

Remaking American Medicine – PBS Home Video

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It is also available [from Amazon.com](http://Amazon.com), Price \$26.99

A DVD Player that can play US Discs is essential

By Andrew Castle:

Are medical errors made within the NHS? Do we have prescribing errors? Do people suffer pain unnecessarily? Are people admitted unnecessarily? Do we lack good communication across multiple providers in primary, secondary and tertiary care? Do we fail to involve patients and their families in their treatment plans?

If the answer to one or more of these questions is yes then I suggest that watching the series Remaking American Medicine is worth taking some time for.

There are several things that are worth stating at the outset. The American system of healthcare is clearly different (from the U.K.) and it is divided in two. There are the public sector providers Medicare and Medicaid who are by far and away the single largest Healthcare Insurance provider in the US and then there are a huge number of other providers comprised of insurance companies, hospital and healthcare providers, not for profits and charitable organisations.

However, setting aside the structure, the problems facing the US health care system appear to be identical to those facing staff within the NHS.

There is a serious problem with health care acquired infections, medical errors, prescribing errors, rising levels of long term conditions, spiralling health care costs, increased mortality rates from diseases such as diabetes and so on and so forth.

This series attempts to address some of these issues and highlights the steps that have been taken over the last 5 years to address them.

There are four hour-long episodes entitled:

- Silent Killer
- First Do No Harm
- The Stealth Epidemic
- Hand in Hand

While I am not sure that there is anything new in this documentary, I am absolutely positive there are a lot of things in it that are not being done by everyone and that we can learn from it.

The first episode follows the King family whose 18 month old daughter, Josie, scalded herself in a bath. Having got away from her parents for a few minutes, she climbed in to a bath and turned on the hot water. The family called the emergency services who then transported her to Johns Hopkins Hospital in Baltimore.

Having survived the burns and within days of being discharged, her parents noticed her starting to deteriorate, and in spite of attempting to bring it to the attention of staff, she died of dehydration.

The episode goes on to cover the changes that have occurred within hospitals, specifically Johns Hopkins and Shadyside in Pittsburgh, as a result of Sorrel King and their campaign to ensure that this could not and would not ever happen again.

The staffs of these and other institutions discuss the formation of Rapid Response teams and their contribution to the Institute of Healthcare Improvement's "Saving 100k Lives" Campaign.

Johns Hopkins put in place Rapid Response Teams that could be called in by nursing or other clinical staff if they felt the need to. At Shadyside this was taken to the next level by allowing patients and their families to call if they feel something is not right. Staff were of course sceptical that patients would not use it as a way of calling for frivolous reasons but the CEO's response was "trust that when you give people authority very rarely do they abuse it".

The program at Shadyside involved patients, clinicians, patient's families and front line staff to ensure that everyone involved in an individuals care has the ability to do something when they feel clinical care or safety are being compromised.

It is estimated that 100,000 people die per year of medical errors in the US. This film goes to show that the Kings' daughter died completely unnecessarily and that there are very basic things that can be done to ensure it does not happen to others.

Episode 2, which is largely set in Pennsylvania at the Alleghany Medical Centre, covers health care acquired infections (HCAIs) and prescribing errors. In partnership with the Centre for Disease Control, the Veterans Administration and the County Health Board, the Alleghany Medical Centre sets out to reduce the transmissions of HCAIs between organisations.

It highlights one of the perversities of the US health care system and any payment for treatment system. Hospitals in the US are paid to treat people. Therefore, if a patient gets an infection the hospital is able to bill an insurer for the patient's treatment. This would suggest at a superficial level that it is not in the hospitals interest to prevent infections and this is demonstrated by a chief financial officer that wants a business case before investing in purchase of bio-packs to improve infection control.

Dr Richard Shannon at Alleghany General Hospital undertakes putting together a business case to demonstrate that preventing infections is worthwhile and would not result in a loss to the business. The results astonish, whilst there is a loss in terms of

income, the average loss on a patient's length of stay post operation as a result of infection is \$17,000 per case.

They set a target of zero infections within Intensive Care through utilising best practices and reduce the instance of HCAI's from 49 in the previous year to 6 and fatalities associated with HCAI from 19 to 1.

Episode 3 covers diabetes and the implications of rising obesity rates on the US health care system. There are some innovative solutions demonstrated, some of which were pioneered in the UK and others which were developed by local communities and health care practitioners.

There is a huge volume of information on what organisations are trying to do to address and assist patients with complex health needs and multiple co-morbidities.

This episode focuses largely on public health clinics provided in the Los Angeles Metropolitan Area to diabetes sufferers. The clinics are free and nurse led, and they provide assistance and advice to patients without health insurance (patients on Medicare or Medicaid).

The clinician responsible for this program points out that in the US the population that has perhaps the least access to health care provision, the uninsured, are in some instances getting the best and most innovative care available because providers are having to develop innovative solutions to cater for some of the future public health problems.

I am not sure with respect to this episode that there is anything being done here that is not available somewhere in the UK. I think what is clear is that what is being demonstrated is not available everywhere in the US and it is certainly not available everywhere here. The quality and standard of care varies considerably but the episode demonstrates that it is possible to provide excellent health care in innovative ways when an organisation sets its mind to it.

This series culminates with a final episode called Hand in Hand which focuses on the Medical College of Georgia, primarily a Teaching Hospital, where historically patients took a back seat to the teaching of medicine. This is a fantastic demonstration of what an organisation can achieve in a relatively short period of time if it sets its mind to it. Over the past decade the hospital has gone from being in the bottom 10 to 15% to the 95th percentile of hospitals in the US in terms of patient satisfaction.

A huge number of factors have contributed to this but central to almost every single development is the involvement of patients and their families. No where is this demonstrated more clearly than at the Paediatric Centre where children with serious conditions have a voice through a program called Kids Art. They are consulted with on menus, facilities and other developments within the centre. Parents are encouraged to stay with their children in Intensive Care and are kept up to date on every development.



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The series demonstrates what can and is being done to improve health care in the US. The NHS is pioneering or replicating from best practice pioneered elsewhere a number of the improvements highlighted in this series.

While there are pockets of brilliant practice within the NHS, we face exactly the same problems as the ones illustrated in the documentary and that makes the documentary compelling viewing for anyone that has worked within the health care system.

In order to see the value in the documentary it's essential to look past the differences between the UK and the US health care systems. The underlying problems are the same, be they medical errors, HCAIs, prescribing errors or long term conditions. If you can look past the differences the documentary is fantastic for demonstrating that patient care can and has to be delivered differently if we are to continue to provide health care in a system that is the envy of the world.

There are two sites related to the series:

For providers – www.ramcampaign.org

For the rest of us – www.remakingamericanmedicine.org

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