Our Role in Reducing Medical Errors

by Linda Kloss, MA, RHIA, executive vice president/CEO

At press time, the culminating report of the Institute of Medicine's (IOM) Committee on Quality of Health Care in America, "Crossing the Quality Chasm: A New Health System for the 21st Century," had just been released. The IOM's earlier report estimated that medical errors cause between 44,000 to 98,000 deaths each year in America.[1] This astonishing number, exceeding common causes of death from diseases such as pneumonia and diabetes, captured headlines and the attention of Congress after the report's release in late 1999.

The new report is expected to propose far-reaching strategies and action plans for improving the organization, delivery, and financing of healthcare. It is likely that the adequacy of quality management and external accreditation processes will be publicly scrutinized in the months to come. Undoubtedly new national reporting systems recommended by the IOM, both voluntary and mandatory, will be hotly debated.

Systems Reform in Information Management

Medical errors will not be reduced by fiat. As the IOM points out, inadequate and ineffective systems are the cause of preventable errors, and only systemwide improvements will eliminate them. HIM professionals are only too aware of the pervasive system problems and how extraordinarily complex and costly they will be to mitigate. Changes will be needed in staff training and staffing levels, leadership and continuity, financing and incentives, and patient expectations. Of course, changes will also be required in how we capture and share information and how we use advanced information technology to prevent errors.

In our cover story, "HIM Professionals and Patient Safety: How to Positively Influence Change," Julie Holland addresses how HIM professionals can contribute by reassessing some documentation basics. According to Holland, "It behooves HIM professionals to do everything possible to assist health- care providers in ensuring that docu- mentation in the medical record is beyond reproach."

Quality Management: Contemporary External Perspectives

Some organizations are beginning to look to the quality management standards of the International Organization for Standardization (ISO) for guidance and are even seeking ISO certification. In "ISO 9001:2000—Setting the Standard for Quality Management," Myra Edelstein explains the ISO 9000 standards and their application to healthcare and HIM and provides Web resources for those who wish to continue learning about these standards and ISO certification.

"PEPP: Collaborating to Improve Quality," describes the latest Peer Review Organization initiative, the Payment Error Prevention Program (PEPP), which is certainly a focus for many of our HIM colleagues involved in coding and DRG management. And in "Winning 'Joint Commission Jeopardy': Tips for Success," HIM professionals on the front lines offer advice on preparing for Joint Commission surveys in psychiatric and rehabilitation hospitals and in clinic settings.

A Dynamic Professional Definition for HIM

The breadth of HIM practice is illuminated in the new professional definition described by Lynda Russell in "Not What We Were in 1928: A New Professional Definition." Russell chaired the Committee on Professional Development, which was charged with the daunting task of defining the HIM scope of practice in the new century. We commend and thank the committee for this important contribution.

I suggest that each HIM professional read and reflect on this definition, finding his or her own niche within the breadth of our expanding profession. While it is increasingly diverse, our dynamic field is grounded in common academic preparation and

values.

We may not be what we were in 1928, but our commitment to elevating the standards of clinical records remains our essence—and is our core challenge as we redouble our efforts to make healthcare safer and more efficacious for all citizens.

Note

1. Kohn, Linda T., Corrigan, Janet M., and Molla S. Donaldson, eds. "To Err is Human: Building a Safer Health System." Institute of Medicine, 1999.

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