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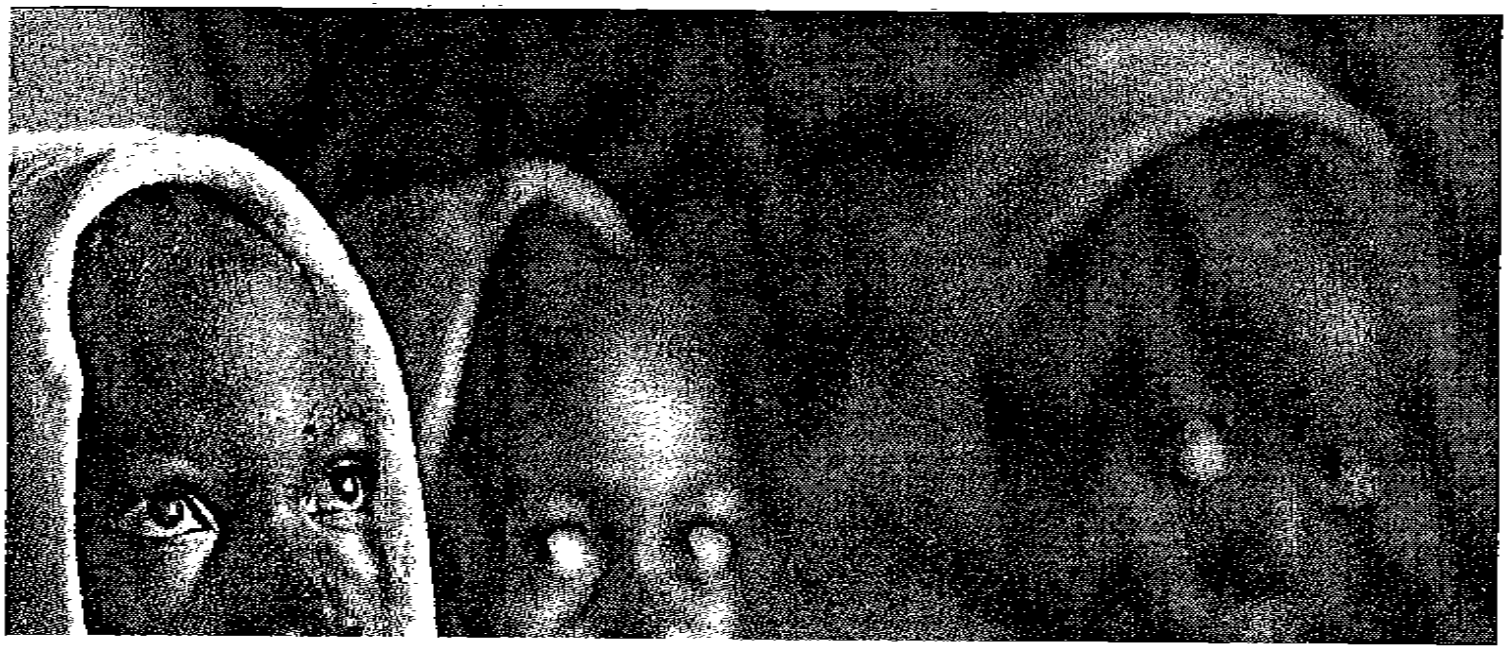
By Merrick Morton, Lucasfilm via Reuters

Politics hidden in the Force?

Is Jedi vs. Sith a commentary on Iraq? Fans abuzz but *Star Wars III* creator George Lucas says no ■ 7B

al report Crisis in Sudan Photos, 3A



Errors still taking lives

Hospitals

The Institute, a nonprofit public policy organization, pushed key health-care organizations to turn their attention to patient safety, the new report says. As a result, reductions as high as 93% have been made in certain kinds of error-related illnesses and deaths.

Computerized prescribing, adding a pharmacist to medical teams and team training in the delivery of babies are among the improvements medical centers are making, the study finds.

But "we have to turn the heat up on the hospitals," Leape says.

For example, 5% to 8% of intensive-care patients on ventilators develop pneumonia, the study says. But by following a simple protocol of bed elevation, drugs and periodic breathing breaks, those outbreaks can be reduced to almost zero. "A little hospital in DeSoto, Miss., called Baptist Memorial did it, so it doesn't take a big academic medical center," Leape says.

There's no economic incentive for hospitals to reduce errors because they make more money by treating the resulting problems, researchers say.

Instead, hospitals that eliminate infections should receive bonuses, Leape says. "If insurance companies paid 20% more for patients in (intensive-care units) where there

(3)

famine

ying hundreds of farming villages, killing
: of thousands of people, and driving a
d of Darfuris into camps like the one
e. Darfur, a region usually self-sufficient
n in the worst of times, can no longer
l itself. Because of the fighting, last year's
vest was ruined, much of this year's seed
troyed and more than half the farm live-
:k slaughtered, stolen or run off.
ood prices have doubled, immigrants'
ittances have been cut off, and the de-
nd for day labor and homemade handi-
ts has collapsed. And now the region en-
the annual hungry season — *gafaf*, they
it — when food from the last harvest
s low and daily meals drop from three to
) to one.
: all means that Darfur, so benighted that
. Secretary-General Kofi Annan likened it
hell on earth," faces another curse: fam-
A Tufts University study released earlier
year says that because of problems un-
cedented even in Darfur's tortured histo-
"regionwide famine appears inevitable."

Please see COVER STORY page 3A ▸

od charges

AP

ıy: Testifies
ol Hill.

ments and businessmen were selling him guns and gas."

He bluntly challenged Coleman, an attorney, to back up his claims: "I know that standards have slipped over the last few years in Washington, but for a lawyer, you are remarkably cavalier with any idea of justice." He said afterward that Coleman was "not much of a lyncher."

For his part, Coleman said later that he did not think Galloway was a "credible witness."

n- The hearing was reviewing three major
ts reports from a congressional panel that
ı- studied the oil-for-food program. As well
:d as pointing the finger at politicians from
m Britain, France and Russia, committee in-
vestigators also argue that a Texas-based
ın oil company, Bayoil, was involved in Sad-
ıy dam's oil-for-food schemes. U.N. Security
ti- Council members, including the United
s- States, often looked the other way, in-
n- vestigators said.

But nationwide, the pace of change is painstakingly slow, and the death rate has not changed much, according to the study in today's *Journal of the American Medical Association*. The researchers blame the complexity of healthcare systems, a lack of leadership and the reluctance of malpractice-shy doctors to admit errors.

"The medical community now knows what it needs to do to deal with the problem. It just has to overcome the barriers," says study co-author Lucian Leape of Harvard's School of Public Health.

The institute, a non-profit public policy organization, pushed key health-care organizations to turn their attention to patient safety, the new report says. As a result, reductions as high as 93% have been made in certain kinds of error-related illnesses and deaths.

Computerized prescribing, adding a pharmacist to medical teams and team training in the delivery of babies are among the improvements medical centers are making, the study finds.

But "we have to turn the heat up on the hospitals," Leape says.

For example, 5% to 8% of intensive-care patients on ventilators develop pneumonia, the study says. But by following a simple protocol of bed elevation, drugs and periodic breathing breaks, those outbreaks can be reduced to almost zero. "A little hospital in DeSoto, Miss., called Baptist Memorial did it, so it doesn't take a big academic medical center," Leape says.

There's no economic incentive for hospitals to reduce errors because they make more money by treating the resulting problems, researchers say.

Instead, hospitals that eliminate infections should receive bonuses, Leape says. "If insurance companies paid 20% more for patients in (intensive-care units) where there were no infections, they'd cut costs substantially.

"We've learned how to redesign our systems, and we've shown it can have a big impact. We've now got dozens of demonstration projects. Now the challenge is rolling those changes out to 5000 very different hospitals."

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Medical errors still claiming many lives

Study urges hospitals to take action, speed change

By Elizabeth Weise
USA TODAY

As many as 98,000 Americans still die each year because of medical errors despite an unprecedented focus on patient safety over the past five years, according to a study released today.

Significant improvements have been made in some hospitals since the Institute of Medicine released a landmark report in 2000 that revealed many thousands of Americans die each year because of medical mistakes.

But nationwide, the pace of change is painstakingly slow, and the death rate has not changed much, according to the study in *The Journal of the American Medical Association*.

The researchers blame the complexity of health care systems, a lack of leadership, the reluctance of doctors to admit errors and an insurance reimbursement system that rewards errors — hospitals can bill for additional services needed when patients are injured by mistakes — but often will not pay for practices that reduce those errors.

"The medical community now knows what it needs to do to deal with the problem. It just has to overcome the barriers to doing it," says study co-author Lucian Leape of Harvard's School of Public Health.

The institute, a public policy organization, pushed key health care organizations to focus on patient safety, the new report says. As a result, reductions as much as 93% have been made in certain kinds of error-related illnesses and deaths.

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Hospitals that eliminate infections should receive bonuses, Leape says. "If insurance companies paid 20% more for patients in (intensive-care units) where there were no infections, they'd cut costs substantially.

"We really need to rethink how we pay for health care. What we do now is pay for services, but what we should do is pay for care and outcomes."