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HOW CAN HOSPITAL SAFETY BE IMPROVED?

By Sandra Rohrstaff

Here are excerpts from an article* about Dr. Peter Pronovost, a unique doctor at Johns Hopkins Hospital in Baltimore, Maryland, and the difference he has made in that hospital and in the others who have followed his lead.

You need to have surgery. You're looking for a good hospital. How do you know which to choose?

For the most part, you don't know, because you don't have enough valid information.

Statements about how good a hospital is can potentially affect a patient's decision to purchase health care services; however, with no scientific basis for such statements, a patient does not have a way to be sure they are truthful.

Without a standard way of reporting safety, however, there has been no easy way to tell the public about the actual degree of safety a hospital provides. In the past, hospital administrators and health care providers have not had the tools to accurately measure their patient care safety. Predictably, then, claims about "safety" have been a product of the marketing function of the hospital rather than a product of science.

Doctors themselves have been skeptical about claims of safety and quality, because such claims were not evidence based and were seen as more marketing than science. Doctors want to make health care better, and when you do good science about hospital safety that is evidenced based, doctors love it.

For example, Dr. Provonost developed daily goals for a surgical intensive care unit at Johns Hopkins Hospital where before there were only vague plans. Staff members didn't have clarity about what they were going to do for each patient each day that would take the patients to the next level of care or about identifying patients' risks. So a tool was developed that was used during every round to ask:

- What needs to happen for the patient to get out of intensive care?
- What work are we going to do toward that goal?
- What is the patients' greatest safety risk?
- What exactly are we going to do for each organ system?

Some version of these daily goals is now being used in hospitals across the country. Where it is used, hospitals report that this tool has cut the length of stay in intensive care units by 50%.

Dr. Pronovost's approach to patient safety provides attainable, clear goals for doctors and staff that, importantly, are measureable. Because the goals are measureable, hospitals know that the benefits of implementing them far exceeds the cost, both in dollars and human resources, and in increased patient safety.

Before patients commit to treatment at a hospital, they ought to be able to find out whether that hospital uses standardized reporting systems that give health care providers accurate information based on measureable data about safety.

Do you know whether your hospital has such a system?

*This article is excerpted from "Doctor, heal thy care," written by Denis C. Mitchell and published in *Trial* magazine, May 2008. *Trial* is published monthly by the American Association of Justice.