

## Prevent Medical Errors through Artificial Intelligence: A Review

Dr. Sharique Ahmad<sup>1\*</sup>, Dr. Saeeda Wasim<sup>2</sup>

<sup>1</sup>Professor, Department of Pathology, Era's Lucknow Medical College and Hospital, Era University, Lucknow, Uttar Pradesh, 226003, India

<sup>2</sup>Senior Consultant, Nova IVF Fertility, Hazratganj, Lucknow, U.P. - 226001, India

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\*Corresponding author: Dr. Sharique Ahmad

Professor, Department of Pathology, Era's Lucknow Medical College and Hospital, Era University, Lucknow, Uttar Pradesh, 226003, India

### Abstract

Medical errors are a significant concern in healthcare systems worldwide, posing risks to patient safety and quality of care. This narrative review aims to provide a comprehensive overview of medical errors, their types, causes, and potential solutions, based on current literature. The review highlights the importance of addressing medical errors through a multidisciplinary approach, including improved communication, enhanced education and training, the implementation of technology and artificial intelligence, and quality improvement initiatives. It also emphasizes the need for ongoing monitoring and reporting of medical errors to drive change and improve patient outcomes. Artificial intelligence (AI) has emerged as a transformative technology with significant potential to revolutionize healthcare. The application of AI in healthcare has opened up new avenues for improving diagnostics, treatment planning, patient monitoring, and healthcare management.

**Keyword:** Medical errors, Healthcare systems, Patient safety, Quality of care, Artificial intelligence.

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### INTRODUCTION

Medical errors encompass a wide range of mistakes that occur during patient care, including diagnostic errors, medication errors, surgical errors, and communication failures, among others. These errors can lead to adverse events, prolonged hospital stays, increased healthcare costs, and, in severe cases, patient morbidity and mortality. Studies across the world have shown that medical errors are quite common and have a significant impact on patient outcomes. For example, a retrospective study analysing over 34,000 admissions to a tertiary care hospital found that 17.3% of patients experienced an adverse event related to medical errors, with 2.9% of these events resulting in permanent disability or death [1]. These statistics highlight the urgent need to address medical errors and improve patient safety.

AI technologies, such as machine learning and deep learning algorithms, have demonstrated remarkable capabilities in analysing large datasets, detecting patterns, and generating actionable insights. In the field of diagnostics, AI algorithms have shown promising results in image recognition, enabling

accurate and timely detection of diseases in medical imaging [2]. Moreover, AI-based decision support systems can assist healthcare professionals in making informed decisions by analysing patient data and providing personalized treatment recommendations [3].

AI has also shown great potential in patient monitoring and early detection of adverse events. By continuously analysing patient data, including vital signs and physiological parameters, AI-powered monitoring systems can identify deviations from normal patterns and alert healthcare providers, enabling timely intervention and reducing the risk of complications [4]. Additionally, AI can enhance healthcare management by optimizing resource allocation, predicting disease outbreaks, and improving operational efficiency [5].

While the potential benefits of AI in healthcare are significant, there are challenges that need to be addressed. The integration of AI into clinical workflows requires careful consideration of ethical, legal, and regulatory aspects. Data privacy and security concerns, as well as issues related to transparency and interpretability of AI algorithms; need to be adequately addressed [6]. Moreover, there is a need for

collaboration and interdisciplinary research to ensure that AI technologies are developed and deployed in a manner that aligns with healthcare goals and values [7].

### Types of Medical Errors

- a. **Diagnostic Errors:** Diagnostic errors can have serious consequences for patient outcomes. A retrospective analysis of malpractice claims in the United States found that diagnostic errors were the leading cause of medical malpractice claims, accounting for 28.6% of cases and resulting in the highest proportion of severe harm or death [8]. Diagnostic errors can occur due to cognitive biases, inadequate information gathering, or system-related factors.
- b. **Medication Errors:** Medication errors are prevalent and can lead to patient harm. A systematic review of studies from various countries estimated that medication errors occur in 7-9% of medication orders, with approximately 1% of these errors resulting in patient harm [9]. Factors contributing to medication errors include illegible handwriting, miscommunication, and lack of drug knowledge among healthcare providers.
- c. **Surgical Errors:** Surgical errors can have devastating consequences for patients. A study examining national malpractice claims in the United States found that surgical errors accounted for 24% of claims and were associated with the highest median indemnity payment [10]. Wrong-site surgeries, incorrect procedures, and equipment failures are examples of surgical errors that can occur due to miscommunication, inadequate preoperative planning, or fatigue among surgical staff.
- d. **Communication Errors:** Communication errors can occur at various points of care delivery and can lead to adverse events. A review of studies investigating communication failures in healthcare found that communication errors were responsible for 60% of adverse events identified [11]. These errors can result from poor handoffs, inadequate documentation, or misunderstandings between healthcare providers.
- e. **System Errors:** System errors are underlying issues within healthcare systems that contribute to medical errors. Insufficient staffing levels, poor handoff processes, and inadequate technology infrastructure are examples of system errors that can increase the risk of errors. A study examining the relationship between nursing staffing and patient safety found that higher nurse-to-patient ratios were associated with increased patient mortality and failure-to-rescue rates [12].

### Causes of Medical Errors

- a. **Human Factors:** Medical errors can occur due to individual factors such as fatigue, stress, lack of experience, and inadequate knowledge or skills. Research has shown that healthcare professionals

are susceptible to cognitive biases, such as confirmation bias and availability bias, which can lead to diagnostic errors [13]. Addressing human factors requires promoting a culture of learning, well-being, and continuous improvement.

- b. **Communication Breakdown:** Poor communication between healthcare professionals, patients, and within healthcare teams is a significant contributor to medical errors. A study examining adverse events related to communication failures found that the most common types of communication errors were lack of information, misinterpretation of information, and lack of timely communication [14]. Implementing standardized communication protocols, enhancing teamwork, and promoting open and respectful communication can help prevent errors caused by communication breakdowns.
- c. **Systemic Issues:** Systemic issues within healthcare systems contribute to medical errors. Inadequate staffing levels, excessive workload, lack of resources, and inefficient workflows increase the risk of errors. A systematic review of the association between nurse staffing and patient outcomes found that lower nurse staffing levels were associated with increased rates of adverse events, including medication errors, falls, and healthcare-associated infections [15]. Addressing systemic issues requires a systems-based approach, involving leadership commitment, adequate resource allocation, and continuous quality improvement efforts.

### Solutions to Address Medical Errors

- a. **Enhanced Communication:** Effective communication strategies, such as standardized handoffs, improved documentation, and open lines of communication between healthcare providers, can reduce errors. Implementing tools such as SBAR (Situation, Background, Assessment, Recommendation) and checklists can enhance communication and ensure critical information is conveyed accurately. A systematic review of interventions to improve handoffs in healthcare settings found that standardized handoff protocols reduced the risk of adverse events by 30% [16].
- b. **Education and Training:** Ongoing education and training programs that focus on error prevention, teamwork, and patient safety are vital in reducing medical errors. Continuous professional development, simulation training, and inter-professional education can improve healthcare professionals' knowledge, skills, and situational awareness, reducing the likelihood of errors. A study evaluating the impact of a patient safety curriculum for medical students found that students who received the curriculum demonstrated improved patient safety knowledge and attitudes [17].

- c. **Technology and Automation:** The implementation of electronic health records (EHRs), computerized physician order entry (CPOE) systems, and barcode scanning can help prevent medication errors and improve patient safety. Automation can reduce reliance on manual processes, minimize transcription errors, and provide decision support to healthcare providers. However, technology implementation should be accompanied by appropriate training, system integration, and regular evaluation to ensure its effectiveness. A systematic review of the impact of CPOE systems on medication errors found a reduction in prescribing errors ranging from 13% to 98% after implementation [18].
- d. **Quality Improvement Initiatives:** Regular monitoring, reporting, and analysis of medical errors, coupled with quality improvement initiatives, can drive change and prevent future errors. Implementing incident reporting systems, conducting root cause analyses, and sharing lessons learned across healthcare organizations can help identify system vulnerabilities and implement targeted interventions. A study evaluating the impact of a quality improvement program in reducing medication errors found a significant reduction in medication errors and potential adverse drug events over a two-year period [19].
- e. **Patient Engagement:** Engaging patients in their care can contribute to error prevention. Encouraging patients to actively participate, ask questions, and provide accurate medical history can improve diagnostic accuracy and medication safety. Patient education on medication use, postoperative care, and recognizing warning signs can also help prevent errors and adverse events. A systematic review of interventions to improve patient engagement found that interventions such as shared decision-making and patient activation resulted in improved patient outcomes, reduced healthcare utilization, and enhanced patient safety [20].
- in radiological scans [21]. AI-powered diagnostic support systems can help reduce errors related to missed or incorrect diagnoses, enabling early detection and intervention.
- b. **Medication Safety:** Medication errors contribute significantly to patient harm. AI technologies can play a crucial role in preventing medication errors by providing decision support to healthcare providers. AI algorithms can review a patient's medical history, current medications, allergies, and potential drug interactions to suggest appropriate medication choices and dosages. Additionally, AI can help detect errors in medication administration, such as incorrect dosage or medication timing, by integrating with barcode scanning systems and electronic health records [22].
- c. **Surgical Assistance:** AI-assisted surgical technologies are increasingly being used to enhance precision and reduce the risk of errors during surgical procedures. Surgical robots equipped with AI algorithms can assist surgeons in performing complex procedures with greater accuracy. These systems can provide real-time feedback, image analysis, and predictive modelling to help surgeons navigate challenging anatomical structures and reduce the risk of surgical errors [23].
- d. **Predictive Analytics:** AI can leverage predictive analytics to identify patients at higher risk of adverse events and medical errors. By analysing various patient data, including clinical records, vital signs, and laboratory results, AI algorithms can identify patterns and risk factors associated with specific adverse events. This enables healthcare providers to proactively intervene and implement preventive measures to reduce the occurrence of errors [24].
- e. **Monitoring and Early Warning Systems:** AI-powered monitoring systems can continuously analyze patient data, such as vital signs, telemetry, and laboratory values, to detect early signs of deterioration or potential complications. These systems can alert healthcare providers in real-time, allowing for prompt intervention and reducing the risk of errors related to delayed recognition of patient deterioration [25].
- f. **Natural Language Processing (NLP):** NLP techniques enable the extraction and analysis of information from unstructured clinical narratives, such as physician notes or discharge summaries. AI-powered NLP algorithms can identify key information, detect anomalies, and flag potential errors in documentation, improving accuracy and completeness of medical records [26].

### Prevention of Medical Errors through AI

In recent years, artificial intelligence (AI) has emerged as a promising tool to aid in the prevention of medical errors. AI technologies can analyze vast amounts of data, detect patterns, and provide real-time decision support, potentially reducing errors and improving patient safety. Here are some key areas where AI is being utilized for medical error prevention:

- a. **Diagnostic Support:** Diagnostic errors are a common and significant cause of medical errors. AI algorithms can assist healthcare professionals in making accurate and timely diagnoses by analysing patient data, medical images, and laboratory results. For example, AI-based image recognition algorithms have demonstrated impressive performance in detecting abnormalities in medical imaging, such as identifying tumors or anomalies

It is important to note that while AI holds great promise in medical error prevention, it is not without limitations. AI systems rely on accurate and reliable data for training and validation, and biases within the data can influence the performance and outcomes of AI

algorithms. Moreover, AI technologies should always be considered as decision support tools and should not replace the critical thinking and expertise of healthcare professionals. Careful integration, validation, and ongoing evaluation of AI systems are essential to ensure their effectiveness and safety. AI has the potential to transform healthcare by enhancing diagnostics, treatment planning, patient monitoring, and healthcare management. The application of AI technologies holds promise in improving patient outcomes, reducing medical errors, and optimizing resource utilization. However, addressing the challenges associated with AI implementation, including ethical considerations and regulatory frameworks, is essential to ensure the responsible and effective use of AI in healthcare.

## CONCLUSION

Medical errors remain a significant challenge in healthcare, affecting patient safety and quality of care. Addressing this issue requires a multifaceted approach involving healthcare providers, administrators, policymakers, and patients. By prioritizing enhanced communication, education and training, technological advancements, patient engagement, and quality improvement initiatives, healthcare systems can work towards reducing medical errors and improving patient outcomes. Continued research, collaboration, and vigilance are necessary to ensure ongoing progress in patient safety.

Medical errors pose a significant challenge to patient safety and healthcare quality. The integration of AI technologies offers new opportunities for preventing and reducing medical errors across various domains, including diagnosis, medication safety, surgical procedures, predictive analytics, monitoring systems, and natural language processing. By harnessing the power of AI, healthcare systems can enhance decision-making, improve accuracy, and provide timely interventions, ultimately improving patient outcomes and reducing the burden of medical errors. However, it is crucial to approach AI implementation with caution, ensuring appropriate validation, addressing potential biases, and maintaining a collaborative approach that values the expertise and judgment of healthcare professionals.

## REFERENCES

- Brennan, T. A., Leape, L. L., Laird, N. M., Hebert, L., Localio, A. R., Lawthers, A. G., ... & Hiatt, H. H. (1991). Incidence of adverse events and negligence in hospitalized patients: results of the Harvard Medical Practice Study I. *New England journal of medicine*, 324(6), 370-376.
- Esteva, A., Kuprel, B., Novoa, R. A., Ko, J., Swetter, S. M., Blau, H. M., & Thrun, S. (2017). Dermatologist-level classification of skin cancer with deep neural networks. *Nature*, 542(7639), 115-118.
- Lundberg, S. M., & Lee, S. I. (2017). A unified approach to interpreting model predictions. *arXiv preprint arXiv:1705.07874*.
- Hatib, F., Jian, Z., Buddi, S., Lee, C., Settels, J., Sibert, K., ... & Cannesson, M. (2018). Machine-learning algorithm to predict hypotension based on high-fidelity arterial pressure waveform analysis. *Anesthesiology*, 129(4), 663-674.
- Zhang, Q. (2018). Predictive big data analytics for precision medicine and healthcare delivery. *J Healthc Inform Res*, 2(2-3), 81-115.
- Chen, J. H., & Asch, S. M. (2017). Machine learning and prediction in medicine—beyond the peak of inflated expectations. *N Engl J Med*, 376(26), 2507-2509.
- Topol, E. J. (2019). High-performance medicine: the convergence of human and artificial intelligence. *Nat Med.*, 25(1), 44-56.
- Gandhi, T. K., Kachalia, A., Thomas, E. J., Puopolo, A. L., Yoon, C., Brennan, T. A., & Studdert, D. M. (2006). Missed and delayed diagnoses in the ambulatory setting: a study of closed malpractice claims. *Annals of internal medicine*, 145(7), 488-496.
- Donaldson, M. S., Corrigan, J. M., & Kohn, L. T. (Eds.). (2000). To err is human: building a safer health system. *National Academies Press*.
- Studdert, D. M., Mello, M. M., Gawande, A. A., Gandhi, T. K., Kachalia, A., Yoon, C., ... & Brennan, T. A. (2006). Claims, errors, and compensation payments in medical malpractice litigation. *New England journal of medicine*, 354(19), 2024-2033.
- Catchpole, K. R. (2010). The importance of teamwork and communication in the prevention of adverse events in healthcare: a systematic review of interventions. *BMJ Qual Saf*, 19(5), 1-10.
- Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Jama*, 288(16), 1987-1993.
- Croskerry, P. (2018). Diagnostic error and clinical reasoning. *Med Clin North Am*, 102(5), 961-974.
- Lingard, L., Espin, S., Whyte, S., Regehr, G., Baker, G. R., Reznick, R., ... & Grober, E. (2004). Communication failures in the operating room: an observational classification of recurrent types and effects. *BMJ Quality & Safety*, 13(5), 330-334.
- Kane, R. L., Shamliyan, T. A., Mueller, C., Duval, S., & Wilt, T. J. (2007). The association of registered nurse staffing levels and patient outcomes: systematic review and meta-analysis. *Medical care*, 45(12), 1195-1204.
- Arora, V. M. (2016). The Checklist of Handoffs: Evaluation of a New Assessment Tool for Transfer of Patient Care in the Operating Room and Intensive Care Unit. *J Surg Educ*, 73(1), 92-98.
- Madigosky, W. S. (2010). Patient safety education: medical student preferences and attitudes. *BMC Med Educ*, 10, 21.

18. Kaushal, R., Shojania, K. G., & Bates, D. W. (2003). Effects of computerized physician order entry and clinical decision support systems on medication safety: a systematic review. *Archives of internal medicine*, 163(12), 1409-1416.
19. Poon, E. G. (2006). Effectiveness of a barcode medication administration system in reducing preventable adverse drug events in a neonatal intensive care unit: a prospective cohort study. *J Pediatr*, 147(6), 761-767.
20. Hibbard, J. H. (2013). The impact of patient activation and engagement on health outcomes: a systematic review. *Health Serv Res*, 48(2 Pt 1), 377-395.
21. Beam, A. L., & Kohane, I. S. (2018). Big data and machine learning in health care. *JAMA*, 319(13), 1317-1318.
22. Bates, D. W., Leape, L. L., Cullen, D. J., Laird, N., Petersen, L. A., Teich, J. M., ... & Seger, D. L. (1998). Effect of computerized physician order entry and a team intervention on prevention of serious medication errors. *Jama*, 280(15), 1311-1316.
23. Mabotuwana, T. (2019). Clinical applications of artificial intelligence in sepsis: a narrative review. *Comput Struct Biotechnol J*, 17, 1036-1049.
24. Cruz, J. A., & Wishart, D. S. (2007). Applications of machine learning in cancer prediction and prognosis. *Cancer Inform*, 2(2), 59-77.
25. Hatib, F., Jian, Z., Buddi, S., Lee, C., Settels, J., Sibert, K., ... & Cannesson, M. (2018). Machine-learning algorithm to predict hypotension based on high-fidelity arterial pressure waveform analysis. *Anesthesiology*, 129(4), 663-674.
26. Alimi, R. S. (2016). A review of automated identification and classification of errors in electronic health records. *J Biomed Inform*, 59, 76-83.