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New state law will require error reports from hospitals

Indiana is second in nation to set up system on mistakes

By Tammy Webber
The Indianapolis Star

When Lynda Phebus learned that doctors at Home Hospital in Lafayette had found a suspicious mass in her husband Robert's abdomen, she couldn't help but think it was a tumor.

But her husband was later transferred to St. Elizabeth Hospital, another facility in Lafayette. There, doctors found something different: a surgical towel that had been left in his abdomen during an operation on his back at Home Hospital three years earlier, according to a lawsuit filed by his wife.

Four days later, the 57-year-old Lafayette man was dead.

Until now, hospitals were not required to report such errors to the state of Indiana. That will change Jan. 1, when a new state law will require hospitals to report more than two dozen types of mistakes. The state will make the reports from each hospital available for public review.

Indiana is only the second state in the nation to do so. Minnesota was the first.

The point of it all: The more that's known about how medical mistakes happen, the better the chances of preventing errors than can be fatal.

Although the most startling mistakes include operating on the wrong body part or even the wrong patient, more common errors involve incorrect doses of medicine, falls, bedsores or infections from caregivers who don't wash their hands.

Preventable errors

An estimated 44,000 to 98,000 patients a year die in U.S. hospitals from preventable errors, according to a 1999 Institute of Medicine Report. Many experts think the number actually is much higher.

A lack of data prompted Gov. Mitch Daniels to order the Indiana State Department of Health to establish a medical error reporting system to make the state's hospitals more accountable.

Some hospitals have adopted programs to help prevent such errors.

At St. Vincent Hospital in Indianapolis, a surgical team shaved Howard Mann's hip and leg, swabbed them with disinfectant, and then sheathed them in a special plastic. Surgical instruments were arranged in perfect order. X-rays hung against a light board.

Then Dr. Jeff Pierson ordered everything to a stop in the operating room.

"Left hip is the correct hip?" he asked, surveying everyone around him.

Such "timeouts," along with checklists before and after surgery, help hospitals make sure they have the correct patient and the correct limb, that a patient has no medication allergies, and that sponges and surgical instruments are not left inside a patient.

'X' marks the spot

Some hospitals also show patients how to help avoid potentially deadly or debilitating mistakes. Shortly before he was wheeled in for hip-replacement surgery, Mann, 55, of Greentown, Ind., was handed a marker and asked to make an "X" on his left hip.

"As self-apparent as (such steps) may seem, it is not something that has historically been done in operating rooms," Pierson said.

Despite the safeguards, errors still happen.

The Joint Commission on Accreditation of Healthcare Organizations knows of 36 deaths or injuries in Indiana hospitals from January 1995 through December last year. But that's "just the tip of the iceberg" and other serious mistakes likely were made, spokesman Mark Forstneger said.

"I don't think people have any clue how many errors happen on a daily basis at hospitals," said Mary Arlien Findling, an Indianapolis attorney who has represented patients and their families in medical-malpractice lawsuits for the past 20 years.

Findling thinks hospitals, not individual caregivers, bear primary responsibility for reducing mistakes, by requiring practices that make them less likely to occur.

"These are system errors. No one should get a 10-times overdose of insulin, the wrong drug or their roommate's drug," she said. "But these kinds of mistakes happen on a regular basis."

One of Findling's clients is Peggy Thompson, a Jay County woman who sued after losing an arm while hospitalized for pneumonia at Bluffton Regional Medical Center.

About five days after she entered the hospital in April last year, a nurse allegedly gave Thompson medication in an artery instead of a vein. The drug destroyed the artery, cutting off the blood supply to her arm, Findling said.

Thompson's arm developed gangrene and had to be amputated, according to a claim filed with the Indiana Department of Insurance.

The claim is required before a lawsuit can be filed.

Bluffton Regional Medical Center officials would not comment specifically on the case, but CEO Tom Clark said the medical center conducts internal reviews after problems.

In her suit, Lynda Phebus claims that medical errors by the hospital and her husband's doctors contributed to Robert's death in 2003.

A Home Hospital spokeswoman, who declined to discuss specifics because of patient privacy laws, noted that a majority of a medical review panel's members found in favor of the hospital. The panel did find two physicians at fault in the case.

Making data public

Indiana's error-reporting approach lists 27 mistakes that hospitals and surgery centers must report within 15 days of discovering them. The state will collect and analyze the data to find areas in which mistakes could be reduced, said Terry Whitson, the Department of Health's assistant commissioner for health-care regulatory services.

The data will be made public at least once a year. Only hospitals will be identified, so that the data cannot be used to sue physicians, nurses or hospitals, though patients still may sue.

The goal is not to fix blame but to encourage reporting of errors so that mistakes can be prevented, Whitson said.