Voluntary Anonymous Reporting of Medical Errors for Neonatal Intensive Care

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Several benefits of multi-institutional specialty-based voluntary reporting systems such as the Vermont Oxford Network system are evident. They can identify errors that are rare in individual institutions but occur in multiple institutions. For example, on www.nicq.org, there were several reports of intravenous infusion of solutions intended for enteral use—a systems problem that can be prevented by designing enteral tubing and syringes that cannot be connected to intravenous tubing (a so-called "physical constraint").