# Critical Care Nurses Say: Silence Kills

VitalSmarts, an industry group representing critical care nurses, has issued a paper concerning reasons why people get sick in hospitals.

The study, entitled "Silence Kills: The Seven Crucial Conversations for Healthcare," notes that each year one in 20 patients in hospitals will be given the wrong medication, 3.5 million people will get an infection unnecessarily, and 195,000 will die because of mistakes that were preventable while they were in hospitals.

The researchers listed the following seven items of greatest concern:

1. Broken rules. 84 percent of physicians and 62 percent of nurses see co-workers taking shortcuts that could be dangerous to patients.

2. Mistakes. 92 percent of physicians and 65 percent of nurses and other clinical care providers work with people who have trouble following directions.

3. Lack of Support. 53 percent of nurses and other clinical care providers report that 10 percent or more of their colleagues are reluctant to help, impatient, or refuse to answer their questions. 83 percent have a teammate who complains when asked to pitch in and help.

4. Incompetence. 81 percent of physicians and 53 percent of nurses and other clinical care providers have concerns about the competency of some nurses and other clinical care providers they work with. 68 percent of physicians have concerns about the competency of at least one physician they work with.

5. Poor Teamwork. 88 percent of nurses and other clinical care providers have one or more teammate who gossips or who is part of a clique that divides the team.

6. Disrespect. 77 percent of nurses and other clinical care providers work with some who are condescending, insulting, or rude.

7. Micromanagement. 52 percent of nurses and other clinical care providers work with some number of people who abuse their authority.

The number of physicians who were concerned about another physician's level of competence is 61 percent. Doctors see another doctor do something dangerous at least once a month 21 percent of the time.

Needless to say, the people who work in hospitals are in a position to observe what really goes on.

This information is consistent with recent revelations by Pennsylvania's Patient Safety Authority. The first Patient Safety Authority in the country, created in March of 2002 in response to an Institute of Medicine recommendation in 1999, has reported 84,000 serious events and incidents between June and December of 2004. These fall into a variety of areas, some more serious than others, but in all cases either compromise patient safety or have the potential to compromise patient safety.

It is interesting that even given the increasing danger that patients face in hospitals, the trend in payments for malpractice claims against doctors and medical care professionals has turned sharply downward, according to a February 22, 2005, article in *The New York Times* by Joe Treaster and Joel Brinkley. *The New York Times* reporters relied upon statistics compiled by the United States Department of Health and Human Services.

As this author has said previously, in 2000 underpricing and other market conditions began to push up prices in medical malpractice insurance premiums. At the same time, the much larger world of commercial insurance, according to the Treaster-Brinkley article, was also going through a cycle of higher prices accelerated by the September 11th terrorist attacks, which cost insurers $40 billion and accelerated the upward pressure of the latest premium cycle.

Another fact we have strongly asserted has also been borne out by government statistics: the rise in medical malpractice insurance premiums has no correlation to the rise in claims. According to the National Practitioner Databank of the Health and Human Services Department, the total paid out by insurance companies for claims against doctors and other medical professionals rose 3.1 percent annually, on average, between 1993 and 2003 and then declined last year. This increase is, of course, must less than in other lines of insurance and commodities in general.

Martin D. Weiss, Chairman of Weiss Ratings, Inc., an independent financial rating agency and researchers at Dartmouth College, who separately studied data on premiums and payouts for medical mistakes in the 1990's and early 2000's, indicated they were not able to find a meaningful link between claims payments by insurers and the prices charged by doctors.

Medical malpractice insurance premiums are driven by medical malpractice. Only when we get a handle on the catastrophe of medical errors and problems are we going to see a drop in the insurance premium. Even that is not likely to happen so

long as the medical malpractice insurance industry remains the only unregulated insurance market in the country.

Caps on damages may be a reward to big industry that has given a lot of political action money, but it will do nothing to benefit doctors or their patients.

According to an article in *USAToday* published March 2, 2005, the nation now has 800,000 active physicians, up from 500,000 twenty years ago. States like Pennsylvania and New York have more doctors than the United States at large. Doctors per 1,000 of residents in the United States is 2.6, but in Pennsylvania that number is 2.9, and in New York it is 3.9. Congress controls the supply of physicians by how much federal funding it provides for medical residencies, the graduate training required of all doctors. In 1997, to save money and prevent a doctor glut, Congress capped the number of residents that Medicare will pay for at about 80,000 per year. The United States stopped opening medical schools in the 1980's because of the predicted surplus of doctors. Now the Association of American Medical Colleges admits that their predictions were an error and they permitted too few doctors to be trained.

Once again, we see bad, private and government policies leading to fewer doctors that need to be trained in this country.

It is time once and for all to stop blaming those who are hurt by preventable medical errors, and instead to reform the insurance industry, to reduce patient errors, and to develop a state and national policy that will create a culture of safety and compensation for those who deserve it.

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