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Opinion Section

Patient safety scores should be mandatory

By **David P. Lind** 12:13 a.m. CDT July 13, 2014

A big thank you to Des Moines Register reporter Clark Kauffman for the recent coverage of Robert Burgin, an infection-control specialist for Mercy Hospital in Council Bluffs (“Ex-staffer: Risk to 2 Patients Hidden,” June 21).

Burgin resigned his position because his employer was unwilling to tell the truth to patients whose health may have been compromised due to medical mistakes. Based on this article, I commend Mr. Burgin for holding firm with his beliefs that patient safety is paramount.

Secrecy in health care hasn’t changed much in 15 years since the Institute of Medicine’s “To Err is Human” book was published. The practice of health providers suppressing similar stories from public knowledge is reprehensible.

As patients, we trust our providers to do the right thing, regardless of the circumstances involved. Medical organizations that are sincere about pursuing and maintaining an enduring culture of trust should establish initiatives to emotionally connect with their patients to perpetuate that trust.

To address what Mr. Burgin experienced in Council Bluffs, two critical questions must be asked:

- Would hospital employees choose to receive medical care from their own hospital?
- Shouldn’t we know how hospital employees truthfully rate their own hospital’s safety culture?

In May, the Agency for Healthcare Research and Quality (AHRQ) released its “Hospital Survey on Patient Safety Culture” results. This survey is very important for many obvious reasons. One key reason is that these results correlate to infection rates and patient outcomes.



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When you think about it, who better to ask about quality of service within a hospital than the frontline workers themselves — staff, nurses, technicians, etc.? In fact, when noted physician, Martin “Marty” Makary and his staff performed a joint study with risk management firm Pascal Metrics, they found “hospitals that scored well on the staff survey had lower rates of surgical complications and other important patient outcomes.”

Unfortunately, the results from the AHRQ survey are not meant for public consumption. They are meant only to be viewed by participating hospital administrators and the government.

You see, this type of survey is not mandatory. In fact, U.S. hospitals participate in these surveys with the condition the results remain out of the public eye.

Because hospital competition can be fierce within certain markets, reputations can be marred by having a low safety score — which adversely affects hospital revenue. Unlike the missing black box from Malaysian Flight 370, it appears this “black box” of critical survey results is meant to remain hidden.

Only 653 hospitals in the nation participated in the non-mandatory AHRQ survey. That represents about 13 percent of approximately 5,000 hospitals in the U.S. Only after additional inquiries did we learn that 28 Iowa hospitals participated in this survey in 2012 and a paltry nine hospitals in 2014 (Iowa has 118 community hospitals). AHRQ does not list the names of each participating hospital.

To be fair, other research firms also perform these studies. But once again, we have little knowledge on which Iowa hospitals participate, how often, and most importantly, their results.

Dr. Makary’s view on the lack of transparency for safety culture surveys is spot on: “While I sympathize with hospitals who feel threatened by transparency of safety-culture results, I sympathize more with misled patients.”

Compared to other developed countries, U.S. citizens pay world-class prices for the care we receive, but, in return, we receive little or no transparency on what matters most to us — our safety — and, far too often, our lives.

Former U.S. Supreme Court Justice Louis D. Brandeis once wrote: “Sunlight is said to be the best of disinfectants.” Having transparent health care will spur new initiatives by our hospitals and providers to improve on the care we “trust” we are already receiving.

The public is entitled to know which hospitals are safe, and what the contents of the “black box” reveal. Isn’t it time for all Iowa hospitals to publicly report their patient safety culture results on a regular basis?

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