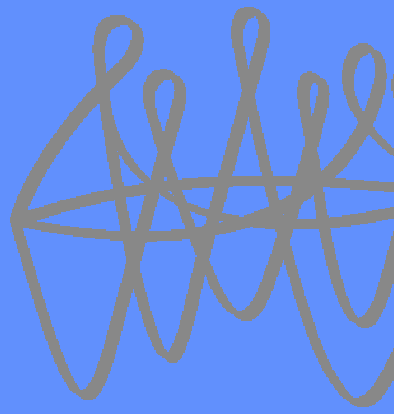
The Quality Colloquium

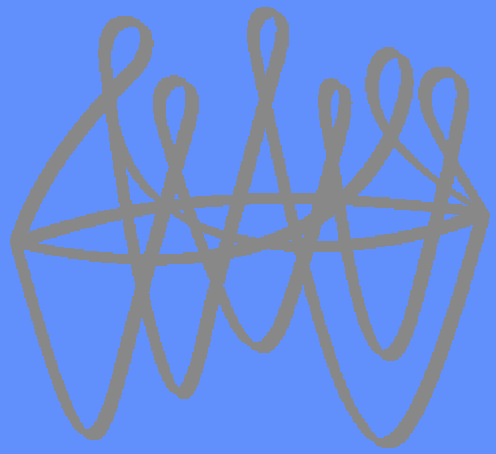
Provider Initiatives in Quality Enhancement and Medical Error Reduction

Timothy T. Flaherty M.D., Chair, NPSF Board of Directors

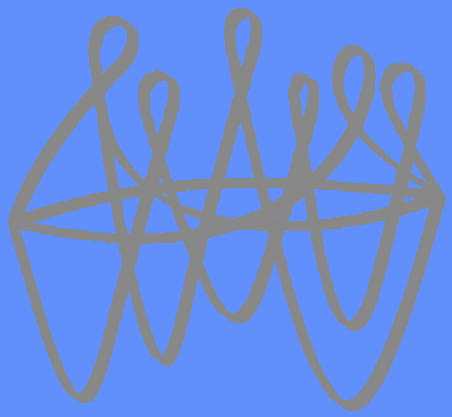


National Patient Safety Foundation

www.npsf.org



Mission of the NPSF



To improve patient safety in the delivery of health care

NATIONAL PATIENT SAFETY FOUNDATION

BACKGROUND

Founded in 1996

PARTNERS

American Medical Association
3M Corporation
CNA HealthPro
Schering-Plough

NATIONAL PATIENT SAFETY FOUNDATION

NPSF is:

- independent
- not-for-profit
- multidisciplinary
- single focused

NATIONAL PATIENT SAFETY FOUNDATION

NPSF BOARD
50 members representing major stakeholders

- Consumers
- Patients and Families Advisory Committee
- Providers: Physicians, Nurses, Pharmacists
- Administrators,Educators, Researchers
- Employers, Physician Insurers, Risk Managers, Legal Community, Regulators
- Manufacturers

NATIONAL PATIENT SAFETY FOUNDATION

NPSF Objectives

- Raising awareness
- Building a knowledge base
- Creating a forum for sharing knowledge
- Facilitating the implementation of practices that improve patient safety

Stand Up for Patient Safety Campaign

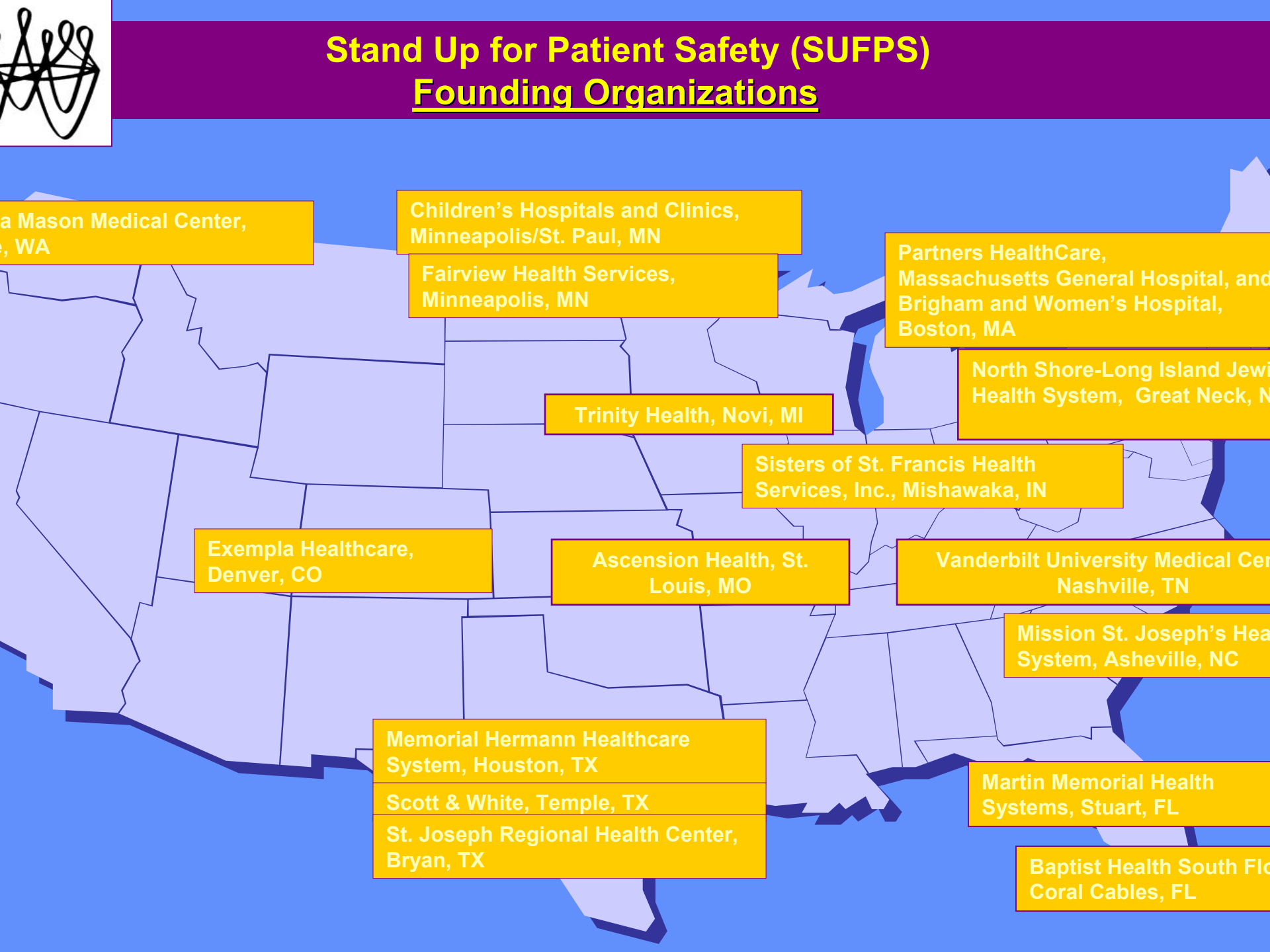
Launched in 2002 to serve as a rallying cry for patient safety nationwide.

Calling for continuous improvement in patient safety and reducing medical error in all healthcare settings.

Appealing to hospitals to support NPSF and the achievement of its mission to measurably improve patient safety.

Providing substantive resources to hospitals, healthcare professionals, and patients to improve patient safety and reduce the cost error.

Stand Up for Patient Safety (SUFPS)
Founding Organizations



Safety Council

A “think tank” to anticipate and explore important issues on the horizon in the field of patient safety.

Safety Council

THINK TANK

- *"New Look"*
- *Accountability:*
  Psychological, Ethical, Legal Aspects
- *Implementation of IT Solutions:*
  Human-Technology Intersect

NATIONAL PATIENT SAFETY FOUNDATION

MEASURABLY IMPROVE PATIENT SAFETY

5 Programs:

C*OMMUNICATIONS*

A*PPLICATIONS & LEARNING*

R*ESEARCH*

E*DUCATION & LIAISON*

S*AFETY COUNCIL*

Communications

- Clearinghouse / Knowledge Management -- Library of over 3,500 articles, papers, books, videos and audiotapes.
- *Focus on Patient Safety* newsletter published quarterly
- WWW.NPSF.ORG continuously updated
- Patient Safety Discussion Forum listserv monitored
- Speaker's Bureau
- Promotion of patient safety to the media, consumers and healthcare professions

Communications

Clearinghouse/Knowledge Management

- Comprehensive library collection of patient safety literature and resources
- Bibliography - publication of key reports and papers in patient safety, updated quarterly
- Current Awareness - bi-weekly electronic web newsletter of current news and reports

Applications and Learning

- Solutions Initiative
- Collaborative Action initiatives
- Patient and Family Advisory Council

Applications and Learning

PATIENT AND FAMILY ADVISORY COUNCIL

- Developing “National Agenda for Action: Patients and Families in Patient Safety”
- Provide counsel to the board
- Consumer perspective incorporated into NPSF work

Research

- AWARDS RESEARCH GRANTS
- PUBLISHED:

  Current Research on Patient Safety in the United States (an inventory and analysis of current research landscape and funding in the U.S. 1999- 2001)

  Agenda for Research and Development in Patient Safety (sets forth the strategy and tactics for research and development in patient safety)

Research

Examples of research projects funded by NPSF

- The use of audio alarms in critical care settings
- Studying of learning curve for new surgical procedures
- Measuring of the acquisition of clinical expertise throughout anesthesia training

Research

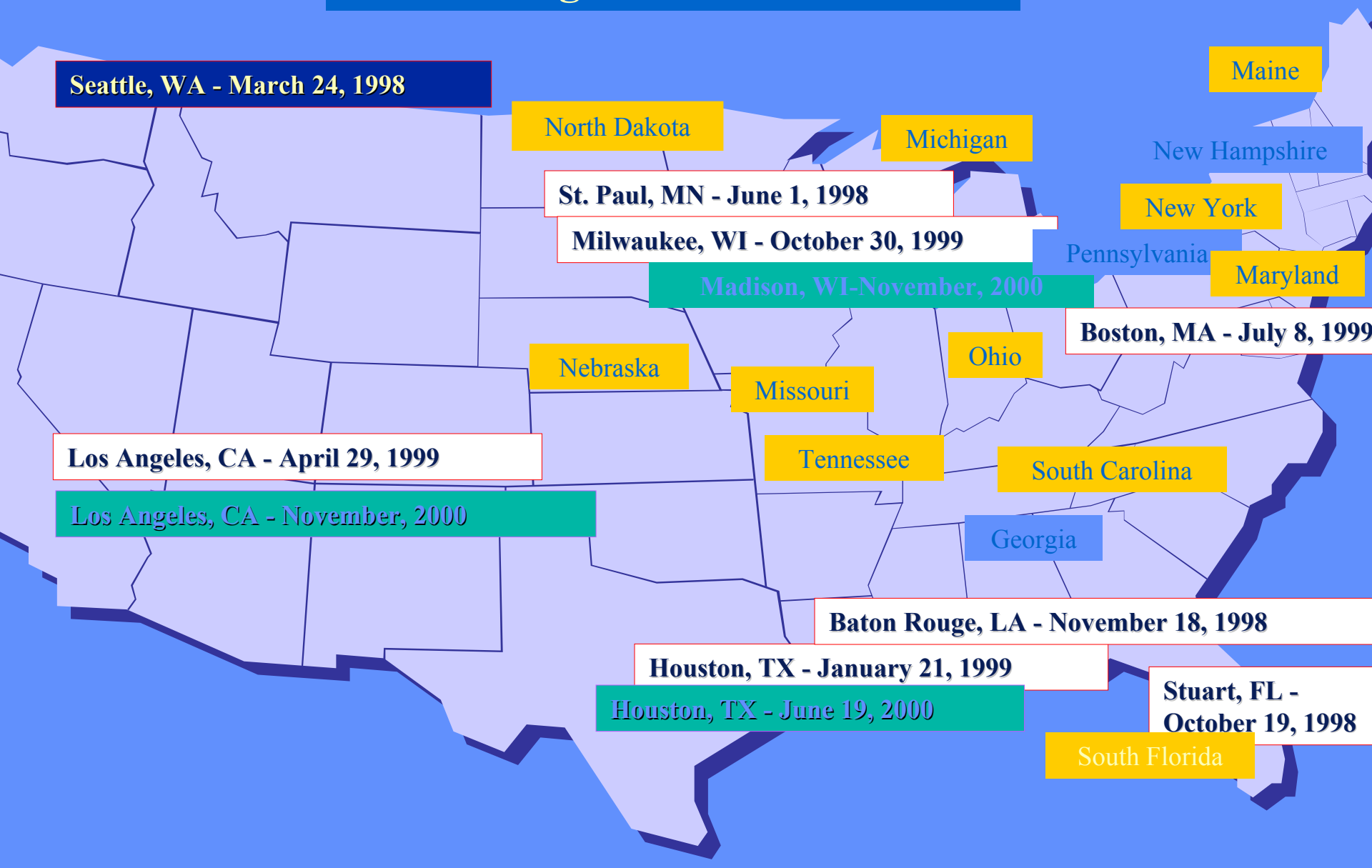
Examples of research projects funded by NPSF (continued)

- Identifying and minimizing look-alike/sound-alike drug names
- Pediatricians studying adverse medical errors in children
- Development of software that will seek out potential errors in HMO's

Education & Liaison

- Web based Education
- DCERPS project
- Conferences
- Regional Forums
- AHA Forum / NPSF Fellowship Program
- NPSF / ASQ Six Sigma Training

Regional Forums



Education & Liaison

IMPROVING PATIENT SAFETY THROUGH WEB-BASED EDUCATION

- Develop modules to educate target audiences about patient safety

- Audiences include:
  * Patients and Families
  * Physicians and Health Care Providers
  * Nurses
  * Anesthesia Providers

Education & Liaison

IMPROVING PATIENT SAFETY THROUGH WEB-BASED EDUCATION

(continued)

- Supported by a 3 year AHRQ grant 2001-2004
- In partnership with Medical College of Wisconsin and Anesthesia Patient Safety Foundation
- CME and CE credit will be available

Education & Liaison

IMPROVING PATIENT SAFETY THROUGH WEB-BASED EDUCATION

(continued)

- All modules will be on the internet
- Developing a supporting database of web-available patient safety resources

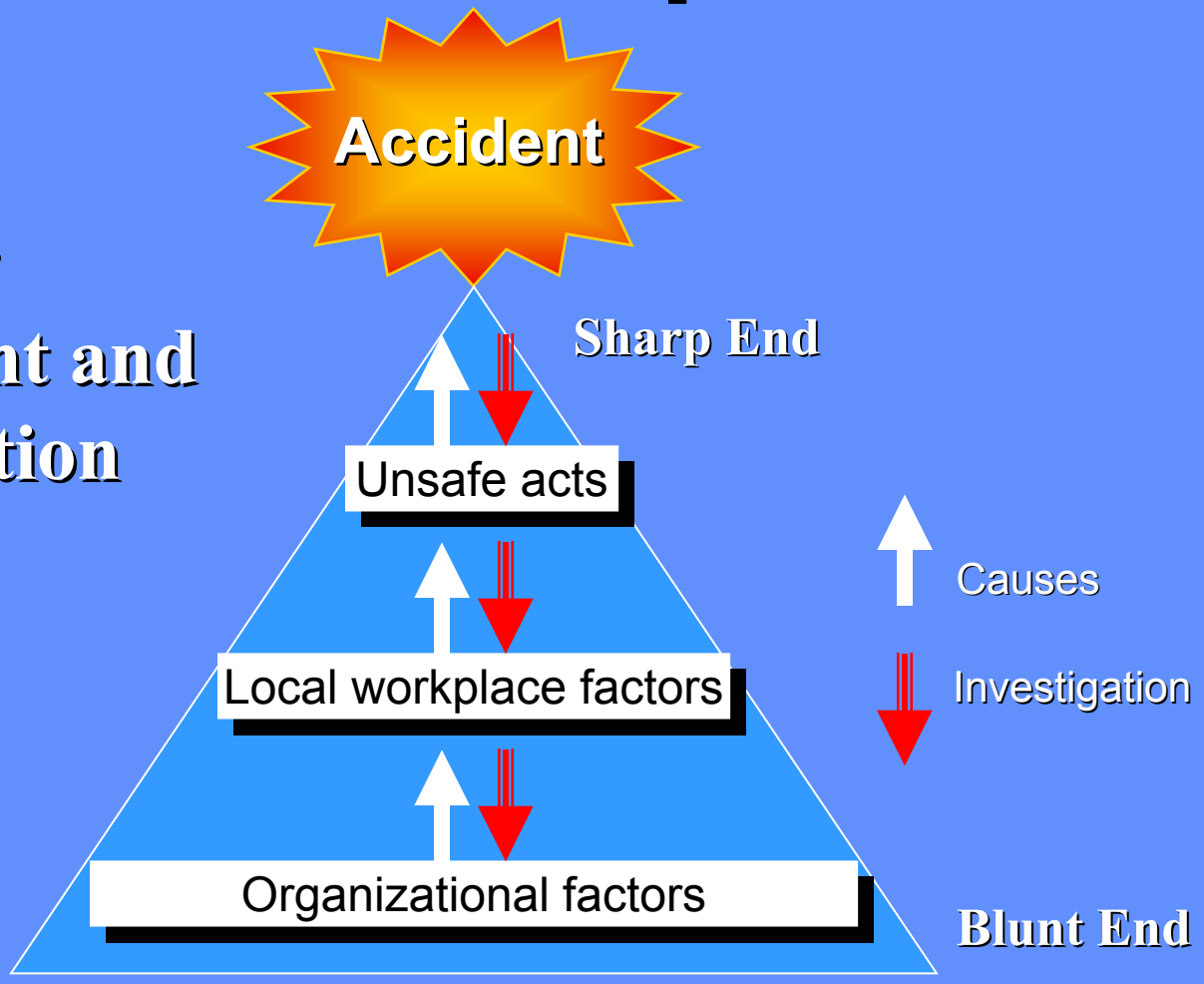
Education & Liaison

NPSF Sponsored or Co-sponsored Events

- NPSF Annenberg Conference: "Patient Safety: Let's Get on With it! (May 3-7, 2004, Boston, Ma.)
- "Accountability in Clinical Research: Balancing Risk and Benefit" Conference (April 24-26, 2002)
- Minnesota Executive Session on Patient Safety (in Partnership with Harvard)

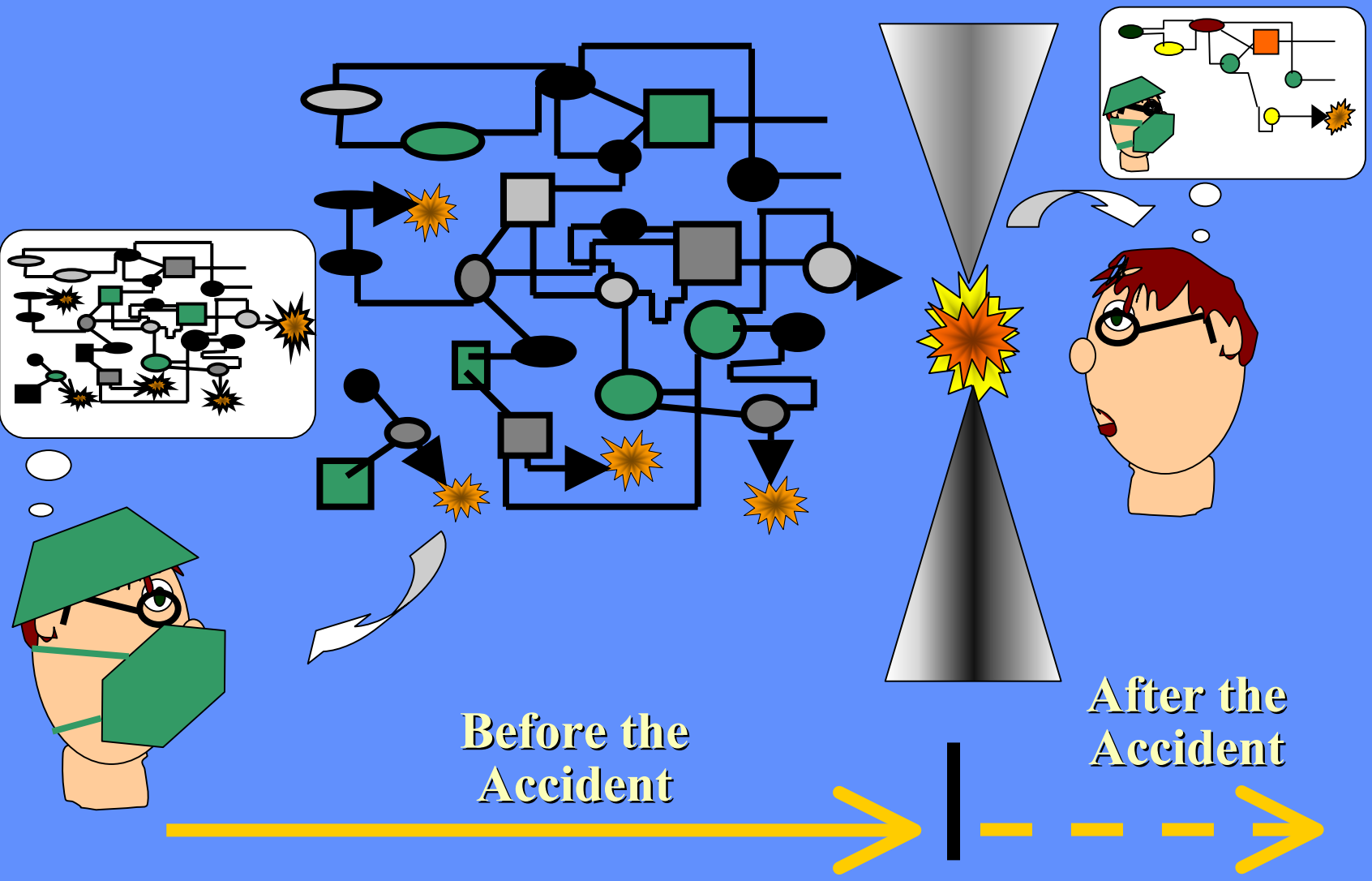
Patient Safety: Blunt End/Sharp End

Error Development and Investigation



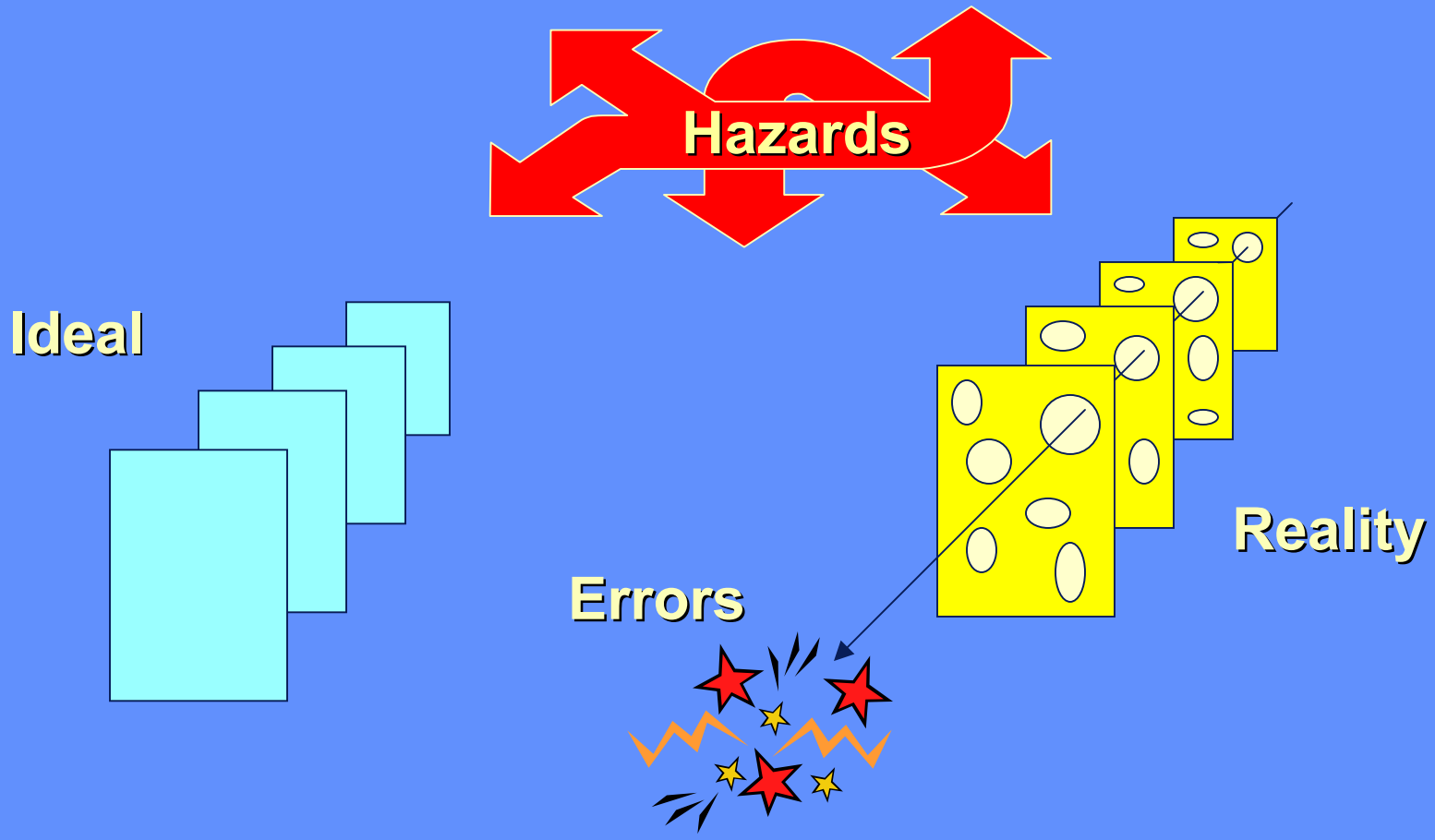
J. Reason

Patient Safety: Hindsight Bias



Modified from Richard I. Cook, MD (1997)

Patient Safety: Swiss Cheese Model



J. Reason

High Reliability Organizations

- People Systems Characteristics:
  - Non-punitive response to reporting & errors
  - Effective leadership
  - Respectful teamwork & effective interpersonal skills
  - Well-designed jobs with clear performance expectations
  - Reasonable work schedules
  - Skilled, knowledgeable people with adequate training
    - Those who work together train together

High Reliability Organizations

- Organizational Characteristics:
  - Organizational commitment to safety
  - Understanding safety as a system
  - An emphasis on continuous learning & willingness to change
  - Information easily available, well organized, & complete
  - Environments that support reporting, justice, learning, and systems improvement
  - Well maintained equipment

High Reliability Organizations

- Organizational Characteristics:
  - Effective & efficient systems that support care & service
    - Decreased reliance on vigilance or watchfulness
      - It fails with fatigue, distractions
    - Simple, standardized procedures with reduced hand-offs
    - Use of protocols
    - High levels of redundancy, backup, & recovery systems

How Culture is Embedded

Primary:

What leaders do, pay attention to, measure and reward on a regular basis

How leaders react to critical incidents and organizational crises

Deliberate role modeling, teaching and coaching

Observed criteria by which leaders allocate rewards and status

Observed criteria by which leaders recruit, select, promote, retire and terminate organizational members

Secondary:

- Organizational design and structure
- Organizational systems and procedures
- Organizational rites and rituals
- Design of physical space and buildings
- Stories, legends and myths about people and events
- Formal statements of organizational philosophy, values and creed

(Schein, 1992)

Patient Safety:

What Do I Need to Do About It?

PRINCIPLES FOR DESIGN OF SAFE SYSTEMS IN HEALTHCARE

⇒ Principle 1. Provide leadership

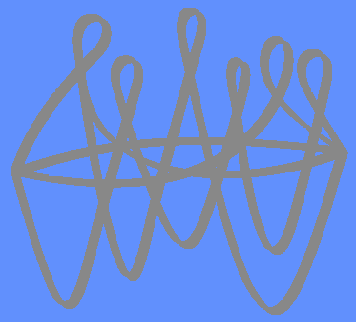
⇒ Principle 2. Respect human limits in process design

⇒ Principle 3. Effective team functioning

⇒ Principle 4. Anticipate the unexpected

⇒ Principle 5. Create a learning environment

ational Patient Safety Foundation



Programs

- Annual Congress
- Research
- Stand Up for Patient Safety
- Executive Sessions
- Patient and Family Advisory Council
- Information Resources
- Collaborative Initiatives

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