

Emma's Law: How South Carolina Governor Haley Demonstrates Find The Black Box

According to the National Highway Traffic Safety Administration, 40% of South Carolina traffic fatalities involved an impaired driver in 2012. "Emma's Law" is an effort to combat the frequency of impaired driving by creating stricter penalties for repeat DUI offenders and requiring ignition interlock devices for those with a certain blood-alcohol content and for those who don't agree to taking a breath analysis test.

"This is a bill that should be important to every parent in South Carolina," said Gov. Nikki Haley. "We're here today to do one of the most important things we can do – to protect our children. After a long fight by all of the people with us today, we can finally say that the bill has passed and the roads in South Carolina are safer because of it."

"The passage of this bill ensures that Emma's name will live on forever and it puts South Carolina in a position of national leadership in DUI enforcement," said David Longstreet, father of Emma Longstreet, the bill's namesake. "I want to thank MADD, Governor Haley, and all of South Carolina for supporting us throughout this process."

"On behalf of MADD, I would like to thank Governor Haley and the full legislature as this bill will help end the toll of drunk driving on South Carolina's roads," said Debbie Weir, CEO of Mothers Against Drunk Driving. "This has been a tough fight and one that honors all the victims of drunk driving and it will keep the memory of Emma Longstreet alive in each of us."

The preceding paragraphs were taken from Governor Haley's April 30, 2014 press release to demonstrate the importance both she, and SC Legislature consider regarding efforts to make their state's roadways safer, and MADD is given much deserved praise for their efforts in having Emma's Law enacted.

Now contrast that very positive effort to significantly improve the regulatory mechanism for traffic safety with an equally noteworthy press release earlier this year.

Preventable medical errors kill anywhere from 200,000 to 400,000 people each year, according to a 2013 study in the Journal of Patient Safety, making medical errors the third leading cause of death in the United States, behind heart disease and cancer. Even the 200,000 figure is "equivalent to three airline passenger planes crashing a day with no survivors," Sullenberger said. If anywhere near that number of people were dying each year in air disasters, planes would be grounded and a presidential commission launched to address the situation, he said. (Contra Costa Times, Jan. 13, 2014)

Sully Sullenberger, Hero on the Hudson, has now become a nationally recognized expert on patient safety, and is readily able to gain media attention regarding the acknowledged plight of needless hospital deaths. But Sully's new voice in the efforts to improve patient safety also signifies a continuation of misdirected efforts.

Find The Black Box, its cover, and its initial point of emphasis is to illustrate what has always been missing in the past quarter center of efforts to improve the quality of health care, and patient safety; all medical care is local, and states license doctors, therefore each state is responsible to create, and maintain a functional health care delivery system. Sadly, there is no evidence that any governor or state legislator, past or present, has ever recognized, and attempted to satisfy that responsibility to, and for their citizens.

MADD, in my opinion, is probably the first effective, modern-day Tea Party, and they have been able to demonstrate how a small number of concerned citizens, sufficiently motivated, can come under one umbrella, and with a singular purpose, coerce state governors, and legislators to find their state's regulatory black box, and incrementally improve its regulatory mechanism for the benefit of society.

Find The Black Box illustrates the similarity in the regulatory configuration of a state's efforts to regulate both the existence of impaired drivers, and presumably also regulate the practice of medicine with two simple designs early in Chapter One. What some may find surprising is just how similar those two state efforts for regulatory control are, and yet the great attention given to one should emphasize the apparent avoidance of consideration given to the other. (Find The Black Box designs)

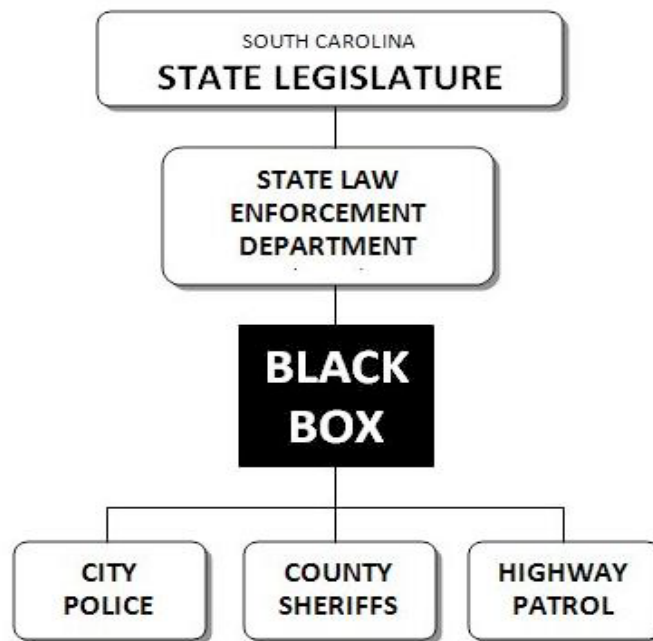


Fig. 1 MADD-forced reconfiguration of DUI Regulatory Mechanism

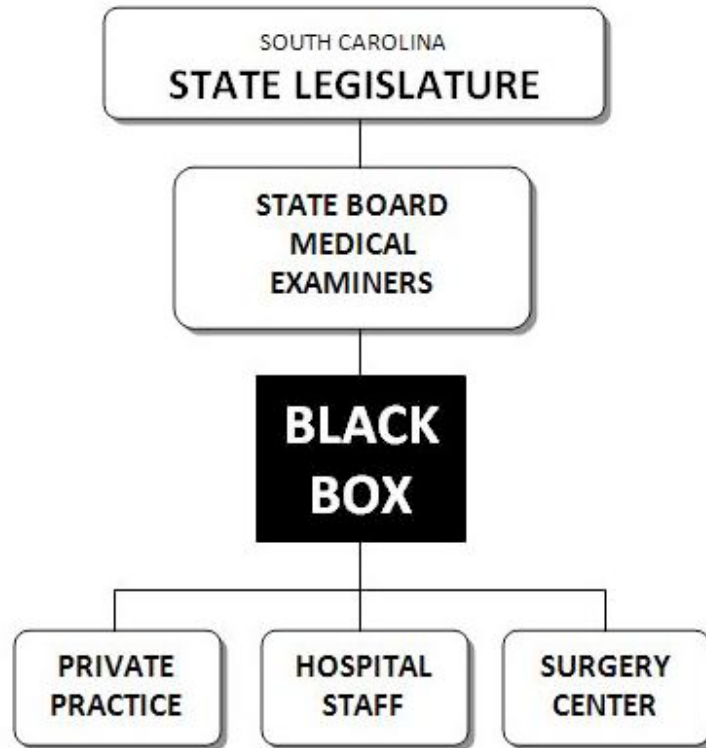


Fig. 2 Medical Regulatory Mechanism

Emma’s Law in South Carolina can hopefully be used to now direct the spotlight onto the issue of needless hospital deaths, and each state’s responsibility to participate in the efforts to stem that deadly tide. But first, note must be taken of two major, interrelated inconsistencies that have been present, but unrecognized in the efforts to improve the quality of health care, and patient safety during the past quarter century.

First inconsistency: Quality of health care, and patient safety literature is for all practical purposes devoid of any recognition that since all medical care is local, and states license doctors, each state is responsible to create, and maintain a functional health care delivery system.

Second inconsistency: No state legislatures’ regulatory activities during the past quarter century will demonstrate any effort to find, and incrementally improve their state’s medical regulatory mechanism in a manner similar to that demonstrated by Emma’s Law.

It appears that the constantly, and consistently increasing estimates of needless hospital deaths annually has been accepted to be a “national problem” left in the hands of literally an army of agencies, organizations, and foundations, etc., promising great beneficial improvement, while creating a quarter of a century of dismal failure.

Sully Sullenberger has been warmly welcomed into a cadre of patient safety experts whose well established track record is littered with broken promises, and ever increasing numbers of needlessly dead patients. At the same time, each of those numerous entities

promise to continue using the same methods they have been using while fulfilling Einstein's definition of insanity.

Forcing even one state to Find Their Black Box that one should assume contains the regulatory mechanism for the practice of medicine in doctor's offices, hospital medical staffs, and surgery centers would rapidly illustrate the dramatic difference between any state's efforts to regulate impaired drivers, and doctors' questionable patient care.

Find The Black Box containing the regulatory mechanism for the practice of medicine should be considered as meaningful in any state's health care delivery system as it often is found to be in commercial aviation tragedies. MADD should be the role model for those whose family has been caused to be included in the statistical estimates of needless hospital deaths, or medically harmed, but not fatally.

The estimate of needless hospital deaths track record is established (see below), as well as are the multitude of promises of how a plethora of patient safety measures were being put into place to reverse that rising tide of death. Yet a quarter of a century after that original 1990 estimate was used in the IOM To Err Is Human in 2000 that original estimate has become a goal to be sought, rather than a target to reduce. And there are clearly evident reasons why the multitude of patient safety measures that have been strongly proclaimed to bring beneficial change have been, and continue to be grossly ineffective. The needless hospital death track record for the past quarter of a century speaks for itself.

Find The Black Box provides a new, and different approach in how to begin to understand why that quarter century track record is as it is, and why each state's responsibility has never been fully recognized. Emma's Law and MADD will hopefully create the impetus to replicate similar efforts in striving to improve patient safety in SC, and every other state.

References:

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