



Health Services
LOS ANGELES COUNTY

June 6, 2006

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*To improve health
through leadership,
service and education*

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D. 
Director and Chief Medical Officer

SUBJECT: **Response to Letter from Greater LA Chapter of the Society of Professional Journalists**

Today, your Board received an open letter from the Society of Professional Journalists regarding the Department's policy position of not publicly releasing State Evidence Code 1157- protected quality improvement information for any of our hospitals. I wanted to provide clarification on the issues raised in this letter.

First, it should be reiterated that the reason the State Evidence Code 1157 was implemented in part to ensure that every health care facility in the State has an established secure and protected channel for employees to report errors promptly, so that the patient's problem could be addressed, and the system problem could be corrected. Without these assurances, employees would be incentivized instead to protect themselves and cover up problems. As the California Hospital Association stated in the Times article today, this practice assures that employees do not hold back key information.

Protecting all hospitals' ability to collect quality improvement data is fundamental to protecting the health of the public. All hospitals want staff to report errors as soon as they happen. This is absolutely critical if we are to take immediate action to prevent or mitigate any untoward effects of the error. Once the patient is cared for, the cause of the error must be identified and addressed – whether it is knowledge or skills deficit of an individual, problems with equipment or a weakness in the process of care delivery. Individuals in one hospital will not report as promptly if they are held to a standard that no other hospital in California is required to meet.

The Department expects King Drew Medical Center (KDMC) to be held to the same standards as all other California hospitals. They must perform at a level that meets national standards. A vital part of meeting the standards is a fully functional peer review and quality assurance program. The KDMC hospital leadership must be given the same opportunity to manage. Every hospital in California follows the same practices regarding the disclosure of quality improvement and peer review information. And as you know, State law and policy support confidentiality to encourage staff to come forward and report.

The Department of Health Services fully supports open access to information about the Department's activities. The Department supports and takes an active role in helping make health care more transparent to consumers through appropriate efforts to provide properly vetted, comparative information about hospital performance to consumers. All our hospitals actively report a wide variety of quality data and anyone can access this data on the CMS Quality Compare website at www.hospitalcompare.hhs.gov to compare our hospitals' quality performance. Further, DHS has provided media outlets in Southern California with information on a routine basis as they have requested it and we will continue to do that.

The majority of the data in this specific Public Records Act Request were provided to the press. However DHS and County Counsel determined that a small portion of the

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requested information had not been routinely provided, and was confidential information created for the Department and available to its governing body, your Board of Supervisors, to use in the assessment and improvement of the quality of patient care. The PRA request was based on a document that was labeled draft and was not meant for public distribution. Although there were repeated requests, no evidence that this specific document was provided through formal Departmental channels was given to us. The quality assurance measures protected under Section 1157 that were not provided were based on the legal guidance the Department received. A few of these measures were reported for several months by Navigant as part of their routine reports to your Board. The remaining measures had never been publicly reported regularly. Counsel advised us that any initial release did not establish precedent. It should be pointed out that none of our other hospitals release any of these data.

Contrary to statements in the letter, the Department's position is not a wholesale policy change. The previous Director does not remember providing the press with the specific document in question. The previous Director also specifically did not release the entire data set on a regular basis for KDMC, nor did he release any of these data for the other hospitals in our system.

In summary, this is not simply a KDMC issue, and it isn't about a mere legal technicality, it is about the proactive encouragement to report problems and concerns. This is about holding all hospitals in the DHS system to a common level of reporting and accountability consistent with all other hospitals in California.

I appreciate your understanding and support on this most important issue.

BAC:rs

c: Chief Administrative Officer
County Counsel
Executive Officer, Board of Supervisors