

How to Find The Black Box in Healthcare and Why the Great Need to Do So

Commercial aviation has demonstrated the importance of “black boxes” in efforts to improve safety measures, and the need to go to great lengths to do so as illustrated by France’s efforts to recovery those Air France boxes from deep in the South Atlantic. Mothers Against Drunk Driving (MADD), however, demonstrates why each governor and state legislature should recognize their responsibility to find their state’s “healthcare black box”.

First Step toward a State Regulatory Agency

Consider the tactics of Mothers Against Drunk Driving (MADD)—a well-recognized force in most state legislatures. Over the years they have found a way to compel state legislators to hear them and react favorably to their wishes. Such was the case in South Carolina several years ago that led to legislative changes regarding the DUI regulatory mechanism that eventually resulted in positive improvement in that state’s drunk driving statistics. This positive step was so desperately needed (though much more needs to be done)

I offer a simple diagram of the point I am seeking to make:

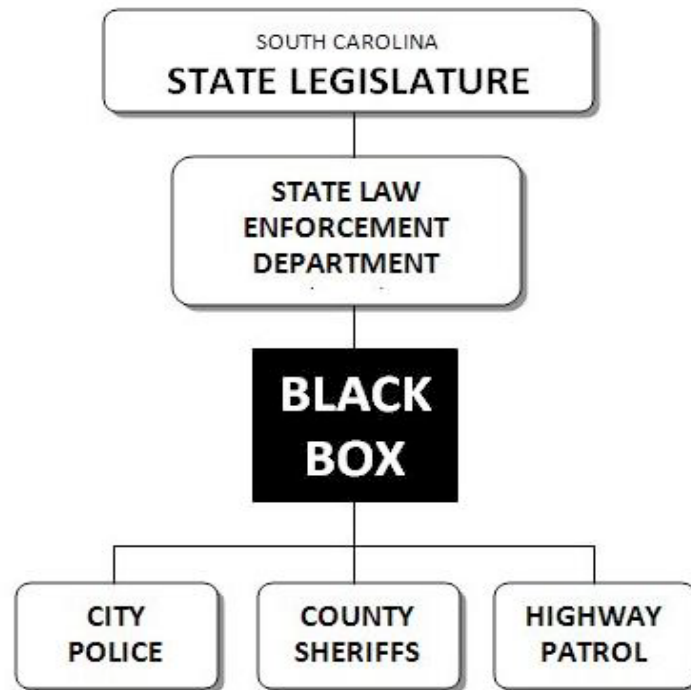


Fig. 1 MADD-forced reconfiguration of DUI Regulatory Mechanism

Next Step

In 1947, at the request of the South Carolina sheriffs, Governor Strom Thurman established by executive order the State Law Enforcement Department (SLED). This department was created to provide assistance to all law enforcement agencies and allowed to delegate authority, through a regulatory mechanism, to the city police, county sheriffs, and the state highway patrol (the three recognized local agencies also mandated to regulate drunk-driving violations).

South Carolina's highest level of AUTHORITY created a state agency with authority sufficient to further delegate authority to local agencies—each of which had been created to provide ACCOUNTABILITY within their designated areas. However, that process of DELEGATING AUTHORITY to the local level required the presence of an intermediary regulatory mechanism, which I have euphemistically placed in a BLACK BOX. South Carolina legislators were later able to assess the benefit of their legislative improvements in their state's DUI regulations by revealing the results obtained from those three local law enforcement agencies throughout the state.

$$\begin{aligned} & \text{ORGANIZATIONAL STRUCTURE} \\ & + \text{AUTHORITY} \\ & + \text{DELEGATED AUTHORITY} \\ & = \text{ACCOUNTABILITY} \end{aligned}$$

Who would have believed? Those prone to negativism will instantly jump to the fact that, "It's not perfect!" Well, no regulatory process run by humans will ever run perfectly; but it's better than what anyone might find in most parts of the world, and at least as good as other countries who try to do the same.

Let's now compare the regulatory mechanism that made a difference with DUI regulation to that assumed regulatory mechanism within the South Carolina healthcare delivery system.

South Carolina's highest level of authority created a State Board of Medical Examiners, as did every other state, more than 100 years ago. Some states (Arkansas, Arizona, Hawaii, and New Mexico) had medical examiner boards even before they became states. The South Carolina State Board of Medical Examiners, like every other state board of medical examiners, was mandated to regulate the practice of medicine as provided by physicians within that state's borders.

A similar process (that was noted for the regulatory efforts involving drunk driving) is necessary for similar regulatory efforts regarding the practice of medicine. Figure 2 depicts the South Carolina regulatory mechanism for the practice of medicine. The State

Board of Medical Examiners is assumed to have been provided with sufficient authority to delegate authority through a regulatory mechanism to the LOCAL LEVEL of medical patient care.

Remember: All medical care is local. If you license them, you are obligated to regulate them!

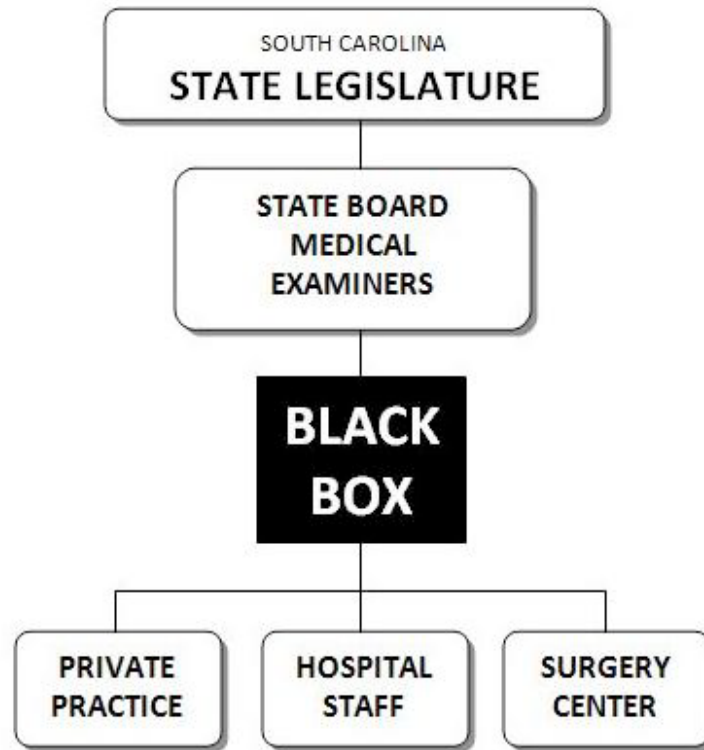


Fig. 2 Medical Regulatory Mechanism

FIND the Black Box Containing the Medical Regulatory Mechanism

The primary component of each state’s board of medical examiners is to “regulate the practice of medicine.” Therefore one can presume that each state’s board is where one should look for that state’s *medical regulatory mechanism*. But don’t be surprised if each state’s board of medical examiners has difficulty producing such a *mechanism*.

In fact, hospitals (and surgery centers) are the ONLY places in America where an accidental death receives NO immediate review by a STATE SOURCE OF AUTHORITY.

Stop and think about that. An estimated twenty Boeing 747 airliners going down each week in our nation’s hospitals—and no one in any state can FIND their state’s medical regulatory mechanism? And none of the army of quality of healthcare experts has seemed

to notice. The exercise of any state's efforts to find their Black Box might prove comical except for the fact that so many people are needlessly dying in their hospitals.

The previous several pages are taken from Chapter 1 of Find The Black Box in order to reinforce the understanding that the healthcare delivery system is, and has always been an unrecognized state responsibility. Unfortunately, the current, protracted, and contentious debate, if one can call it that, on how to pay for healthcare after-the-fact has obscured what should be the more important subject. So how can people demand that each governor and state legislature "find their state's healthcare black box"? The process would be far easier than most people imagine.

MADD is the role model. Enough people to probably effect re-elections must come under one umbrella, and with one purpose demand their decision makers in the state capital to find (identify) their state's medical regulatory mechanism, then demonstrate how that mechanism has supposedly been functioning.

People may be surprised, but shouldn't be, that no one in any state healthcare agency even hears about such tragic events like needless hospital deaths until well after the fact, if at all. To find out how bad each state's healthcare delivery system truly is, try to track the response to a needless hospital death within your healthcare delivery system, and by whom, and good luck.

If even one state could be forced to "find its healthcare black box" that exercise would demonstrate how the army of quality of healthcare experts has completely failed in recognizing each state's responsibility regarding the healthcare delivery system, and why the estimates of the annual rate of needless hospital deaths continues to rise.

The Goal: Begin to replace *estimates* of needless hospital deaths with far more precise numbers – AND – reasons why each occurred.

Accountability must become real in every state's healthcare delivery system.

<http://is.gd/UK4Uk0>
<http://is.gd/aUIgZV>

Find The Black Box (Index available on web site)
MADD