PATIENT SAFETY BLOG

PATRICK MALONE & ASSOCIATES, P.C.
From Tragedy To Justice - Attorneys For The Injured

Toll Free: 888.625.6635
(888.MaloneLaw)
Local: 202.742.1500

When Hospitals Get It Right

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Isn't it refreshing to read about a medical adventure in which all parties got it right?

"Doing Things Right: Why Three Hospitals didn't Harm My Wife" is the tale told by Michael L. Millenson on the Kaiser Health News website earlier this month.

"My wife was lying in the back of an ambulance, dazed and bloody, while I sat in the front, distraught and distracted," he begins. "We had been bicycling in a quiet neighborhood in southern Maine when she hit the handbrakes too hard and catapulted over the handlebars, turning our first day of vacation into a race to the nearest hospital.

"The anxiety when a loved one is injured is compounded when you know just how risky making things better can get. As a long-time advocate for patient safety, my interest in the topic has always been passionate, but never personal. Now, as Susan was being rushed into the emergency room, I wanted to keep it that way. 'Wife of patient safety expert is victim' was a headline I deeply hoped to avoid."

Patrick A. Malone
Patrick Malone & Associates, P.C.
1331 H Street N.W.
Suite 902
Washington, DC 20005

pmalone@patrickmalonelaw.com
www.patrickmalonelaw.com
202-742-1500
202-742-1515 (fax)

Millenson, a visiting scholar at the Kellogg School of Management, wrote “Demanding Medical Excellence: Doctors and Accountability in the Information Age.” So if this patient-safety expert is happy with the outcome of a medical emergency that could have gone wrong in so many ways, what these providers did should serve as a model for everybody.

Susan, who suffered a fractured vertebra at the base of her neck and broken bones in her elbow and hand, was treated at a 50-bed community hospital, a large teaching hospital and a large community hospital. As Millenson says, “There were plenty of opportunities for bad things to happen—but nothing did. As far as I could tell, we didn't even experience any near misses.”

Millenson notes that preventable errors kill 44,000 to 98,000 people in hospitals every year. His wife wasn’t among them, nor among the tens of thousands more who are needlessly damaged beyond their injuries because of what he calls three variables: consciousness, culture and cash.

1. If a hospital is conscious of its errors and what caused them, it’s less likely to repeat them. When patient advocates (in this case, Millenson) are involved, and ask appropriate questions, mistakes are less likely to occur.

2. Sustained consciousness requires a supportive culture. Hospitals with programs that enumerate efforts to improve outcomes and publicize them are sustaining conscientious efforts on the behalf of patients. Common examples are surgical safety checklists and infection-control procedures.

3. It’s difficult to change an unacceptable culture without money. No surprise that the lowest-rated hospitals often claim the poorest patient populations. Millenson’s wife was lucky to be treated at hospitals in affluent areas.

Not every accident victim has the relative good fortune to experience an emergency in a good place, nor with the perfect patient advocate. But Millenson’s story has helpful take-home messages for anyone who wants to be prepared, just in case.

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