

Reporting Patient Safety Events: A Cross-Cultural Trial

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1. Introduction

Incident reporting is one of the major contributions to perinatal safety since communication and teamwork related issues are identified as leading causes of perinatal incidents. To maintain a high level of perinatal safety, it is critical to recognize problems and to prevent them from recurring. The challenges of reporting perinatal incidents remain in incompleteness in terms of reported data and substantial analytical bias. This study aims to utilize the Common Formats to report perinatal incidents. A cross-cultural study was performed by (1) translating relevant Common Formats into Chinese; (2) utilizing translated forms to report perinatal incident in a Chinese hospital; (3) employing a cross-cultural discussion.

2. Methods

2.1. Cross-cultural translation and adaptation of the Common Formats

Seven independent health care professionals were involved in the cross-cultural translation and adaptation of the Common Formats. The task includes translation, back-translation, and reconciliation [1]. (1) Five perinatal related forms were translated to Chinese, which comprise of healthcare event reporting form, patient information form, summary of initial report, Perinatal Form, and Perinatal Event Description. Translators A and B performed the translation. (2) Translators C and D performed the back-translation. (3) In the reconciliation, translators E, F, and G compared the original text with the back-translated text for issues. A reconciliation report with notes of these issues and the recommended edits and adjustments was sent to the panel of seven translators (A, B, C, D, E, F, and G) for discussion. A consolidated version of Chinese translation is formed once all issues are addressed.

2.2. Reporting and Data Collection

The Perinatal Form and Perinatal Event Description were utilized to report a perinatal incident from a Chinese hospital. Twenty-one graduate students in a School of Nursing participated in the reporting. Each participant provided general information including education, degree, specialty, and clinical training prior to the reporting.

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3. Results

The demographic characteristics of the participants are shown in Table 1. The Perinatal Form comprises of 20 items directly related to perinatal incident. For a complete form, please direct to https://www.psoppc.org/web/patientsafety/version-1.2_documents, and access Perinatal Form. The discrepant responses were found in five items (25 %): Item 5, Item 6, Item 11, Item 16 and Item 19.

In Item 5, four participants accounted only the neonate was affected by the event, while the rest accounted both of mother and neonate. In Item 6, 16 participants identified the outcomes to mother as ‘injury to body part or organ’, whereas the rest specified ‘psychological influence’. In Item 11, 19 participants chose ‘Birth trauma/injury as listed under ICD-9-CM 767 or ICD-10-CM P10-P15’, whereas one chose ‘Five-minute Apgar < 7 and birthweight > 2500 grams’ and the other one chose both. In Item 16, 15 participants identified an induced labor, while five other participants identified an augmented labor, and one specified ‘unknown’. In Item 19, 14 participants identified there was no instrumentation used to assist vaginal delivery, whereas the rest identified ‘unknown’.

Table 1. Demographic characteristics of the participants.

Characteristics	n	%	Characteristics	n	%
School grade			Area of research		
1 st year	11	52.3	Nursing management	4	19.0
2 nd year	6	28.5	Surgical nursing	1	4.7
3 rd year	4	19.0	Nosocomial infection management	1	4.7
Previous clinical training			Nursing ethics	1	4.7
Urinary surgery	2	9.5	Psychiatric nursing	4	19.0
ICU	1	4.7	Aged nursing	1	4.7
Pediatrics	1	4.7	Nursing of gynecology and obstetrics	1	4.7
Gynecology and obstetrics	2	9.5	Nursing education	4	19.0
Surgery	1	4.7	Nursing psychology	4	19.0
Endocrinology	1	4.7			
No previous clinical training	13	61.9			

The percentage is rounded to tenths.

4. Discussion

The results demonstrate the validity of the cross-cultural translation and diversity in a typical perinatal incident reported by Chinese clinicians. These findings suggest (1) an imperative need of cross-cultural study on incident reporting; (2) the significant role an incident reporter can play; (3) future direction of incident reporting and patient safety culture.

5. Acknowledgments

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References

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