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## **Hospitals Required To Start Reporting Mistakes**

### ***State Plans To List Mistakes, Infection Reports On Web Site***

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**MANCHESTER, N.H.** -- A new law is taking effect that will require hospitals to report avoidable mistakes to the public, something that some families said is long overdue. The family of Carol Scaison said that the 57-year-old mother from Danville, N.H., spent the last days of her life a paraplegic and blind -- all from what the family's attorney alleges was a mistake at a local hospital.

"This mistake went undetected for four to five minutes," said attorney Peter Hutchins. Attorneys for the family said that after cancer surgery at Catholic Medical Center in Manchester, Scaison needed a breathing tube, a routine procedure that they say was done wrong.

"The tube went in the wrong pipe, the food pipe," Hutchins said. "The food pipe, not the wind pipe. It was there for five-plus minutes. She suffered the brain injury." Court documents filed by attorneys for the hospital said the procedure was "correctly performed," that "the tube was properly in her trachea" and that Scaison "experienced an adverse reaction to the procedure and went into cardiac arrest."

Scaison died two years later. A medical malpractice panel in Brentwood is scheduled to hear the case through the end of the week. After that, it will make a nonbinding ruling. A lawsuit is still scheduled to go to a jury trial this summer.

Lori Nerbonne, of Bow, N.H., said her family also had to deal with the unexpected loss of a loved one.

"To this day, we do not know exactly what happened to our mother," she said. Nerbonne said her mother passed away after a visit to another local hospital. In her case, she believes the cause was a mistake with medication.

"We know there were errors made, but they refused to disclose the results of their investigation," she said.

Nerbonne later started an advocacy group called NH Patient Voices to push hospitals to be more transparent with what she said are avoidable errors, such as with medication and medical procedures.

Some advocacy groups claim mistakes in hospitals have been kept secret, keeping consumers in the dark.

According to the Institute Of Medicine, each year, hospital mistakes are a leading cause of death in America. But the reality is New Hampshire has few hard numbers on things such as mistaken medication or surgical errors.

Consumers wanting to compare hospitals have to rely on Web sites that publish Medicare statistics or information that hospitals volunteer.

"They want this thing moved on, kept in a drawer, don't tell the public," said Rep. Peter Batula, R-Merrimack. "This will bring it out in the open."

Batula has worked through what he calls heavy resistance to pass two bills that will require hospitals to report medical mistakes and hospital-acquired infections. In 2009, for the first time, the state started collecting infection reports from 26 New Hampshire hospitals that will eventually be posted for the public. The state is also collecting reports of medical mistakes for eventual public viewing, meaning that soon, consumers can compare hospitals before they go.

"These bills take out the secrecy," Batula said.

New Hampshire will join dozens of other states that already require public hospital reporting. As for why the Granite State took so long to get on board, the New Hampshire Hospital Association said the problem is a lack of reporting standards.

"We understand the desire for the pace of change to move more quickly," said Steve Ahnen, president of NHHA. "We share that concern."

Ahnen said that even today, there is no single national guideline of how to report a medical mistake. One hospital may have stricter standards for medication errors and end up looking worse on the public report card than a hospital with lighter standards.

"Trying to make certain we do it as accurately as possible is essential, which is why we have spent as much time as we have trying to help clarify and define how these conditions get counted and how they get reported," Ahnen said.

Despite accusations of secrecy among hospitals, the association said public reporting will be a good thing for consumers and for hospitals, who can then find ways to improve and add to safety steps they have already taken.

In the end, Nerbonne said, she believes hospitals could save money by weeding out bad care, and consumers will have the most important tool: information.

"It really empowers patients," she said. "Our health is the most important thing we have. If we're going in for serious treatment, we as consumers have a right to know which hospitals are doing better than others."

The state said it could start posting hospitals' infection rates in about six months on the Department of Health and Human Resources Web site. There is no word yet on when the first reports of hospitals' mistakes could be posted.

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