

Hospital group to detail safety plan Initiative aims to improve care and reduce errors

By Liz Kowalczyk, Globe Staff | January 26, 2005

The Massachusetts Hospital Association is expected to unveil an ambitious program today to improve patient safety in the state's 105 hospitals, including public posting of nurses' workloads at individual hospitals and the number of hours each day they spend directly caring for patients.

The association's program is voluntary. But hospitals that sign a pledge to participate in the "Patients First" initiative agree to about 20 goals, such as regularly discussing patient safety at hospital trustee meetings and submitting their nurse staffing plans to state public health officials yearly. The association, which is a trade group run by hospitals, plans to report on a new website which hospitals have enrolled and their progress toward the goals, hoping that the public pressure and scrutiny will help motivate hospitals to participate.

Thirty-one hospitals have enrolled in the program so far, which the association planned to discuss today during a news conference at Dana-Farber Cancer Institute, joined by the Massachusetts Organization of Nurse Executives.

Amid a growing body of research on the causes of medical errors and continually rising healthcare costs, US hospitals are under increasing pressure from businesses, insurers, legislators, union members, and private healthcare organizations, all looking to hold hospitals and doctors accountable for how well -- or poorly -- they care for patients and force improvements. Many of these groups have proposed or implemented their own patient safety measures.

In Massachusetts, hospitals are fighting a bill backed by the Massachusetts Nurses Association, a statewide union, that would require a minimum number of nurses per patient. While individual hospitals are implementing some safety programs, hospital association executives said the group's members want to reassert a leadership role and promote a slate of specific safety programs and measures they think will best improve patient care.

"Our frustration is that everyone else talks about their flavor of the day" for improving safety, said association president Ronald Hollander. "We can't just say that's the wrong way to do it. We have to step forward and say what's right. We're going to be leaders."

Dr. Lucian Leape, a Harvard School of Public Health professor and nationally known patient-safety researcher, said that the hospitals "are not just putting out a bunch of platitudes."

"The things they've chosen are real-world and important," he said. "Staffing ratios are a big bone of contention. Clearly the hospitals want to avoid having it regulated. But if they can do it themselves, that's fine. Patients have a right to this type of accountability. A year from now, we have the right to ask the hospitals what they've accomplished."

A number of the association's initiatives already have been developed by other groups, and some hospitals already participate in them. The freshest parts of the Patients First initiative involve improving nursing care, which researchers say is key to preventing medical errors in hospitals. Nurses administer most medications to patients, are usually first to notice a patient's condition deteriorate, and often have a bird's eye view of poor decisions made by doctors, making a sufficient number of well-rested nurses crucial.

Hospitals that sign the pledge agree to post annual staffing plans on all units, such as intensive care and medical/surgical, on the association's website, and submit them to the Department of

Public Health. They also will report any variations from the plan and reasons for them. They pledge to eliminate mandatory overtime for nurses, except in rare emergencies. And they will report publicly three patient-care measures -- to be chosen by an expert panel -- that researchers say indicate the quality of nursing. One of these measures is how many hours a day a patient can expect direct care from a nurse at a specific hospital in a specific unit. Hospital executives argue that this is a better measure of nursing quality than ratios, since ratios don't tell patients whether the nurses are spending time with patients or completing paperwork.

The Massachusetts Nurses Association called the hospital initiative woefully inadequate. The union's bill would require hospitals to post a minimum legal number of nurses per patient in their units, and allow patients to report violations to state public health officials.

"Our proposal allows patients and families to directly enforce the standard," said Julie Pinkham, the nurses' association's executive director. "Theirs is like the fox guarding the chicken coop." Other parts of the hospital association's initiative already exist, but the group hopes to push more of its members to participate. For example, the Leapfrog Group, a coalition of some 160 large healthcare purchasers, publishes hospital-by-hospital ratings that include whether each hospital has computer order entry to help reduce medication errors. But 13 Massachusetts hospitals did not respond to the group's most recent survey.

Hospitals that sign the Patients First pledge not only agree to cooperate with Leapfrog, but also vow to participate in the Institute for Healthcare Improvement's campaign to save 100,000 patients from fatal medical errors in the next 18 months. The nonprofit health care organization based in Cambridge is enlisting hospitals to improve in six areas, including deploying a rapid response team to examine patients at the first sign that their condition has declined and preventing surgical site infections with three steps, including giving patients antibiotics before their operations. The group will report on its website which hospitals sign up and will monitor their progress.

Dr. Donald Berwick, institute president, said the hospital association's initiative is "pretty bold for a trade association. Most hospitals do want to improve but they have trouble knowing how."

In cases where health plans use hospital performance measures to determine fees, or when regulators use them to license or accredit hospitals, then objective outside evaluation is necessary, he said. But in this case, Berwick said, the hospital association can have an important role in motivating its members.

"One question is if the association gives hospitals technical assistance to match the rhetoric," he said. Hospital association executives said they are considering expanding staff to help hospitals fulfill the Patients First improvements.

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