

# First, Do No Harm

## Dangerous treatment practices highlight need for change

**HEALTHCARE COSTS** in the United States are increasing at staggering rates. In fact, last year's employer health insurance premiums increased by 5%, which is two times the rate of inflation.<sup>1</sup>

Have these increased expenditures resulted in improved outcomes? Hardly. Are the higher costs further evidence of a healthcare system focused on reacting to problems (corrective action), rather than preventing disease and illness?

Colon cancer is the second-leading cause of cancer deaths in the United States. To detect preconditions of this cancer and take steps (preventive action) to reduce its negative impact, screening for this condition has become a routine recommendation for those over 50.

I underwent a colonoscopy in November 2007 to screen for the cancer. I received some unexpected, extremely troubling news a few months after my visit to the clinic where the test was performed: There was a chance I had been exposed to HIV, the hepatitis B virus and the hepatitis C virus (HCV) during my brief stay.

HCV is the most common bloodborne infection in the United States. An estimated 3.2 million people are chronically infected with the virus, and there is no vaccine against it.<sup>2</sup> It remains asymptomatic for years in about 60% of cases.

The Southern Nevada Health District (SNHD) began conducting investigations in January 2008 and discovered that beginning in 2004, the Endoscopy Center of Southern Nevada (ECSN) and its sister centers had systematically implemented processes and practices that enhanced the potential for transmitting bloodborne pathogens between patients.<sup>3</sup>

The healthcare service provider apparently had deemed the implementation of basic infection control practices to be a wasteful cost. For instance, when patients needed more anesthetic, the nurses were using the same syringe to dip back into vials.<sup>4</sup> Figure 1 illustrates how the reuse of syringes could have transmitted the virus. Little money would be saved by reusing syringes, but reusing the medicine could save \$5 to \$10 per procedure, experts estimated.<sup>5</sup> In other

cases, bed pads were cut in half so one pad could be used for two patients.

Of the estimated 40,000 patients processed at the surgery centers between March 2004 and January 2008, the SNHD has verified seven cases of acute HCV infection genetically linked to their treatment. An additional 101 cases remain open—these patients are potentially infected with the virus. See a chronology of the events in Online Table 1 at [www.qualityprogress.com](http://www.qualityprogress.com).

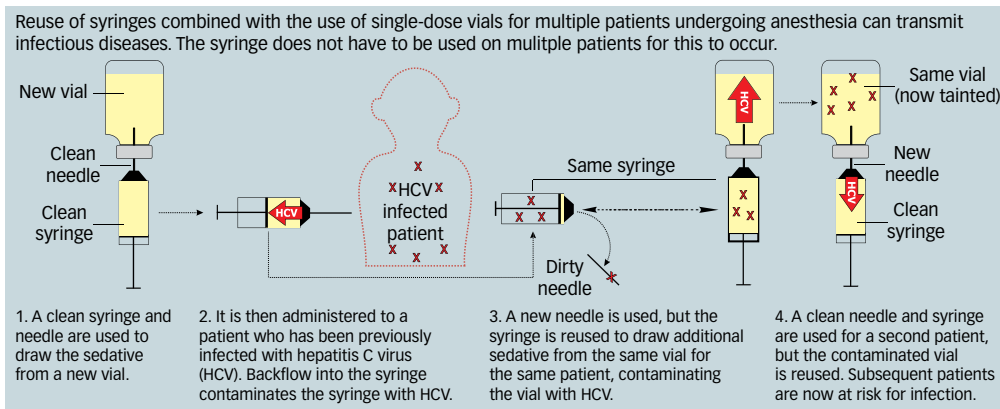
In a mass communication, SNHD began notifying patients who might have been infected and advised them to seek testing. The notification became the largest effort of this type in U.S. history. The U.S. Centers for Disease Control and Prevention recorded this as a 142% increase over nationwide notices in all of 2007.

After these discoveries, the state of Nevada inspected 50 other ambulatory surgery centers and found unsafe practices in 15 of them. Citations were issued, but the patients were not notified of these 15 because the risk was minimal. State

inspectors found that technicians who were not licensed were failing to follow the directions of the manufacturer to disinfect and sterilize instruments.<sup>6</sup>

Since the discoveries and investigations, the ECSN has been shut down, along with five sister clinics. Criminal investigations are underway, and the state's medical and nursing boards are investigating the situation, which some nurses say was triggered by the clinic owner's drive for

### Unsafe injection practices and disease transmission / FIGURE 1



Source: Southern Nevada Health District 2008

profit at the expense of patient safety.<sup>7</sup>

Among the arguments quality professionals can make for the benefits of a rigorous quality management system is the opportunity for sustainable cost control through the reduction or elimination of errors. Estimating sustainable cost control is an elusive number when compared with processes and practices that focus solely on short-term production costs.

Using my own situation, including the costs covered by my health insurance provider, my 2008 medical costs jumped at least \$1,000. That includes doctor visits and double testing due to the incubation period for HIV. The costs do not factor in lost labor—the several hours I spent standing in line at an overcrowded lab facility.

Assuming 50% of the 40,000 potentially infected patients incur a cost of \$500 for testing and doctor visits (a conservative estimate), another \$10 million in preventable costs will be incurred in this situation. This estimate excludes the costs associated with any lifetime treatments for those people who are actually infected with HCV. Because my involvement in the healthcare industry is as a customer and not as a technical expert, I rely on that industry and its regulatory and self-regulatory processes to meet “requirements not stated by the customer but necessary for specified or intended use, where known.”<sup>8</sup> That includes infection control and whatever specific process steps that encompasses, as shown in Online Figure 1.

To add to the process failures, both the Nevada’s regulatory and self-regulatory authorities suffered breakdowns. The state board of medical examiners was slow to implement a peer review of the medical licenses of physicians involved. Unfortunately, the lead investigative physician died during the investigation. He had been assigned to this task while he was suffering serious health conditions about which the board was aware.<sup>9</sup>

Furthermore, the Nevada Bureau of

Licensure and Certification had never conducted a routine, full inspection of the ECSN. When asked earlier this year to verify whether the licenses of the surgery centers had been suspended, revoked or canceled during 2008, the licensure bureau reported that the state had not retrieved ECSN’s actual Health Division License.

Additionally, both locations still appeared in the online facilities database. Following inquiries, the licensure bureau stated it would be “sending a request to close the facilities in our database.”<sup>10</sup>

### Become proactive

What can we learn from this troubling trail of events? Certainly, questions remain:

- How can a customer (patient) make judicious healthcare purchasing decisions in a system struggling to perform?
- How can a customer cross the administrative barriers of healthcare financing mechanisms (insurance) to get acceptable medical care with minimal risk?
- What can a customer do to promote a reduction in healthcare costs?

Answers for the quality professional to consider include:

- Pay attention to your instincts. This was a comment someone made to me during my inquiries on their experiences. If something smells like a nonconformity to reasonable practices, it probably is. I certainly heard warning bells during this journey toward the screening procedure, but I kept moving forward, assuming the system was functional at self-policing and regulatory processes were in place to add protective value.
- Use your quality radar in interactions with all medical stakeholders, especially those who are powerful and influential.
- Collect the facts about interactions that concern you.
- Use these facts to file complaints, however insignificant they may seem, with appropriate regulatory and self-regulatory organizations.<sup>11</sup>

- Make your voice for systems improvement known to your legislative representatives. After all, they work for you.

This year, the National Coalition on Health Care estimated the total national costs (lost income, lost household functioning, disability and healthcare costs) of preventable adverse events (medical errors resulting in injury) at \$35 billion a year.<sup>12</sup>

It is time for quality professionals, no matter their industry or expertise, to become more active in finding and implementing solutions to healthcare industry process weaknesses. **QP**

### ACKNOWLEDGEMENT

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### REFERENCES AND NOTES

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11. While I have concerns about healthcare vendors, I have not filed any complaints with the appropriate regulators.
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