

Runaway corruption

Yet another sad day ("Feds say Ill. governor tried to leverage his position for top HHS post," *Daily Dose*, Dec. 9). I now contend that anyone who wants to run for political office truly believes it is the path to personal economic gain.

On the city, county, state and national level, the number of elected officials caught in these less-than-clever schemes seems to rise every year. I'm still in shock over the fact that our congressmen and congresswomen have given \$700 billion in "bailout" monies.

If convicted, please give Gov. Rod Blagojevich the maximum sentence allowed by law.

Floyd Wilson
President
Capital Investors
Huntsville, Ala.

The common 'fear'

John Cletcher's remarks quoted in the article ("Difference of opinion," Dec. 1, p. 13) clearly point out a common "fear" expressed by many in and out of healthcare. Specifically that any attempt to correct aggressive and disruptive behavior may be used to single out, for personal and vindictive reasons, practitioners for disciplinary actions without recourse or redress.

To say that the Joint Commission does not figure into the process as this is an individual local hospital issue is to invite inaction. It is also a continuation of an elitist, instead of a team-building, attitude and exclusion of all clinical staff in reporting such disruptive behavior and inclusion in resolution of this problem.

To equate surgical procedures with disruptive behavior as beneficial in a stagnant organization is a surefire recipe for doing nothing when the stagnation is in practitioners who think that there is no need for process improvement or at the least that patient-safety improvement begins and ends with the practitioners themselves.

It is clear that policing of physicians, nurses and other clinicians by their respective organizations on local or state levels has not been effective in the area of disruptive behavior. The fanning of fears of persecution is the real mud that we all have to wade through.

Lastly, let's not confuse hospital grievance committees with the honest effort by the Joint Commission and American Hospital Associa-

tion to foster a culture where people can work together to achieve collaborative and free communication of instances of disruptive behavior by all members of the healthcare team.

Jack Garcia
Registered nurse
Tarpon Springs, Fla.

'Pure folly'

Regarding the push by America's Health Insurance Plans to mandate coverage for all Americans ("AHIP reform plan pushes mandatory coverage," *Daily Dose*, Dec. 3): mandating such "coverage" without first defining what such coverage entails and includes is pure folly.

Many—most?—consumers have little idea of how poor their insurance coverage truly is until they actually need it. While I fully support attempts to expand coverage of our citizens, we must not continue to put the cart before the horse, as we are often wont to do.

Ken Maily
Maily & Inglett Consulting
Wayne, N.J.

Boondoggle blues

I am concerned about any plan that eliminates employer-based insurance, but promotes private insurance companies. What a boondoggle for the insurance companies. Who do these senators work for anyway? To eliminate the main way that Americans receive health insurance would guarantee system inefficiencies and potential corruption.

Peter Smith
Physician
Marshfield (Wis.) Clinic

Not time to cut IT out

This news demonstrates why health information technology is so critical ("Many hospitals will cut IT budgets, staff in '09: NAHIT," *Modern Healthcare Online*, Dec. 9).

Budgets are already tight, and these tough economic times are expected to "get worse before they get better," according to President-elect Barack Obama's recent statements. As resources dwindle in terms of human capital and funding, hospitals need to look to healthcare IT solutions to improve productivity and to help create more efficient processes.

Electronic health records and electronic prescribing are not the complete answer to the

problem. A change in the culture of America's hospitals must happen to improve patient care, reduce costs and reduce risks across the board. Advanced healthcare IT solutions, like radio-frequency identification devices, are needed to automate information gathering and distribution to the proper systems on the location of hospital assets, inventory, staff and patients, medications, laboratory samples and so forth.

This type of automation allows clinicians to be patient-centered, and eliminates human error, among its other benefits. The cost of operating hospitals is significantly reduced when staff is more productive and assets are easily located. Costly legal issues are also avoided with the additional decrease in risks and "never events."

While infrastructure for advanced healthcare IT solutions requires an initial investment, the case studies have shown rapid return on investment and long-term cost savings. Now is not the time to delay health IT initiatives. On the contrary, less money should induce expedited spending on innovative IT solutions that will reduce operating costs while increasing efficiency, productivity and safety.

Mika Lofton
Marketing communications manager
Dynamic Computer Corp.
Farmington Hills, Mich.

Add 'effective' to definition

This article and data merit a closer look as well. This is based on a single organization ("Rapid-response teams have limited impact on cardiac deaths: study," *Modern Healthcare Online*, Dec. 2).

Having a rapid-response team in a healthcare system alone does not impact patient-safety and quality outcomes. Having an effective team and a rapid-response team, or RRT, program that is utilized by staff is what it takes to "Move the Dot" (per the Institute for Healthcare Improvement). The service must be utilized at the earliest signs of patient decline.

As a 23-year healthcare professional, I recommend an unbiased approach to measuring RRT merit. We have to learn in healthcare to measure outcomes from a customer-service perspective as well. Look at patient outcomes, timeliness of intervention, impact on the healthcare system, staff and physician satisfaction, and retention. It's more than just life and death, isn't it?

Cynthia Jones
Clinical analyst
WakeMed Health & Hospitals
Raleigh, N.C.

