

Driving to Zero Harm – A Safety Journey James Nevin, MD, CPE, FACEP



Leading causes of death in the US

1. Heart Disease 614,348

2. Cancers 591,699

3. Being Admitted 210,000 – 400,000 to a Hospital (BMJ, May 2016)

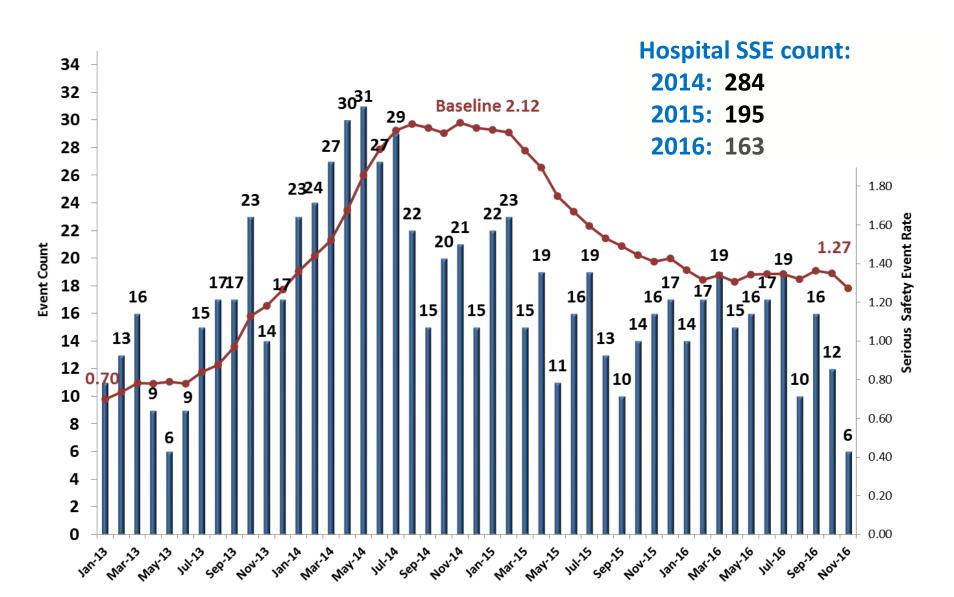


Roughly the equivalent of two 747s crashing every day with no survivors!



Advocate Hospital Serious Safety Event Rate (SSER)

Rolling 12-month rate per 10,000 APD January 2012 through November 2016









High reliability organizations (HROs)

HROs recast high-risk enterprises as merely high-consequence enterprises.

HROs operate as to make systems ultra-safe.



True or False?

 Competent clinicians shouldn't make mistakes?

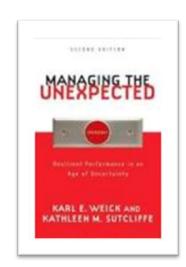
 People or organizations who make mistakes should be punished?





High Reliability Principles

- Preoccupation with Failure
- Sensitivity to Operations
- Reluctance to Simplify interpretations
- Commitment to Resilience
- Deference to Expertise
- Clear Communication





NEVER LEAVE YOUR WINGMAN





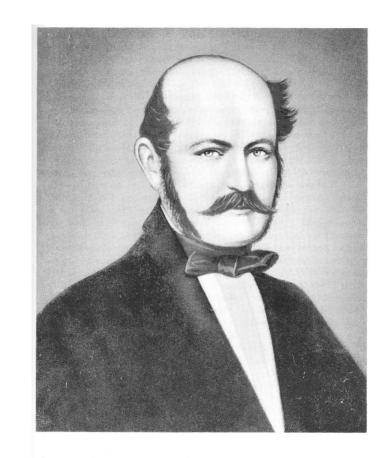
Cultural Changes Take Time and Commitment

This work requires a shared commitment to fundamentally change the way leaders, physicians and associates think, communicate and act.



Ignaz Semmelweis, MD

- Hungarian Obstetrician 7/1/1818 8/13/1865.
- In 1847, he observed that hand washing standards in obstetrical clinics reduced the incidence of fatal pueral fever from about 10% to 1-2%, but the medical community resisted and shunned him
- The "Semmelweis Reflex" is the tendency to reject new evidence/knowledge because it contradicts norms, beliefs or paradigms

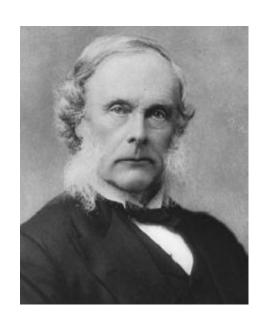


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Louis Pasteur

- Chemist and Microbiologist, 12/27/1822 9/28/1895
- Published his article on Pasteurization in 1865





Joseph Lister

- Physician/Surgeon, 4/5/1827 2/10/1924
- In 1867, Lister introduced use of carbolic acid as an antiseptic during surgery

Administration and Leadership Cultural Changes

Cultural changes take time and commitment, and it starts at the top





THE SHARP END

Recruiting front line nurses and associates to join the safety journey is essential to success.



Relationships and Trust Change Culture

- Safety coaches in each unit
- Training in HRO principles
- Tools to apply HRO principles
- Use of Midas Reports as opportunities to improve patient safety



The Physician Challenge







Teamwork in Healthcare

- 75% of surgeons rated teamwork 'High'
- Others on the team 'not-so-much'
 - 39% of anesthesiologists
 - 28% of surgical nurses
 - 25% of anesthesia nurses
 - 10% of residents

50% of surgeons felt junior team members should not question the decisions of senior physicians

Source: Internal Bleeding, Whachter & Shojania, 2004





How do you change this culture?

- One physician at a time
- One story at a time
- From the top to the bottom
- Over again and again



