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Leadership in Health Affairs

Patient Safety First- 2016

Teaming Up for Quality and Patient Safety

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VP, Quality & Patient Safety, HASC

6/9/16

www. hasc.org

Will this be a “Value Add” Day?

- *Add triple aim **power** to your QI/PS program*
  - Identify similarities between “Choosing Wisely” recommendations and Patient Safety goals
- *Learn from two MD champions*
  - Design improvement strategies in partnership with physician leaders
- *Explore peer hospitals’ successful strategies*
  - Apply lessons learned in Sepsis Management and Perinatal Safety

What do you do for a living?

I save lives

PSF Phase 2 - 2013-2015

- *Sepsis Mortality*
- *HAI – C. Difficile*
- *Perinatal Safety*
  - *NTSV C- Section Reduction*
  - *Obstetric Hemorrhage*
- *Outcomes Report: June 9, 2016*

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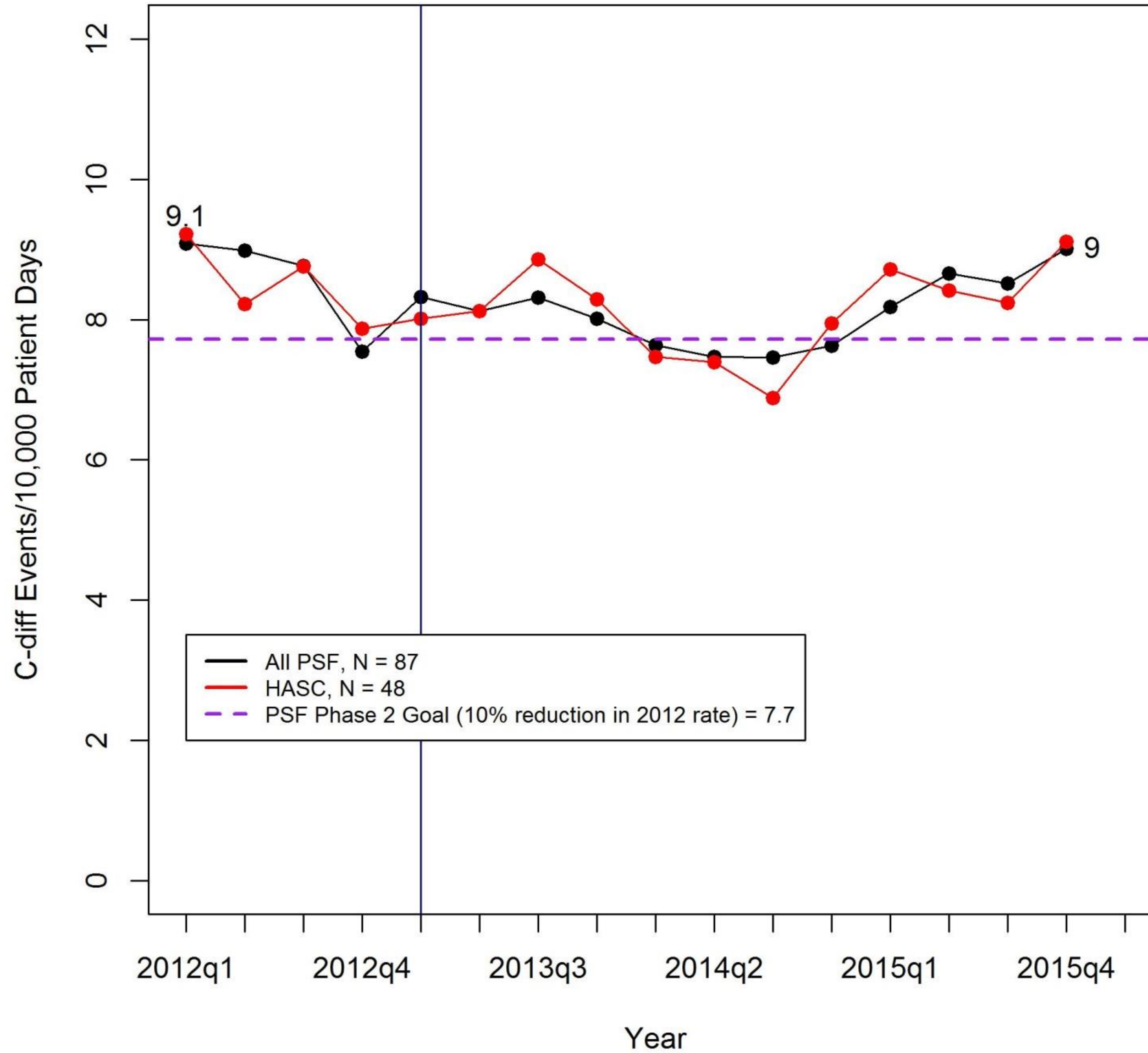
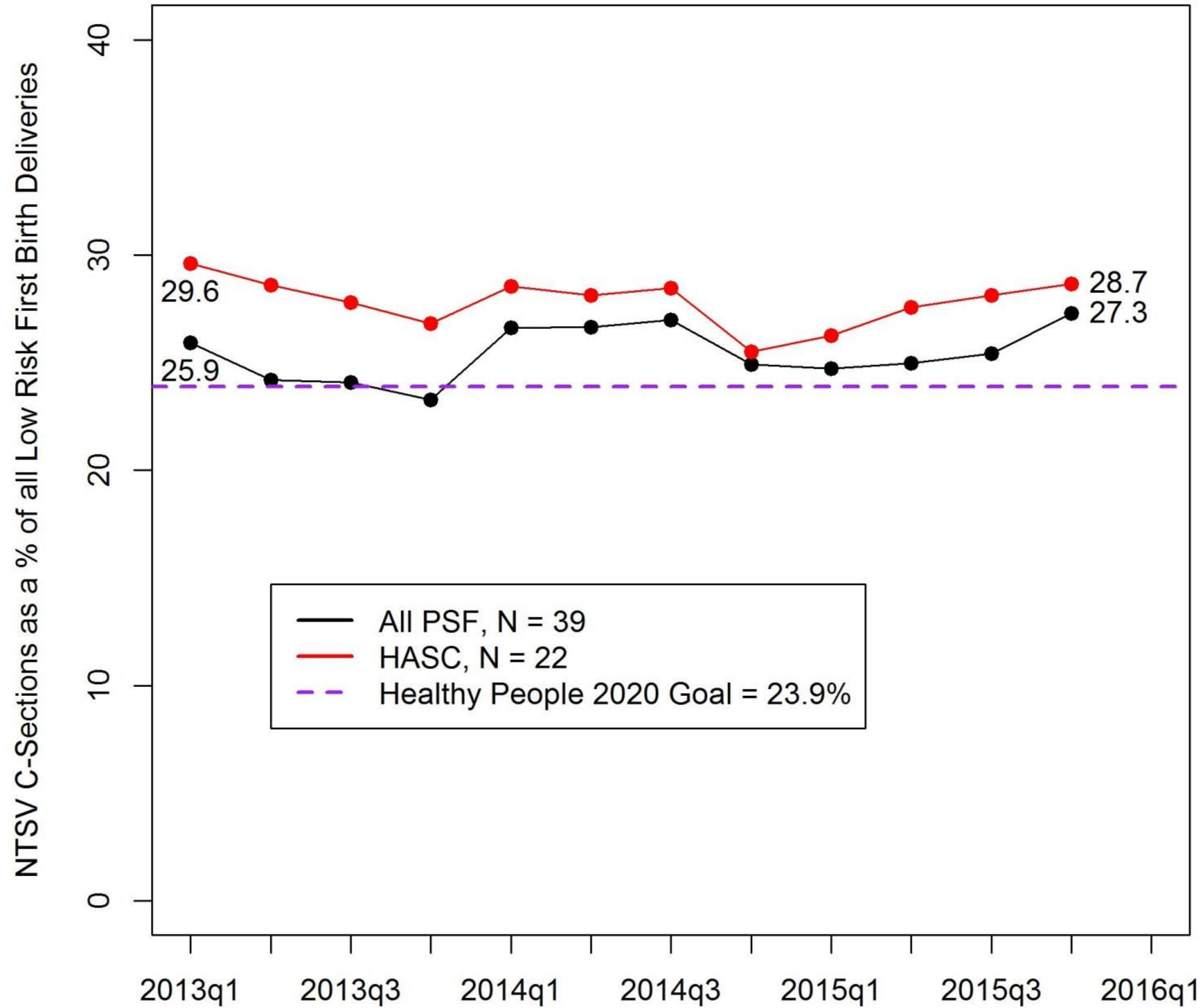
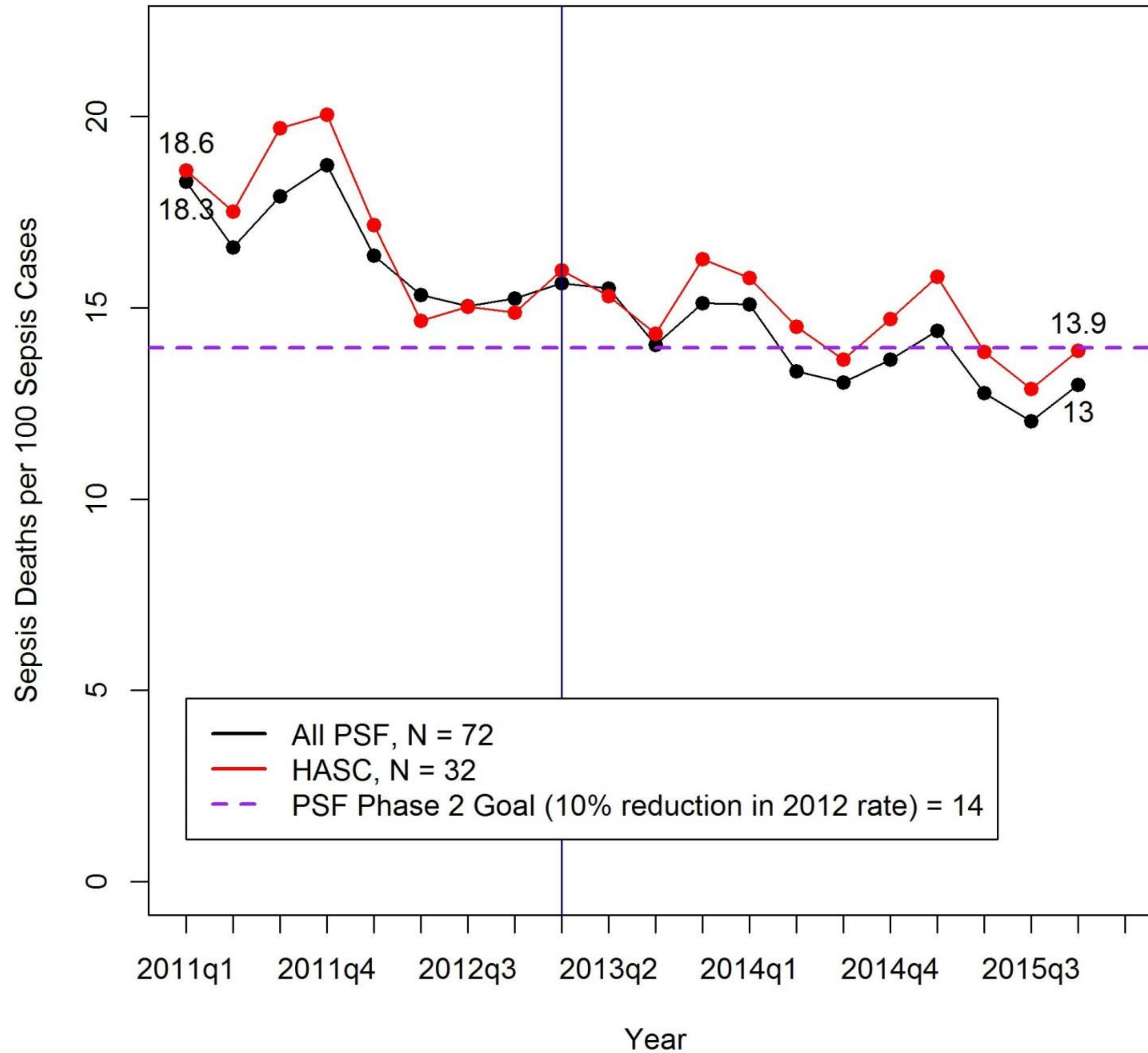
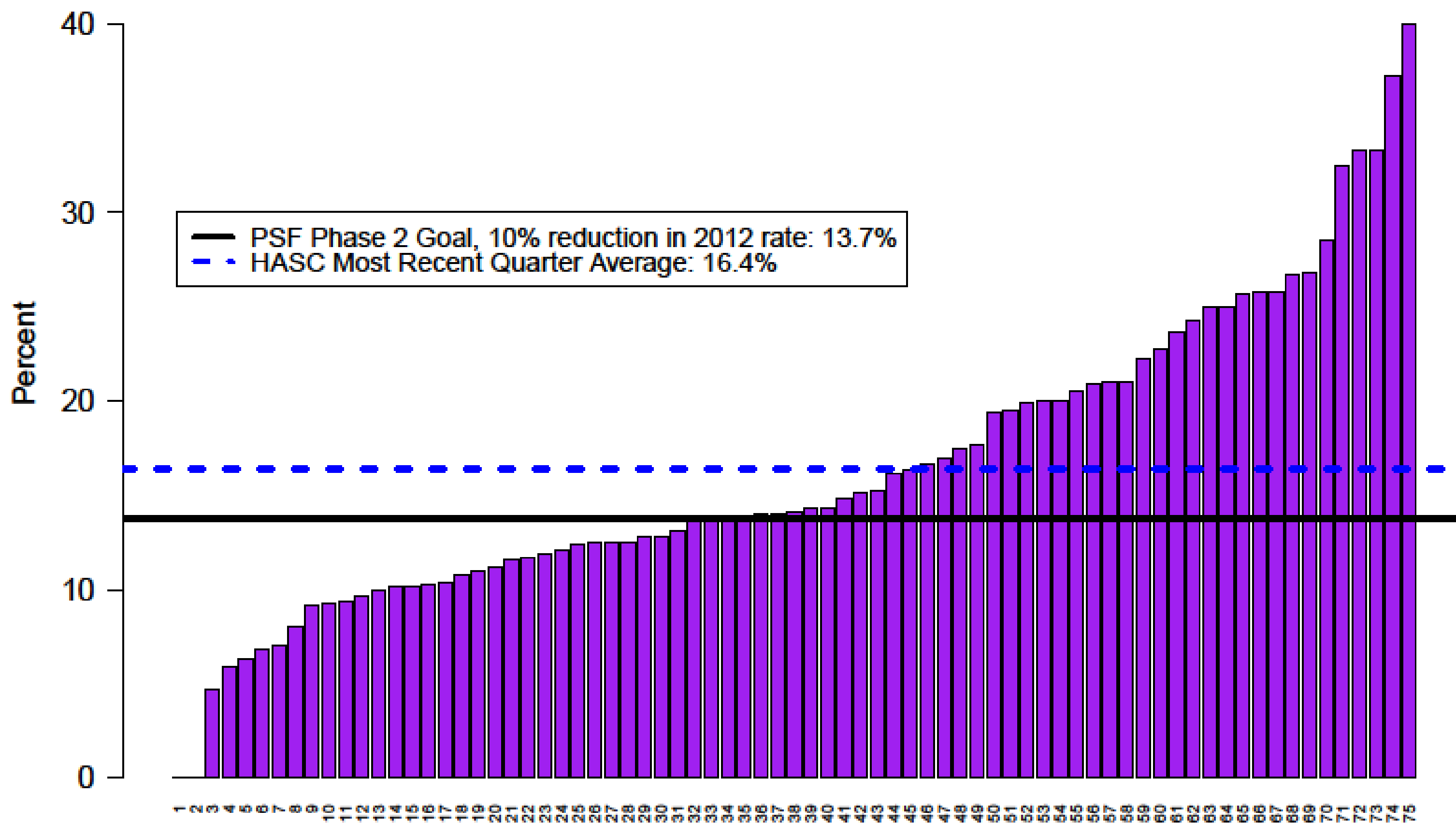
Number of Healthcare Facility Onset C. difficile Lab ID Events Identified on the NHSN Report Per 10,000 Patient Days: Hospitals Submitting Complete Data 2012Q4-2015Q4




NTSV C-Sections as a % of all Low Risk First Birth Deliveries:
Hospitals Submitting Complete Data 2013Q1-2015Q4
NTSV C-Sections as a % of all Low Risk First Birth Deliveries
0
10
20
30
40
29.6
25.9
28.7
27.3
All PSF, N = 39
HASC, N = 22
Healthy People 2020 Goal = 23.9%
2013q1
2013q3
2014q1
2014q3
2015q1
2015q3
2016q1


Sepsis Deaths per 100 Sepsis Cases:
Hospitals Submitting Complete Data 2012Q4-2015Q4
Sepsis Deaths per 100 Sepsis Cases
20
15
10
5
0
18.6
18.3
13.9
13
All PSF, N = 72
HASC, N = 32
PSF Phase 2 Goal (10% reduction in 2012 rate) = 14
2011q1
2011q4
2012q3
2013q2
2014q1
2014q4
2015q3
Year

Sepsis Mortality



SCPSF 2015 In-Person Events

9am-3:30pm at Pacific Palms Resort and Conference Center, City of Industry

- **March 2**
- **June 9** *YOU ARE HERE!*
- **September 8**

MARK YOUR CALENDARS

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Statewide PSF Webinars

1/20 & 1/21 Kick Off Webinar – *You were there!*

- Perinatal Safety Webinar April 6 @ 1215
- Sepsis Management Webinar April 21 @ 0900
- Patient Safety Culture Webinar April 26 @ 0900

- Perinatal Safety Webinar August 9 @ 1215
- Sepsis Management Webinar August 17 @ 0900
- Patient Safety Culture Webinar August 25 @ 0900

- Perinatal Safety Webinar October 6 @ 1215
- Sepsis Management Webinar October 12 @ 0900
- Patient Safety Culture Webinar October 18 @ 0900

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Patient Safety First...
a California Partnership for Health

Culture Trumps Strategy

You can't keep seeding the patient care environment with evidence based strategies . . .

if the soil (the culture) won't support their growth.

Hospital Quality Institute
Leadership in quality and patient safety

6 THINGS YOU MUST DO

1. Strengthen Your “Just Culture”
2. Analyze Errors and Near Misses
3. Personalize Harm
4. Engage MD and Executive Champions
5. Coach More than you Lead
6. Build Teams

Hospital Quality Institute

Leadership in quality and patient safety

#6 Build Teams *with Simulation Training*

- Puts you IN the scenario
- Helps you see consequences of choices, speed, and accuracy
- Helps you function as a
  - *TEAM*

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#6 *Strengthen your* Just Culture

A "Patient" Story…

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So let's TEAM UP for quality and patient safety

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Most Appropriate Care (MAC)

It's about

VALUE

And

The Quadruple Aim

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Joy and Meaning in the Workplace

Valuing our

- Patients and Families
- Physicians
- Administrators
- Inter-professional staff
- *Collective Accountability*

Opportunity to Reduce Costs While Providing Excellent Quality of Care

Overtreatment

- "subjecting patients to care that, according to sound science and the patients' own preferences, cannot possibly help them"
- $248 billion per year
- 10% of health care expense

Berwick DM, et al. JAMA 2012;307:1513-64

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“Overkill”…

“…The researchers call it low-value care. But really, it was no-value care”

…Atul Gawande

Annals of Health Care May 11, 2015 issue

http://newyorker.com/magazine/2015/05/11overkill-atul-gawande

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Choosing Wisely

www.choosingwisely.org

An initiative of the ABIM Foundation

Aims to promote conversations between clinicians and patients, helping *patients choose care* that is:

- Supported by evidence
- Not duplicative of other tests or procedures already received
- Free from harm
- Truly necessary

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Choosing Wisely

Consider the value:

Risk of adverse effect/error?

Rate of false positive/false negative?

Relative sensitivity/specificity?

Really what the patient wants/needs?

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SHM *Choosing Wisely* Selections Opportunities to Reduce:

1. Inappropriate use of urinary catheters
2. Prescribing of meds for stress ulcer prophylaxis in patients at low risk for stress ulcers
3. RBC transfusions in patients who don't benefit from them

   http://www.aha.org/content/14/bloodmgmttoolkit.pdf
4. Excessive telemetry monitoring
5. Repetitive routine lab testing in stable patients

HASC MAC Initiative hospitals' focus areas

Areas being addressed	# of hospitals
Blood Utilization	4
Urinary Catheterization	4
Antibiotic Stewardship	11
CT Scans	4
Daily/Serial Labs	9
End of Life/ Palliative Care	16
Continuous Telemetry	12

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Will this initiative be embraced by medical staff leadership?

Yes, IF it is Physician Led!

Most waste comes from habits and poor systems, than from intentional choice

We need Leadership from frontline physicians and hospital staff for "local ownership"

Peer to peer learning highlights our own community expertise

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Will patients consider this a program to ration care?

Not if we give them informed answers to their questions

Patients don't want unnecessary tests, transfusions, or catheters

You need active patient engagement to provide patient-centered care

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CHANGE

is good

you go first

Use Existing Structures

1. Utilization/Case Management Committee
2. QI Committee
3. Pharmacy and Therapeutics
4. Medical Staff Committees
5. Board of Directors

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Collaboration

"Bad Collaboration is worse than no collaboration…"

In his book <u>Collaboration</u>, Morten Hansen identifies "collaboration traps, how smart people get it wrong…"

- Collaborating in hostile territory
- Over-collaborating
- Overshooting the potential value
- Underestimating the costs
- Misdiagnosing the problem
- Implementing the wrong solution

Disciplined Collaboration

Morten T. Hansen

Evaluate opportunities for collaboration

Spot barriers to collaboration

Tailor collaboration solutions

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Collaboration

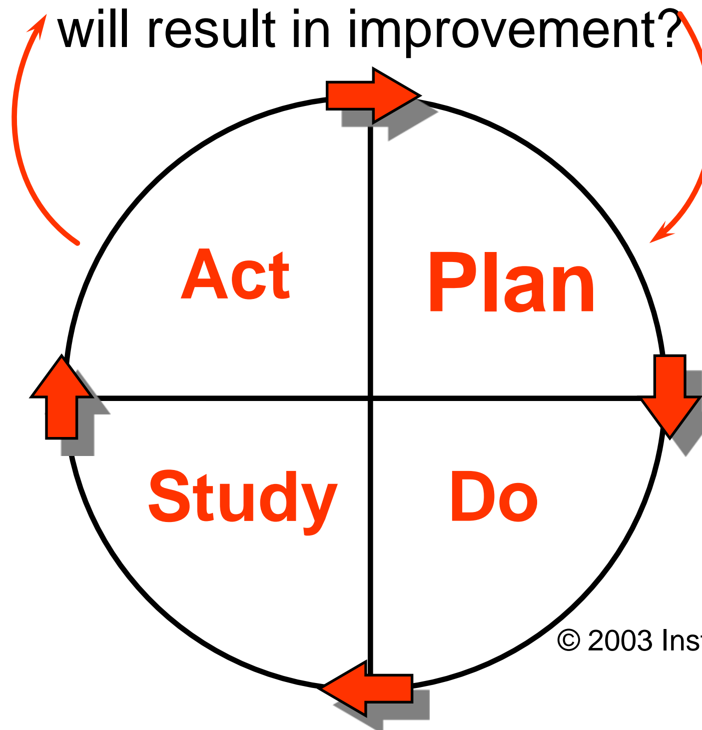
LABOR

IHI Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?



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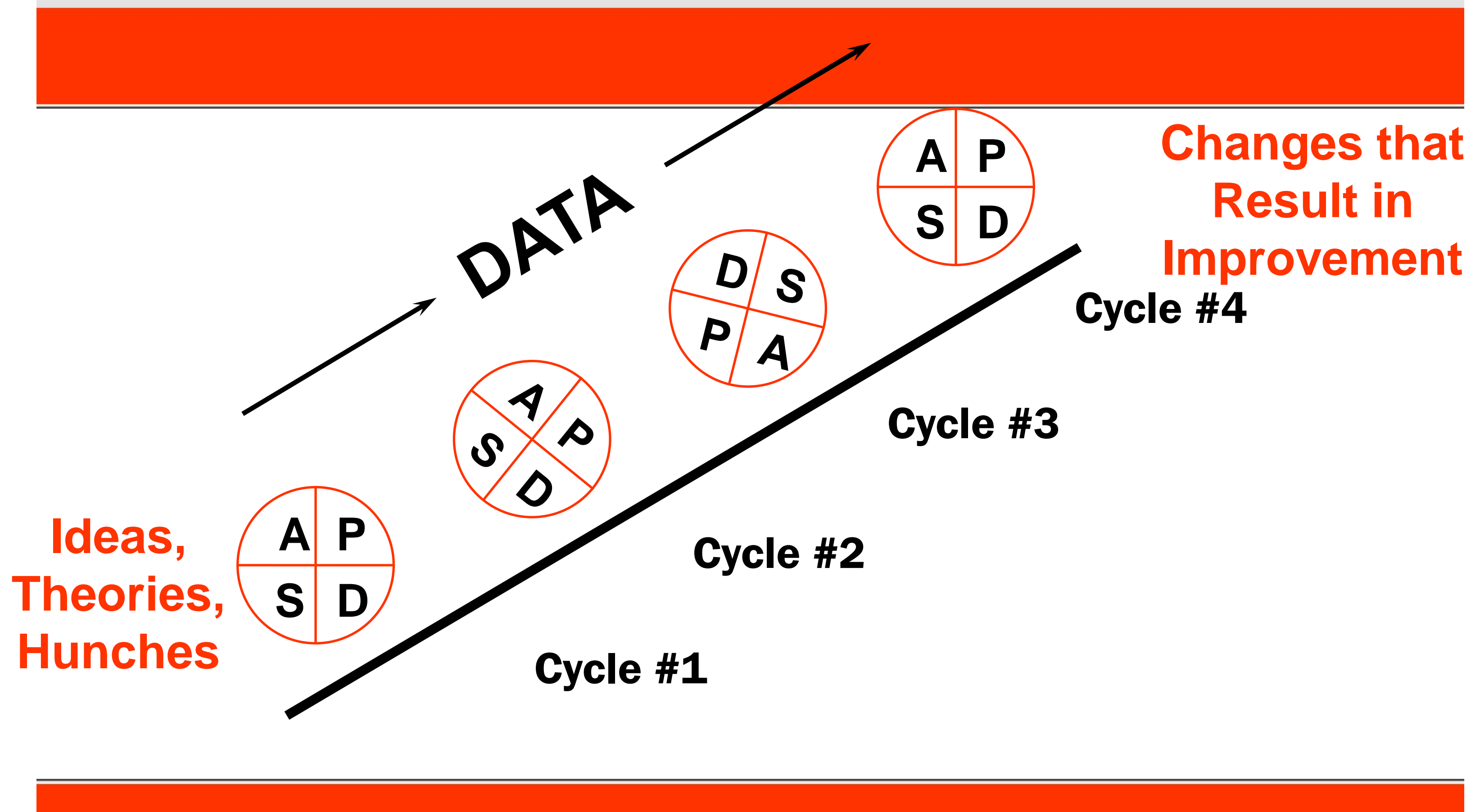
Use of the PDSA Cycle to Test Changes



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(Some) Simple Rules for the 21st Century Health Care System

Previous Approach	New Rule
Care is based primarily on visits	Care is based on continuous healing relationships
Professional autonomy drives variability	Care is customized according to patient needs and values
Professionals control care	The patient is the source of control
Decision making is based on training and experience	Decision making is evidence based
Do no harm is an individual responsibility	Safety is a system property

Pursuing the Triple Aim, Bisognano & Kenney p.5
Table 1.1 *Source*: Kohn, Corrigan & Donaldson, 2000

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We CAN do this…

…Together

One step at a time, each at our own pace,

but together!

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Now, it's time to…

…Congratulate

Patient Safety First Hospitals

Who have MET Phase 2 GOALS!

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Save the Date!

November 2-4, 2016

Hospital Quality Institute Annual Conference

Hilton San Diego Resort and Spa

Learn more at **www.hqinstitute.org/hqi2016**

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Leadership in quality and patient safety

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