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**Opening Statement before the**

**Council of the District of Columbia**

**Committee on Health**

**at**

**the Public Oversight Roundtable on Adverse Events Reporting in the**

**District of Columbia**

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**Presented by**  
**Robert A. Malson**  
**President**  
**January 14, 2009**

Chairman Catania and members of the Committee on Health, I am Robert A. Malson, President of the District of Columbia Hospital Association (DCHA). DCHA members employ approximately 30,000 people who are on the front lines for delivering quality health care and for responding to any medical emergency in the District of Columbia. We provide over one million days of patient care annually with an annualized occupancy rate of approximately 75 percent. In our private hospitals, the emergency room visits exceed 389,000 and, collectively, we provide nearly \$200,000,000 in unsponsored care annually. Clearly, we play a critical role in the District's health care delivery system.

Thank you for giving me the opportunity to provide an opening statement at this roundtable on adverse events reporting in the District and the expected impact of Act 17-608, the Adverse Event Reporting Requirement Amendment Act of 2008. DCHA previously expressed its support for the Adverse Event Reporting Requirement Act in a letter to this Committee last June. The bill's updated requirements would allow hospitals sufficient time to gather all the necessary reporting materials, rather than submit incomplete reports. It would also provide hospitals and the Department of Health with access to real time data regarding trends and the ability for immediate response. DCHA continues to strongly support this bill and is pleased by its prompt passage.

We all agree that the art and the science of medicine can only be improved through self-examination and transparency. DCHA has worked with the Department of Health for several months to post hospital facility survey reports on the web, in a manner that provides the most meaningful information for the consumer in a

comprehensive, balanced and understandable way. In addition, DCHA and the hospitals have collaborated with the Department of Health for two years on adverse events, working to shape the report we are here today to discuss. One of our major concerns has been the necessity of equitable reporting among health care facilities, ensuring that all facilities report all adverse events with the same standardized definitions and methods. As a review of the report will note, the hospitals have had considerable buy-in into the new reporting requirements, with ten of fifteen facilities providing 73.3% of the collected reports. For a brand new mandate, this is good compliance. This does not even take into consideration that the remaining five facilities may not have necessarily been “noncompliant”, but simply did not have any “never events” to report. We strongly believe that this initial progress will be further enhanced by the implementation of the Adverse Events Reporting Requirement Act of 2008 and the Department of Health’s upcoming electronic reporting system.

DCHA recognizes the importance of the legislation and its proper implementation. The association worked with the Department of Health, the Board of Medicine and the ECRI Institute to sponsor a Quality Data Summit on adverse events reporting in December 2008. The hospitals showed their interest in and dedication to proper reporting by their attendance: 12 of the 13 private hospitals in our association sent representatives to the summit. We all worked together so that the hospitals could reach a broader understanding of how collected adverse event and hospital acquired infection data would be used and analyzed by the District under the requirements of the Medical Malpractice Act of 2006 and to develop strategies to accommodate the overall move towards transparency in health care data reporting.

However, as we work to increase health care transparency, we must continually be aware that we do not do so in a vacuum. Our neighboring and competing states, Maryland and Virginia, do not have the same types of reporting requirements as mandated by the District. Negative publicity regarding adverse events reporting by hospitals, such as the article in yesterday's *DC Examiner*, paint an inaccurate picture of the quality of care our hospitals provide the public. With every adverse events report submitted, our hospitals are making themselves vulnerable to the type of negative environment that real health care liability reform would protect us from. As we review the implementation of the adverse event reporting requirements of the Medical Malpractice Act of 2006, we must also be prepared to discuss the aspects of the law that are lacking.

Mr. Chairman, we continue to be supportive of the Committee's efforts to improve patient safety and are eager to work with the District to develop ways to implement these recommendations. We welcome the opportunity to answer your questions.