

INSTITUTE OF MEDICINE
PATIENT SAFETY DATA STANDARDS
COMMITTEE

PUBLIC TESTIMONY

November 25, 2002

Presented by Paul Conlon, Pharm.D, JD
On behalf of the Michigan Health and Safety Coalition

**INSTITUTE OF MEDICINE
PATIENT SAFETY DATA STANDARDS COMMITTEE
PUBLIC TESTIMONY**

Opening Remarks

Good afternoon. My name is Paul Conlon and I represent the Michigan Health and Safety Coalition. On behalf of the Coalition, I would like to thank the Committee for the opportunity to provide public comments on the issue of patient safety reporting standards. The Coalition is a diverse group of health care stakeholders who regularly meet on a voluntary basis to develop systems-level solutions to patient safety problems. The Coalition's mission statement and fact sheet, which include the Coalition roster, are attached to this testimony.

The Coalition supports the concept of developing reporting standards for patient safety to achieve systemic improvement in patient safety, and applauds the national effort, led by the IOM, to standardize the data elements, collection and classification of data process. Only with standardization will data be available for aggregation, sharing and quality improvement – key methods to effect change.

As requested, the testimony is structured to address the three questions articulated by your committee.

Question #1: What are the areas where data standards are critically needed to improve patient safety and health care delivery?

Typically, discussions about data collection focus on event reporting. The Coalition encourages a more expansive approach to include reporting events but also data elements related to health care structures and processes that affect quality of care and patient safety. The Coalition encourages the development of broad data standards – standards that address the structure and process of healthcare delivery, in addition to clinical aspects.

The Coalition strongly believes that there should be standardization of data reporting and we applaud the efforts of the National Quality Forum and others who are attempting to develop such approaches. In addition, the Coalition believes that information should be collected in such a way as to enable benchmarking by providers of care. Benchmarking of performance is critical to enable providers to continuously improve the quality and safety of health care.

While the Coalition is strongly in support of standardized data collection, we also believe that an adequate infrastructure must exist to support data collection. This means that there must be adequate access to capital by hospitals and others who will be collecting data. In addition, there should be administrative systems in place to assure that data collection and review occurs in a non-punitive environment, is confidential and has peer review protections. Finally, the Coalition believes there should be a method for validating the data.

Question #2: What are the barriers to the development and use of such standards?

Many barriers to data reporting exist. The Coalition has identified eight major barriers that must be addressed if data collection and the use of such standards are going to be effective. These are:

- Existence of a punitive culture for reporting of events
- Inability to maintain the confidentiality of the reporter
- Multiple organizations promulgating different standards
- Lack of standardized data fields for reports (e.g., definitions)
- Lack of peer review protections and state law restrictions, which affect the institution's ability to study adverse events
- Lack of demonstrated safety improvements that were the result of event reporting
- Lack of communication about what is done in response to an adverse event report
- Lack of infrastructure, including technology and funds to implement and continue to support data reporting related to patient safety

The following factors can help create the desired non-punitive organizational culture that was referenced earlier:

- Make it safe for people to report adverse events and near misses
- Do not publish the rates of adverse events and near misses at the individual provider level
- Make it easy and very quick to report adverse events and near misses
- Provide an opportunity within the event reporting system for clarification, but not alteration, of a report
- Publicize positive changes that have occurred as a result of increased reporting of adverse events and near misses
- Celebrate organizations that dramatically increase reporting

The healthcare industry should learn from the example of others – such as the aviation industry – and implement those reporting practices that have been proven to work. Healthcare resources are limited, and there is no reason to reinvent reporting requirements if they already exist.

Question #3: What incentives (economic or otherwise) can be instituted to stimulate or accelerate the use of clinical data standards in support of patient safety and quality of care?

The Coalition believes both financial and non-financial incentives are needed to stimulate collection and use of standardized data to improve patient safety and quality of care.

Financial Incentives

The Coalition recommends that public policy should be developed that supports financing for capital expenditures related to improving patient safety. Many patient safety activities, such as Computerized Physician Order Entry, require significant up-front financing. Public funding will be necessary.

Non-Financial Incentives

Non-financial incentives are at least as important as financial incentives to the success of data collection. The major non-financial incentive the Coalition has identified is enabling all key stakeholders to become part of the solution to the critical safety issues. Externally developed systems that are simply imposed on those who are responsible to carry them out are bound to fail. Participation in development of these systems and the ability to have shared goals and a shared commitment to success are perhaps the most important non-financial incentives the Coalition has identified.

In Michigan, the Coalition has been able to fast-track patient safety improvement and streamline the demand for patient safety information through the collaborative efforts of key health care stakeholders. One successful project, called the Hospital Referral Guidelines project, resulted in the public dissemination of guidelines, development and implementation of a survey to assess baseline hospital performance compared to the guidelines, and release of this information to participating hospitals, health plans and the public on the Coalition's Web site. One hundred fourteen (114) acute care hospitals, from all areas of the state, participated in the survey, representing 98% of the procedures performed in the state during the year of study.

Response from providers throughout this project has been positive and demonstrates that non-economic incentives can produce important results. Our experience demonstrates that when providers are sitting at the table with health plans and purchasers, and are treated as equal partners, deeper change and safer care can be the result. We found that providers are very willing to be accountable for their performance and to take the lead on quality improvement and patient safety efforts. This unique and successful partnership will continue and it is expected that more and better patient safety and quality of care indicators will be developed and implemented.

Concluding Remarks

The Coalition thanks the IOM for its work to produce reports, such as “To Err is Human”, which focused the nation’s attention on the important issue of patient safety. The Coalition encourages the IOM to continue this work and the public dissemination of patient safety information.

The Coalition offers its broad, collaborative approach to help the IOM with its Patient Safety Data Reporting Standards initiative. One potential mechanism is for the Coalition to serve as the focal point in Michigan for the dissemination of information from the IOM Committee, and as a vehicle to obtain state-level feedback from providers and from those who seek and use health care services.

On behalf of the Michigan Health and Safety Coalition, I thank you again for the opportunity to provide public comment on the issue of patient safety data standards and I look forward to the next steps in the development of national patient safety reporting requirements.



What we are

Formed in 2000, the Michigan Health and Safety Coalition is a voluntary, collaborative quality improvement effort focused on improving patient safety in Michigan.

Who we are

The coalition membership is diverse, representing key health care stakeholders in Michigan. Our members are:

- Blue Cross Blue Shield of Michigan
- DaimlerChrysler Corporation
- Ford Motor Company
- General Motors Corporation
- International Union, UAW
- Michigan Association of Health Plans
- Michigan Department of Community Health
- Michigan Education Special Services Association
- Michigan Health & Hospital Association
- Michigan Nurses Association
- Michigan Osteopathic Association
- Michigan Peer Review Organization
- Michigan Pharmacists Association
- Michigan State Medical Society

Our mission statement

The Michigan Health and Safety Coalition will help improve health care quality in Michigan through cost-effective improvements in patient safety, including medical errors, across all health care settings.

Our goals are to:

- Provide leadership and share knowledge on patient safety issues in Michigan
- Develop and/or support systemic approaches to identifying and learning from errors with a focus on continuous improvement.
- Encourage the establishment of performance standards for patient safety, medical error reporting and continuous improvement; and encourage the provision of positive incentives for improved performance.
- Support a culture of safety by encouraging the implementation of safety systems in health care organizations.

Our projects

Recent and ongoing projects include:

- Development of Hospital Referral Guidelines and consumer report
- Pilot of hand-held prescribing devices for physicians to use in their offices
- A taskforce studying the relationship between nurse staffing levels and patient safety
- Annual conferences for health care leaders to foster a culture of patient safety in Michigan.

Contacting us

Michigan Health and Safety Coalition
Mail Code B713
27000 W. Eleven Mile Road
Southfield, MI 48034

Phone: 248-448-6266
Fax: 248-448-0058
e-mail: dvalade@bcbsm.com
www.mihealthandsafety.org

