



FIRST

Do No Harm

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Patient Care Assessment Division, Board of Registration in Medicine

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New Year's Resolutions

With the new year fast approaching, there is a lot of activity in the PCA Division, including several initiatives that will carry over into 2007.

It is our "New Year's Resolution" to continue making strides toward improving health care in the Commonwealth.

Some of our efforts include the issuance of three new advisories: Hydromorphone, sharing information under the Health Insurance Portability and Accountability Act, and suggested

reporting guidelines for Coronary Artery Bypass Grafts. We are also



moving forward with the medical spa task force and the credentialing panel. We are also beginning our process for online reporting.

More importantly, our resolution in the new year is to provide you with more valuable information and support for your quality improvement activities. We are focusing on making improvements that reflect your feedback and your suggestions.

As we enter the new year, please know that we are here to support your efforts and are available confidentially at any time.

Thank you for a great 2006 and we look forward to accomplishing great things together in 2007!

Chairman's Corner



This spring, Board Chairman Marty Crane asked me to lead his own special Board mission, the Patient Care Assessment Committee (PCA). Since then, throughout the summer and fall, I have traveled the State visiting hospital leaders, talking some and listening more. I have been the guest of our State's renowned academic medical centers, including UMass in Worcester and most of those in Boston. I have visited smaller institutions with all-star, multi-specialty champions of safety and quality, such

as Holyoke's PCA Committee Chair, Karen Ferroni, MD. Karen's leadership exemplifies Don Berwick's and Lucian Leape's anthem that "change masters" are an essential core ingredient as we forge the trail leading to a safety culture.

This issue of "FIRST" reports in greater detail on some of our PCA projects. Without exception in every visit, and many more phone conversations, it is evident that we all share a dedication to the mission of "crossing the quality chasm".

PCA is in the business of learning from errors. I have listened to my

hosts and see clearly that the major barrier to the PCA's success is in the framing of the question hospitals tell us they struggle with every day, "Is this an incident which is reportable to the Board?"

My survey convinces me that an overwhelming number of Massachusetts's physicians believe that such a confidential, anonymous report to the PCA is on the contrary, a "non-confidential, physician identifiable event directly jeopardizing their license to practice medicine."

This widely held perception, may

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PCA Update—Laparoscopic Injuries

The PCA Committee has recently seen a rise in adverse events related to laparoscopic surgeries. Reported injuries include lacerations and ligations of the common and hepatic bile ducts, perforations of the large and small bowel, and punctures of major blood vessels. The PCA Committee has also reviewed Major Incident Reports describing delays in diagnosis of these injuries with resultant delays in surgical corrective measures.

Seven years ago, the PCA Committee observed a similar trend and issued an Advisory to prevent problems with laparoscopic

procedures by heightening awareness of potential difficulties. The general suggestions issued then remain relevant for surgeons doing laparoscopic procedures and for the health care facilities in which they work. These suggestions include:

1. When appropriate, consider using the safer open technique with a blunt trocar insertion, rather than the closed needle/trochar technique with a sharp-pointed trocar insertion.

2. Do not be reluctant to convert a laparoscopic procedure to an open procedure when difficult anatomy or bleeding is encountered.

3. Be conservative in the use of

laparoscopy for lysis of adhesions.

4. When obtaining informed consent for a laparoscopic procedure, include a detailed description of all potential major complications that can occur during the procedure.

5. Develop “procedure-specific” credentialing for all physicians who do laparoscopic procedures.

The Committee will continue to work with experts, monitoring and reviewing such issues. Copies of all past alerts are available on the website. If you would like specific assistance, please do not hesitate to contact us.☺

New Health Care Facility Review Form

Beginning this month, when your facility receives its periodic review, you will notice PCA has initiated a new format for both our facility review and incident report analysis. These changes reflect our desire to streamline communication between PCA and health care institutions .

Several features of the new format are particularly noteworthy: the report both is easier to read and provides improved evaluation of both the performance improvement process and of the issues and concerns identified. In the new format, quality improvement activities are more easily viewed and their measurements more

clearly identifiable. As usual, summary details of each Major Incident Report are abbreviated for purposes of succinct communication and are now placed under easily-seen headings, making the whole report more readable.

With this new form, both the PCA Committee and the health care facility can more easily recognize areas where facilities have been successful at implementing change, as well as those areas identified by the Committee that deserve further attention. One of the goals of developing the new form has been to make analysis and aggregation of

information simpler, thus allowing PCA to recognize and distribute information on trends, early warning signs and best quality and safety practices to Massachusetts institutions.

The format is new, but not carved in stone or locked in Word®, and we welcome comments and suggestions. Those involved in producing Major Incident Reports and responding to health care facility reviews are particularly encouraged to participate in this quality improvement process.

If you have any questions or concerns, please let us know and we look forward to this new era.☺



Patient Medication Lists

The *Massachusetts Coalition for the Prevention of Medical Errors* has created a “patient medication list” that patients and their families can bring to medical appointments. This “patient medication list” is one tool that will help patients to become more involved in and informed about their medical conditions and treatment options. Involved and informed patients ensure a safer experience for both themselves and all their health care providers. Specifically, the list will:

- Assist the patient with discussion about medical history with his or her treating physician;
- Provide more complete and accurate information to the patient’s health care providers;
- Help patients and physicians track the patient’s medications, as well as herbal and supplement use; and

- Provide the patient’s healthcare providers with more complete and accurate information so as to avoid drug interactions.

Patients are encouraged to complete the list and bring it whenever medical care is sought, such as their physician’s office, pharmacy, nursing home, emergency room, and inpatient care.

In addition, patients can supplement this list with the help of their physician’s office, recording the dates of pneumonia and flu vaccines, recent hospitalizations, allergies, and existing medical conditions. Patients are also asked to learn more about the medications they are taking, such as why they are taking them, what the medication looks like, what time the medication should be taken and any potential side effects. Medications may also affect the activity and eating

plans the patient should follow.

If patients and their family members are unable to complete the list of medications, they can bring all the medications, including over-the-counter drugs, herbs, and vitamins with them to their next office visit. It is important to include over-the-counter medications, herbs, vitamins, and other dietary supplements, because these products can have interactions and side effects just as medications can.

Improving patient safety requires continuous learning and constant communication between patients and caregivers. To view and obtain a copy of the medication list, visit www.macoalition.org, complete it and carry it to every visit or interaction with the health care system, such as hospitals, doctors’ offices, and rehabilitation facilities. ~

Chairman’s Corner (continued)

be the single greatest barrier to catching and learning from the “never events” or better, far more common, “almost events” that we encounter daily. There is a growing consensus about the need to change our vocabulary. Words are powerful. The daunting term, “major incident report” should not invite celebration or collaboration, but should focus on a single mistake (after all, errors happen every day!). But its attention must

address what an institution has done to learn how it happened (“root cause”) and so armed, what process adjustments are consequently implemented to prevent a recurrence of this type of error.

I am proposing that the PCA discontinue the term “Major Incident Report” and instead begin asking our hospitals’ PCA partners to shower us with “quality reviews”. I have witnessed that these reviews

increasingly saturate the daily activities of Massachusetts’s hospitals.

In my travels I have learned of many of these efforts, and they are impressive! The Board’s PCA should collect, analyze and distribute globally what our hospitals have learned locally. It’s the only way.~

Dr. Herman is also Director of Clinical Services in and of Postgraduate Education in the Department of Psychiatry at MGH and Medical Director for Partners Health Care Employee Assistance Program.



Conflict of Interest Policy

It is the policy of the Patient Care Assessment Committee to ensure ethical standards relative to conflict of interest matters.

A few months ago, the Patient Care Assessment Committee re-approved a long-standing policy relative to conflicts of interest in oversight of health care facility reviews. This policy was affirmed by the full Board during a public meeting in July 2006.

In practice, this means that each member of the Patient Care Assessment Committee participating as a Patient Care Committee member in a particular matter, in which to his knowledge he, his immediate family or partner, a business organization in

which he is serving as officer, director, trustee, partner or employee, or any person or organization with whom he is negotiating or has any arrangement concerning prospective employment, has a financial or legal interest, shall disclose that interest immediately to the Committee.

Upon such disclosure, the Patient Care Assessment Committee Chair (or Vice-Chair if it is the Chair that has the conflict) shall thereupon either:

- (1) assign the particular matter to another member; or
- (2) assume responsibility for the particular matter; or
- (3) exempt the member from the proceedings; or

(4) make a written determination that the interest is not so substantial as to be deemed likely to affect the integrity of the services which the Committee and the Board may expect from the Committee member, in which case it shall not be a violation for the Committee member to participate in the particular matter.

Copies of such written determination shall be forwarded to the General Counsel of the Board of Registration in Medicine. Such copy shall be retained by the Board Counsel for a period of six years.

It is our hope that we can continue to make efforts that ensure the utmost integrity of our work in the PCA program.

Practice of Medicine

Several state medical boards are in the process of examining or updating their position on the practice of medicine via the Internet. To date, twenty-nine state medical boards have

issued a statement, rule, or guideline on this topic. Another fifteen have enacted legislation addressing Internet medical practice or Internet pharmacy operation. Information regarding state

medical board positions on Internet Prescribing can be accessed through the Federation of State Medical Boards' website at www.fsmb.org/ncip_resources.html.

Excellence in Patient Safety



A recent publication of the Massachusetts Medical Society's newsletter "Vital Signs", announced that Dr. Alice

Coombs, Vice-Chair of the our Patient Care Assessment Committee and the Assistant Secretary-Treasurer of the Massachusetts Medical Society,

received the 2006 American Medical Association Foundation Health Education Award for her efforts to reduce teenage smoking.

Dr. Coombs has been tremendously successful in preventing kids from lighting up. Her campaign entitled "Smoking-Don't Go There", places physicians in schools to talk to

children about the risks and dangers of smoking.

In addition to this important work, Dr. Coombs also is on the American Medical Association's Commission to Eliminate Health Care Disparities and the Massachusetts Legislature's Commission to Eliminate Racial and Ethnic Health Care Disparities.