Twenty Years After "*To Err is Human*": Where Next?

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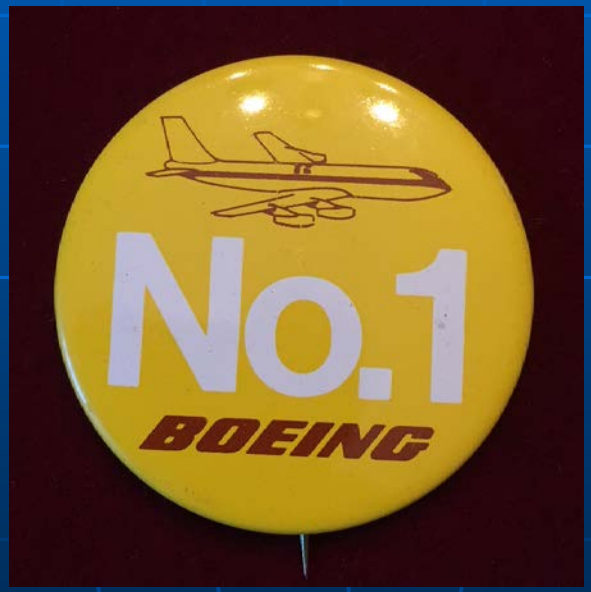
Whose Mission Statement Is This?

"We value human life and well-being above all else and take action accordingly."



Well, At Least We *Have* Standards

Q. *To Err* called for "raising standards and expectations" on patient safety. Have we?

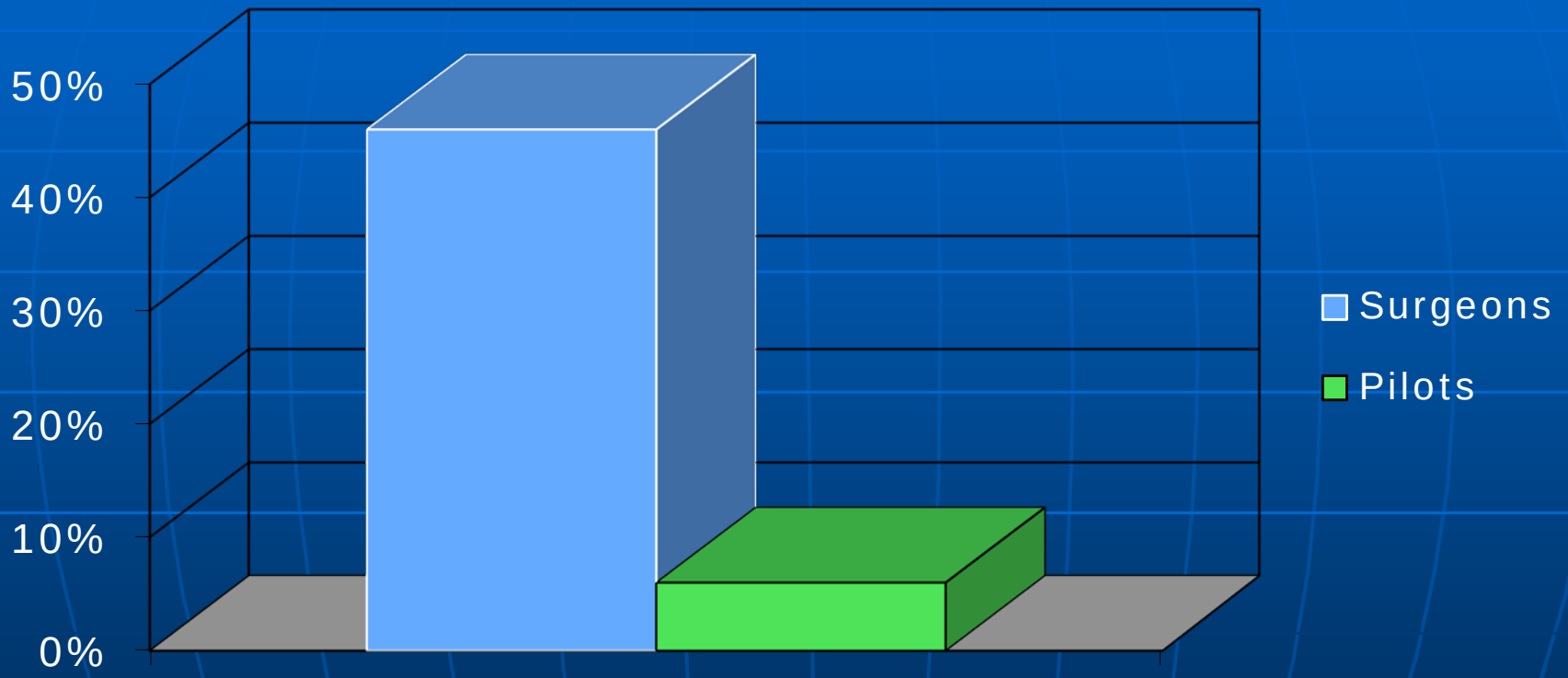
A. If your baseline is "let's not talk about this," absolutely. In a 2018 AHRQ survey, 80 percent of hospital employees self-reported a "safety culture," although 40 percent agreed that "hospital management seems interested in patient safety only after an adverse event happens." These responses generated no discernible sense of disappointment in industry or government.

Pilots vs. Doctors

Q. Speaking of culture, aren't there similarities between doctors and pilots?

A. Yes, with one key difference. Among aviators, there's a saying: "The pilot is the first one at the scene of the accident." Some physicians are zealous safety advocates; all pilots are.

Unheard in the OR: “Doctor, I think you’re about to kill all of us.”



Believe decisions of the “leader” should *not* be questioned

Source: Sexton et al; *BMJ*, 2000

“Hand over the money, and no one gets hurt.”

Q. The federal government has spent over $1 billion since 2012 in a private-public Partnership for Patients to reduce hospital medical error. What’s been the impact?

A. AHRQ calculates that the voluntary program has saved about 25,000 lives per year. (There are skeptics.) In 2016, the Leapfrog Group estimated a minimum of 200,000 avoidable deaths in hospitals form medical error, but in 2019, the number dropped to 161,250 deaths. Coincidence?

Meanwhile, Leapfrog estimates some 50,000 lives would be saved today if all hospitals were as safe as “A” rated hospitals (constituting 32 percent of those rated).

One Type of Zero Harm

Q. How about a goal of “no harm”? You know, like in the Hippocratic Oath and the Boeing mission statement.

A. In my informal poll of patient safety activists and experts, all except one respondent believed 5 percent or fewer of hospitals have committed formally to zero preventable patient harm. The outlier respondent said 10 percent. On the other hand, hospitals have virtually eliminated transmission of infections like HIV from patients to doctors.

A Formula for Inertia

Q. Much has been made of the influence of profits in regard to the 737 Max problems. Have hospital finances played a role in the slow progress in patient safety?

A. With rare exceptions, no hospital execs or physicians deliberately trade patient safety for profits. Inertia is caused by invisibility (those who die were sick), “ickiness” (an unpleasant topic) and income. But “income” is powerful. As quality pioneer E.A. Codman, a surgeon, put it back in 1917 after voluntarism failed: “There is a difference between interest and duty. You do your duty if the work comes to you, but you do not go out of your way to get the work unless it is for your interest.”

The Money Trail

1994: "Extra hospital and SICU…costs attributable to the [CLABSI] infection averaged $40,000 per survivor." Pittet et al., *JAMA*

2006: "When surgical complications occur, reimbursement usually covers [hospitals'] costs. In contrast, payors always lose money." Dimick et al. *J Am Coll Surg*

2007: "This evidence-based guideline [is] to assist hospital-based epidemiologists in demonstrating [economic] value to administrators…from a reduced incidence of nosocomial infections." Perencevich et al., *Infect Control Hosp Epidemiolog*

2012: "The impact…of reducing surgical complications suggests many [hospitals] will need shared savings programs with payers." Krupka et al., *Health Affairs*

2013: “Under private insurance and Medicare…the occurrence of surgical complications was associated with higher hospital contribution margins.” Eappen et al., *JAMA*

2014: “Although hospitals and payers reduce costs by preventing CLABSIs, hospitals would also decrease their margins. ”Hsu et al., *Am J Med Qual*

2015: “Hospitals that reduced their [surgical] complications had significant reductions in Medicare payments.” Scally et al., *Ann Surg*

2018: “Highly effective interventions have…been developed…for hospital-acquired infections and medication safety, although the impact of these interventions varies because of their inconsistent implementation and practice.” Bates and Singh, *Health Affairs*

Hope

"Physicians are neither saints nor sinners. I find that my fellow managers are more easily disillusioned by the inadequacies of physicians than I am. The truth is that doctors are like everyone else."

– Mike Magee, MD, Pride in Medicine Project

"The new [paradigm] must seem to resolve some outstanding and generally recognized problem that can be met in no other way."

– Thomas Kuhn, *The Structure of Scientific Revolutions*

The Business Case for Safety: Way Stronger for Boeing

- "This study examines the relationship between [selected] Surgical Care Improvement Project measurements and hospital financial performance…Our findings suggest that targeted improvement in patient safety performance…is associated with improved financial performance."
  –"Does Patient Safety Pay?" Beauvais et al., *J Healthcare Management*, May/June 2019

  "Boeing had no new orders for planes in April. Not only did the troubled 737 Max receive zero new orders since it was grounded March 13, Boeing's other jets, such as the 787 Dreamliner or the 777, also did not get any new orders last month, according to a company report released Tuesday."
  –"Boeing Reported Zero New Orders for Jets in April." C. Isidore, *CNN Business*, May 14, 1019

Role Model for Policy: Hospital Exec Who Acted as If Kids Killed By Med Error Were His Own Unexpectedly Meets Father of a Child Who Died

Edwin Loftin, Parrish Medical Center, and Armando Nahum