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NEWS Paralyzed Man Stands and Steps With Epidural Stimulation

Continual direct epidural stimulation of the spinal cord and extensive task-specific locomotor training enabled a young man paralyzed below the waist to stand up from his wheelchair and bear his full weight with assistance provided only for balance. With continuous epidural stimulation, the patient, Rob Summers, now 25 years old, also took a few assisted steps on a treadmill and has recovered some voluntary leg movement. This approach, tested extensively in animal models of spinal cord injury, "might reactivate previously silent spared neural circuits or promote plasticity," investigators say in their report published online in "The Lancet". **(continued on next page)...**



NATIONAL New Tool Reveals 90% of Hospital Errors Are Overlooked



A new comprehensive hospital review method called the Global Trigger Tool was recently put to use in a study conducted by University of Utah researchers. The report, published in the April issue of Health Affairs, states that the actual error rate at most hospitals is ten times greater than previously assumed. Most hospitals throughout the United States rely on voluntary error reporting systems that use records on patient charts to track safety problems and error rates. While these systems are recommended by the U.S. Agency for Healthcare Research and Quality (AHRQ), the Global Trigger Tool found that around 90% of hospital errors are missed by AHRQ's methods.

In the study, AHRQ's error reporting tools and the Global Trigger Tool were both applied to 795 patient records. The Global Trigger Tool found a total of 354 errors, while the AHRQ methods only reported 35. The most commonly identified errors were medication errors. Surgical errors, non-surgical errors, and errors in treating common infections followed. The researchers pointed out that the 354 errors reported by the Global Trigger Tool still represent a conservative number, since medical records, no matter how thoroughly reviewed, can never identify as many errors as real-time, direct observation. Medical malpractice attorneys like Colling Gilbert Wright & Carter of Florida are experienced in bringing to light serious errors that often escape established error reporting systems.

Dr. John Birkmeyer, director of the Center for Healthcare Outcomes and Policy at the University of Michigan, states that he was unsurprised by the study's findings and admits that the Global Trigger Tool is a "significant step forward." However, he doesn't hesitate to level some constructive criticism at the tool, noting that the system may be picking up on unimportant factors, rendering it too sensitive. He also points out that the majority of the errors that were identified were the least severe types of hospital errors. "[It] is probably not the best tool for giving patients information about the quality of a hospital," he states, going on to insist that the data should be ranked to take into account the measurable consequences to patient health.

Still, the Global Trigger Tool sheds light on the high percentage of medical error cases that continually fall through the cracks at hospitals. While the tool requires more time and resources than other reporting methods, if it is made part of established electronic medical record systems, it could be easily integrated into hospitals. Classen asserts that the tool should become a "standard measure of safety" in United States hospitals. "The more you look for errors, the more you find," he says. "We need better measurement systems to assess how we are doing in patient safety." *By Allison Miller, www.page1communications.com.*