



# The Politics of Caring

## Medical Errors Bill Advances

In late July Congress saw some movement on legislation that would address the issue of medical errors. The Patient Safety and Quality Improvement Act of 2004 (S 720, HR 663) would establish a framework for the voluntary reporting of medical errors to entities known as patient safety organizations (PSOs) and create a national patient safety database within the Department of Health and Human Services to catalog these reports and identify trends in medical mistakes. Whistleblower protections are granted in both bills to protect nurses and other providers from retaliation for good-faith reporting of medical errors to PSOs.

The Patient Safety and Quality Improvement Act of 2003 had been stalled in the Senate for more than a year because of concerns about the relationship between PSO data and current medical malpractice discovery—the process by which individuals (lawyers) obtain facts to bring up a case. However, technical changes were made to the Senate bill that clarified the fact that the legal processes currently available to patients who wish to obtain evidence will remain unchanged. This opened the door to advancement.

PSOs could be run by states, local governments, or private organizations, as long as their primary activity is the collection and analysis of medical error data. Both bills state that the data reported to a PSO are privileged and shall not be subject to federal, state, or local civil, criminal, or administrative subpoena. Nor will it be subject to discovery in a federal, state, or local civil, criminal, or administrative proceeding.

The ANA supports the House and Senate versions of the Patient Safety and Quality Improvement Act because both promote a blame-free environment for the reporting and analysis of medical errors. The bills promote the honest reporting of medical errors and will help health care professionals build better systems. However, the ANA maintains that medical error reporting should be mandatory. In addition, the ANA has expressed to Congress the fact that improved staffing and the elimination of mandatory overtime are necessary to make real strides toward reducing medical errors. The bills must now go before a House–Senate conference committee and be voted on by both houses before they become law.

### More Facts on Medical Errors

A Colorado-based health data company, HealthGrades, released a report stating that as many as 195,000 people a year may be dying in U.S. hospitals as a result of preventable errors. This estimate doubles the previous figure released by the Institute of Medicine (IOM). The HealthGrades study included as mistakes the failure to rescue dying patients and the death of low-risk patients from infections—neither of which was included by the IOM. The company looked at three years of Medicare data in all 50 states and Washington, D.C. It found 1.14 million “patient safety incidents” among 37 million hospitalizations. Further information on this study can be found at: [www.healthgrades.com/aboutus/index.cfm?fuseaction=mod&modtype=content&modact=Media\\_PressRelease\\_Detail&&press\\_id=135](http://www.healthgrades.com/aboutus/index.cfm?fuseaction=mod&modtype=content&modact=Media_PressRelease_Detail&&press_id=135).

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## House Offers Small Increase for Nursing Education

On July 14 the House Appropriations Committee approved a funding bill that would provide a \$5 million increase for nursing workforce development programs administered by the Health Resources and Services Administration (HRSA). This could bring total fiscal year (FY) 2005 funding for Title VIII to \$147 million. The full House of Representatives was expected to vote on this bill in mid-September. The Senate is expected to delay action on it until after the November elections.

The ANA and the nursing community at large are asking Congress to provide at least \$205 million in FY 2005 funding for Title VIII. The ANA maintains that the need for this \$63 million increase is connected to the growing nursing shortage and the inability of current Title VIII funding to meet demand for nursing programs. A good example of this need is the National Nurse Corps. This program offers loan repayments and scholarships to RNs and nursing students who agree to work full time for at least two years in a health care facility deemed to have a critical shortage of nurses. In FY 2003, 8,321 nurses applied to the loan-repayment program, and 4,512 nursing students applied for the nursing scholarship. Unfortunately, because of the lack of funding, the HRSA could only approve 602 loan repayments and a mere 94 scholarships. Therefore, 92% of the nurses willing to immediately enter facilities hardest hit by the shortage were turned away from the corps, and 98% of the nursing students willing to work in these facilities upon graduation were also denied access to this new program.

The ANA urges you to contact your senators and representatives to support the full \$205 million request for FY 2005 funding. Drafts of e-mail messages to help nurses write requests, background materials, and other support documents are available here: <http://vocusgr.vocus.com/grconvert1/webpub/ana/ProfileIssue.asp?IssueID=36721House&XSL=ProfileIssue&hidLegislatorIDs>. ▼