8th Annual
CEO Summit

Statement by Dr. Charles Safran to participants in the 8th Annual CEO Summit at the 17th Annual National Forum on Quality Improvement in Health Care, on December 13, 2005.

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I am pleased to introduce a new service called **Hospital Video Auditing,** which is designed to save lives and reduce costs. ADT and Arrowsight are bringing this service to healthcare as a new approach to patient safety, after having developed and proven sharp improvements to compliance rates of many business processes in other industries.

Currently being introduced through an IRB-approved program in the SICU of a Boston-based teaching hospital, Hospital Video Auditing is driven by Web-based technology that enables remote, third-party industry specialists to sample video observations of critical safety processes in areas such as ICUs, ORs and emergency wards. All the audited observations automatically produce web-based scorecard reports that include hyper-links to the audited video events. These reports statistically aggregate and score quality processes across multiple units and rooms and deliver this critical performance data to administration and clinical managers in a very easy to use reporting format.

> *Monitoring, measuring and maintaining healthcare's highest levels of patient safety and quality performance have always been the goals. Now, we will have the tools.*

But let me step back and tell you how I came to be here this morning.

I am a primary care internist, but my subspecialty is Informatics. I am currently Chair of the American Medical Informatics Association, the group of physicians and nurses who support healthcare transformation using IT. I think we can all agree that better information systems can save lives. But I would submit to you that such technology will solve no more than half of the patient safety and quality issues that concern us today.

Consider the 14,000 patients that acquire central line infections each year. They stay in the hospital 3 times as long, cost 3 times as much, and are 5 times more likely to die! The IHI Central Line bundle includes a simple checklist of observations including appropriate hand hygiene. Since 1847 we have known hand washing saved lives. In a Vienna Obstetrical ward, the nurse midwives had a 2% mortality rate compared with surgeons who would come directly from autopsies to deliver children with a 13% mortality.

AT THE 8th ANNUAL CEO SUMMIT: (L to R) Adam Aronson, CEO, Arrowsight with Dr. Donald Berwick, President and CEO, Institute for HealthCare Improvement Dr. Charles Safran and Dr. Mark Aronson, Professor of Medicine, Harvard University.

The reality is physicians still don't wash their hands as much as they should.

At our hospital in Boston, we hired special nurses to be present whenever central lines were being inserted. This works. However to achieve 24 by 7 coverage takes a lot of nurses.

The power of Hospital Video Auditing is that without requiring costly and limited onsite process monitoring oversight, the service can efficiently and practically cover a wide range of clinical and non-clinical processes that include: hand-hygiene, central line safety, surgical infection prevention, ventilator related safety and alarm responsiveness.

I know you are all thinking "Big Brother"; I did.

Unfortunately we live in an age of surveillance but I would ask you to consider four questions that can guide our ethical use of Hospital Video Auditing

- Is there an appropriate balance between the importance of the goal with the cost (privacy)?
- Have we considered or tried less costly alternative means?
- What are the Consequences of inaction?
- Are adequate steps taken to minimize costs and risks?

Hospital Video Auditing provides hospitals with a new model for improving patient safety and benchmarking best-of-care practices across a wide range of clinical and non-clinical processes—a near real-time tracking of performance and safety in high-risk clinical activities.

Video reporting and audits supply physicians, clinicians and administrators with safety-critical data that have, until now, been inaccessible using conventional approaches.

Remote viewing technology adds an important new dimension to the patient safety paradigm—continuous feedback for continuous optimization of performance so that we can provide the highest levels of safety for every patient, every day of the year.

When it's explained that the data serves a dual purpose of improving patient safety and supporting performance improvements—versus using the tool as a coercive method for detecting errors—Hospital Video Auditing transforms from a mechanism installed to parent physicians to a method for improving patient practices. So the service actually reduces stress, instead of adding it.

Dr. Berwick has called upon us to look to other safety-centric industry and to think outside of the box. Born in the childcare industry, refined in retail, and perfected in the food industry, ADT and Arrowsight are bringing to healthcare exactly this type of patient safety innovation.

Charles Safran is a primary care internist who has devoted his professional career to improving patient care through the creative use of informatics. He is currently an Associate Clinical Professor of Medicine at Harvard Medical School and on the staff of the Beth Israel Deaconess Medical Center in Boston, Massachusetts. He is Chairman of the American Medical Informatics Association and was previously Vice-President of the International Medical Informatics Association. Dr. Safran is co-Editor of the **International Journal of Medical Informatics** *and on the Health On the Net Foundation Council. He has over 150 publications and has recently testified for the U.S. Congress on Health IT. He graduated cum laude in Mathematics and holds a Masters degree in mathematical logic and a Doctor of Medicine from Tufts University.*