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Letters to the Editor

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Letters to the Editor

Tracking Medical Errors

Dear Dr. Nash,

I read with interest your March editorial ("Tracking Medical Errors: Enter the Private Sector," March 2003) and agree with your viewpoint. However, I think you miss an important barrier to change.

There was an article in *The New York Times* a few months ago about improvements in mammography at Kaiser Permanente, Denver. Through a process-oriented reworking of their procedures, they were able to reduce their false negative mammograms from 30% to 10%. I was pleased to hear of this, but my next thought was that the contingency fee lawyers must be salivating and sharpening their fangs at the opportunities this offered to sue Kaiser and other radiology groups for failure to implement these new procedures, which would probably take months or years to implement elsewhere due to the complexity of it all.

The problem is not unique to mammography, and I think we need to devote extraordinary attention to tort reform at the same time we try to reduce errors, or the litigation generated by the improvement process will destroy us all.

William J. McAveney, MD

Leesburg, VA

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Dear Dr. Nash,

I read with interest your article on tracking medical errors and found the error reporting systems table to be a valuable reference. Unfortunately, I noticed that your table omitted the USP-ISMP Medication Error Reporting Program (MERP), which has been in successful operation for the past 30 years. The value of this voluntary confidential reporting program is that it not only collects and analyzes medication errors, near misses, and potential errors reported by frontline staff, but also disseminates proactive preventive safety strategies to practitioners, healthcare organizations, and consumers in a timely fashion. Also, errors related to a drug's name, labeling, and/or packaging are shared with the FDA and drug manufacturers so that safety improvements can be made.

Your table also categorized USP's MedMARx program under the Voluntary National Reporting Systems. Actually, this program is a fee-for-service medication error reporting program. Therefore, MedMARx should have been listed under the Proprietary Error Reporting Systems section.

Hedy Cohen, RN, BSN

Vice President

Institute for Safe Medication Practices

Huntingdon Valley, PA

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Letters to the Editor

Dear Dr. Nash,

Your editorial on the systemic character of medical errors in the recent *Health Policy Newsletter* struck a very sympathetic chord with me. I believe deeply that system design and pathology are responsible for much of what we interpret as individual incompetence.

John Kimberly, PhD
Professor of Management
University of Pennsylvania
Philadelphia, PA

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Volume/Outcome in CABG and PTCA

Dear Dr. Nash,

A one-page summary on the relationship between volume and outcomes? ("Volume/Outcome in CABG and PTCA: A Summary of the Literature," March 2003). Almost unheard of! You and your colleague, Ms. Moxey, succeeded in writing an informative article on an oft-opined topic with succinctness and brevity.

Michael T. Lundberg
Executive Director
Virginia Health Information
Richmond, VA

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ACGME Competencies: The Curriculum Challenge

Dear Dr. Nash,

I just wanted you to know how "right on" I thought your cover message was in the [December 2002] issue. I am still closely connected with a number of the QIOs [quality improvement organizations] around the country, and I have encouraged all of them to consider the kind of relationships they might establish in medical academia in support of the message you convey. Until we have a medical profession whose members are generally capable of thinking with a sense of system, one despairs that the kind of progress needed – both for those who use the system as well as those who work in it – can ever occur. Your message of priority and emphasis needs disciples everywhere in the medical education system.

David Buchanan
Nashville, TN

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Letters to the Editor

Dear Dr. Nash,

Your article is so timely and so on point. It's amazing that people are just now figuring out what's missing in traditional medical education!

Patricia Hoffmeir

Senior Vice President

Tyler & Company

Philadelphia, PA

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