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Former Leapfrog CEO joins monitoring firm

By: Jean DerGurahian



Former Leapfrog Group Chief Executive Officer Suzanne Delbanco has landed another executive position, this time heading a private company that has developed and is hoping to sell video systems to watch healthcare workers as they perform care.

Delbanco said that she is hoping to motivate patient-safety efforts as the new president of Arrowsight Medical, the newly formed healthcare division of Mount Kisco, N.Y.-based Arrowsight. The company develops Web-based remote video and viewing devices that are used to track compliance with quality procedures as staff perform them at the point of care. Delbanco, who founded the almost 8-year-old Leapfrog in an effort to promote quality initiatives among large employers, providers and health plans and has appeared on Modern Healthcare's 100 Most Powerful People in Healthcare rankings, stepped down from leading the not-for-profit organization last year.

Citing her work in developing strategies that create change in the healthcare industry, Arrowsight said Delbanco will help the new division roll out its video auditing patient-safety strategy across healthcare facilities. An Arrowsight spokesman declined to provide Delbanco's salary.

Hospital video auditing, as the company calls its product, monitors healthcare workers at patient bedsides and provides feedback reports to them to demonstrate how well they are complying with evidence-based safety measures.

Delbanco might have her work cut out for her. While video auditing is used in other industries such as meat processing, the concept of placing cameras in patient rooms and watching how providers conduct care is new to an industry already jumpy with the number of quality measures it is expected to perform.

Video monitoring is an attempt to exert control over patients and providers, said Robert Weinmann, a physician and former president of the Union of American Physicians and Dentists. In some cases—such as ensuring hospital beds are positioned at the correct angles or to determine whether there is a systematic

incorrect use of specific procedures—video auditing could be used as a safety device, but in general the monitoring will raise concern among physicians and nurses, he said. “Once video monitors are lurking from every corner, nurses and others will likely reduce elective encounters—they’ll do precisely what they’re supposed to do, nothing more. It’s called working-to-rule,” Weinmann said in an e-mail.

But the concept is meant to bolster individual control over patient-safety practices, not give a hospital any control over providers, according to Delbanco. Video monitoring contributes to a culture of safety; “part of the team culture is measuring performance,” she said. When team members see their collective performance increase, there is “enormous pride. That was a feature that sold me,” she said.

There is “a lot of noise” around patient safety in healthcare right now but many facilities have not found ways to ensure improvements are sustainable over long periods of time, Delbanco said. The video auditing is a chance to create that sustainability. “The feedback doesn’t go away. I think this has the opportunity to accelerate improvement in a leap-type way,” she said.

Video auditing refers to a system in which cameras are mounted in targeted locations to continuously capture specific clinical processes, such as observing handwashing and hand-sanitizing stations. Using digital video recording technology that is fed through a Web-based link, independent, third-party observers audit the recordings and provide reports on safety incidents.

The purpose of the feedback reports is to let providers have more control over their practices and behavior, Delbanco said. “There are certain practices you can really only measure if you watch.”

But relying too heavily on technology will not lead to better patient outcomes, according to Malinda Markowitz, co-president of the National Nurses Organizing Committee and the California Nurses Association. Increasing nurse-to-patient ratios and boosting education for nurses in facilities help reduce infection and mortality rates, she said. “It’s wiser to spend money on things like that.”