

Law Will Require Hospitals To List "Avoidable Mistakes" On Web

A new law is taking effect that will require New Hampshire hospitals to report avoidable mistakes to the public. It's something the family of Carol Scaison, a 57-year-old mother from Danville, NH who spent the last days of her life as a paraplegic and blind, belief is over due. The family's attorney alleges her condition resulted from a mistake at a local hospital.

Attorneys for the family said that after cancer surgery at Catholic Medical Center in Manchester, Scaison needed a breathing tube, a routine procedure that they say was done wrong. "The tube went in the wrong pipe, the food pipe," Hutchins said. "It was there for five-plus minutes. She suffered the brain injury."

Attorneys for the hospital said the procedure was performed correctly, that the tube was properly in her trachea and that Scaison "experienced an adverse reaction to the procedure and went into cardiac arrest." Scaison died two years later. A medical malpractice panel in Brentwood is scheduled to hear the case. After that, it will make a non-binding ruling. A lawsuit is still scheduled to go to a jury trial this summer.

Some advocacy groups claim mistakes in hospitals have been kept secret, keeping the public in the dark. The reality is New Hampshire has few hard numbers on things such as mistaken medication or surgical errors.

Rep. Peter Batula has worked through what he calls heavy resistance to pass two bills that will require hospitals to report medical mistakes and hospital-acquired infections. In 2009, for the first time, the state started collecting infection reports from 26 New Hampshire hospitals that will eventually be posted for the public. The state is also collecting reports of medical mistakes for eventual public viewing, meaning that soon, consumers can compare hospitals before they go. New Hampshire will join dozens of other states that already require public hospital reporting.

The problem, Steve Ahnen, president of NHHA, offers is that there is no single national guideline of how to report a medical mistake. One hospital may have stricter standards for medication errors and end up looking worse on the public report card than a hospital with lighter standards. "Trying to make certain we do it as accurately as possible is essential, which is why we have spent as much time as we have trying to help clarify and define how these conditions get counted and how they get reported," he said.

Despite accusations of secrecy among hospitals, the association said public reporting will be a good thing for consumers and for hospitals, who can then find

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ways to improve and add to safety steps they have already taken. The state said it could start posting hospitals' infection rates in about six months. There is no word yet on when the first reports of hospital mistakes could be posted.

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