine

Book Information

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Customer Reviews

This is a book which, despite being written by a committee and showing it, has a definite point of view. It is somewhat superficial, but contains a fairly good review of the literature on medical error and some definite ideas about what to do. This is the book for policy wonks who are interested both in health care and in government intervention. Those looking for more in-depth treatment of the subject would do well to consider Human Error in Medicine, edited by Marilyn Sue Bogner.

Far from being just another catalogue of avoidable trajedy this well written and well researched volume focuses on what needs to be done. It recommends nothing short of a a wholesale change in the design and structure of the healthcare industry.You will not read this book and feel comfortable with the status quo. You will not read this book and think things can change easilly. You will not read this book and give up hope - it is something like a, "call to arms" for all caring and motivated people to act to change things for the better.Try and imagine healthcare delivered like Toyota make cars - zero defects, just in time, team-based problem solving... not silos and secrecy. Bravo to the authors for their courage and insight.You may also enjoy, Lean Hospitals: Improving Quality, Patient Safety, and Employee Satisfaction if you enjoy this book.

The IOH, Institute of Health, published two exhaustive reports on healthcare: To Err is Human and Crossing the Quality Chasm. They are dry, academic, ponderous and difficult to read. However they are two of the most important books written about healthcare in the United States and mandatory reading for anyone in the field of medicine. Virtually every other book on improving healthcare

quotes or uses the research from these two books.Healthcare is under a radical transformation based on enormous economic and demand pressures. In order to be successful we have to understand the system, warts and all. We have to have solutions based on empirical peer reviewed data. These IOH reports do just that. While they may seem dated and many of the initiatives advocated by these books are well underway, these books remain 'bibles' of a sort for understanding the US medical system. I strongly recommend reading this books because so much of the current reform, language, and subsequent published literature is based on these two reports.I recently attended a training by Intermountain Healthcare in UT - the hospital system discussed during the election debates. The CFO quoted from these books. That is just one illustration of how influential and important these books are. Even if you don't work in medicine these books will help you manage and direct your own care. Read also "Overtreated" by Shannon Brownlee, which also uses IOH data and research.Not easy reads but few important reads are.

American health care is not as safe as it should and could be - at least 44,000, as perhaps as many as 98,000 die in hospitals each year as a result of preventable medical errors. Even using the lower estimate, these deaths exceed those from motor vehicle accidents, breast cancer, and AIDS.High error rates with serious consequences are most likely to occur in ICUs, ORs, and EDs. The total cost of these errors, including lost income and disability, is estimated to lie between $17 and $29 billion/year. One oft-cited problem - the decentralized and fragmented nature of our 'non-system' in which none of the providers has access to complete information. Solutions will not be attained through assigning blame or 'trying harder' - system and reporting changes are required.This report lays out a comprehensive strategy to reduce these preventable medical errors, and sets as a minimum goal a 50% reduction over the next five years. Both regulatory and market strategies are called for. One of their reductions - developing a nationwide public mandatory reporting system, has seen only limited accomplishment to-date. Unfortunately, that immediately impedes the next goal - raising performance standards and expectations.

It's an old work but the first great step for quality assurance in health. Every one who want to work in this matter must read it

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important research that every medical practitioner from doctor to STNA should read.

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