Transparency: How Much of a Good Thing?
About the Authors
Steve Rivkin is managing partner and Fraser Seitel is senior partner at Rivkin & Associates LLC, a communications and marketing consultancy which has handled assignments for more than 100 hospitals and systems (www.HospitalCrisis.net). Mr. Rivkin can be reached at 201-670-1370 or at steve@rivkin.net. Mr. Seitel can be reached at 201-784-8880 or at fraser@rivkin.net.

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The American Hospital Association’s Center for Healthcare Governance is a community of board members, executives and thought leaders dedicated to advancing excellence, innovation and accountability in health care governance. The Center offers new and seasoned board members, executive staff and clinical leaders a host of resources designed to progressively build knowledge, skills and competencies tailored to specific leadership roles, environments and needs. For more information visit www.americangovernance.com.
Transparency: How Much of a Good Thing?
Overview


From all corners of society—from government to corporate America to the media to health care—transparency has become a drumbeat for greater openness, candor and transparency. Consider:

In government:

- President Obama issued a memorandum for the heads of executive departments and agencies” on “Transparency and Open Government,” and then posted it on a White House blog. His message:

  My Administration is committed to creating an unprecedented level of openness in Government. We will work together to ensure the public trust and establish a system of transparency, public participation, and collaboration. Openness will strengthen our democracy and promote efficiency and effectiveness in Government.

- Then in July 2010, Department of Health and Human Services secretary Kathleen Sebelius launched a website aimed at providing more transparency about the health care marketplace, which has long been a quagmire for the average consumer to navigate. HealthCare.gov offers a health insurance search tool and information on health care consumer rights.

- Even political wannabes have caught the fever. One candidate running for U.S. Senate promised that she would be so “transparent” that her daily log of activities would be available for constituents to inspect. “When you’re working for the people,” she said, “they have a right to know exactly how you’re spending your time.” (Kirsten Gillibrand, D-NY, won the race, and became the first member of Congress to post her official daily meetings online.)

In corporate America:

- Google the words “transparency + corporation,” and you’ll come up with 48 million listings. (That’s a lot of drums beating.)

- Post-Enron, post-AIG, and post-meltdown, many publicly-traded corporations have reinvigorated the Securities and Exchange Commission (SEC) requirement that they disclose any information that might have an impact on their financial status, so that investors can make fully informed decisions. They’re revealing financial results within product groups or service lines, and augmenting explanations of everything from compensation to failed merger discussions.
• Following the lead of Herb Baum, former CEO of Dial Corporation and Quaker State, and author of a book titled *The Transparent Leader*, more corporations are creating written statements spelling out and encouraging open lines of communications and providing greater access to company information. “Transparency,” writes Baum, “is a long-term commitment of being honest and open in everything you do, and every industry’s consumers, shareholders, and activist groups are looking for it. Transparency is the new asset.”

In the media:

• CNN newsman Anderson Cooper agrees: “I think it’s a good thing that there are bloggers out there watching very closely and holding people accountable. Everyone in the news should be able to hold up to that kind of scrutiny. I’m for as much transparency in the news-gathering process as possible.”

• And then there’s WikiLeaks founder Julian Assange, the cryptic Australian who created an international firestorm by publishing online tens of thousands of items from a stolen trove of classified U.S. military documents related to the war in Afghanistan. “Transparent government tends to produce just government,” he claims. But when a British newspaper published parts of a Swedish police report detailing rape allegations against him, Assange claimed something else: “Transparency is for governments, not for individuals.”

In health care:

• Amidst a dreary economy that has squeezed every hospital and system, and with national reform looming, “transparency” has become part of the daily dialogue for hospital leaders.

• Of course, transparency is not really a “new asset” (as Dial Corporation’s Herb Baum called it) for hospitals. Eight years ago, for instance, most Wisconsin hospitals voluntarily began telling the public and their competitors the cost and the quality of the care delivered in their facilities. As *Kaiser Health News* observed, if you wanted to know how much treating a case of pneumonia or a heart attack costs at the local hospital and how well the hospital performed on a checklist of best practices for delivering that care, you could look it up on an easy-to-navigate website from the Wisconsin Collaborative for Healthcare Quality.

However, transparency, as you’ll see, is much more than disclosing the cost of treating pneumonia.

Based on two decades of consulting with more than 100 hospitals and health care systems, and countless conversations with hospital executives, trustees and medical staff leaders, we propose to explore transparency along these six venues:
1. How best to define transparency?
2. Who are its constituents?
3. How is it viewed by health care leaders?
4. What is the law of the land?
5. What are the benefits?
6. What are the risks?

And throughout this publication, and in examining a case study that could play out at your institution, we put this—the core—question on the table:

- If transparency is a good thing, then can there be too much of a good thing?

**A Definition**

Transparency is about being open, honest, and accountable in how you conduct your business and how you communicate.

A transparent organization demonstrates its integrity through the quality and reliability of information—financial and non-financial—that management provides to key constituents.

Or as one hospital CEO told us, “It’s basically trusting your people and your patients, and treating them like adults.”

Fair enough. But is it only “your people and your patients?” As the television infomercials like to say—“Wait, there’s more!”

**Constituents**

Every hospital has a number of constituent groups with whom it must communicate, and about whom it must be sensitive. Among them:

- Investors—Hospital bondholders have a clear right to know what’s going on in terms of the institution’s business and finances. Regular communication with investors is usually the best policy.
- Legislators—It also makes sense to keep on the right side of legislators, with periodic updates of how the hospital is doing.
- Patients—Patient transparency is a primary thrust of state and federal legislation, geared to advise patients about costs and quality ratings for specific services. For example, on the website for Thomas Jefferson University Hospitals in Philadelphia, PA, is a section about
“what to expect” when choosing Jefferson: “We believe that well-informed patients are able to make better choices about their healthcare providers and participate more fully in their treatment process. To help you learn more, there are several federal and state resources that can provide specific information on actual outcomes for a diagnosis or procedure at a specific hospital.” (See Transparent Information for Patients on page 16.)

• Caregivers—To accomplish anything in the hospital, you need the doctors and nurses and technicians with you—or at the minimum, not vehemently opposed to your wishes. Once again, regular communication is the best policy.

• Employees—With salary freezes and layoffs abroad in the land of health care, this particular public has become increasingly brittle, counter to current trends.

• Media—Like ‘em or not, the local media play a key role in most hospital communities. They’re the last public you need as enemies when you’re engulfed in a controversy and can be an ally in getting the word out and actually helping hospitals be more transparent.

• General public—The public should view the hospital as a community resource. Accomplishing that task demands regular communication and disclosure. (For examples of how hospitals in New York City and Durham, NC decided to lift the veil on error data and a possible conflict of interest, see Lifting the Veil on page 17.)

How Health Care Leaders View Transparency

We found several major threads in our wide-ranging conversations with hospital leaders in recent years. The first was a widely-held belief that, as we’ve just seen, to be transparent means being open and honest with multiple constituencies.

Beyond that, here’s what hospital leaders had to say, in their own words:

• “Transparency means open access to information and, by extension, knowledge transfer. Those with information and knowledge have the ability to make informed decisions and take appropriate action.”

This view suggests that the old adage “Knowledge is Power” certainly applies to transparency. In other words, the open sharing of knowledge can be a powerful thing.

• “It means a CEO needs to be slightly uncomfortable with the extent of sharing that occurs, until the culture is truly transformed.”

This observation takes “Knowledge is Power” to a higher plane, by suggesting that the open embrace of transparency can be a driving force in reshaping the culture of an organization. Perhaps your own organization would benefit by opening the blinds and letting the sun shine in.
• “It means we have a philosophy of a ‘no secrets’ environment.”

“No secrets” is perhaps the ultimate embrace of transparency; and as a philosophy, as a means of expressing a general point of view, it is unquestionably admirable.

But in the everyday life of the hospital, secrets do exist, and always will. Should a famous patient’s confidentiality be breached by someone talking openly to the media about her condition? Of course not. Should confidential board-level discussions about a possible merger with a crosstown rival be revealed to one and all? We don’t think so.

There have to be limits to openness and candor. “One man’s transparency is another’s humiliation,” says Gerry Adams, president of political party Sinn Féin in Northern Ireland.

The Laws of the Land

Health care, says Rep. Joe Barton (R-Texas), ranking GOP member on Energy and Commerce, is one of the few products in America that asks consumers to take on faith where to go to obtain it, and how much to pay for it. “We don’t even buy used cars like we buy healthcare in America,” says Congressman Barton.

In December 2010, David E. Williams, co-founder of MedPharma Partners and author of the Health Business Blog, upped the ante with this prediction for 2011:

• “The healthcare industry is tremendously opaque. Patients and doctors don’t know the price of medical services, while pharmaceutical and medical device makers maintain secret financial arrangements with physicians. That will change next year as employers and consumers embrace online price transparency tools, as companies begin reporting payments to doctors, and WikiLeaks exposes questionable dealings in the pharmaceutical industry.”

Well, we can’t speak to everything Mr. William crystal-balls, but the votes are in on “open pricing” as a tool for better consumer decision-making. Open pricing is now basically the law of the land.

• Forty-one states require hospitals to report hospital charges or payment rates publicly, either through posting them on the hospital’s website, in a government or hospital association report, or upon request.

• Some states also have adopted some form of health care price transparency for prescription drug manufacturers and health plans, according to the National Conference of State Legislatures. For example, Florida has a website allowing consumers to compare retail drug prices at area pharmacies.
Of even greater clout is the fact that the 2010 healthcare act weighs in with vigor on open pricing. Here is the exact language adopted as part of 2718(c) of the Affordable Care Act, passed by Congress and signed by the President in March 2010:

• “Each hospital operating within the United States shall for each year establish (and update) and make public (in accordance with guidelines developed by the Secretary) a list of the hospital’s standard charges for items and services provided by the hospital, including for diagnosis-related groups established under section 1886(d)(4) of the Social Security Act.”

“Medical care is never going to be like pricing in restaurants,” observes Darius Lakdawalla, Ph.D., director of research for the Bing Center for Health Economics at the Rand Corporation think tank, “but we can all agree that more transparency in pricing is better.”

For an illustration of how Virginia Mason Medical Center in Seattle, WA, does it, see Pricing Transparency at Virginia Mason on page 18.

The Benefits

Pricing transparency is just the door-opener. There are a number of other presumed benefits to greater transparency. (And there are risks as well, which we’ll discuss later.)

First, an examination of four presumed benefits.

• **Presumed benefit #1:** If hospitals report more information about their care in a meaningful, consumer-friendly format, patients can make better and more informed decisions.

This assumes, first, that the material is indeed presented without mumbo-jumbo and technical overkill; and, second, that the patients are motivated to make a more informed decision. Some will be; others will not.

In a setting of third party payment, many consumers find hospital cost data to be meaningless because their insurance pays the bill. So they will welcome quality data, but may ignore pricing. And, if data on quality are absent or confusing, some patients will tend to view higher prices as a signal of better quality.

• **Presumed benefit #2:** Increased information on cost and quality will encourage private insurers and public programs to reward quality and efficiency.

Some insurers already require such data.
And a report from Tufts Clinical Science Institute supports this argument—to a point.

“Hospitals engaged in both public reporting and pay-for-performance achieved modestly greater improvements in quality than did hospitals engaged only in public reporting,” according to Peter Lindenauer, MD, Director, Center for Quality of Care Research, and Associate Professor at the Tufts School of Medicine.

In a July 2009 presentation to the Institute of Medicine, Dr. Lindenauer said transparency can lead to improvements in care outcomes through two paths. (See How Greater Transparency Can Improve the Value of Hospital Care on page 19.)

First, through selection. This hinges on the desire of patients, referring physicians and insurers to not only learn about performance data, but to then use such knowledge to seek out those hospitals that have evidence of higher quality or lower costs.

Second, through change. This counts on hospitals adopting improvement strategies out of a sense of professionalism, as well as out of their desire to preserve or enhance the hospital’s reputation and market share.

- Presumed benefit #3: Inside the hospital, there’s another result: Physicians and staff will become more aware of the hospital’s performance, understand where patient care can improve, and know their role in improving it.

This assumes a culture of continuous improvement, which is a commitment at many top-tier hospitals and systems.

But if your own people are inclined to challenge the accuracy of the performance data you publish, please take the following axiom to heart: You won’t be able to persuade the people outside that you are a high-quality provider, unless the people inside believe it first.

- Presumed benefit #4: Nationally, if hospitals share lessons learned, other hospitals can develop new best practices that improve care, help save lives, and even save money.

The University of Illinois Medical Center in Chicago (http://uillinoismedcenter.org/) provides one of the best-documented examples of this “best practices” approach.

In 2004, the medical center set up a consultation service to help staff communicate quickly with patients and families about safety incidents.
By 2006, this had evolved onto a policy of openness and full disclosure, an apology for errors and swift offer of financial settlement.

And by 2009, lawsuits were down 40% compared to the 1999-2004 period, even though the number of procedures increased 23%. Importantly, there was no increase in financial payouts.

Now, physician leaders there are combining federally funded research and Hollywood-style communication to spread their approach to disclosing and reducing medical errors.

A three-year, $3 million Agency for Healthcare Research and Quality (AHRQ) demonstration grant will help evaluate whether the center’s model of identifying, investigating and disclosing medical errors—and compensating patients and families when appropriate—can work at other hospitals.

“In 56 cases of clear harm we’ve identified, 55 were settled out of court,” says David Mayer, M.D., co-executive director of the University of Illinois at Chicago Institute for Patient Safety Excellence. “We think that’s really great. Now we want to take what we’ve been doing for the last few years and try to roll it out to nine other hospitals in the Chicago area.”

The project is one of 20 demonstration and planning grants totaling $25 million that AHRQ announced in June 2010 as part of the Department of Health and Human Services’ Patient Safety and Medical Liability Initiative.

**The Risks**
The University of Illinois example points to the risks inherent for many institutions. Do you absolutely, positively believe that disclosure is better than exposure? Or would you be content to stay quiet and remain in the shadows?

Let’s examine the presumed risks in greater transparency.

- **Presumed risk #1: Great expectations.**

  Transparency in communication presumes “leadership.” And every leader is held to great expectations.

  Do your leaders see transparency as a strategy to help consumers to make better decisions? As we discussed earlier, this approach has attracted much interest. But beware of promising—or appearing to promise—evidence of its actual impact.
Consider, for example, the fact that typically patients who need to be hospitalized are unsure of their diagnosis, or are too acutely ill to be searching websites and doing comparison shopping. They therefore rely on their physicians or an ambulance driver to choose the hospital for them.

- **Presumed risk #2: No turning back.**

Once the quality data is out of the barn, it’s too late to lock the door. You’ll have to deal with the consequences, intended or unintended.

Earlier, we mentioned that in 2003, most Wisconsin hospitals voluntarily began telling the public and their competitors the cost and the quality of the care delivered in their facilities. That was a no-turning-back moment for them.

The results on costs didn’t surprise health care officials. They already suspected hospitals in different cities would have wide variations in costs, even after cases were adjusted for the age and health status of the patient, and the severity of the illness.

And so it was. For instance, treating a pneumonia case at the Theda Clark Medical Center in Neenah averaged $10,400 in 2008. Sacred Heart Hospital in Eau Claire, on the other hand, charged the average pneumonia patient $20,400, nearly twice as much.

More unsettling were the results for quality. Higher-cost hospitals didn’t necessarily deliver better care. The evidence pointed to just the opposite: Higher-cost hospitals were less likely to meet benchmarks for quality.

Publishing the cost and quality data has had a far-reaching impact on Wisconsin. It gave hospitals with low-quality ratings objective feedback for improving performance. And the rankings motivated high-cost hospitals to begin looking for ways to eliminate expensive but medically questionable procedures that didn’t always improve outcomes.

For the Badger State, there’s no turning back.

- **Presumed risk #3: More, more, more!**

When asked what he wanted, the legendary labor leader Samuel Gompers famously replied, “More.”

So it is when a hospital proclaims itself to be transparent. Hospital transparency is “inelastic.” It knows no bounds. Constituents always want “more disclosure.”
And so, hospital CEOs and their boards must be prepared for the inevitable demands for “more.”

- **Presumed risk #4: Accountability.**

Finally, transparency about your actions is *de facto* acknowledgement that management and board accept accountability. And sometimes, it is tough to be accountable to all constituencies simultaneously.

For example, bond holders might be entitled to certain information that, if revealed to the rank and file, could cause confusion. Since management is accountable to both constituent groups, walking the tightrope of transparency is not always easy.

On the clinical front, a recent article in the esteemed *New England Journal of Medicine* urged institutions to accept accountability of “large scale” adverse events. (See Other Voices on page 20.) “Disclosure should be the norm, even when the probability of harm is extremely low,” said the article’s authors—“unless a strong, ethically justifiable case can be made not to disclose.”

**A Case Study In Transparency: Executive Salaries**

Many of these benefits and risks are at play in the following case study, based on a real-life situation at a 600-bed system. How would you and your team respond to the questions posed by this situation?

Here are the facts:
There have been recent pay increases at this system for rank-and-file employees and registered nurses as follows:

- 2007: 8% base increase plus 3% bonus
- 2008: 2% base increase
- 2009: 1.5% base increase
- 2010: No base increase, 1.5% bonus

In 2010, the senior management team was to receive an average individual increase of 8%, retroactive to the last fiscal year. This was to be the first formal review and increase since 2007; executive salaries had been frozen since then.

No announcements were planned on these executive salaries. The question for the board and management: *Should we go public?*
This innocent question is really the tip of an iceberg of larger questions—questions that lie beneath the surface of many transparency questions you may encounter. Here are five of the larger issues beneath the surface.

• *What’s the context?*

What do management salaries at competing hospitals look like—locally, around the region, in the state, in the nation? The answers to these questions will help frame any response to those demanding to know why there was a management increase.

• *What’s our history?*

As noted, management hasn’t had an increase in quite some time, while staff has received yearly bumps. Those comparable numbers are important in justifying a management increase. Keep in mind, the IRS Form 990s for hospitals generally become public—via the GuideStar service, for instance—usually 10 months or so after they are filed. So at some point, you may have to fess up.

It can be argued that a truly transparent hospital would make its 990s available on its website. But publishing 990s is also an example of “no turning back,” which may be why we estimate that fewer than 10% of hospitals do so.

NCH Healthcare System in Naples, FL, is one that does publish the annual filings. Under the “About Us” tab on its website, you’ll find a listing for “990 IRS Tax Forms”: http://www.nchmd.org/default.aspx?id=145.

• *Who “needs” to know?*

This is the question lawyers always raise, vociferously arguing that if an employee “isn’t affected” by a raise, why tell him?

The answer, of course, is that the internal rumor mill is the world’s most virulent communication medium—even in this age of Twitter and Facebook. Better that you “control” the message than it trickle out, drop by drop, on its own.

• *What’s the state of employee relations?*

We’ve dealt with many hospitals challenged by labor union incursions, with union operatives ready to leap on any piece of “secret” management data. Again, the best antidote for union organizers who might seek to rabble-rouse is an open and candid management.
• **What’s our goal?**

If your goal is to demonstrate openness to the internal public and perhaps to “get out in front” of a union offensive, then transparency makes sense. If your goal is to “control the agenda” rather than letting the rumor mill take over—as it was in the real case upon which this case study is based—than by all means be transparent.

**Conclusion**

In summary, then, a few final thoughts for the road ahead.

From all corners of society, there has come a drumbeat for greater openness and candor.

There will always be complex and occasionally contradictory troves of information coming from hospitals. That’s inherent in the way the system operates.

There will always be bad or undesirable outcomes at hospitals. Some will be caused by mistakes that people make. Some bad outcomes will just happen, and their root cause will be found in the nature of diseases and human frailties.

Information will ultimately be revealed. Mistakes will ultimately be revealed. Both will come to light sooner rather than later, especially in our age of camera phones, Internet chat rooms, social networks, and blogs.

Therefore, this question about transparency for boards and managements:

*Do you want that light to come from your own institution—or from somewhere else?*
Samples and Sidebars
Transparent Information for Patients

On the website for Thomas Jefferson University Hospitals in Philadelphia, PA, is a section about “what to expect” when choosing Jefferson. It is subtitled “A History of Transparency.”

At Jefferson, we believe that well-informed patients are able to make better choices about their healthcare providers and participate more fully in their treatment process. To help you learn more, there are several federal and state resources that can provide specific information on actual outcomes for a diagnosis or procedure at a specific hospital. We hold ourselves to the highest standards and want our record to be transparent to our patients and community.

Hospital Compare: Patient satisfaction reports and other information will help you understand what to expect when choosing Jefferson. Hospital Compare provides the results of a Hospital Consumer Assessment of Healthcare Providers and Systems through the Department of Health and Human Services. This assessment was created to publicly report the patient’s perspective of hospital care. The survey is sent to a random sample of recently discharged patients and asks about important aspects of their hospital experience.

To learn more about quality, you can also visit the Department of Health and Human Services—The Centers for Medicare & Medicaid Services Quality of Care Center and the U.S. Department of Health and Human Services—Agency for Healthcare Research and Quality.

The Pennsylvania Health Care Quality Alliance (PHCQA) was developed by an alliance of healthcare providers and insurers. The PHCQA’s mission is to improve the quality of patient health by developing a consistent statewide approach to hospitals by:

• Enabling consumers to compare hospital performance
• Allowing healthcare professionals to evaluate and improve the quality of their patient care
• Helping insurers to evaluate the performance of their provider networks

For more information on Jefferson’s Progress and Performance Report of Hospital Quality, please visit http://www.phcqa.org. You can also read about Pennsylvania’s hospital performance report provided by the Pennsylvania Health Care Cost Containment Council (PHC4).

Source: http://www.jeffersonhospital.org/About-Us/quality-care/a-history-of-transparency.aspx
Lifting the Veil: Disclosures On Hospital Error Data And Possible Conflicts Of Interest

Error Data Online
In 2007, the New York City Health and Hospitals Corporation, the nation’s largest public health system, began publicly releasing data on infection and death rates at its 11 hospitals. This came in response to widespread concern about deadly and preventable hospital-acquired conditions—and pressure to lift the veil on the shrouded culture of many hospitals.

In posting the safety and performance information on the hospital corporation’s website (www.nyc.gov/hhc), the public hospitals, which treat 1.3 million patients a year, took a bold step toward transparency.

“It does focus on the underbelly of health care,” acknowledged Alan D. Aviles, president of the Health and Hospitals Corporation. “But if you want to make improvements, you have to acknowledge the underbelly.”

The website allows the public to see the overall death rate, the rate of deaths after heart attacks, preventable bloodstream infections and pneumonia cases, among other measures, at the 11 hospitals.

Conflict of Interest
In January 2011, hospitals at Duke University and the University of North Carolina announced they would make the relationship between drug companies and health providers more transparent.

Local media reported that both universities were revising their conflict of interest policies.

New federal laws, which take effect in two years, will require greater disclosure from drug companies. Under the policy, any financial relationship between providers and drug companies must be reported. Gifts from industry representatives are banned, even low-cost promotional items such as notepads.

To get ahead of the curve, Duke says it is working on a revised policy that will apply to the entire university.
Pricing Transparency at
Virginia Mason Medical Center, Seattle, WA

Among the online pricing information available to consumers: Estimated charges for 50 of the most common minor surgery procedures. The data below are excerpted from a chart valid as of January 2011.

<table>
<thead>
<tr>
<th>Category</th>
<th>Procedure Code</th>
<th>Description</th>
<th>Hospital or Ambulatory Surgery Center Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatology</td>
<td>11200</td>
<td>Removal of skin tags</td>
<td>$103 – $155</td>
</tr>
<tr>
<td>Gastroenterology</td>
<td>45380</td>
<td>Colonoscopy with biopsy</td>
<td>$1,273 – $1,911</td>
</tr>
<tr>
<td>Neurology</td>
<td>62311</td>
<td>Inject spine, lumbar sacral</td>
<td>$1,007 – $1,511</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>66984</td>
<td>Extracapsular cataract removal</td>
<td>$3,396 – $5,096</td>
</tr>
<tr>
<td>Orthopedics</td>
<td>20610</td>
<td>Arthrocentesis, major joint or bursa</td>
<td>$298 – $448</td>
</tr>
<tr>
<td>Urology</td>
<td>51741</td>
<td>Electronic uroflowmetry</td>
<td>$153 – $231</td>
</tr>
</tbody>
</table>

Source: https://www.virginiamason.org/home/body.cfm?id=1423
How Greater Transparency Can Help Improve the Value of Hospital Care

How Transparency Could Help

Publicly reported performance data

Knowledge

Selection

Motivation

Change

Performance:
- Effectiveness of care
- Safety
- Patient-centeredness
- Unintended consequences

Source: Berwick 2003, Fung 2008

A September 1, 2010 article in The New England Journal of Medicine looked at failures to disinfect medical equipment and what it called “the disclosure dilemma.” Its conclusions:

• If adverse events are “large scale” in nature (as opposed to a single isolated incident on 4-South), then institutions should be proactive—rather than reactive—in disclosing them to affected patients and others. “Disclosure should be the norm, even when the probability of harm is extremely low,” said the authors.

• With one big caveat: “Unless a strong, ethically justifiable case can be made not to disclose.” In other words, ask yourself whether disclosing the information would produce more harm than good.

The essay’s final thoughts:

• “Although risks to the institution are associated with disclosure, they are outweighed by the institution’s obligation to be transparent and to rectify unanticipated patient harm.”

• “Faithful adherence to these duties may increase the public’s positive perception of the institution and its integrity.”
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