

OpenNotes reporting tool engages patients as safety partners

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OpenNotes evidence has shown that transparent medical records can increase patient engagement - patients who read the clinical notes written by their doctors report feeling more in control of their care and being better able to adhere to the treatment plan. Now new research from OpenNotes investigators at Beth Israel Deaconess Medical Center (BIDMC) suggests that offering patients a mechanism to provide feedback about their notes further enhances engagement and can improve patient safety.

The study results appear online today in the *British Medical Journal (BMJ) Quality and Safety*.

"Our findings add to a growing literature suggesting that patients can help identify mistakes," says lead author, Sigall Bell, MD, OpenNotes Director of Patient Safety and Discovery and Associate Professor of Medicine at Harvard Medical School. "We were struck that nearly all patients and care partners in the study found the feedback tool valuable. What that indicates to us is that patients are eager to help their health care teams 'get it right.'"

What's more, Bell says, the majority of patients who reported a possible inaccuracy also provided positive feedback, with one doctor commenting that it was an 'anti-burnout' experience.

Bell and colleagues created a simple, low cost, online feedback tool that patients could link to from their notes on the secure, patient portal. 41

doctors signed on to the pilot intervention, and 6225 patient visits were included in the one year study period. During that time 44 percent of patients read their notes, and among them one in 12 used the reporting tool.

Bell found that nearly all (96 percent) of the patients who sent feedback reported understanding the content of the note. Among those who provided feedback, 23 percent reported potential safety concerns, most commonly citing possible mistakes regarding medications, or documentation of existing health problems or symptoms. Upon clinician review, 64 percent of the patient reported items were confirmed as definite or possible safety concerns, and 57 percent of the cases resulted in a change to the record or care.

Bell says that what didn't happen during the study period is equally as important. Although some clinicians worried that identification of errors in notes may adversely affect the patient-doctor relationship, not a single doctor in the small pilot reported such an event. After a year, 99 percent of patients and care partners found the tool valuable, 97 percent wanted it to continue, and none of the doctors reported worsening workflow.

"We were pleased to find that the OpenNotes reporting tool helped to identify quality improvement opportunities without appearing to add to clinician burden," says Bell. "We believe that if [patients](#) know their [feedback](#) is welcome and encouraged, the potential to reduce errors or clear up confusion about the care plan will be even greater."

The [reporting tool](#) is currently being piloted at Boston Children's Hospital under the guidance of Fabienne Bourgeois, MD, MPH, pediatric hospitalist and the Medical Director of Patient-Facing Applications.

Provided by Beth Israel Deaconess Medical Center

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