



Hospital of Saint Raphael

A member of the Saint Raphael Healthcare System

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**WRITTEN TESTIMONY OF
ALAN KLIGER, M.D.
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HOSPITAL OF SAINT RAPHAEL
BEFORE THE
PUBLIC HEALTH COMMITTEE
Monday, March 1, 2010**

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**RE: SB 248, AN ACT CONCERNING ADVERSE EVENTS AT HOSPITALS
AND OUTPATIENT SURGICAL FACILITIES**

The Hospital of Saint Raphael opposes Senate Bill 248, An Act Concerning Adverse Events at Hospitals and Outpatient Surgical Facilities.

The Hospital of Saint Raphael embraces the value and importance of adverse reporting but must oppose Senate Bill 248 as the changes it proposes to the adverse event reporting system will not improve the quality of care delivered to our patients or improve patient safety. It is critically important that Connecticut have a system that fosters patient safety through the use of confidential reporting of adverse events in a non-punitive environment. We also do not agree with the proposed annual reporting of healthcare-associated infections, as it conflicts with valuable work already in progress by the Committee on Healthcare Associated Infections, which was established by statute in 2006.

The Hospital of Saint Raphael is committed to providing the highest quality care and utilizing "best practices" to improve patient outcomes. We constantly examine our processes to confirm things we do effectively, continually identify areas to improve, and implement the best methods to keep our patients safe. One of the cornerstones of this culture of patient safety is adverse event reporting by our staff and our community physicians. Every employee and physician is encouraged to report safety variances and quality of care issues. These reports can be anonymous, if the reported so chooses, to facilitate reporting that might otherwise be avoided by a reluctant staff member. We believe that mandated public reporting of such events will have the unintended consequence of "driving underground" such reports, impairing our ability to recognize and correct threats to our patients' safety. We take the current adverse event reporting system seriously -- be assured that in addition to changing hospital processes, we hold our employees and physicians accountable, we provide counseling and additional training to correct behavior and reprimand or terminate staff depending on the circumstances causing the adverse event.

time, and can be challenging when changing employee behavior, and yes, many patient safety initiatives, such as physician order entry, can be expensive, but patient safety is a priority and an investment we must all commit to. Hospitals have spent capital on patient safety initiatives at a time when access to capital is very limited. The imposition of fines, as proposed in SB 248, would only further reduce our ability to invest in additional safety measures.

We are confident that healthcare providers and legislators have the same goals - to decrease and prevent medical errors and to ensure that patients are safe and receiving the best quality care. Unfortunately, SB 248 is a disincentive to reporting events and improving patient safety. SB 248 proposes to eliminate confidentiality of reporting and impose fines. Connecticut's hospitals have worked hard to encourage reporting as a cornerstone of patient safety -- SB 248 is counterproductive to this goal. The primary purpose of reporting is to learn from the experience, not to impose sanctions and penalties. Confidential, non-punitive reporting systems serve the best interest of the patient by encouraging reporting of an adverse event which is the first step in taking corrective action. We ask that any changes contemplated to the current adverse event reporting system be carefully considered to ensure that they have the end result of improving patient care.

We urge the Public Health Committee to oppose Senate Bill 248. Thank you for your consideration.

