How Safe is Your Hospital?

I. *Should you be concerned about general hospital safety?*

Yes, just ask healthcare professionals that regularly work in that environment. One of the most dangerous places for your health is hospitals. Though hospitals are often necessary and save lives, it is best to keep your eyes open! Hospitals can be more dangerous than they appear. Below are that reasons you should keep your stay as short as possible.

1. Hospitals Make Mistakes … Lots of Them! – According to a Washington, D.C., report dated October 31, 2016, hospital safety breakdowns, including patient injuries, accidents and infections, kill **over 200,000** Americans each year, making these errors the third leading cause of death in the U.S.

2. Unsterile Instruments – One of the lowest paid and least-trained employees at the hospital is the person who is in charge of washing and sterilizing dirty instruments. They do not need a license to do their jobs, and in over 20 states in the U.S. a hospital that gets caught reusing dirty surgical instruments does not have to report it as an error. (It is not included in those medical errors described above!)

3. Wrong Drug or Wrong Dose – One of the most common medical errors overall is the administration of the wrong drug or the wrong dose, and these errors happen all of the time in the hospital. Actor Dennis Quaid was in the news a few years ago because his infant twins were administered a blood thinner about 1,000 times stronger than what the doctor prescribed. This created a life-and-death crisis which the babies survived. Quaid reported to *60 Minutes* the startling fact that his children got the wrong drug administered *twice.* This particular medication error is nothing new. It even had happened before at that same hospital, resulting in the preventable death of an infant.

4. Wrong Site Surgery – Wrong-site surgery should never happen!!! Yet it occurred 867 times in 2009, but it is likely this number is far too low since hospitals do not have to report this type of error. In fact, until 2009, Medicare continued to reimburse hospitals even for amputation of the wrong leg! From a simple process perspective, a remedy would have been for the physician to review the patient's medical file, meet with the patient in advance of sedation, agree on the surgery site, and mark it accordingly on the individual's body. So very, very basic, and avoids a catastrophic error.

5. Hospital Acquired Infections (HIAs) – Hospitals are so laden with germs that there is a whole new category of infection known as HAI or hospital-acquired infection. According to medical writers, an HAI is an infection "promoted by the hospital environment." This may be because so many germs are in the hospital or it may be a response to caregivers who do not wash their hands or inadequately cleaned equipment or tools. According to the Centers for Disease Control in Atlanta, about 99,000 Americans die of these HAI every year. While this is the number that actually die, it is NOT the number that develop infections resulting from their hospital stays.

According to Consumer Report statistics, the infections are broken down as follows.

About **650,000** patients each year develop a HIA. So, on any given day, about one of every 25 hospitalized patients is infected while in the hospital. The most common types of infections that patients get in the hospital are pneumonia and surgical site infections.

A. Central-line associated bloodstream infections (CLABSIs**)** – Central lines are catheters, or tubes, used to deliver fluids, medication, and nutrition to patients. Bloodstream infections are caused by a mishandling of those central lines and are the most deadly kind of hospital-acquired infection. Our data is based on CLABSIs that affect patients while they are in a hospital's intensive-care unit (ICUs).

B. Surgical-site infections (SSIs) – These are surgery-related infections that occur on or close to the skin surface, deeper in the body, or in any part of the body that is opened and manipulated during surgery. They are counted in our ratings if they occur within 30 days of the surgical procedure. All of the states in the U.S. report data on surgical-site infections that occur after one or both of the following procedures: colon surgery and abdominal hysterectomy.

C. Catheter-associated urinary tract infections (CAUTIs) – These are urinary tract infections that are associated with the patient having an indwelling urinary catheter (tube inside the body inserted in the bladder) and are diagnosed based on the patient's symptoms, as well as urinary tract infections without symptoms that have caused a bloodstream infection, within 48 hours of insertion of the catheter.

D. Methicillin-resistant Staphylococcus aureus (MRSA) infections – MRSA is a type of staph bacteria that is resistant to many antibiotics. In a healthcare setting, such as a hospital or nursing home, MRSA can cause severe problems such as bloodstream infections, pneumonia, and surgical site infections. Hospitals must report all MRSA bloodstream infections that start in the hospital and that are identified by lab tests.

E. Clostridium difficile (C. diff) infections – C. difficile is a common cause of antibiotic-associated diarrhea and, in rare cases, can causes sepsis and death. Antibiotic overprescribing, improper room and equipment cleaning, and poor hand washing in hospitals are the leading causes of infection. Hospitals must report all C. difficile infections that start in the hospital, with the exception of hospital locations with mainly infants.

6. Dysfunction – Most hospitals are notoriously dysfunctional. This ranges from poor communication to a "bullying culture."   For instance, a nurse who notices a patient in distress may hesitate before pointing it out to an arrogant, overbearing physician. It has been reported that many healthcare professionals "don't make waves," and prefer to keep silent if they notice a surgical mistake or a wrong drug, for fear of irritating certain physicians or bringing up issues that discredit their hospital.   In example, in Great Britain, a study was done in 2013 that reflected that 25% of physicians and 33% of nurses said that bullying in the hospital led them to do things, or not do things, that were bad for their patients.

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II. Is there any difference between one hospital's approach to safety and another's focus on safety?

Many hospitals consider patient safety their top priority. They typically have strong medical teams that work together to ensure strong lines of communications between the hospital staff, patients, and families. Conversely, there are hospitals that have dysfunctional teams that experience many medical-related issues. Clearly, all hospitals are NOT all alike.

III. Is there a group that has made a significant difference in hospital safety in America?

Founded in 2000 by large employers and other purchasers, **The Leapfrog Group** is a national nonprofit organization. The flagship Leapfrog Hospital Survey collects and transparently reports hospital performance, empowers purchasers to find the highest-value care, and gives consumers the lifesaving information they need to make informed decisions.

In late 2016, Leapfrog established the Leapfrog Hospital Safety Grade, driving American healthcare quality and safety giant leaps forward. In this initiative, letter grades A, B, C, D, and F were assigned, based on an extremely elaborate set of criteria and algorithm, to more than 2,600 U.S. hospitals based on their record of patient safety. These scores are adjusted biannually and have become the "gold standard measure" of patient safety in the United States. This grading system assists consumers in protecting themselves and their families from errors, injuries, accidents, and infections. Below is the breakdown of the 2,633 hospitals evaluated:

- 844 (32%) hospitals earned an "A"
- 658 (25%) hospitals earned a "B"
- 954 (37%) hospitals earned a "C"
- 157 (6%) hospitals earned a "D"
- 20 (1%) hospitals earned an "F"

According to Leapfrog President and CEO Leah Binder, "In the fast-changing healthcare landscape, patients should be aware that hospitals are not all equally competent at protecting them from injuries and infections. We believe everyone has the right to know which hospitals are the safest, and encourage community members to call on their local hospitals to change, and on their elected officials to spur them to action. States that put a priority on safety have shown remarkable improvements."

The Leapfrog Hospital Safety Grade is calculated by top patient safety experts, peer reviewed, fully transparent, and free to the public. A full description of the data and methodology used in determining grades is available online at **www.hospitalsafetygrade.org**   Visitors to the website can also find videos, tips for patients, and a Leapfrog Hospital Safety Grade mobile app for IOS and Android devices.

IV. Do you know your hospital safety score?

It is easy to determine hospital safety in your community by accessing the website shown above. This website enables you to input your city/state, along with a broad mileage radius.

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Note: It's important to review area hospital safety information periodically, as these scores change based on their recent safety scores.

V. *For those that want another hospital safety reference, does Consumer Reports have a rating or scoring scale? What is the basis of they used for hospital safety scoring?*

Yes. Consumer Reports created a hospital safety scale that combines five categories into a score between 1 and 100. Data most recently available from the Centers for Medicare & Medicaid Services include: **Mortality**, **readmission**, and **scanning** for patients 65 or older; **communications** to all adults; and **infections** in all patients.

1. Mortality represents the chance a patient who has had a heart attack, heart failure, or pneumonia will die within 30 days of admission or the chance that a surgical patient with serious complications will die in the hospital.

2. Readmission represents the chance that a patient is readmitted to a hospital within 30 days of initial discharge.

3. Scanning reflects the percentage of chest and/or abdominal CT scans that are ordered twice for the same patient, once with contrast and once without.

4. Communication indicates how well staff explain medications and discharge planning to patients.

5. Infections reflects a hospital's success in avoiding infections from central-line and urinary catheters in intensive care units and infections after certain surgeries.

VI. *Do patients have any responsibility in their own hospital safety?*

YES. If you see something, say something. It may not only save your life, it could also save someone else's life by bringing the health risk to the hospital administration's attention.

When you go to the hospital it is important that you prepare, listen carefully, and speak up when you are uncomfortable. YOU need to make sure your care experience is as safe as possible.

VII. *How can patients take part in their own hospital safety?*

Absolutely. Patients should be as proactive as possible during their hospital stay. Below are a number of actions that help to mitigate some of the risk with infection and medication errors.

1. Be prepared. Before your visit, think about and write down any questions you have.

2. Be alert and say something. During your hospital stay, you or your companion should take notes to keep track of what's happening. Examples:

A. Make sure every person caring for you washes their hands first. A way to bring this up if the individual fails to wash their hands, "Perhaps I missed it, but did you wash your hands before beginning?"

B. Ensure that the medications are indeed for YOU. The medical professional should validate your name and date of birth prior to offering the medications to you. They should ask you your name/birth date or validate information by looking at your hospital admittance bracelet.

    i. Ask about the medication. If unfamiliar to you, ask a question similar to, "I know you care about safety, and it is important to me to know what I am taking. Could you tell me the type of medication you are giving me and what it is for?"

    ii. If you are still uncomfortable with the answer, ask more questions or have them STOP until you are comfortable!!!

VIII. Assuming patients have researched their doctors and hospitals where they have privileges, should they speak with each if they remain anxious about medical errors and safety?

Prior to discussions with doctors or hospital personnel, patients should have reviewed information available on doctors, including the hospitals where the doctor has privileges. Read both hospital reviews and reports such as The Leapfrog Hospital Safety Grade or Consumer Reports Hospital Safety Score. Determine pervasive medical errors that may potentially impact the individual. If concerns remain:

1. Ask what happened. Dig deeper to get an understanding of what went wrong and why, and

2. Ask what the doctors, nurses, and hospital are doing to keep the error from happening again.

IX. Is there a support group available for patients that have been involved in medical safety issues?

Yes. An organization founded to assist those that experienced a medical safety issue or effort, **Medically Induced Trauma Support Services** (MITSS), assists in healing the relationship between clinicians and patients. MITSS also provides insights to the public to prevent these types of errors from occurring again.

X. What are the benefits of a patient advocate and do you need one?

Typically, when you need medical care, you are not at your best, either physically or emotionally. At times, you may be under medication.   As such, it is appropriate to have a person that can watch out for you and can help manage your care while you are in the hospital. This reduces the stress on your family members and permits you to focus on recovery.

If you believe your condition warrants it, speak with your doctor to determine see if your hospital has a patient advocate.

References:

About The Leapfrog Group
Leapfrog Hospital Safety Grade
Consumer Reports