Hospital Safety System Slow to Take Off in Arkansas

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In Arkansas, more than 7,000 medical errors occur annually, according to estimates by American Data Network of Little Rock.

American Data Network wants to reduce that number by studying medical errors — everything from falls in a hospital to a surgeon operating on the wrong body part, said Stephanie Iorio, the director of American Data Network's Patient Safety Organization. The results of its studies and ways to avoid errors then will be shared with other hospitals.

But since American Data Network started its PSO in Arkansas in November 2009, only three hospitals out of about 90 in the state have joined. Those hospitals are White County Medical Center, Baxter Regional Medical Center in Mountain Home and Saline Memorial Hospital in Benton.

Health care workers can use a computer or iPad to log into American Data Network's Web-based forms to enter information about the medical error. Without American Data's system, health care workers would have to fill out paper forms that would have questions that weren't relevant to the medical error, wasting the

Stephanie Iorio, director of American Data Network's Patient Safety Organization, says ADN is encouraging hospitals to join the organization. [PHOTO BY MARK]

time of the employee, Iorio said.

Iorio said she thought one of the reasons hospitals in Arkansas were reluctant to join because being a member of a PSO wasn't mandated by the federal government. Other states, however, have ordered hospitals in their states to participate in a PSO to receive Medicaid reimbursements.

To do that in Arkansas, the state Legislature would have to pass a bill requiring hospitals to join, said Lynda Johnson, a partner at the Friday Eldredge & Clark law firm in Little Rock and whose client is American Data Network.

She said she didn't know why the Legislature hadn't raised the issue.

By 2015, it will practically be mandatory for hospitals to participate in a PSO, said Nancy Foster, the American Hospital Association's vice president of quality and patient safety.

She said that under the federal health care reform law that passed in March 2010, if an insurance company wants to have its products included in statewide health care exchanges, it can do so only if those products are used with hospitals that are part of a PSO.

Medical Errors

In 1999, a study released by the Institute of Medicine showed that, in the U.S., possibly up to 98,000 people a year died from medical errors.

Since that report, little improvement in patient care has been made, Iorio said. "Medical errors are wrecking havoc on the health care system in the United States," she said.

Other industries, such as aviation, have done a better job over the years at studying errors and making adjustments to prevent them, Iorio said.
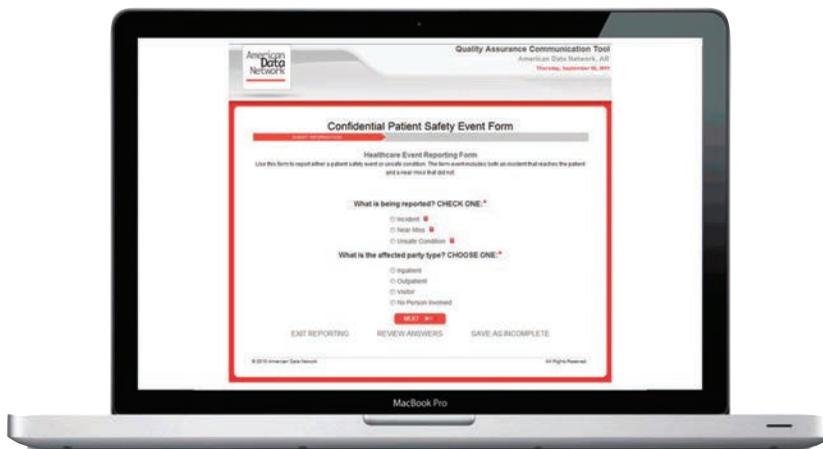
Hospital may seek to guard accident information because it could be used in a lawsuit if it falls into the hands of a plaintiffs' attorney. So when an accident was discussed at a hospital, the hospital's risk manager would gather the paperwork and not say a word about its finding to other hospitals, Iorio said.

Without the information being documented, it was impossible to know how one hospital compared with another and exactly how many medical errors there were, she said.

Turning Point

In 2005, Congress passed the Patient Safety & Quality Improvement Act, which created Patient Safety Organizations.

Under a PSO, a hospital is

free to report all its medical errors or near-misses without having that information subject to being subpoenaed for a lawsuit, Iorio said.

In Arkansas, a health care worker could use American Data Network's program to answer questions anonymously about a patient's fall or an incident in which the wrong medication almost was given to a patient.

One of the first PSOs was the ECRI Institute PSO of Plymouth Meeting, Pa., which received its federal designation by the Agency for Healthcare Research & Quality in November 2008.

Since then it has gathered more than 1 million events and studied them. "All of this information helps us to better understand patient safety issues so that we can provide effective recommendations for improvement," Amy Goldberg-Alberts, ECRI's PSO's program director, said in an email to *Arkansas Business*.

Goldberg-Alberts said some hospitals were hesitant to join a PSO.

"Some hospitals say they want to see legal protections 'tested' in the courts," she said. "But others are looking for true improvement in safety and quality. After all, by making care safer, we'll stay out of court in the first place."

Arkansas' PSO

Iorio, of American Data Network, said it started a PSO because it was already collecting some quality and financial information for its hospitals. "The Patient Safety Organization was a natural extension of the data that we already are accustomed to looking at for hospitals," she said.

Ray Montgomery, the president and CEO of the White County Medical Center, said his hospital had been a client of American Data Network for about 10 years.

And when American Data Network formed the PSO, WCMC jumped at the chance to be involved, Montgomery said.

He said his hospital wasn't having problems with patient care but wanted to know how its care compared with other hospitals. "Doctors are driven by data," Montgomery said.

One of the areas that White County has targeted is having its health care workers wash their hands before entering a patient's room to reduce i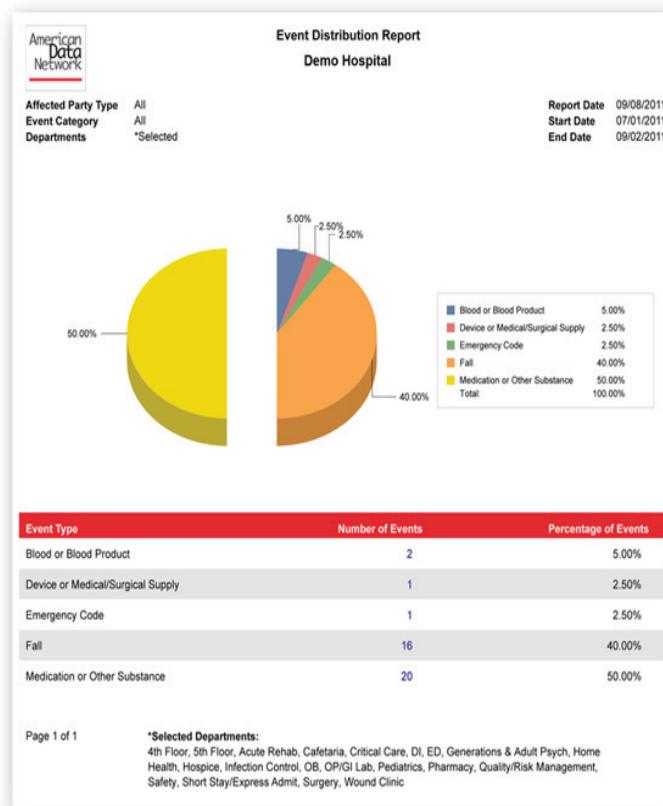nfections. "Even one infection associated with the hospital, ... if that was your family member or loved one, ... it's really unacceptable," Montgomery said.

He said that before the information started to be tracked, only about 30 percent of employees washed their hands. But after the information was brought to the attention of the staff, hand washing improved. Now about 90 percent of employees wash their hands before entering patient rooms, Montgomery said.

Iorio said American Data Network was encouraging other hospitals to report their information. She said the company currently didn't have enough information on hospitals. It is trying to spread the word to persuade hospitals to join. But because joining isn't mandatory and because it can be expensive, most hospitals aren't joining.

The price to use American Data Network's system ranges from $25,000 to less than $30,000 for a hospital with about 200 beds. The price is lower if the hospital is using other products from American Data Network.

A hospital in the PSO would help all hospitals in the state because it could share the information it learned from medical accidents, Iorio said. "When we have enough data, ... we would be beginning looking for trends and underlying causes," she said, and "give that information back to our clients." ∎

American Data Network's Quality Assurance Communication Application breaks down patient safety event data by department or event type or provides summary reports [GRAPHIC PROVIDED]