

# ACCOUNTABILITY

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## OBJECTIVES/RATIONALE

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Quality health care outcomes depend on the actions of both clients and providers. The student will understand industry efforts in accountability practices.

TEKS 121.2 (c)(7)(C)

TAKS ELA 1, 3  
Social Studies 2

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## KEY POINTS

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- I. Quality and Health Care
  - A. Although most patients receive high quality health care, there are still too many who receive substandard care.
  - B. The incidence of substandard care
    - 1. 3-10% of hospital admissions result in some sort of problematic outcome.
    - 2. 1/3 of problematic outcomes result in disability or death.
    - 3. The incidence of problems in some areas, like medication errors is increasing.
    - 4. Quality of care is disproportionate across the US.
  - C. Health care providers must prevent problematic events.
    - 1. Facilities must have a system of reporting problematic events – some are reluctant to do so.
    - 2. Benefits of wide-spread reporting
      - a. Other systems could avoid making the same mistake
      - b. Analyzing the mistake, thus preventing it from happening again could develop a new routine.
      - c. The overall delivery of health care could gradually improve.
- II. Problematic outcomes in health care have been categorized into four broad areas
  - A. Avoidable errors
    - 1. Include missed diagnoses, errors in interpretation of lab and imaging studies, medication errors, surgical errors, errors in care by all levels of health care providers.
    - 2. One study found that antibiotics, cardio-vascular agents, gastrointestinal agents, and narcotics were the most common medications to be involved in errors.
      - a. 28% of the errors were preventable
      - b. 42% were life-threatening
  - B. Underuse of services
    - 1. Patients do not receive helpful treatments or services due to disinterest, lack of insurance, and discrimination.
    - 2. Examples of underuse of services
      - a. Lack of immunization of individuals.

- b. Relatively poor provision of prenatal care to prevent poor infant outcomes.
  - C. Overuse of services
    - 1. Over prescribing antibiotics
    - 2. Inappropriate admissions to hospitals
    - 3. Use of Emergency Departments for minor illnesses and injuries
  - D. Variation in services
    - 1. Regional differences in care
    - 2. Consumers expect that competent care should follow established standards and be delivered equitably, no matter where they live.
- III. Prevention of problems
  - A. New and innovative ways to provide updates to health care providers are needed.
  - B. Examination of the factors that contribute to errors.
    - 1. A study showed that human error was a factor in 55% of incidents in an ICU and violations of practice standards were a factor in 28% of the incidents.
    - 2. Elimination of variation in providing health care.
- IV. The AHA - American Hospital Association has adopted the following Consumer Bill of Rights that (if followed) ensures accountability and the highest standard of care.
  - A. First Right – Considerate and respectful care.
  - B. Second Right – The right to “appropriate, current, and understandable information about diagnosis, treatment, and prognosis”.
    - 1. Exceptions would be in emergencies, when the person is unable to make decisions.
    - 2. Freedom to discuss procedures and treatments, risks, expected length of recuperation, and reasonable alternatives.
    - 3. Knowledge of the identity of their health care providers.
    - 4. Knowledge of financial obligations of care.
  - C. Third Right – The right to make decisions about the plan of care before and during treatment.
    - 1. Has the right to refuse treatment to extent allowed by law
    - 2. Know the consequences of refusal of care.
    - 3. If refusal, has right to know about alternative treatments.
    - 4. The right to be notified of any hospital policies that might affect patient choices.
  - D. Fourth Right – The right to advance directives
    - The hospital must tell consumers the extent of the law and hospital policy in regards to any advance directive
  - E. Fifth right – Consideration of privacy.
  - F. Sixth right – Communications and records be held in confidence, except in cases of expected abuse and public health hazards.
  - G. Seventh right – The right to review records about his/her care and have information explained.
  - H. Eighth right – The right within the capability of the facility to provide appropriate and medically indicated care and services.
  - I. Ninth right – The right to be informed about business relationships that may influence their treatment and care.

- J. Tenth right – The right to either consent or decline participation in research studies.
  - K. Eleventh right – The right to continuity of care and the right to be informed of options when hospital care is no longer an option.
  - L. Twelfth right – The right to be informed of policies of the hospital and the means of lodging a complaint or grievance.
  - M. Ethically and legally it is an obligation for Health Care providers to be accountable for their competence and knowledge.
- V. Patient/Consumer Responsibility
- A. The responsibility to provide complete and accurate information about past and present health status.
  - B. The responsibility to provide their advance directives
  - C. The responsibility to inform health care providers if they will have a problem following the prescribed treatment.
  - D. The responsibility to understand that other community members have the right to the same care.
  - E. The responsibility to provide insurance information and meet their financial obligations.
  - F. The responsibility to recognize their behavior and lifestyle choices impact their health status.
  - G. We don't often hear of these responsibilities, but they are every bit as important.

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### ACTIVITIES

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- I. Complete Scenarios and discuss decisions.

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### MATERIALS NEEDED

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Scenarios sheet

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### ASSESSMENT

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Completion of scenarios.

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### ACCOMMODATIONS

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For reinforcement, the student will make a poster of the four categories of problems in the delivery of health care and list the descriptions with examples for each.

For enrichment, the student will interview a lawyer who specializes in medical cases regarding his/her medical-legal cases and also views on health care today. They will present their findings in an oral presentation to the class.

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## REFLECTIONS

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## SCENARIOS

Read each scenario and determine what problem area is represented (More than one might be represented.):

- A. avoidable errors
- B. underuse of services
- C. overuse of services
- D. variable practice

1. \_\_\_\_\_  
An infant in the intensive care nursery needed intravenous (IV) fluids. When mixing the fluids, the nurse mistakenly took a vial of Potassium instead of sodium and injected the amount necessary for Sodium into the IV. This amount is an excessive dose for Potassium. The baby died of Potassium toxicity from the IV.
  
2. \_\_\_\_\_  
An adolescent girl who had just had a needle biopsy of a breast cyst was brought by ambulance to the ED (Emergency Department) of a local hospital. Because she did not have insurance, the ED did not accept her. She was sent to the county hospital. On arrival the girl was comatose and one week later remained in a coma.
  
3. \_\_\_\_\_  
A woman was being stabilized in an ED after suffering a heart attack. She had many tubes in place; some led to her GI (Gastrointestinal) tract and some were inserted into her vessels. A nurse was about to give Maalox (for the GI) into one of the tubes. As she inserted the needle into the port, the woman's husband begged her to stop. He said it was the wrong tube. The nurse instilled it anyway and the woman died.
  
4. \_\_\_\_\_  
A young boy suffered repeated fractures of his right upper arm. X-rays were taken each time and he had a cast applied. The mother finally decided to take the child almost 1000 miles away to another hospital and doctor when the next fracture occurred. A diagnosis of bone cancer was made. The doctors making the diagnosis were very critical of the quality of the previous x-rays.
  
5. \_\_\_\_\_  
A newborn infant was on a 5-day course of antibiotics. The medicine was given by injection (shot). After administering the shot, the infant's condition worsened and the baby died. Investigation showed that the strength of the medicine was 5 times what it should have been. The syringe was labeled correctly for the excessive amount, but the nurses didn't catch the error. Their hospital had a policy that two nurses should check every pediatric injection for accuracy.

6. \_\_\_\_\_

A young mother suffered complications from the delivery of her baby. For six months she endured multiple difficulties, but finally was discharged. A home health nurse would follow her progress at home. Two weeks later the home health nurse discovered that the woman had a collapsed lung and was using only one side of her chest for breathing. The nurse notified the doctor, who refused to admit her because she had no insurance and her Medicaid benefits had been exhausted. He agreed to have her evaluated in the ED and the woman was brought there. She was placed on oxygen, blood gases were taken and she was sent home. Nobody had placed a stethoscope on her chest to evaluate her breathing. The next day the nurse was surprised to see her patient still at home. She noticed that nothing had changed, except for the oxygen. She instructed the young woman's mother to call for an ambulance as she assessed the patient. The woman was admitted to the hospital and remained in hospital for three weeks with chest tubes and pneumonia.

7. \_\_\_\_\_

A young boy complained of severe headaches and was brought to an ED. His vital signs were stable and he was alert and oriented. The doctors gave him pain medication and he was released. His family went on vacation to the Midwest. While there he was still complaining of headache, so his family brought him to an ED. They performed a CT scan and detected a subdural hematoma. He was taken to surgery and the blood clot was removed.