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# Controversial Report Renews Dialogue Among Health Care Professionals

by Thomas C. Meyer, MD, WMJ Medical Editor

Seldom has a report of the Institute of Medicine made a greater impact on the health care industry than its 1999 “To Err is Human, Building a Safer Health System.” While several of its findings have been questioned, the Institute must surely be gratified by the response of health professionals in their search to reduce the hazards that patients may experience during encounters with the health system in this country. The demands of managed care that the diagnosis and management of patient’s problems be dealt with in the speediest and most efficient way possible must surely have contributed to the slips and oversights by various members of the health care team—and provided much of the disturbing data that surfaced in the report.

Perhaps the most important outcome of the health care industry’s response, besides the reduction of errors during diagnosis and treatment, will be the fact that hospitals, doctors, nurses and others involved in patient care are talking to one another again— something that got lost during the earlier days of managed care. And we are finding once again that we can derive strength and benefit from information sharing and joint problem solving.

This issue of *WMJ* outlines some of the efforts to improve patient safety being carried out in Wisconsin. SMS President Raymond Zastrow discusses the role SMS is playing (p 13), and Catherine Frey (p 14) outlines the structure, goals, proposed actions and current recommendations of the Wisconsin Patient Safety Institute. Dean Farrell (p 51) discusses the Madison Patient Safety Collaborative and its plans to develop a clearing-house of “lessons learned” during the course of the intense meetings and data sharing by representatives of various competing healthcare organizations in Madison, including the 4 hospitals. Similar meetings are in progress in Milwaukee and other large cities - and we can all look to the Marshfield System for leadership and advice. As always, they are further along the path than many. It is our hope that the *Journal* will be able to publish some of the results of these efforts in the future.

Drs. Hajjar and Duthie’s thoughtful study of abuse of the elderly in Wisconsin (p 22) is both reassuring and disturbing. Reassuring in that the incidence of abuse is lower in Wisconsin than in the country as a whole, but disturbing because incidence

is as high as it is—and their findings indicate that incidence of elder abuse is rising. The possibility of abuse should, perhaps, take a more prominent role in our thinking when dealing with all elderly patients in our practices. Insinga and his colleagues (p 27) suggest that we should increase our suspicion index for malignant melanoma in patients over 65, and Drs Venugopalan and Schmidt present a small, but tidy, retrospective study of breast cancer screening in a rural community. They conclude that greater promotion if screening is necessary if the disease is to be diagnosed early (p 32).

Russell and her colleagues report the end-stage renal disease problems attendant on the increased survival of diabetic patients (p 35) with the concomitant increase in the cost of care of these unfortunate patients. Drs Stockhausen and Katcher provide a useful “tear-out-and-copy” patient information sheet to provide to parents of young children (p 39), as well as sage advice on anticipatory counseling for avoidance of burn injury in the home. Finally there are the abstracts of the Primary Care Research Forum held last year.



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