

Impact of a reengineered electronic error-reporting system on medication event reporting and care process improvements at an urban medical center.

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Hospital [incident reporting systems](#) are ubiquitous, but many events remain unreported. This pre-post study sought to determine the impact of a reengineered [medication error](#) reporting approach. Researchers implemented a Web-based electronic medication error reporting system in concert with a novel work process in which clinical managers perform the first review of the report. The intervention led to increased error reporting, with the majority of errors being near-misses. This finding suggests that [under-reporting](#) of medication errors via standard incident reporting mechanisms can be addressed using [human factors engineering](#) approaches, which apply to and enhance both the error reporting tool and clinicians' workflow. A past AHRQ WebM&M [perspective](#) discusses how human factors engineering can be used to uncover problems with device design and work processes.