



**Testimony of Jeffrey Flaks, Executive Vice President and Chief Operating
Officer of Hartford Hospital
Before the Public Health Committee
Senate Bill No. 248
March 1, 2010**

An Act Concerning Adverse Events At Hospitals and Outpatient Surgical Facilities.

Good afternoon my name is Jeffrey Flaks, Executive Vice President and Chief Operating Officer of Hartford Hospital and I am here today in opposition to the amendments to Senate Bill 248 "*An Act Concerning Adverse Events At Hospitals and Outpatient Surgical Facilities*". This bill fails to make changes that improve the quality of care or safety for patients in Connecticut's hospitals.

The Hartford Hospital is absolutely committed to the prevention of adverse events as a cornerstone of our aspirations as a national leader in clinical excellence. We are committed as well to reporting and investigating such events when they do occur and, most importantly, to learning from these events with the goal of enhancing patient safety and preventing recurrences. Hartford Hospital embraces the importance of holding hospitals and providers accountable for the safety and quality of care that they deliver. We embrace the public reporting of adverse events as a critical tool in the effort to enhance quality and safety for our patients, but the changes proposed in this bill do not advance this objective.

Hartford Hospital has reported adverse events to DPH since 2002 and we have a robust process for the identification and review of potential adverse events. We involve all appropriate parties in these reviews from the staff level through top leadership.

Our safety culture is built within a non-punitive environment that encourages sharing, reporting, and learning. And our efforts are resulting in material quality improvement. We are, in fact, witnessing significant, demonstrable drops in patient falls with injury and hospital-acquired pressure ulcers. We place an unceasing focus on safety and quality within our institution. We begin each day with a quality and safety huddle of approximately 30 staff from all levels of the organization focused on assessing daily quality and safety performance and identifying opportunities for improving the care we deliver.



Hartford Hospital values transparency. For over two years every Thursday evening we have published on our website the Patient Safety and Quality Newsletter. Each week in this newsletter we highlight for our staff and for the public both our accomplishments supported by data and the ongoing challenges we face as we aspire to the highest levels of quality and safety. Our commitment is unquestioned and our progress is evident.

This bill proposes to eliminate confidentiality of reporting, impose fines, require the Department of Public Health (DPH) to conduct annual random audits, and require hospitals to report annually on the rate of healthcare-associated infections. Hartford Hospital identifies, reviews, and reports adverse events as a cornerstone of a strong safety culture, and these proposals are either counterproductive to those efforts or duplicative of work that is already being done.

Bill No. 248 proposes eliminating the confidentiality of reporting and imposing fines that are in stark contrast with the progressive non-punitive culture that Hartford Hospital and other acute care hospitals across the state are creating. Our improvement efforts are not based upon the desire to avoid penalties, but rather on identifying and sharing opportunities for improvement that are in our patients' best interest. Eliminating the confidentiality of reporting will not promote increased disclosure nor will it enhance the safety of our patients. In healthcare and other industries where safety is paramount there is a growing evidence base showing that confidential, non-punitive reporting systems do indeed encourage voluntary reporting and that this is essential in eliminating future adverse events.

Please note that Hartford Hospital embraces the release of additional hospital specific information on reported adverse events to the public. In fact, we believe that we have a unique opportunity at this moment in Connecticut to make a real difference in patient safety by proceeding with creating a system that increases our patients' awareness and leads them to an accurate understanding of these events. At the same time, by crafting a process where this event information and action plans are shared in a timely fashion, healthcare facilities could positively impact outcomes across the region. Senate Bill 248 is not designed to accomplish this.



Hartford Hospital passionately advocates for transparency, for empowering patients with accurate, actionable information, and for an environment in which institutions can rapidly disseminate best practice. We believe this can be done, that our patients deserve nothing less, and we would welcome the opportunity to make this a reality in Connecticut.

Thank you for your time and consideration.