

# **National Patient Safety Foundation at the AMA**

## **Public Opinion of Patient Safety Issues Research Findings**

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National Patient Safety Foundation at the AMA

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## EXECUTIVE SUMMARY

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### Introduction

In order to understand the experiences and opinions of American adults (age 18+) on patient safety issues in the health care environment, the National Patient Safety Foundation at the AMA commissioned Louis Harris & Associates (LHA) to conduct telephone interviews with randomly selected households nationwide.

- LHA's data collection staff completed 1,513 interviews between July 30 and August 21, 1997. Margins of error for questions asked of all 1,513 respondents is plus or minus 2.58% at the 95% confidence level.
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### Safety in General

The health care environment is perceived by the general public as “moderately” safe.

- The health care environment was rated a 4.9 on a 1 to 7 scale, where 1 is Not Safe at All and 7 is Very Safe. Thirteen percent of adults rated the health care environment as a 7 (Very Safe).
- In comparison to other types of environments, respondents view the health care environment as much safer than nuclear power or food handling, but somewhat less safe than airline travel or the workplace environment.

When asked, “What comes to mind when you think about patient safety issues in the health care environment?”, more than one-quarter (28%) did not mention anything.

- Twenty percent mentioned exposure to infection; 13% cited the general level of care patients receive and 11% cited the qualifications of health care professionals.

When asked to consider whether patient safety in the health care environment over the past five years has gotten better, stayed the same, or gotten worse, there was no clear answer among the public.

- An equal percent of adults believe that it has improved (33%), stayed the same (33%), or gotten worse (31%).

Adults believe they are most likely to encounter a medical mistake at a nursing home.

- Adults are least likely to believe they will encounter a medical mistake at the doctor's office or at the pharmacy.
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### Safety Precautions

Of the behaviors respondents were asked to consider, the two reported as “most risky” were not carrying a medical ID when one has a medical condition (75% very risky) and smoking tobacco (65% very risky).

- On average, adults view each behavior (note testing home smoke detectors; leaving appliances plugged in while away for long periods; not carrying an ID for a medical condition; eating raw or rare beef; not wearing a seatbelt in an automobile; smoking tobacco) as at least somewhat risky.
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## EXECUTIVE SUMMARY, continued

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### Safety Precautions, continued

Overall, at least seven out of every ten adults report being very or somewhat likely to take certain safety precautions when dealing with health care professionals.

- The precaution most adults are likely to take is to get a second opinion on a serious diagnosis. Four out of five adults (80%) are very likely to take this precaution.
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### Health Care Professionals

Overall, adults were satisfied with their most recent experience with a health care professional.

- More than four out of five adults (84%) report being very or somewhat satisfied.

With respect to the elements of their most recent experience with a health care professional, adults reported the following as most lacking:

- Eighteen percent reported that the health care professional did not spend enough time with them, and/or
  - Seventeen percent reported that the health care professional did not give them enough information about all possible treatments to make an informed decision about their care.
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### Patient Safety

About half of adults (52%) believe the current health care system does have adequate measures in place to prevent medical mistakes; however, forty-two percent disagree.

Ninety-five percent of adults believe that their personal doctor, and 92% of adults believe that they, themselves, have a positive effect on patient safety.

- The lowest percentage of adults (41%) reported that they believe federal and state governments have a positive effect on patient safety.

Adults prefer to receive information about the risks and benefits of medical treatments in a written (63%) or verbal (52%) format.

- Twenty percent of adults selected a combination of both written and verbal as their preferred format.
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## EXECUTIVE SUMMARY, continued

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### Awareness of Medical Mistakes

Prior to being asked a series of questions about “medical mistakes,” respondents were told, “Some examples of medical mistakes are when a wrong dose of medicine is given; an operation is performed other than what was intended for the patient; or results of a medical test are lost or overlooked.”

Adults most frequently cite carelessness or negligence on the part of health care professionals when asked, “What do you think is the main cause of medical mistakes?” (29%).

- The second most frequently cited reason is that health care professionals are overworked, hurried, and stressed (27%). This cause may have a large effect on perceived carelessness or negligence on the part of health care professionals.

More than four out of five adults (84%) have heard about a situation where a medical mistake was made.

- The most commonly cited ways of learning about a situation are through a friend or relative (42%) or via television (22%).
- 

### Experience with Medical Mistakes

More than two out of five adults (42%) have been involved, either personally or through a friend or relative, in a situation where a medical mistake was made.

Of those adults who have been involved in a situation:

- The majority (56%) have been involved in only one situation. More than two out of five (42%) of adults have been involved in more than one situation.
- Two out of five (40%) report that the most recent medical mistake was a misdiagnosis. Approximately one-quarter report that the medical mistake was either an error with medication (28%) or an error during a medical procedure (22%).
- Nearly one-half (48%) of all mistakes occurred within a hospital. Almost one-quarter (22%) occurred within a doctor’s office. This response conflicts with the respondents’ perception that they are most likely to encounter a medical mistake in a nursing home.
- Carelessness or negligence on the part of health care professionals (29%) is the factor most commonly cited as causing the medical mistake.
- In more than one-third (38%) of all situations where a medical mistake occurred, respondents reported that nothing was done.
- One-quarter (27%) believe the medical mistake could have been avoided if health care professionals were more conscientious and thorough.

One out of three adults (32%) indicated that the medical mistake had a permanent negative effect on the patient’s health.

The precautions adults are most likely to take as a result of their experiences are to:

- Ask questions (28%),
- Research the hospital, physician, and/or treatment (20%), or
- Get a second opinion (18%).

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## EXECUTIVE SUMMARY, continued

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### Experience with Medical Mistakes, continued

Nearly one out of ten adults (9%) state that they do not/or would not take any precautions to ensure their safety.

Adults who have been involved in a medical mistake report different attitudes about health care:

- They are significantly less likely to rate the health care environment as very safe (9% reporting as compared to 16%),
  - They are more likely to believe that patient safety in the health care environment has gotten worse (40% reporting worse as compared to 25%),
  - They feel less satisfied about their last encounter with a health care professional (48% reporting very satisfied as compared with 63%), and
  - They feel significantly more likely to encounter a mistake in a nursing home (39% reporting very likely as compared to 23%), hospital (20% reporting very likely as compared to 10%), or doctor's office (8% reporting very likely as compared to 5%).
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### Preventing Medical Mistakes

An overwhelming majority of adults (95%) would report a medical mistake if they encountered one today.

- One out of three adults (35%) would go to the site of the mistake (e.g., the hospital administrator), and 33% would go to their doctor to report a medical mistake.

Adults believe that keeping health care professionals with bad track records from providing care would be the most effective solution to preventing injury from medical mistakes.

- Three out of four adults (75%) believe that this solution would be very effective.

Adults also believe that better training of health care professionals, patients selecting doctors more carefully, forming an independent organization where causes of medical mistakes would be examined, and providing patients with information on how to ensure their safety would be effective solutions.

- Adults have less confidence that lawsuits against those who make mistakes and/or stricter government regulation of the health care system would be effective, (solutions cited as “very effective” by 29% and 27% of respondents, respectively).

When asked if they had other suggestions on how to prevent medical mistakes from causing injury to patients, the top suggestion cited by adults were to improve oversight of caregivers; qualifications (31%), and to increase the public's awareness of the issues (13%).

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## INTRODUCTION

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### Background

The National Patient Safety Foundation was established to address patient safety issues in the health care environment.

The Foundation sponsored a national research survey to understand the experiences and opinions of American adults (age 18+) on patient safety issues in the health care environment. The results of the survey will be used by the Foundation to shape its activities and public communications.

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### Methodology

This report was prepared by Louis Harris & Associates (LHA).

The data reported here are the result of telephone interviews with 1,513 adults in randomly selected households nationwide.

The interviews were completed between July 30 and August 21, 1997 by LHA.

- Interviewers used a computerized version of the questionnaire developed by the Foundation.
  - The actual wording of each question is shown with the tables in this report.
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### Sample Selection and Use

The sample used for this study was based on a random selection of US households.

During data collection, a callback procedure was used for adults not initially available in order to:

- Ensure randomness of the sample, and
  - Reduce non-response bias.
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### Demographic Characteristics of Respondents

Respondent data were weighted by age, race, and gender in the analysis phase of this study to assure appropriate representation of subgroups. Unweighted data may potentially bias survey results as random calls to the public may not reflect true population characteristics.

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### Statistical Testing

Significance tests were conducted to determine differences in responses to questions across subgroups.

Significance testing of results was conducted in order to detect differences in respondents' answers to questions that are actual, and not due to random chance.

- All testing was done at a 95% confidence level.
  - All differences reported are statistically significant unless otherwise stated.
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## INTRODUCTION, continued

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### Data Error

The margin of error for the full sample and for examples of subsample sizes are shown in the table.

Sample Size	Margin of Error at the 95% Confidence Level *
1,500	+/- 2.58%
1,000	+/- 3.16%
750	+/- 3.65%
500	+/- 4.48%
250	+/- 6.34%
100	+/- 10.05%

\* While every attempt is made to measure public opinion accurately, other unspecified and unmeasured sources of error may affect the outcome of any survey.

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### Appendix

The Appendix to this report presents:

- A demographic profile of survey respondents, and
  - The groupings of states that comprise the US regions used in the analysis.
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### Reading this Report

Percentages reported in each table are based on 1,513 respondents unless otherwise noted.

Percentages shown in tables in this report sometimes do not add to 100%. This may be due to:

- Rounding each percentage to the nearest whole percentage point,
  - Acceptance of multiple responses to a question, and/or
  - On occasion, omission of certain response categories for the sake of clarity.
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### Non-Responses

The proportion of respondents refusing to answer a given question was usually less than one-half of one percent.

- In most tables, these are combined with “Don’t Know” responses.

An asterisk (\*) indicates that a response was given by less than one-half of one percent of respondents.

- In some tables, the “Don’t Know” column is excluded in cases where all of the responses had less than one-half of one percent not answering.
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## INTRODUCTION, continued

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### Measuring Risk Averse Behavior

For the purposes of this analysis, respondents were classified as “highly risk averse”, “moderately risk averse”, or “risk takers” based on their responses to the following question:

*“On a scale of 1 to 7, how risky do you think the following behaviors are, with 7 being Very Risky and 1 being Not Risky at All.”*

***Behaviors Measured: Not Testing Smoke Detectors, Leaving Appliances Plugged in when gone for Long Period of Time, Smoking Tobacco, Eating Raw or Rare Beef, Not Wearing a Seat Belt, Not Carrying Medical ID when have Medical Condition.***

To measure risk averse behavior, each respondent’s responses to the six behaviors were summed.

- Adults with high scores (40 to 42) were classified as “very risk averse”,
- Adults with moderate scores (30 to 39) were classified as “moderately risk averse”, and
- Adults with low scores (6 to 29) were classified as “risk takers”.

The following chart displays the distribution of respondents.

<b>Sum of Behavior Ratings</b>	<b>Number of Respondents</b>	<b>Classification</b>
40 to under 42	422	Very Risk Averse
30 to under 39	810	Moderately Risk Averse
6 to under 29	261	Risk Taker

Discussion on differences between these groups will be included throughout this report.

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## SAFETY IN GENERAL

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### In This Section

This section presents several questions about safety in health care and other environments.

Topics covered in this section include:

- Public perception of the safety of various environments,
  - Public opinion on patient safety in the health care environment,
  - Patient safety trends in the health care environment, and
  - The risk of medical mistakes within various health care settings.
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### Public Perception of the Safety of Various Environments

Respondents were asked to rate the safety of various environments in order to understand the public's perception of how safe the health care environment is as compared to other environments.

Given the choices, respondents believe they are safest traveling on an airplane or working at their workplace. They associate more risk with nuclear power and food handling.

- Respondents view the health care environment as much safer than nuclear power or food handling, but somewhat less safe than airline travel or the workplace environment.
- 

The following chart displays all respondents' answers in response to the question:

*“Please tell me on a scale of 1 to 7, how safe you feel the following are, with 7 being Very Safe and 1 being Not Safe at All.”*

Environment	Mean Score	7 SAFE	6	5	4	3	2	1 UNSAFE	Don't Know
Airline travel	5.2	20%	26%	30%	9%	5%	2%	7%	1%
The workplace	5.2	14%	29%	31%	11%	7%	3%	2%	3%
<b>Health care</b>	<b>4.9</b>	<b>13%</b>	<b>24%</b>	<b>31%</b>	<b>16%</b>	<b>8%</b>	<b>4%</b>	<b>4%</b>	<b>1%</b>
Food handling	4.4	8%	13%	32%	21%	15%	6%	4%	1%
Nuclear power	4.2	12%	15%	21%	16%	10%	7%	13%	5%

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## SAFETY IN GENERAL, continued

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### Subgroups: Public Perception of the Safety of Various Environments

#### *Personal Involvement with Medical Mistake*

Adults who were involved in a medical mistake are significantly less likely than adults not involved in a medical mistake to rate safety in the health care environment a seven (very safe).

- Nine percent reporting very safe as compared to sixteen percent.

#### *Satisfaction with Last Medical Visit*

Belief in the safety of the health care environment is directly related to the level of satisfaction with the last visit to a health care professional.

- Eighteen percent of adults who were very satisfied with their last visit rated safety in the health care environment a seven (very safe) compared to five percent of adults who were very dissatisfied with their last visit, a significant difference.

#### *Gender*

Male adults are significantly more likely than female adults to rate each environment a seven (very safe). The exceptions are health care and the workplace, where there is no difference in ratings based on gender.

#### *Income*

Belief in the safety of the health care environment is directly proportional to household income.

- Twenty-four percent of adults with a household income under \$15,000 rate safety in the health care environment a seven (very safe) compared to eight percent of adults with a household income over \$60,000, a significant difference.

#### *Education*

Adults with at least some college education are significantly less likely than adults with a high school education or less to rate safety in the health care environment a seven (very safe).

- Nine percent reporting very safe as compared to eighteen percent.

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” are significantly more likely than adults classified as “moderately risk averse”, or “risk takers” to rate safety in the health care environment a seven (very safe).

- Nineteen percent reporting very safe as compared to nine percent and eleven percent, respectively.
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## SAFETY IN GENERAL, continued

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### Public Opinion on Patient Safety in the Health Care Environment

Respondents were asked an open-ended question aimed at identifying top-of-mind consideration about patient safety issues in the health care environment.

More than one out of four (28%) respondents did not mention anything about patient safety in the health care environment.

The top responses (each cited by more than one in ten respondents) are:

- Exposure to infection,
  - The general care patients receive, and
  - The qualifications of health care professionals.
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The following chart displays all respondents' coded answers in response to the open-ended question:

*“What comes to mind when you think about patient safety issues in the health care environment?”*

<b>Response</b>	<b>Mentioned By</b>
<i>Nothing</i>	<b>28%</b>
Exposure to infection	20%
Patient care received	13%
Qualifications of health care professionals	11%
Getting correct treatment	8%
Safety hazards / precautions	6%
Misdiagnosis / negligence	3%
Other	11%

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### Subgroups: Public Opinion on Patient Safety in the Health Care Environment

There is little difference in response to this question among subgroups.

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## SAFETY IN GENERAL, continued

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### Patient Safety Trends in the Health Care Environment

Respondents were asked to consider whether patient safety in the health care environment has gotten better, stayed the same, or gotten worse over the past five years.

There is no clear answer among respondents.

- An equal percent of adults believe that it has improved, stayed the same, or gotten worse.
- 

The following chart displays all respondents' answers in response to the question:

*“Over the past five years, do you think that patient safety in the health care environment has gotten better, stayed the same, or gotten worse?”*

Status	Selected By
Gotten better	33%
Stayed the same	33%
Gotten worse	31%
Don't know	3%

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### Subgroups: Patient Safety Trends in the Health Care Environment

#### *Personal Involvement with Medical Mistake*

Adults who were involved in a medical mistake are significantly more likely than adults not involved in a medical mistake to believe that patient safety in the health care environment has gotten worse.

- Forty percent reporting worse as compared to twenty-five percent.

#### *Satisfaction with Last Medical Visit*

Belief that patient safety in the health care environment has gotten worse is directly related to the level of satisfaction with the last visit to a medical doctor.

- Twenty-four percent of adults who were very satisfied with their last visit believe that patient safety in the health care environment has gotten worse compared to fifty-one percent of adults who were very dissatisfied, a significant difference.

#### *Adequate Safety Measures*

Adults who believe there are adequate measures in place to ensure patient safety are significantly less likely than those who do not believe there are adequate measures in place to indicate that patient safety in the health care environment has gotten worse.

- Eighteen percent reporting worse as compared to forty-eight percent.
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## SAFETY IN GENERAL, continued

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### Subgroups: Patient Safety Trends in the Health Care Environment, continued

#### *Most Recent Experience with Health Care Professional*

For each aspect of the most recent experience with a health care professional asked about in the survey, adults whose recent experience with a health care professional failed to meet their expectations are significantly more likely to believe that patient safety in the health care environment has gotten worse as compared to adults whose expectations were met.

- The following chart displays these findings:

Statement	% Reporting Gotten Worse whose Expectations...	
	were Not Met	were Met
The health care setting was clean	73%	30%
Those involved in your care were attentive to your needs	53%	29%
The treatment was carried out just as it was explained to you	52%	30%
They made an accurate diagnosis	51%	29%
They spent enough time with you	50%	27%
You knew how to care for yourself once you left the health care setting	48%	30%
They gave you enough information about all possible treatments to make an informed decision about your care	48%	28%
You were given sufficient instructions on how to take prescribed medication	46%	30%

#### *Manner in Which Medical Mistake was Learned*

Adults who learned about a mistake through personal experience or through family/friends are significantly more likely than adults who learned about a mistake through television, radio, or newspaper to believe that patient safety in the health care environment has gotten worse.

- Thirty-nine percent reporting worse as compared to twenty-five percent.
-

## SAFETY IN GENERAL, continued

### Risk of Medical Mistakes within Health Care Settings

Respondents were asked to evaluate the amount of risk associated with different health care settings.

Respondents believe they are most likely to encounter a medical mistake at a nursing home.

- Respondents believe they are least likely to encounter a medical mistake at the doctor's office or at the pharmacy.

The following chart displays all respondents' answers in response to the question:

*“How likely or unlikely do you think your risk is of encountering a medical mistake in the following health care settings or situations?”*

Setting / Situation	Very Likely	Somewhat	Not Very	Not at All	Don't Know
At the nursing home	30%	46%	13%	5%	6%
At the hospital	14%	48%	31%	6%	1%
At the doctor's office	6%	33%	48%	12%	1%
At the pharmacy	6%	30%	47%	13%	4%

### Subgroups: Risk of Medical Mistakes within Health Care Settings

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” are significantly more likely than adults classified as “moderately risk averse” or “risk takers” to believe they are very likely to encounter a medical mistake in each setting. This is in direct contrast to previous findings that “very risk averse” adults are more likely to believe the health care environment is very safe.

#### *Personal Involvement with Medical Mistake*

Adults who were involved with a medical mistake are significantly more likely than adults not involved in a medical mistake to believe they are very likely to encounter a medical mistake in each setting except at the pharmacy, where there is no difference.

#### *Satisfaction with Last Medical Visit*

Belief that they are very likely to encounter a medical mistake in each environment is directly related to an adults' satisfaction with the last visit to a medical doctor.

- The less satisfied, the more likely to indicate they are very likely to encounter a medical mistake.

#### *Health Insurance*

Adults with health insurance are significantly less likely than adults without insurance to believe they are very likely to encounter risk at the hospital.

- Thirteen percent reporting very likely as compared to twenty percent.

## SAFETY PRECAUTIONS

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### In This Section

A series of questions were asked to measure how “risk averse” people are in various situations.

Topics covered in this section include:

- Likelihood to take certain safety precautions,
  - Public perception of how “risky” certain actions are to a person’s health, and
  - Likelihood to take certain safety precautions when dealing with health care professionals.
- 

### Likelihood to Take Safety Precautions

Respondents were asked how likely they would be to take certain precautions to ensure their safety.

- This question is aimed at understanding what actions people take to ensure their safety without any discussion of the potential risk involved.

Close to nine out of ten respondents (87%) are very likely to carry a medical ID if they have a medical condition.

- Conversely, twenty percent of respondents are very likely to smoke cigarettes.
- 

The following chart displays all respondents’ answers in response to the question:

*“How likely or unlikely are you to (read list)...  
Would you say Very Likely, Somewhat Likely, Not Very Likely, or Not at all Likely?”*

<b>Precaution or Behavior</b>	<b>Very Likely</b>	<b>Somewhat Likely</b>	<b>Not Very Likely</b>	<b>Not at all Likely</b>	<b>Don’t Know</b>
Carry ID if have medical condition	<b>86%</b>	<b>7%</b>	3%	3%	1%
Wear seat belt when in automobile	<b>81%</b>	<b>11%</b>	4%	4%	*
Test smoke detectors	<b>62%</b>	<b>23%</b>	11%	4%	1%
Unplug appliances when leaving for a long period of time	<b>53%</b>	<b>16%</b>	16%	14%	*
Smoke tobacco	20%	6%	<b>7%</b>	<b>67%</b>	*
Eat raw or very rare beef	8%	9%	<b>18%</b>	<b>64%</b>	*

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## SAFETY PRECAUTIONS, continued

### Subgroups: Likelihood to Take Safety Precautions

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” (see page 9) are significantly more likely than adults classified as “moderately risk averse” or “risk takers” to report they are very likely to take each precaution except smoking, where there is no difference.

- The following chart displays these findings:

Precaution or Behavior	% Reporting Very Likely who are...		
	Very Risk Averse	Moderately Risk Averse	Risk Taker
Carry ID if have medical condition	93%	87%	74%
Wear seat belt when in automobile	87%	81%	68%
Unplug appliances when leaving for a long period of time	77%	47%	37%
Test smoke detectors	75%	59%	47%
Smoke tobacco	20%	19%	22%
Eat raw or very rare beef	5%	8%	15%

#### **Public Perception of “Risky” Behavior**

Respondents were asked how risky they consider various situations to be to one’s health.

- This question is aimed at identifying the amount of risk respondents associate with each behavior given their propensity to act out each behavior.

The two situations found to be most “risky” are not carrying a medical ID when one has a medical condition (75% very risky) and smoking tobacco (65% very risky).

- As the previous question demonstrated, even though smoking is thought to be “very risky”, one out of every five respondents (20%) reports being very likely to smoke.

On average, adults view each behavior as at least somewhat risky.

## SAFETY PRECAUTIONS, continued

### Public Perception of “Risky” Behavior, continued

The following chart displays all respondents’ answers in response to the question:

*“On a scale of 1 to 7, how risky do you think the following behaviors are, with 7 being Very Risky and 1 being Not Risky at All.”*

Behavior	Mean Score	7 RISKY	6	5	4	3	2	1 NOT RISKY
Not carrying ID / have medical condition	6.4	75%	11%	6%	3%	1%	1%	3%
Smoking tobacco	6.1	65%	12%	11%	4%	2%	1%	4%
Not wearing a seat belt	6.0	57%	15%	14%	6%	3%	2%	4%
Not testing smoke detectors	5.8	57%	11%	12%	9%	4%	3%	4%
Eating raw or rare beef	5.7	49%	14%	16%	8%	5%	3%	5%
Leaving appliances plugged in	5.0	34%	12%	17%	13%	8%	9%	8%

### Subgroups: Public Perception of “Risky” Behavior

#### *Gender*

Female adults are significantly more likely than male adults to rate each behavior as a seven (very risky).

#### *Age*

Older adults tend to be more likely than younger adults to rate each behavior as a seven (very risky).

#### *Health Insurance*

Adults with health insurance tend to be more likely than adults without health insurance to rate each behavior as a seven (very risky).

#### *Likelihood to Take Precaution*

For each precaution or behavior, the stronger the likelihood to take each precaution, the greater the associated risk.

## SAFETY PRECAUTIONS, continued

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### Personal Experience with Health Care Professionals

Respondents were asked to consider recent experiences they have had with health care professionals.

- This question is aimed at understanding adults' likelihood to take certain safety precautions when dealing with health care professionals.

Four out of five respondents (80%) are very likely to get a second opinion on a serious diagnosis.

- Nearly all respondents (94%) are very or somewhat likely to get a second opinion or to ask about all possible treatments.

Adults are least likely to get information on their health care professional's background.

- Fewer than two out of five respondents (36%) say they are very likely to seek such information.

Overall, at least seven out of every ten adults report being very or somewhat likely to take each safety precaution with health care professionals.

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The following chart displays all respondents' answers in response to the question:

*“Thinking about experiences you have had with health care professionals, such as doctors, please tell me how likely or unlikely you are to (read list)...  
Would you say you are Very Likely, Somewhat Likely, Not Very Likely, or Not at all Likely?”*

Statement	Very Likely	Somewhat Likely	Not Very Likely	Not at all Likely
Get a second opinion on a serious diagnosis	80%	14%	4%	2%
Ask about other possible treatments and compare the risks and benefits	74%	20%	4%	2%
Look up information about a new prescription	64%	22%	9%	6%
Ask questions about medical equipment used for your medical treatment	63%	24%	10%	4%
Get information on your health care professional's background	36%	34%	20%	10%

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## SAFETY PRECAUTIONS, continued

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### Subgroups: Personal Experience with Health Care Professionals

#### *Gender*

In general, female adults are more likely than male adults to take these precautions.

#### *Education*

In general, more educated adults are more likely than less educated adults to take these precautions

#### *Age*

In general, older adults are more likely than younger adults to take these precautions.

#### *Income*

In general, adults in households with higher incomes are more likely than adults in households with lower incomes to take these precautions.

#### *Personal Involvement with Medical Mistake*

In general, adults who were involved in a medical mistake are more likely than adults not involved in a medical mistake to take these precautions.

#### *Having a Personal Physician*

In general, adults with a personal physician are more likely than adults without a personal physician to take these precautions.

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” are significantly more likely than adults classified as “risk takers” to take these precautions.

- The following chart displays these findings:

Behavior	% Reporting Very Likely who are...		
	Very Risk Averse	Moderately Risk Averse	Risk Taker
Get a second opinion on a serious diagnosis	84%	80%	79%
Ask about other possible treatments and compare the risks and benefits	81%	70%	74%
Look up information about a new prescription	73%	60%	59%
Ask questions about medical equipment used for your medical treatment	70%	59%	56%
Get information on your health care professional’s background	50%	30%	33%

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## HEALTH CARE PROFESSIONALS

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### In This Section

A series of questions were asked to understand public perception of the most recent experience with a health care professional.

Topics covered in this section include:

- Satisfaction with the most recent experience with a health care professional, and
  - Perceptions of the most recent experience with a health care professional.
- 

### Satisfaction with the Most Recent Experience with a Health Care Professional

Respondents were asked to measure their satisfaction with their most recent visit to a medical doctor.

Overall, just over half of the respondents (56%) are very satisfied with their visit.

- More than four out of five respondents (84%) are very or somewhat satisfied with their visit.
- 

The following chart displays all respondents' answers in response to the question:

*“Thinking about your most recent experience with a health care professional for a specific condition or treatment, not just a physical check-up, how satisfied or dissatisfied were you overall with the health care you received?”*

Satisfaction	Selected By
Very satisfied	56%
Somewhat satisfied	28%
Somewhat dissatisfied	8%
Very dissatisfied	4%
Don't know / no recent experience	4%

---

### Subgroups: Satisfaction with the Most Recent Experience with a Health Care Professional

#### *Health Insurance*

Adults with health insurance are significantly more likely than adults without health insurance to have been very satisfied with the last experience with a health care professional.

- Fifty-seven percent reporting very satisfied as compared to forty-eight percent.
-

## HEALTH CARE PROFESSIONALS, continued

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### Subgroups: Satisfaction with the Most Recent Experience with a Health Care Professional, continued

#### *Having a Personal Physician*

Adults with a personal doctor are significantly more likely than adults without a personal doctor to have been very satisfied with the last experience with a health care professional.

- Fifty-nine percent reporting very satisfied as compared to forty-two percent.

#### *Personal Involvement with Medical Mistake*

Adults who were involved in a medical mistake are significantly less likely than adults who have not been involved to have been very satisfied with the last experience with a health care professional.

- Forty-eight percent reporting very satisfied as compared to sixty-three percent.
- 

### Perceptions of the Most Recent Experience with a Health Care Professional

Respondents were asked about their perceptions of several aspects of their most recent experience with a health care professional.

Overall, respondents are very positive about their most recent experience with a health care professional.

- Almost all respondents felt that the health care setting was clean.
  - Fewer respondents felt that the health care professional spent enough time with them and that the health care professional gave them enough information about all possible treatments.
- 

The following chart displays answers for respondents who had a recent experience (n=1,457) in response to the question:

*“Thinking about this recent experience with a health care professional, do you feel (read list)...?”*

Statement	Yes	No	Don't Know
The health care setting was clean	98%	2%	*
You knew how to care for yourself once you left the health care setting	92%	7%	1%
You were given sufficient instructions on how to take prescribed medication	91%	6%	4%
The treatment was carried out just as it was explained to you	91%	6%	3%
Those involved in your care were attentive to your needs	89%	10%	1%
They made an accurate diagnosis	87%	9%	4%
They spent enough time with you	81%	18%	1%
They gave you enough information about all possible treatments to make an informed decision about your care	81%	17%	2%

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## HEALTH CARE PROFESSIONALS, continued

### Subgroups: Perceptions of the Most Recent Experience with a Health Care Professional

#### *Personal Involvement with Medical Mistake*

In general, adults who were involved in a medical mistake are less likely than adults not involved in a medical mistake to have a favorable opinion of their most recent experience with a health care professional.

#### *Having a Personal Physician*

In general, adults with a personal physician are more likely than adults without a personal physician to have a favorable opinion of their most recent experience with a health care professional.

#### *Health Insurance*

Adults with health insurance are more likely than adults without insurance to have a favorable opinion of their most recent experience with a health care professional.

#### *Satisfaction with Last Medical Visit*

Having a favorable opinion of the most recent experience with a health care professional is directly related to satisfaction with the last visit to a medical doctor.

Statement	% Reporting Yes who were...			
	Very Satisfied	Somewhat Satisfied	Not Very Satisfied	Not at all Satisfied
The health care setting was clean	99%	98%	95%	85%
Those involved in your care were attentive to your needs	98%	90%	61%	22%
You knew how to care for yourself once you left the health care setting	97%	91%	76%	53%
The treatment was carried out just as it was explained to you	97%	91%	72%	49%
They made an accurate diagnosis	96%	85%	51%	34%
You were given sufficient instructions on how to take prescribed medication	95%	89%	76%	59%
They spent enough time with you	95%	72%	48%	16%
They gave you enough information about all possible treatments to make an informed decision about your care	94%	74%	41%	20%

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## PATIENT SAFETY

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### In This Section

This section presents public perception of their safety in the health care environment.

Topics covered in this section include:

- Current safety measures in the health care environment,
  - The effect of individuals and groups on patient safety,
  - Organizations that provide information on medical treatments,
  - Reliability of organizations as a source of medical information, and
  - Preferred format for receiving medical information.
- 

### Current Safety Measures in the Health Care Environment

Respondents were asked whether or not they believe the current health care system has adequate measures in place to prevent medical mistakes.

The majority of respondents (52%) believe the current health care system does have adequate measures in place to prevent medical mistakes; however, forty-two percent disagree.

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The following chart displays all respondents' answers in response to the question:

*“Do you agree or disagree that the current health care system has adequate measures in place to prevent medical mistakes?”*

<b>Has Adequate Measures</b>	<b>Selected By</b>
Agree	52%
Disagree	42%
Don't know	6%

---

### Subgroups: Current Safety Measures in the Health Care Environment

#### *Personal Involvement with Medical Mistake*

Adults who were involved in a medical mistake are significantly less likely than adults not involved in a medical mistake to believe that the current health care system has adequate measures in place to prevent medical mistakes.

- Forty-one percent reporting agree as compared to sixty percent.
-

## PATIENT SAFETY, continued

### Subgroups: Current Safety Measures in the Health Care Environment, continued

#### *Satisfaction with Last Medical Visit*

Belief that the current health care system has adequate measures in place to prevent medical mistakes is directly related to satisfaction with the last visit to a medical doctor.

- Fifty-eight percent of adults who were very satisfied with their last visit believe that the current health care system has adequate measures in place to prevent medical mistakes compared to twenty-seven percent of adults who were very dissatisfied, a significant difference.

#### *Age*

Younger adults tend to be more likely than older adults to believe that the current health care system has adequate measures in place to prevent medical mistakes.

### Effect of Individuals and Groups on Patient Safety

Respondents were asked to consider the effect certain individuals or groups have on patient safety.

More than nine out of ten respondents believe that their personal doctor and that they, themselves, have a positive effect on patient safety.

- The lowest percentage of respondents report that they believe federal and state governments have a positive effect on patient safety.

The following chart displays all respondents' answers in response to the question:

*“Now I have a few questions about what kind of effect you think certain individuals or groups have on patient safety. Would you say, in general, that (read list) have a Positive, Negative, or No Effect on your safety as a patient?”*

<b>Individual/Group</b>	<b>Positive</b>	<b>Negative</b>	<b>No Effect</b>	<b>Don't Know</b>
Personal doctor	95%	2%	3%	1%
You, yourself	92%	3%	5%	1%
Nurses, in general	88%	4%	6%	2%
Pharmacists	88%	3%	8%	1%
Staff in your doctor's office	86%	4%	10%	1%
Other health care professionals	85%	4%	8%	3%
Voluntary health organizations	81%	4%	11%	5%
Doctors, in general	80%	7%	9%	4%
Medical professional associations	68%	11%	15%	6%
Consumer groups	60%	9%	22%	9%
Hospital and clinic administrators	54%	17%	25%	5%
Health insurance plans	52%	30%	14%	3%
Federal and state government	41%	32%	21%	6%

## PATIENT SAFETY, continued

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### Subgroups: Effect of Individuals and Groups on Patient Safety

#### *Personal Involvement with Medical Mistake*

Adults who were involved in a medical mistake are more likely than adults not involved to indicate that several of the individuals or groups asked about in the survey have a negative impact on patient safety.

- The following table displays significant differences:

Individual/Group	% Reporting Negative who were...	
	Involved in Mistake	Not Involved in Mistake
Federal and state government	38%	28%
Health insurance plans	39%	24%
Hospital and clinic administrators	25%	11%
Medical professional associations	14%	9%
Doctors, in general	10%	5%

#### *Satisfaction with Last Medical Visit*

Belief that individuals or groups have a negative effect on patient safety (for each individual or group) is directly related to an adult's satisfaction with the last visit to a medical doctor.

- The less satisfied, the more likely to indicate a negative effect.
- 

### Individuals and Groups that Provide Information on Medical Treatments

Respondents were asked who they would look towards for information to help them make medical decisions.

Almost every respondent with a personal physician indicated that they would look to their personal doctor for this information.

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## PATIENT SAFETY, continued

### Individuals and Groups that Provide Information on Medical Treatments, continued

The following chart displays all respondents' answers in response to the question:

*“Who would you look to for information to help you make decisions about your medical treatment? Would you look to (read list)..?”*

Individual/Group	% Reporting Yes who...	
	Have a Personal Physician	Do Not Have a Personal Physician
Your personal doctor	99%	N/A
Family and friends	77%	83%
Nurses involved in your medical care	73%	83%
Other health care professionals	70%	75%
The pharmacist	60%	63%
Voluntary health organizations	59%	64%
Medical professional associations	51%	57%
Health insurance plans	39%	39%
Consumer groups	33%	39%

Respondents without a personal physician (n=227) were not asked specifically about physicians involved in their care.

### Subgroups: Individuals and Groups that Provide Information on Medical Treatments

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” are significantly more likely than adults classified as “moderately risk averse” or “risk takers” to look to organizations such as medical professional associations, consumer groups, and voluntary health organizations to provide medical information.

- Adults who are “risk takers” are significantly more likely than “very risk averse” adults to look towards family and friends for medical information.

## PATIENT SAFETY, continued

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### Reliability of Individuals and Groups as Sources of Medical Information

Respondents were asked to select, from those they mentioned, which individual or group would be the most reliable source of information.

The overwhelming majority of respondents with a personal physician selected their personal physician as the most reliable source.

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The following chart displays all respondents' answers in response to the question:

*“Of those mentioned, who do you think is the most reliable source of information?”*

Individual/Group	% Selected as Most Reliable who...	
	Have a Personal Physician	Do Not Have a Personal Physician
Your personal doctor	82%	N/A
Family and friends	6%	22%
Medical professional associations	3%	12%
Nurses involved in your medical care	2%	21%
The pharmacist	2%	3%
Voluntary health organizations	2%	3%
Other health care professionals	1%	29%
Consumer groups	1%	1%
Health insurance plans	1%	2%

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### Subgroups: Reliability of Individuals and Groups as Sources of Medical Information

There is little difference in response to this question among subgroups.

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## PATIENT SAFETY, continued

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### Preferred Format for Receiving Medical Information

Respondents were asked in what format they would prefer to receive information about the risks and benefits of medical treatments.

The two most preferred formats are written (63%) and verbal (52%).

- Twenty percent of respondents selected a combination of both written and verbal as their preferred format.
- 

The following chart displays all respondents' answers in response to the question

*“In what form do you prefer to receive information about the risks and benefits of medical treatment?”*

<b>Format</b>	<b>Selected By</b>
Written	63%
Verbal	52%
Video	13%
Other	1%
Don't know	1%

---

### Subgroups: Preferred Format for Receiving Medical Information

#### *Gender*

Female adults are significantly more likely than male adults to prefer receiving information in written format.

- Sixty-six percent reporting as compared to sixty percent.

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” are significantly more likely than adults classified as “risk takers” to prefer receiving information in written format.

- Sixty-four percent reporting as compared to fifty-five percent.
-

## AWARENESS OF MEDICAL MISTAKES

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### In This Section

This section examines the public's perception of medical mistakes that affect patient safety.

Topics covered in this section include:

- The main causes of medical mistakes,
  - Awareness of medical mistakes, and
  - How the public learns about medical mistakes.
- 

### Main Causes of Medical Mistakes

Respondents were given the following description of medical mistakes: "Some examples of medical mistakes are when a wrong dose of medicine is given; an operation is performed other than what was intended for the patient; or results of a medical test are lost or overlooked." Respondents were then asked to give their opinion on what they consider to be the main cause of medical mistakes.

- This question is aimed at understanding public perception of what leads to medical mistakes.

Respondents most frequently cite carelessness or negligence on the part of health care professionals as the main cause of medical mistakes.

- The second most frequently cited reason is that health care professionals are overworked, hurried, and stressed. This cause may have a large effect on perceived carelessness or negligence on the part of health care professionals.
- 

The following chart displays all respondents' coded answers in response to the open-ended question:

*"What do you think is the main cause of medical mistakes?"*

<b>Response</b>	<b>Mentioned By</b>
Carelessness / negligence	29%
Staff overworked / hurried / stressed / understaffed	27%
Miscommunication / lack of communication	13%
Improperly trained / incompetent staff	10%
Human error	8%
Misdiagnosis	6%
Misread RX / pharmacy error	6%
None	5%
Other	10%
Don't know	5%

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## AWARENESS OF MEDICAL MISTAKES, continued

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### Subgroups: Main Causes of Medical Mistakes

There is little difference in response to this question among subgroups.

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### Awareness of Medical Mistakes

Respondents were asked whether or not they have ever heard of a situation where a medical mistake was made.

More than four out of five respondents (84%) have heard about a situation where a medical mistake was made.

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The following chart displays all respondents' answers in response to the question:

*“Have you ever heard about a situation where a medical mistake was made?”*

Aware of Situation	% Mentioning
Yes	84%
No	16%

---

### Subgroups: Awareness of Medical Mistakes

There is little difference in response to this question among subgroups.

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### Manner in Which Medical Mistake was Learned

Respondents were asked how they first heard about the most recent medical mistake.

Two out of five respondents (40%) heard about the medical mistake through a friend or relative.

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## AWARENESS OF MEDICAL MISTAKES, continued

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### Manner in Which Medical Mistake was Learned, continued

The following chart displays answers for respondents who are aware of a situation (n=1,269) in response to the open-ended question:

*“How did you first hear about the most recent medical mistake?”*

<b>Response</b>	<b>Mentioned By</b>
Friend / relative told me	42%
Television	22%
Newspaper	15%
Personal experience	12%
Radio	2%
Other	5%
Don't know	2%

---

### Subgroups: Manner in Which Medical Mistake was Learned

#### *Gender*

Male adults are significantly more likely than female adults to learn about a mistake through television.

- Twenty-five percent reporting as compared to nineteen percent.

Female adults are significantly more likely than male adults to learn about a mistake through friends or family.

- Forty-five percent reporting as compared to thirty-eight percent.

#### *Age*

Likelihood of learning about a medical mistake through a newspaper is in direct proportion to age.

- As age increases so does the likelihood of learning about a mistake through the newspaper.
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## EXPERIENCE WITH MEDICAL MISTAKES

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### In This Section

A series of questions were asked to understand personal experiences the general public has had with medical mistakes made in the health care environment.

Topics covered in this section include:

- Personal experience with medical mistakes,
  - Number of times medical mistake was experienced,
  - The most recent medical mistake,
  - The effects of the most recent medical mistake,
  - Setting of most recent medical mistake,
  - Factors leading to medical mistake,
  - Action taken as a result of medical mistake,
  - Preventing the medical mistake,
  - Effect of most recent medical mistake, and
  - Safety precautions taken as a result of experience.
- 

### Personal Experiences with Medical Mistakes

Respondents were asked about their personal involvement in a situation where a medical mistake was made.

More than two out of five respondents (42%) have been involved, either personally or through a friend or relative, in a situation where a medical mistake was made.

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The following chart displays all respondents' answers in response to the question:

*“Have you, a close friend, or a relative ever been involved  
in a situation where a medical mistake was made?”*

<b>Personally Involved</b>	<b>% Mentioning</b>
Yes	42%
No	58%

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### Subgroups: Personal Experiences with Medical Mistakes

There is little difference in response to this question among subgroups.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Number of Times Medical Mistake was Experienced

Respondents who have experienced a medical mistake were asked how many times they personally have been involved in situations where a medical mistake was made.

The majority of respondents (56%) have been involved in only one situation.

- More than two out of five (42%) respondents have been involved in multiple situations.
- 

The following chart displays answers for respondents who have been involved in situations (n=639) in response to the open-ended question:

*“How many times have you been personally involved in a situation where a medical mistake was made?”*

<b>Response</b>	<b>Selected By</b>
Once	56%
Two to three times	34%
Four to five times	4%
More than five times	4%
Don't know	2%

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### Subgroups: Number of Times Medical Mistake was Experienced

There is little difference in response to this question among subgroups.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Most Recent Medical Mistake

Respondents were asked whether the most recent medical mistake happened to themselves, a friend, or a relative.

Almost half of respondents (48%) were involved in a situation involving a relative.

- One-third of respondents (33%) personally went through the experience.
- 

Respondents who experienced a situation in which a medical mistake was made (n=639) were asked the following question:

*“Did the most recent mistake happen to you, personally, a relative, or a close friend?”*

Response	Mentioned By
A relative	48%
You, personally	33%
A close friend	19%
Don't know	1%

---

### Subgroups: Most Recent Medical Mistake

There is little difference in response to this question among subgroups.

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### Type of Medical Mistake

Respondents were also asked what type of medical mistake was made.

Two out of five respondents (40%) report that the medical mistake was a misdiagnosis.

- Approximately one-quarter of respondents report that the medical mistake was either an error with medication or an error during a medical procedure.
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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Type of Medical Mistake, continued

Respondents who experienced a situation in which a medical mistake was made (n=639) were asked about the type of mistake that was made. The following chart displays all respondents' coded answers to the open-ended question:

*“What type of a mistake was made?”*

<b>Type of Mistake</b>	<b>Mentioned By</b>
Misdiagnosis / wrong treatment	40%
Medication error	28%
A mistake during a medical procedure	22%
Administrative error	4%
Communication error	2%
Inaccurate lab results	2%
Equipment malfunction	1%
Other	7%
Don't know	1%

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### Subgroups: Type of Medical Mistake

There is little difference in response to this question among subgroups.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Setting of Most Recent Medical Mistake

Respondents were also asked in what type of setting the medical mistake occurred.

Nearly one-half (48%) of all mistakes occurred within a hospital. This finding conflicts with respondents' perception that they are most likely to encounter a medical mistake in a nursing home.

---

Respondents who experienced a situation in which a medical mistake was made (n=639) were asked the following open-ended question:

*“In what type of setting did that mistake take place?”*

<b>Response</b>	<b>Selected By</b>
Hospital	48%
Doctor's office	22%
Operating room	7%
Clinic	5%
Emergency room	5%
Pharmacy	4%
Home	3%
Medical lab	1%
Nursing home	1%
Other	5%
Don't know	1%

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### Subgroups: Setting of Most Recent Medical Mistake

There is little difference in response to this question among subgroups.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Factors Leading to Medical Mistake

Respondents were asked their opinion on what factors may have led to the most recent medical mistake.

Respondents most frequently cite carelessness or negligence on the part of health care professionals as the factor causing the medical mistake.

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Respondents who experienced a situation in which a medical mistake was made (n=639) were asked about the factors that could have led to the mistake. The following chart displays all respondents' coded answers to the open-ended question:

*“What factors do you think could have led to the mistake?”*

<b>Response</b>	<b>Mentioned By</b>
Carelessness / negligence	29%
Improper training / incompetence	14%
Communication / lack of communication	12%
Misdiagnosis	8%
Inadequate evaluation / testing	8%
Staff overworked / hurried / stressed / understaffed	8%
Misread RX / pharmacy error	6%
Other	14%
None	6%
Don't know	8%

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### Subgroups: Factors Leading to Medical Mistake

There is little difference in response to this question.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Action Taken as Result of Medical Mistake

Respondents were asked what was done about the most recent medical mistake.

In more than one-third of all situations where a medical mistake occurred, respondents report that nothing was done.

---

Respondents who experienced a situation in which a medical mistake was made (n=639) were asked what was done about the mistake. The following chart displays all respondents' coded answers to the open-ended question:

*“What was done about the mistake?”*

<b>Response</b>	<b>Mentioned By</b>
<i>Nothing</i>	<b>38%</b>
Changed / corrected medication	14%
Changed doctor / hospital	10%
Mistake corrected itself	9%
Required surgery	6%
Lawsuit pending	6%
New tests / treatment / correct diagnosis	6%
Health care professional lost / suspended from job	1%
Other	8%
Don't know	2%

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### Subgroups: Action Taken as Result of Medical Mistake

Adults with lower household incomes, lower education, no personal doctor, and no health insurance are more likely to report “nothing” was done about the mistake.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Preventing the Medical Mistake

Respondents were asked how the medical mistake could have been prevented, if at all.

More than one-quarter (27%) of respondents believe that medical mistakes could be avoided if health care professionals were more conscientious and thorough.

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Respondents who experienced a situation in which a medical mistake was made (n=639) were asked how the mistake could have been prevented. The following chart displays all respondents' coded answers to the open-ended question:

*“How could this mistake have been prevented?”*

Response	Mentioned By
Caregiver more conscientious / thorough	27%
Better qualified caregivers	17%
Listen to patient / work with patient	13%
Check medications / prescribe more carefully	7%
Offer / get second opinion	7%
More / better testing	6%
Improved communication	4%
Surgery more accurate / no unnecessary surgery	4%
Nothing could have prevented	6%
Other	5%
Don't know	8%

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### Subgroups: Preventing the Medical Mistake

#### *Gender*

Female adults are significantly more likely than male adults to cite that the mistake could have been prevented if the health care professionals listened more / worked more with the patient.

- Seventeen percent citing as compared to eight percent.
-

## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Effect of the Most Recent Medical Mistake

Respondents were asked what effect, if any, the medical mistake had on the individual's physical health, emotional health, and financial situation.

One out of three respondents (32%) indicate that the medical mistake had a permanent negative effect on the individual's health.

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Respondents who experienced a situation in which a medical mistake was made (n=639) were asked the following question:

*“Regarding (your/the patients’) physical health, emotional health, and financial situation, did the mistake have a short-term, long-term, or permanent effect, or did it have no effect?”*

Statement	Short-Term	Long-Term	Permanent	No Effect	Don't Know
Physical health	32%	13%	32%	20%	2%
Emotional health	28%	22%	26%	22%	2%
Financial situation	19%	15%	13%	50%	3%

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### Subgroups: Effect of the Most Recent Medical Mistake

There is little difference in response to this question among subgroups.

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### Safety Precautions Taken as a Result of Experience

Respondents were asked what safety precautions, if any, they now take to ensure their safety.

The precautions respondents are most likely to take are to:

- Ask questions (28%),
- Research the hospital, physician, and/or treatment (20%), or
- Get a second opinion (18%).

Nearly one out of ten respondents (9%) state that they do not take any specific precautions to ensure their safety.

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## EXPERIENCE WITH MEDICAL MISTAKES, continued

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### Safety Precautions Taken as a Result of Experience, continued

Respondents who experienced a situation in which a medical mistake was made (n=639) were asked about precautions they now take as a result of the mistake. The following chart displays all respondents' coded answers to the open-ended question:

*“Based on your experience, what precautions do you take to ensure your safety?”*

Precaution	Mentioned By
Ask questions	28%
Research MD / hospital / treatment	20%
Get second opinion	18%
Check medications more carefully	9%
Take all precautions available	8%
Religious/ spiritual belief	2%
None	9%
Other	3%
Don't Know	3%

---

### Subgroups: Safety Precautions Taken as a Result of Experience

#### *Gender*

Male adults are significantly more likely than female adults to state they take no precautions to ensure their safety.

- Fourteen percent reporting as compared to six percent.

#### *Having a Personal Physician*

Adults without a personal physician are significantly more likely than adults with a personal physician to state they take no precautions to ensure their safety.

- Eighteen percent reporting as compared to eight percent.

#### *Measuring Risk Averse Behavior*

Adults classified as “risk takers” are significantly more likely than adults classified as “moderately risk averse” or “very risk averse” to state they take no precautions to ensure their safety.

- Seventeen percent reporting as compared to eight and six percent.
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## PREVENTING MEDICAL MISTAKES

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### In This Section

This section examines public perception on how medical mistakes could be prevented.

Topics covered in this section include:

- Reporting a medical mistake,
  - Where to report a medical mistake,
  - The effectiveness of reporting mistakes to individuals and organizations, and
  - Solutions for preventing medical mistakes from causing injury.
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### Reporting Medical Mistakes

Respondents were asked whether or not they would report a medical mistake if they were to encounter one today.

A large majority of respondents (95%) would report a medical mistake if they encountered one today.

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The following chart displays all respondents' answers in response to the question:

*“If you encountered a medical mistake today, would you report it?”*

Report a Medical Mistake	Mentioned By
Yes	95%
No	4%
Don't Know	1%

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### Subgroups: Reporting Medical Mistakes

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” are significantly more likely than adults classified as “risk takers” to indicate that they would report a medical mistake if they encountered one today.

- Ninety-seven percent reporting as compared to ninety-three percent.
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## PREVENTING MEDICAL MISTAKES, continued

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### Where to Report a Medical Mistake

Respondents who would report a medical mistake were asked who they would go to first to make a report.

More than one out of three respondents (35%) would go to the site where the mistake occurred, for example reporting it to the hospital administrator. Another one-third (33%) would go to their doctor to report a medical mistake.

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Respondents who would report a medical mistake (n=1,435) were asked to whom they would report a mistake. The following chart displays all respondents' coded answers to the open-ended question:

*“Who would you go to first to report a medical mistake?”*

Individual / Group	Selected By
Site where mistake occurred (e.g., the hospital administrator)	35%
Doctor	33%
Lawyer	7%
The AMA	6%
State licensing board	3%
Other health care professionals	3%
Health insurance plan	2%
The government	*
Other	5%
Don't know	6%

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### Subgroups: Where to Report a Medical Mistake

#### *Having a Personal Physician*

Adults who have a personal physician are significantly more likely than adults without a personal physician to state that they would report a mistake to their doctor.

- Thirty-four percent reporting as compared to twenty-four percent.

#### *Gender*

Male adults are significantly more likely than female adults to state that they would report a mistake to a lawyer.

- Eleven percent reporting as compared to four percent.
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## PREVENTING MEDICAL MISTAKES, continued

### Effectiveness of Reporting to Individuals and Organizations

Respondents who would report a medical mistake were asked how confident they were that the individual or group they selected to go to first would remedy the situation.

Respondents who would report a medical mistake (n=1,435) were asked the following question:

*“How confident or not confident are you that reporting a mistake to that individual or group would remedy the situation?” Would you say you are Very Confident, Somewhat Confident, Not Very Confident, or Not at all Confident?”*

Individual / Group	Very Confident	Somewhat Confident	Not Very Confident	Not at all Confident	Don't Know
Lawyer	39%	30%	18%	11%	1%
The government	39%	47%	14%	*	*
Doctor	36%	47%	14%	2%	*
Other health care professionals	34%	34%	20%	10%	2%
Site where mistake occurred (e.g., hospital administrator)	17%	54%	22%	6%	1%
The AMA	17%	41%	35%	5%	*
State licensing board	10%	63%	21%	7%	*
Health insurance plan	8%	63%	24%	5%	*

Due to the small percentage of respondents reporting that they would first go to these individuals/groups, caution should be taken when interpreting these results.

### Subgroups: Effectiveness of Reporting to Individuals and Organizations

There is little difference in response to this question among subgroups.

## PREVENTING MEDICAL MISTAKES, continued

### Solutions for Preventing Medical Mistakes from Causing Injury to Patients

All respondents were asked to consider how effective several possible solutions would be in preventing medical mistakes from causing injury to patients.

Respondents believe that keeping health care professionals with bad track records from providing care would be the most effective solution to preventing injury from medical mistakes.

- Three out of four respondents (75%) believe that this solution would be very effective.

Respondents also believe that better training of health care professionals, patients selecting doctors more carefully, and providing patients with information on how to ensure their safety would be effective solutions.

- Respondents have less confidence that lawsuits against those who make mistakes and/or stricter government regulation of the health care system would be effective.

Nearly nine out of ten respondents (89%) believe that forming an independent organization where causes of medical mistakes would be examined would be very or somewhat effective at preventing injury from medical mistakes.

All respondents were asked the following question:

*“Here are some possible solutions to prevent medical mistakes from causing injuries to patients. Please tell me how effective or ineffective you believe (read list) would be in protecting patient safety.”*

<b>Solution</b>	<b>Very Effective</b>	<b>Somewhat Effective</b>	<b>Somewhat Ineffective</b>	<b>Very Ineffective</b>	<b>Don't Know</b>
Keeping health care professionals with bad track records from providing care	75%	16%	3%	4%	1%
Better training of health care professionals	69%	26%	3%	1%	1%
Patients selecting doctors more carefully	61%	32%	3%	2%	1%
Providing patients with information on how to ensure their safety	54%	40%	4%	1%	1%
Forming an independent organization where causes of medical mistakes would be investigated	52%	37%	7%	3%	1%
Lawsuits against those who make medical mistakes	29%	43%	18%	8%	2%
Stricter government regulation of the health care system	27%	42%	17%	12%	1%

## PREVENTING MEDICAL MISTAKES, continued

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### Subgroups: Solutions for Preventing Medical Mistakes from Causing Injury to Patients

#### *Measuring Risk Averse Behavior*

Adults classified as “very risk averse” tend to be more likely than adults classified as “risk takers” to believe that each solution would be very effective.

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### Suggestions on Preventing Medical Mistakes from Causing Injury to Patients

Respondents were asked if they had other suggestions on how to prevent medical mistakes from causing injury to patients.

The top suggestions cited by respondents were to improve oversight of caregivers’ qualifications, and increase the public’s awareness of the issues.

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All respondents were asked whether they had any other suggestions on how to prevent medical mistakes. The following chart displays all respondents’ coded answers to the open-ended question:

*“What other suggestions do you have on how to prevent medical mistakes from causing injury?”*

<b>Suggestion</b>	<b>Mentioned By</b>
Improve oversight of caregiver qualifications	31%
Increase public awareness	13%
Less stressed / overworked caregivers	7%
Get second opinion	5%
Improve communication between MD and patient	3%
Stricter punishment for mistakes	2%
Other	7%
None	37%
Don’t know	5%

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## Appendix: Demographic Characteristics

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(n=1,513)

**Gender**

Male	49%
Female	51%

**Age**

18-24	9%
25-34	21%
35-44	23%
45-54	18%
55-64	11%
65+	18%
Don't Know	1%

**Race**

White	81%
African American	12%
Other	5%
Don't Know	2%

**Total Annual Household Income Before Taxes**

Less than \$15,000	12%
\$15,000 to \$24,999	14%
\$25,000 to \$29,999	12%
\$30,000 to \$44,999	20%
\$45,000 to \$59,999	14%
\$60,000 to \$74,999	8%
\$75,000 to \$99,999	7%
\$100,000 or More	5%
Don't Know	8%

**Community of Residence**

City	34%
Suburb	22%
Small Town	26%
Rural Area	17%
Don't Know	*

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## Appendix: Demographic Characteristics, continued

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**Region**

Northeast	19%
Southern	36%
North Central	26%
Western	19%

**Children Living in Household**

Yes	41%
No	59%

**Education**

Less than High School	7%
High School Graduate (including vocational or technical school)	29%
Some College	32%
College Graduate (4 year)	19%
Graduate Degree	12%
Don't Know	1%

## Appendix: Geographic Regions

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### **Northeast**

Connecticut  
Maine  
Massachusetts  
New Hampshire  
New Jersey  
New York  
Pennsylvania  
Rhode Island  
Vermont

### **North Central**

Illinois  
Indiana  
Iowa  
Kansas  
Michigan  
Minnesota  
Missouri  
Nebraska  
North Dakota  
Wisconsin

### **South**

Alabama  
Arkansas  
Delaware  
Washington D.C.  
Florida  
Georgia  
Kentucky  
Louisiana  
Maryland  
Mississippi  
North Carolina  
Oklahoma  
South Carolina  
Tennessee  
Texas  
Virginia  
West Virginia

### **West**

Alaska  
Arizona  
California  
Colorado  
Hawaii  
Idaho  
Montana  
Nevada  
New Mexico  
Oregon  
Utah  
Washington  
Wyoming

## Appendix: Annotated Survey

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QA. Hello. This is \_\_\_\_\_. I'm calling from Louis Harris and Associates, a national research firm. We are conducting a nationwide research study about health care issues related to patient safety.

Q1. Please tell me on a scale of 1 to 7, how safe you feel the following are, with 7 being VERY SAFE and 1 being NOT SAFE AT ALL. (READ LIST)

	Mean Score
Airline travel	[5.2]
Food handling	[4.4]
Nuclear power	[4.2]
Health care	[4.9]
The workplace	[5.2]

Q2. What comes to mind when you think about PATIENT SAFETY ISSUES in the HEALTH CARE environment?

	% Reporting
Nothing	[28%]
Exposure to infection	[20%]
Patient care received	[13%]
Qualifications of health care professionals	[11%]
Getting the correct treatment	[8%]
Misdiagnosis / negligence	[3%]
Other	[11%]

Q3. Over the past 5 years, do you think that patient safety in the health care environment has:

	% Reporting
Gotten better	[33%]
Stayed the same	[33%]
Gotten worse	[31%]
Don't know	[3%]

## Appendix: Annotated Survey, continued

Q4. How likely or unlikely are you to (READ LIST): Would you say Very Likely, Somewhat Likely, Not Very Likely or Not At All Likely?

	% Reporting				
	Very Likely	Somewhat Likely	Not Very Likely	Not at all Likely	Don't Know
Test smoke detectors in your home every season to make sure they are working.	[62%]	[23%]	[11%]	[4%]	[1%]
Unplug electrical appliances before leaving for an extended period of time, for example before going on vacation.	[53%]	[16%]	[16%]	[14%]	[<1%]
Carry identification if you have a medical condition such as diabetes or epilepsy.	[86%]	[7%]	[3%]	[3%]	[1%]
Eat raw or very rare beef.	[8%]	[9%]	[18%]	[64%]	[<1%]
Wear a seat belt while riding in an automobile.	[81%]	[11%]	[4%]	[4%]	[<1%]
Smoke tobacco.	[20%]	[6%]	[7%]	[67%]	[<1%]

Q5. On a scale of 1 to 7, how risky do you think the following behaviors are, with 7 being VERY RISKY and 1 being NOT RISKY AT ALL? (READ LIST)

	Mean Rating
Not testing smoke detectors in your home regularly	[5.8]
Leaving electrical appliances plugged in while you are gone for an extended period of time, for example away on vacation	[5.0]
Not carrying identification when you have a medical condition such as diabetes or epilepsy	[6.4]
Eating raw or very rare beef	[5.7]
Riding in an automobile without wearing a seat belt	[6.0]
Smoking tobacco	[6.1]

## Appendix: Annotated Survey, continued

- Q6. Thinking about experiences you have had with health care professionals, such as doctors, please tell me how likely or unlikely you are to (READ LIST): Would you say Very Likely, Somewhat Likely, Not Very Likely or Not At All Likely?

	% Reporting			
	Very Likely	Somewhat Likely	Not Very Likely	Not at all Likely
Get information about your health care professional's background before seeing them.	[36%]	[34%]	[20%]	[10%]
Getting a second opinion on a serious diagnosis.	[80%]	[14%]	[4%]	[2%]
Ask questions about medical equipment used for providing your medical treatment	[63%]	[24%]	[10%]	[4%]
Ask about other possible treatments and compare the amount of risk and the amount of benefit of each.	[74%]	[20%]	[4%]	[2%]
Look up information about a new prescription, such as side effects and precautions.	[64%]	[22%]	[9%]	[6%]

- Q7. Do you have a personal doctor you go to when you are sick?

	% Reporting
Yes	[85%]
No	[15%]

- Q8. How long have you been going to your personal doctor? (DO NOT READ LIST)

	% Reporting
Less than one year	[8%]
1-2 years	[16%]
3-5 years	[20%]
Over 5 years	[56%]
Don't Know	[<1%]

- Q9. When was your last visit to a medical doctor? (DO NOT READ LIST)

	% Reporting
Less than 6 months	[66%]
6-9 months	[11%]
More than 9 months, but less than 12	[4%]
1-2 years	[11%]
More than 2 years	[8%]
Don't Know	[<1%]

## Appendix: Annotated Survey, continued

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Q10. In the past 12 months, have YOU been involved in the medical care of a relative or close friend while they: (1=YES, 2=NO)

	% Reporting	
	Yes	No
Were in a hospital	[35%]	[65%]
Were in a nursing home	[13%]	[87%]
Received home health care	[19%]	[81%]

Q11. In the past 12 months, have YOU: (1=YES, 2=NO)

	% Reporting	
	Yes	No
Been hospitalized	[16%]	[84%]
Lived in a nursing home	[1%]	[99%]
Received home health care	[4%]	[96%]

Q12. Thinking about your MOST RECENT EXPERIENCE with a health care professional for a specific condition or treatment, NOT just a physical check-up, how satisfied or dissatisfied were you overall with the health care you received? Would you say you were:

	% Reporting
Very satisfied	[56%]
Somewhat satisfied	[28%]
Somewhat dissatisfied	[8%]
Very dissatisfied	[4%]
Just check-up (V)	[3%]
Don't know	[1%]

## Appendix: Annotated Survey, continued

Q13. Thinking about this most recent experience with a health care professional, do you feel: (1=YES, 2=NO, 3=NOT APPLICABLE)

	% Reporting		
	Yes	No	N/A Don't know
They made an accurate diagnosis.	[87%]	[9%]	[4%]
They spent enough time with you.	[81%]	[18%]	[1%]
You were given enough information about all treatments to make an informed decision about your care.	[81%]	[17%]	[2%]
You knew how to care for yourself once you left the health care setting.	[92%]	[7%]	[1%]
You were given sufficient instructions on how to take prescribed medication.	[91%]	[6%]	[4%]
The treatment was carried out just as it was explained to you.	[91%]	[6%]	[3%]
Those involved in your care were attentive to your needs.	[89%]	[10%]	[1%]
The health care setting was clean.	[98%]	[2%]	[0%]

Q14. In what type of health care setting did this most recent experience take place? (DO NOT READ LIST; RECORD ONE RESPONSE ONLY)

	% Reporting
Doctor's office	[44%]
Hospital / HMO facility / medical center	[31%]
Clinic	[13%]
Emergency room	[4%]
Home	[3%]
Medical lab	[<1%]
Nursing home	[<1%]
Operating room	[1%]
Other (SPECIFY)	[5%]
Don't know	[1%]

Q15. Do you Agree or Disagree that the current health care system has adequate measures in place to prevent medical mistakes?

	% Reporting
Agree	[52%]
Disagree	[42%]
Don't know	[6%]

## Appendix: Annotated Survey, continued

Q18. Now I have a few questions about what kind of effect you think certain individuals and groups have on patient safety. Based on your knowledge, would you say, in general, the following have a Positive, Negative, or No Effect on your safety as a patient? What about:

	% Reporting			
	Positive	Negative	No effect	Don't Know
Your personal doctor	[95%]	[2%]	[3%]	[1%]
Doctors, in general	[80%]	[7%]	[9%]	[4%]
Nurses, in general	[88%]	[4%]	[6%]	[2%]
Other health care professionals, such as physical therapists or X-ray technicians	[85%]	[4%]	[8%]	[3%]
Hospital and clinic administrators	[54%]	[17%]	[25%]	[5%]
The staff in your doctor's office	[86%]	[4%]	[10%]	[1%]
Health insurance plans	[52%]	[30%]	[14%]	[3%]
Pharmacists	[88%]	[3%]	[8%]	[1%]
Federal and state government	[41%]	[32%]	[21%]	[6%]
Medical professional associations such as the American Medical Association (AMA)	[68%]	[11%]	[15%]	[6%]
Consumer groups, such as the AARP or National Consumers League	[60%]	[9%]	[22%]	[9%]
Voluntary health organizations, such as the American Heart Association	[81%]	[4%]	[11%]	[5%]
You, yourself	[92%]	[3%]	[5%]	[1%]

Q19. Now I'm going to ask you about who you would look to for information to help you make decisions about your medical treatment. For example: information about the risks and benefits of having a specific medical treatment such as surgery, or about a diagnosis. Would you look to (READ LIST) for this information? (1=YES, 2=NO)

	% Reporting Yes
Your personal doctor (base = have personal doctor)	[99%]
Nurses involved in your medical care	[74%]
Other health care professionals involved in your medical care, such as p	[71%]
The pharmacist	[61%]
Health insurance plans	[39%]
Medical professional associations, such as the AMA	[52%]
Consumer groups, such as AARP or National Consumers League	[34%]
Voluntary health organizations, such as American Heart Association	[60%]
Family and friends	[78%]

## Appendix: Annotated Survey, continued

Q20. Of those you just mentioned, who do you think is the MOST reliable source of information?  
(READ LIST IF NECESSARY; RECORD ONE RESPONSE ONLY)

	% of those who Selected
Your personal doctor	[70%]
Nurses involved in your medical care	[5%]
Other health care professionals involved in your medical care, such as physical therapists or X-ray technicians	[5%]
The pharmacist	[2%]
Health insurance plans	[1%]
Medical professional associations, such as the AMA	[4%]
Consumer groups, such as AARP or National Consumers League	[1%]
Voluntary health organizations, such as American Heart Association	[2%]
Family and friends	[8%]
Don't know	[2%]

Q21. In what form do you prefer to receive information about the risks and benefits of medical treatments?  
(READ LIST; MULTIPLE RESPONSES POSSIBLE)

	% Reporting
Written	[63%]
Verbal	[52%]
Video	[13%]
Other	[1%]
Don't Know	[1%]

Q22. Now I have several questions about MEDICAL MISTAKES. Some examples of medical mistakes are when: A wrong dose of medicine is given; an operation is performed other than what was intended for the patient; or results of a medical test are lost or overlooked.

What do you think is the MAIN CAUSE of medical mistakes such as these?

	% Reporting
Carelessness / negligence	[29%]
Staff overworked / hurried / stressed / understaffed	[27%]
Miscommunication / lack of communication	[13%]
Improperly trained / incompetent staff	[10%]
Human error	[8%]
Misdiagnosis	[6%]
Misread RX / pharmacy error	[6%]
Other	[10%]
None	[5%]
Don't Know	[5%]

## Appendix: Annotated Survey, continued

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Q23. Have you ever heard about a situation where a medical mistake was made?

	% Reporting
Yes	[84%]
No	[16%]

Q24. How did you FIRST hear about the most recent medical mistake?  
(DO NOT READ LIST; RECORD ONE RESPONSE ONLY)

	% Reporting
Friend/Relative told me	[42%]
Television	[22%]
Newspaper	[15%]
Personal experience	[12%]
Radio	[2%]
Other	[5%]
Don't Know	[2%]

Q25. Have you ever been PERSONALLY involved in a situation where a medical mistake was made? By that I mean, it happened to you or a close friend or relative.

	% Reporting
Yes	[42%]
No	[58%]

Q26. How many times have you been personally involved in a situation where a medical mistake was made?  
(DO NOT READ LIST)

	% Reporting
Once	[56%]
2-3 times	[34%]
4-5 times	[4%]
More than 5 times	[4%]
Don't know	[2%]

Q27. Did the most recent mistake happen to you, a relative, or a close friend?

	% Reporting
Self	[33%]
Relative	[48%]
Close friend	[19%]
Don't Know	[1%]

## Appendix: Annotated Survey, continued

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Q28. What type of mistake was made in that instance? (DO NOT READ LIST)

	% Reporting
Misdiagnosis / wrong treatment	[40%]
Medication error	[28%]
A mistake during a medical procedure, such as surgery	[22%]
Administrative error, such as mixing up patient records	[4%]
Communication error	[2%]
Inaccurate lab results	[2%]
Equipment malfunction	[1%]
Other	[7%]
Don't Know	[1%]

Q29. In what type of setting did that mistake take place? (DO NOT READ LIST)

	% Reporting
Hospital / HMO facility / medical center	[48%]
Doctor's office	[22%]
Operating room	[7%]
Clinic	[5%]
Emergency room	[5%]
Pharmacy	[4%]
Home	[3%]
Medical lab	[1%]
Nursing home	[1%]
Other	[5%]
Don't Know	[1%]

Q30. What factors do you think could have led to the mistake?

	% Reporting
Carelessness / negligence of staff	[29%]
Improper training / incompetence	[14%]
Communication / lack of communication	[12%]
Misdiagnosis	[8%]
Inadequate evaluation / testing	[8%]
Staff overworked / hurried / stressed / understaffed	[8%]
Misread RX / pharmacy error	[6%]
Other	[14%]
None	[6%]
Don't Know	[8%]

## Appendix: Annotated Survey, continued

Q31. What was done about the mistake?

	% Reporting
Nothing	[38%]
Changed / corrected medication	[14%]
Changed doctor / hospital	[10%]
Mistake corrected itself	[9%]
Required surgery	[6%]
Lawsuit pending	[6%]
New tests / treatment / correct diagnosis	[6%]
Health care professional lost / suspended from job	[1%]
Other	[8%]
Don't Know	[2%]

Q32. How could this mistake have been prevented?

	% Reporting
Caregiver more conscientious / thorough	[27%]
Better qualified caregivers	[17%]
Listen to patient / work with patient	[13%]
Check medications / prescribe more carefully	[7%]
Offer / get second opinion	[7%]
More / better testing	[6%]
Improved communication	[4%]
Surgery more accurate / no unnecessary surgery	[4%]
Nothing could have prevented	[6%]
Other	[5%]
Don't Know	[8%]

Q32YE. Now I want to ask you some questions about effects of this mistake.

Regarding (your/the patients') (READ LIST), did the mistake have a short-term, long-term, or permanent effect, or did it have no effect? (1=SHORT-TERM EFFECT, 2=LONG-TERM EFFECT, 3=PERMANENT EFFECT, 4=NO EFFECT)

	% Reporting				
	Permanent	Long-Term	Short-Term	No Effect	Don't Know
Physical health	32%	13%	32%	20%	2%
Emotional health	26%	22%	28%	22%	2%
Financial health	13%	15%	19%	50%	3%

## Appendix: Annotated Survey, continued

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Q33. Based on this experience, what precautions, if any, do you take to ensure your safety?

	% Reporting
Ask questions	[28%]
Research MD / hospital / treatment	[20%]
Get second opinion	[18%]
Check medications more carefully	[9%]
Take all precautions available	[8%]
Religious / spiritual belief	[2%]
None	[9%]
Other	[3%]
Don't Know	[3%]

Q35C. How likely or not likely do you think your risk is of encountering a medical mistake in the following health care settings or situations? (READ LIST) Would you say: Very Likely, Somewhat Likely, Not Very Likely, or Not At All Likely.

	% Reporting				
	Very Likely	Somewhat Likely	Not Very Likely	Not at all Likely	Don't Know
At the hospital	[14%]	[48%]	[31%]	[6%]	[1%]
At the doctor's office	[6%]	[33%]	[48%]	[12%]	[1%]
At the nursing home	[30%]	[46%]	[13%]	[5%]	[6%]
At the pharmacy	[6%]	[30%]	[47%]	[13%]	[4%]

Q35M. If you encountered a medical mistake, would you report it?

	% Reporting
Yes	[95%]
No	[4%]
Don't know	[1%]

## Appendix: Annotated Survey, continued

Q36. Who would you go to FIRST to report a medical mistake? (DO NOT READ LIST; RECORD ONE RESPONSE ONLY)

	% Reporting
Site where mistake occurred	[35%]
Doctor	[33%]
Lawyer	[7%]
The AMA	[6%]
Other health care professionals	[3%]
State licensing board	[3%]
Health insurance plan	[2%]
The government	[<1%]
Other	[5%]
Don't know	[6%]

Q37. How confident or not confident are you that reporting a mistake to that individual or group would remedy the situation? Would you say you are VERY CONFIDENT, SOMEWHAT CONFIDENT, NOT VERY CONFIDENT, or NOT AT ALL CONFIDENT.

	% Reporting				
	Very Confident	Somewhat Confident	Not Very Confident	Not at all Confident	Don't Know
Doctor	[36%]	[47%]	[14%]	[2%]	[<1%]
Health insurance plan	[8%]	[63%]	[24%]	[5%]	[<1%]
Lawyer	[39%]	[30%]	[18%]	[11%]	[1%]
Other health care Professionals	[34%]	[34%]	[20%]	[10%]	[2%]
State licensing board	[10%]	[63%]	[21%]	[7%]	[<1%]
The AMA	[17%]	[41%]	[35%]	[5%]	[<1%]
The government	[39%]	[47%]	[14%]	[<1%]	[<1%]
Site where mistake occurred	[17%]	[54%]	[22%]	[6%]	[1%]

## Appendix: Annotated Survey, continued

- Q38. Here are some possible solutions to prevent medical mistakes from causing injuries to patients. Please tell me HOW EFFECTIVE OR INEFFECTIVE YOU BELIEVE (READ LIST) WOULD BE IN PROTECTING PATIENT SAFETY. Would you say: Very Effective, Somewhat Effective, Somewhat Ineffective or Very Ineffective?

	% Reporting				
	Very Effective	Somewhat Effective	Somewhat Ineffective	Very Ineffective	Don't Know
Stricter government regulations.	[27%]	[42%]	[17%]	[12%]	[1%]
Patients selecting doctors more carefully.	[61%]	[32%]	[3%]	[2%]	[1%]
Better training of health care professionals.	[69%]	[26%]	[3%]	[1%]	[1%]
Keeping health care professionals with bad track records from being allowed to provide health care.	[75%]	[16%]	[3%]	[4%]	[1%]
Forming an independent organization where the causes of medical mistakes would be investigated.	[52%]	[37%]	[7%]	[3%]	[1%]
Providing patients with information on how to ensure their safety in the health care environment.	[54%]	[40%]	[4%]	[1%]	[1%]
Lawsuits against those who make medical mistakes.	[29%]	[43%]	[18%]	[8%]	[2%]

- Q39. What other suggestions do you have on how to prevent medical mistakes from causing injury?

	% Reporting
Improve oversight of caregiver qualifications	[31%]
Increase public awareness	[13%]
Less stressed / overworked caregivers	[7%]
Get second opinion	[5%]
Improve communication between MD and patient	[3%]
Stricter punishment for mistakes	[2%]
Other	[7%]
None	[37%]
Don't Know	[5%]

## Appendix: Annotated Survey, continued

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Q40. Now I have a few final questions for classification purposes only. Please stop me when I read the category that includes your total annual household income before taxes. (READ LIST)

	% Reporting
Under \$15,000	[12%]
\$15,000 to under \$25,000	[14%]
\$25,000 to under \$30,000	[12%]
\$30,000 to under \$45,000	[20%]
\$45,000 to under \$60,000	[14%]
\$60,000 to under \$75,000	[8%]
\$75,000 to under \$100,000	[7%]
Over \$100,000	[5%]
Refused	[7%]
Don't know	[1%]

Q41. Are there any children under the age of 18 living in your household?

	% Reporting
Yes	[41%]
No	[59%]

Q42. How many? (IF NECESSARY: children under the age of 18 that live in your household?)

	% Reporting
1	[39%]
2	[35%]
3	[18%]
4	[5%]
5	[2%]
More than 5	[1%]

Q43. Do you, or any member of your household, work in a medical or health-related field?

	% Reporting
Yes	[21%]
No	[79%]

## Appendix: Annotated Survey, continued

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Q44. What race do you consider yourself to be? (READ LIST IF NECESSARY)

	% Reporting
White/Caucasian	[81%]
African American/Black	[12%]
Hispanic	[3%]
Asian/Oriental	[1%]
Other	[1%]
Refused	[2%]

Q45. Please stop me when I read the category that includes your age. Are you: (READ LIST)

	% Reporting
18 to 24	[9%]
25 to 34	[21%]
35 to 44	[23%]
45 to 54	[18%]
55 to 64	[11%]
65 or over	[18%]

Q46. What is the highest level of education that you have completed?  
(DO NOT READ LIST) (INT: 2 YEAR DEGREE /ASSOCIATES=SOME COLLEGE)

	% Reporting
Less than a high school graduate	[7%]
High school graduate	[29%]
Some college	[32%]
Undergraduate degree	[19%]
Graduate degree	[12%]
Refused	[1%]

Q49. Would you describe the community where you live as a city, a suburb, a small town, or a rural area?

	% Reporting
City	[34%]
Suburb	[22%]
Small town	[26%]
Rural area	[17%]

## Appendix: Annotated Survey, continued

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Q50BA. How would you rate your overall health? Would you say:

	% Reporting
Excellent	[34%]
Good	[50%]
Fair	[14%]
Poor	[2%]

Q50BE. Do you, or does anyone in your family have a chronic or significant illness such as diabetes or high blood pressure?

	% Reporting
Yes	[44%]
No	[55%]
Refused	[1%]

Q50BH. As of today, are you covered by a health insurance plan?

	% Reporting
Yes	[89%]
No	[11%]
Don't Know	[<1%]

Q50BJ. Is your primary health insurance plan either an HMO or PPO?

	% Reporting
Yes	[62%]
No	[31%]
Don't know	[7%]

Q50D. Did you see a recent Oprah Winfrey show on which medical mistakes were the subject?

	% Reporting
Yes	[5%]
No	[95%]
Don't Know	[1%]

## Appendix: Annotated Survey, continued

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Q51. Those are all of my questions. Thank you very much for your cooperation.

(INT: NOTE RESPONDENT GENDER)

	% Reporting
Male	[49%]
Female	[51%]