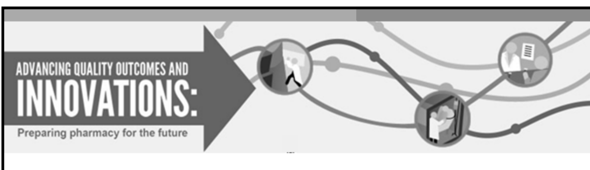

Leadership and Culture: Building Highly Reliable Systems of Care

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.

One of these things…

One of these things…

Tulane Medical Center alerts patients after medical gear improperly sterilized

Published: Thursday, March 10, 2011, 9:30 PM Updated: Tuesday, March 15, 2011, 3:36 PM

By Bill Barrow, The Times-Picayune
Follow

Tulane Medical Center has notified 360 patients that it failed to properly sanitize gastrointestinal scoping equipment used during seven weeks last fall, potentially exposing the group to various infectious diseases.

+ View full size — Michael DeMocker, The Times-Picayune archive

Dr. Robert Lynch, the hospital's CEO, acknowledged the error in a Jan. 3 letter that invited affected patients to obtain free screening for hepatitis B, hepatitis C and HIV. The letter, however, characterized the chances of infection as "minimal to non-existent."

Lynch cited a mistake in one of five steps in its sanitizing protocol and framed the tests as a way "to reassure patients whose procedures were impacted."

State epidemiologist Dr. Raoult Ratard, who has conferred with Tulane officials

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msnbc

BREAKING NEWS: JPMorgan Chase raises Bear Stearn offer to $10 per

Local News / Minneapolis, MN

Monday: Wrong kidney removed from Methodist cancer patient

By MAURA LERNER and JOSEPHINE MARCOTTY / StarTribune
startribune.com
updated 10:30 p.m. CT, Tues., March. 18, 2008

In what officials are calling a "tragic medical error," a surgical team removed the wrong kidney from a patient with kidney cancer last week at Methodist Hospital in St. Louis Park, the hospital disclosed Monday.

Officials said the error occurred weeks before the surgery, when the kidney on the wrong side was identified on the patient's medical charts as cancerous. The patient, who was not identified, was left with the cancerous kidney when the healthy one was removed.

Mail Online health

Friday, May 11 2012

'You're taking out wrong kidney, surgeon was told'

by CLARE KITCHEN, Daily Mail

A surgeon accused of killing a patient by taking out the wrong kidney was warned he was making a mistake by a medical student watching the operation, a court heard yesterday.

Dr Mahesh Goel dismissed the concerns of student Victoria Fern and pressed on with the surgery, it was said.

Goel and consultant urologist John Roberts are accused of manslaughter over the 'appalling error' which left 70-year-old Graham Reeves with one diseased kidney.

The Korean War veteran died five weeks after the botched operation.

Roberts, 59, and Goel, 39, had shown a level of care far below that which is expected of competent surgeons, prosecutor Leighton Davies QC said.

'It was a drastic surgical error described by Mr Roberts himself in the aftermath as the worst thing he had done in his life,' said Mr Davies. 'He says it was an appalling error.'

Mr Reeves, who was single, was due to have his damaged right kidney removed. But the surgeons removed his left kidney and before the mistake was realised it was put in a jar of acidic sterilising agent.

'The right kidney was diseased for years and non-functioning,' Mr Davies told Cardiff Crown Court.

'The operation played a significant part in causing his death. It deserves to be condemned as gross negligence and therefore a crime.'

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

WARNING:

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

– Paul Batalden,
Dartmouth Institute for Health Policy and Clinical Practice

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

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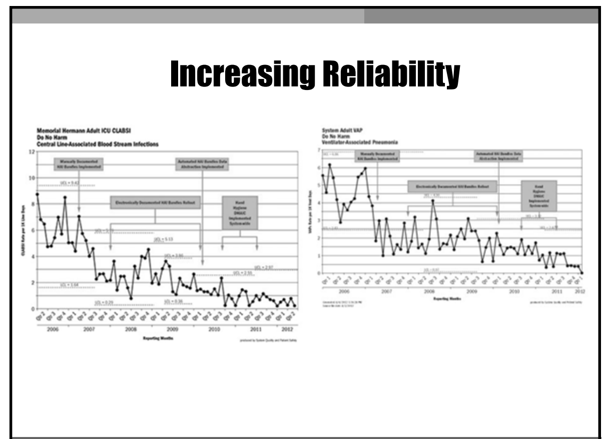
Engineering a Fail-Safe Health System

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.

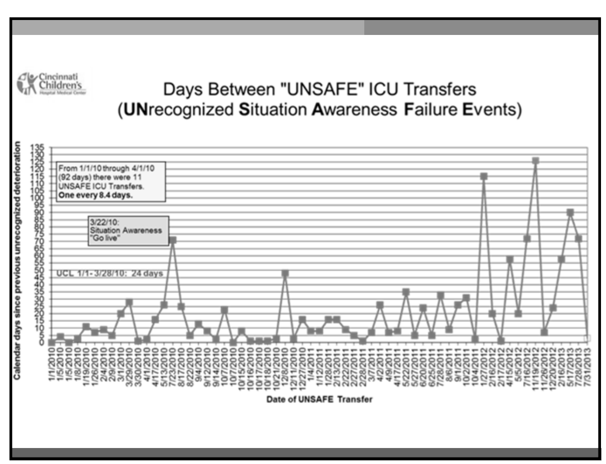
Hospitals and Health Networks, October 1, 2013

Increasing Reliability

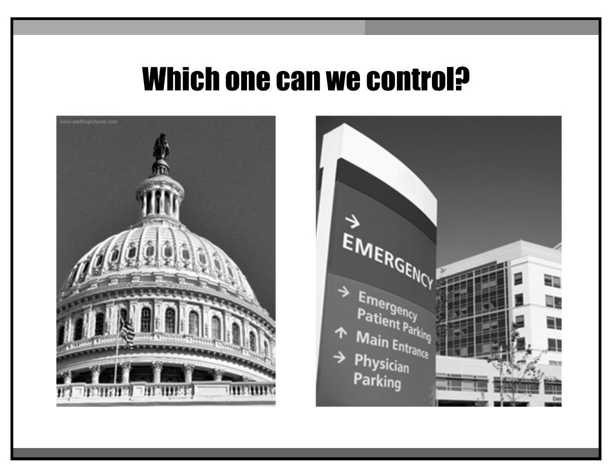


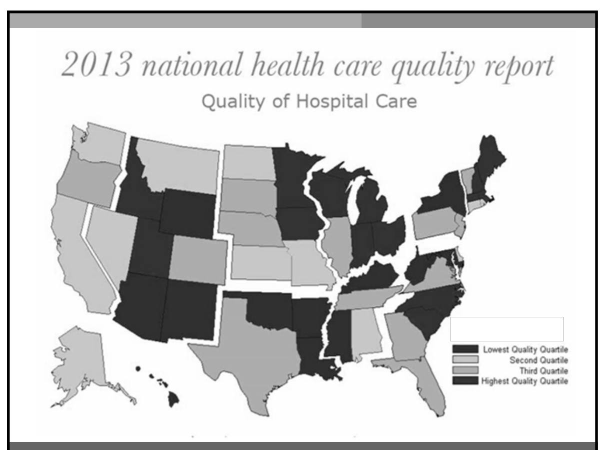
Cincinnati Children's Hospital Commits to Use High Reliability Methods to Eliminate Serious Harm

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?





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

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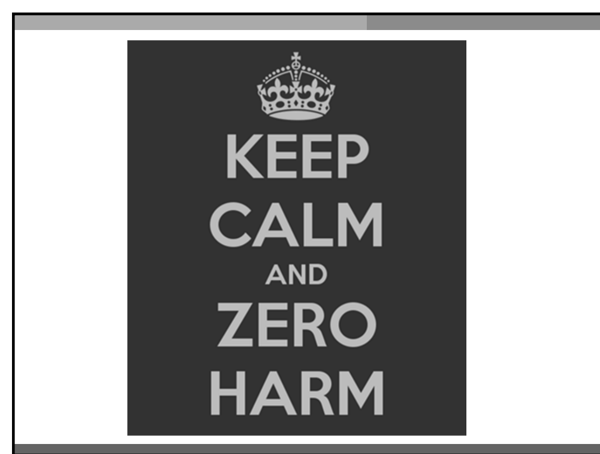
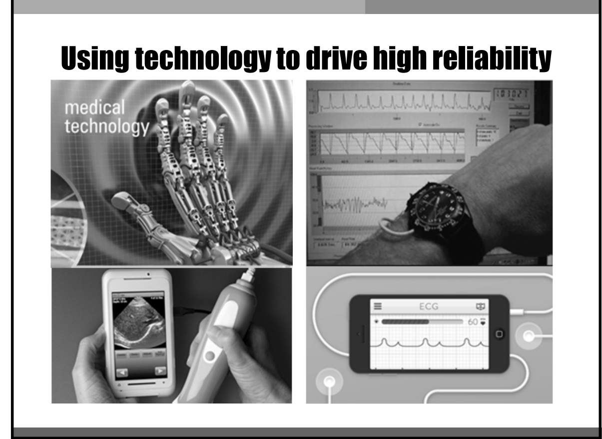
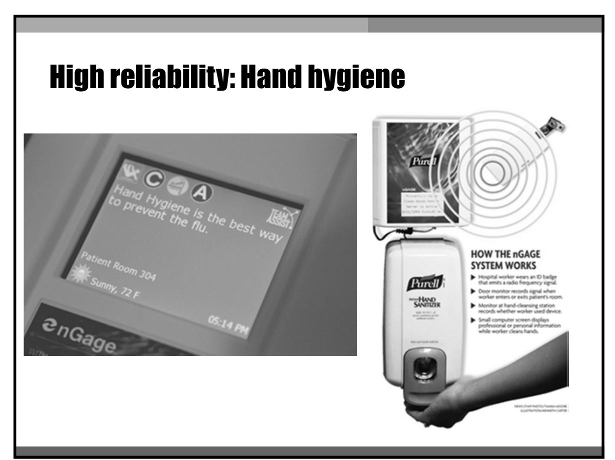
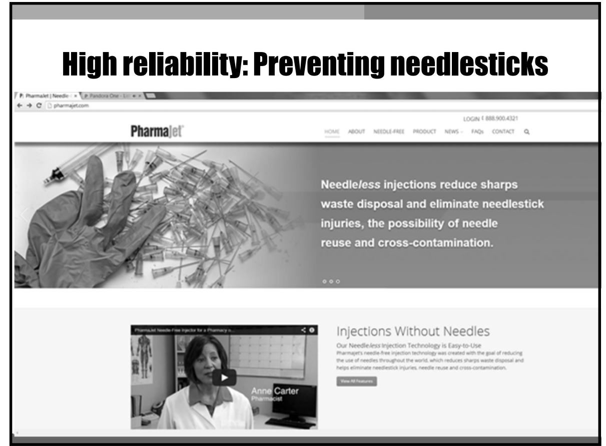


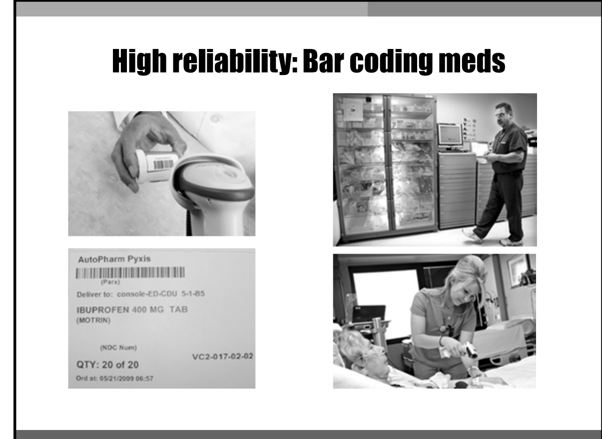
Has your organization set a goal of ZERO HARM for at least one patient safety indicator?

a. Yes
b. No
c. Not yet, but we are discussing it now



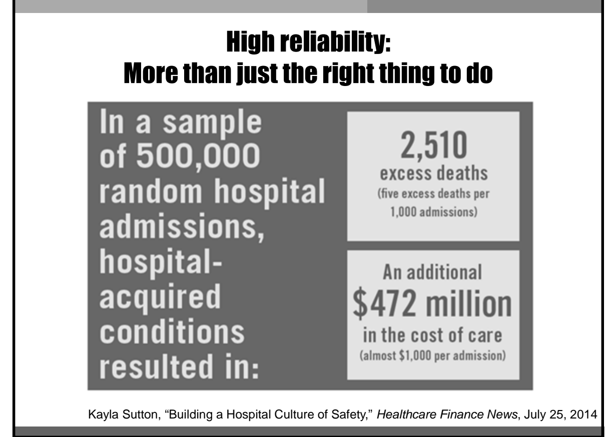


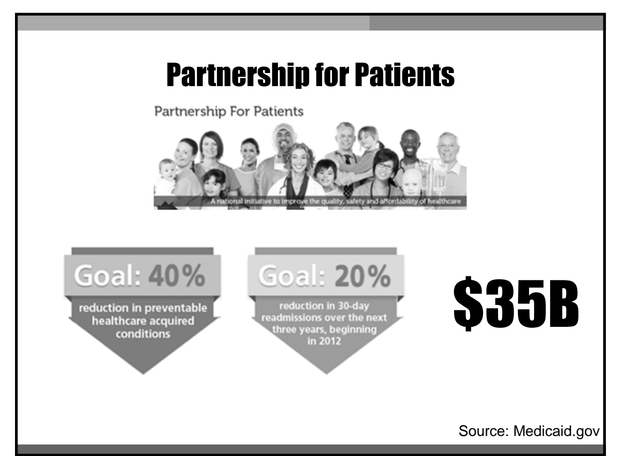




How often does your organization discuss technology as a way to improve patient safety outcomes?

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





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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
- Prepare for new payment models

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Change your business model.

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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

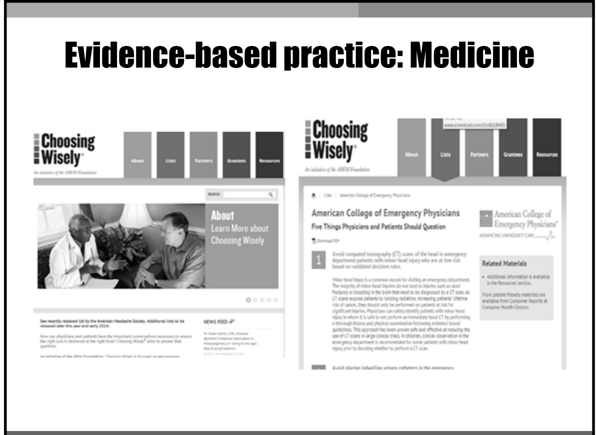
Implications for hospital-based pharmacists

- 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)

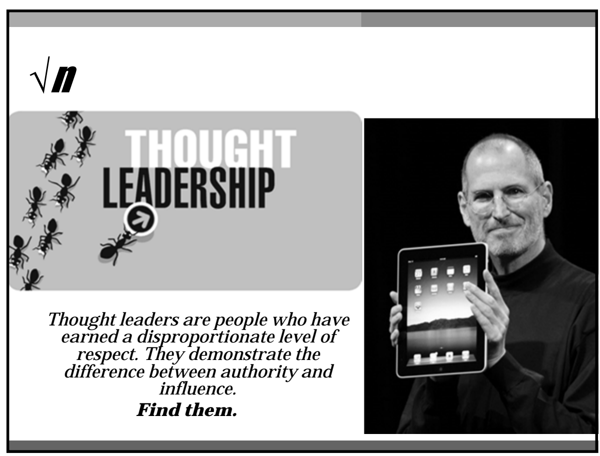
Evidence-based practice: Medicine



Evidence-based practice: Pharmacy

PPMI
National Dashboard
Goal 1 Goal 2 Goal 3 Goal 4 Goal 5

Framing is important



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

a. Yes
b. No