Leadership and Culture: Building Highly Reliable Systems of Care

Michael Batchelor, CEO
Baptist Easley Hospital
Easley, South Carolina

Learning Objectives

• Discuss recent developments in health systems to improve patient safety.
• Describe recent advances in technology that improve patient safety.
• Explore how patient safety outcomes relate to the financial success of the organization.
• Discuss how pharmacy leaders can play a central role in building a culture of safety.

Tulane Medical Center alerts patients after medical gear improperly sterilized

Tulane Medical Center has notified 300 patients that it failed to properly sanitize gastrointestinal scope equipment used during seven weeks last fall, potentially exposing the group to various infectious diseases.

One of these things...

UNNECESSARY STENTS

Tara Nelson/Health News

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Current State of Quality

- Routine safety processes fail routinely
  - Hand hygiene
  - Medication administration
  - Patient identification
  - Communication in transitions of care

- Uncommon, preventable adverse events
  - Surgery on wrong patient or body part
  - Fires in ORs, retained foreign objects
  - Infant abductions, inpatient suicides

- Mark Chassin, M.D., President, The Joint Commission

It doesn’t have to be this way

How have others done it?

- “High reliability organizations” manage very serious hazards extremely well
  - Commercial aviation, nuclear power

- What do they all have in common?
  - Highly effective process improvement
  - Fully functional safety culture
  - Discover and fix unsafe conditions early
  - “Collective mindfulness”

- Mark Chassin, M.D., President, The Joint Commission

WARNING:
Every system is perfectly designed to get the results it gets.

- Paul Batalden,
  Dartmouth Institute for Health Policy and Clinical Practice
Engineering a Fail-Safe Health System

Memorial Hermann Healthcare System is on an all-out mission to eliminate health care-acquired infections. Despite a bit of physician resistance, the results so far are astonishing.

Increasing Reliability

We will eliminate all serious harm by leveraging our internal and external learnings toward becoming a high reliability organization (HRO) by June 30, 2015.

Which one can we control?
South Carolina’s Quality & Safety Journey

Lessons Learned

- Collaboration accelerates performance improvement
- Public scrutiny and positive peer pressure ensure leadership engagement
- We can’t make a population healthy by giving them high quality health care
- The Triple Aim is an essential strategy
- Fatigue among QI professionals is a problem, but we will never get off the project treadmill until we build a culture of safety

South Carolina Safe Care Commitment

South Carolina Hospital Association certified ZERO HARM
Embracing ZERO as a goal

Has your organization set a goal of ZERO HARM for at least one patient safety indicator?

a. Yes
b. No
c. Not yet, but we are discussing it now
High reliability: Preventing needlesticks
Needles are a source of injury to healthcare workers. Preventing needlesticks involves using safer equipment and practices to reduce the risk of needlestick injuries.

High reliability: Bar coding meds
Bar coding medication is a method to prevent medication errors by using bar codes to identify medications. This system reduces the risk of administering the wrong medication.

High reliability: Surgical sponges
Using surgical sponges with bar codes can help ensure that all sponges are accounted for during surgery, reducing the risk of retained surgical sponges.

How often does your organization discuss technology as a way to improve patient safety outcomes?
- a. Only after a patient harm event
- b. Usually only once a year during the capital budgeting process
- c. Whenever we learn of a technology that might improve patient safety

High reliability: More than just the right thing to do
In a sample of 500,000 random hospital admissions, hospital-acquired conditions resulted in:
- 2,510 excess deaths (five excess deaths per 1,000 admissions)
- An additional $472 million in the cost of care (almost $1,000 per admission)

Partnership for Patients
Partnership For Patients
Goal: 40% reduction in preventable healthcare-acquired conditions
Goal: 20% reduction in preventable healthcare-acquired conditions

$35B
Source: Medicaid.gov
Better care and lower cost at Scripps

- A cross-system team examined open heart procedures across all four hospitals. One required nitric oxide to be administered to patients to boost oxygen intake, while the others didn’t. Outcomes were the same. Scripps no longer requires nitric oxide, but an M.D. can order it if he or she feels it is necessary. Savings: $400,000 per year.

- To reduce ER wait times nurses and M.D.s must see patients simultaneously, cutting average wait times to 30 minutes. Patients don’t have to repeat their health problems, fewer mistakes are made, and more patients can be seen. In the first year alone, revenue was up $29 million.

Do you know how much your organization would save next year by eliminating central line infections and ventilator associated pneumonia?

a. Yes
b. No

C-suite

- Relevance, Relevance, Relevance!!!
  – Understand the organization’s strategic priorities and challenges
  – Why is the pharmacy relevant?
- Frame the conversation
- Recruit thought leaders

Key strategic objectives

- Coverage
- Insurance Reforms
- Delivery System Reforms
- Payment Reforms
- Transparency
- Health IT

Implications for hospitals

- Achieve solid clinical alignment between hospital and physicians
- Deliver superior outcomes
- Reduce costs
- Develop integrated information systems
- Form strategic alliances
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Change your business model.
### Market-wide implications

- Traditional silos must yield to high-performing systems of care, in which:
  - All key players are aligned
  - All care is safe, timely, high quality, and patient-centered
  - Care is delivered by teams
  - Licensed professionals practice at the top of their licenses
  - Handoffs between providers are seamless

### Implications for hospital-based pharmacists

- Renewed emphasis on safety (high reliability)
- Greater involvement in comparative effectiveness
- Management of drug shortages (including ethical issues)

### Implications for community-based pharmacists

- Increased responsibility for disease management
- Greater engagement in employee health
- Delivery of primary care on site (CVS, Walgreens)

### Evidence-based practice: Medicine

### Evidence-based practice: Pharmacy

### Framing is important
Thought leaders are people who have earned a disproportionate level of respect. They demonstrate the difference between authority and influence. Find them.

Has this discussion helped you identify any new strategies for elevating the role of the pharmacy in your organization?

a. Yes
b. No