



*The Heart of a
Healthy Community*

Finding The Physician Champion

Mark E. Comunale, M.D.

Chief Medical Officer for Patient Safety
Chair, Department of Anesthesiology, ARMC
Professor of Anesthesiology, LLUMC

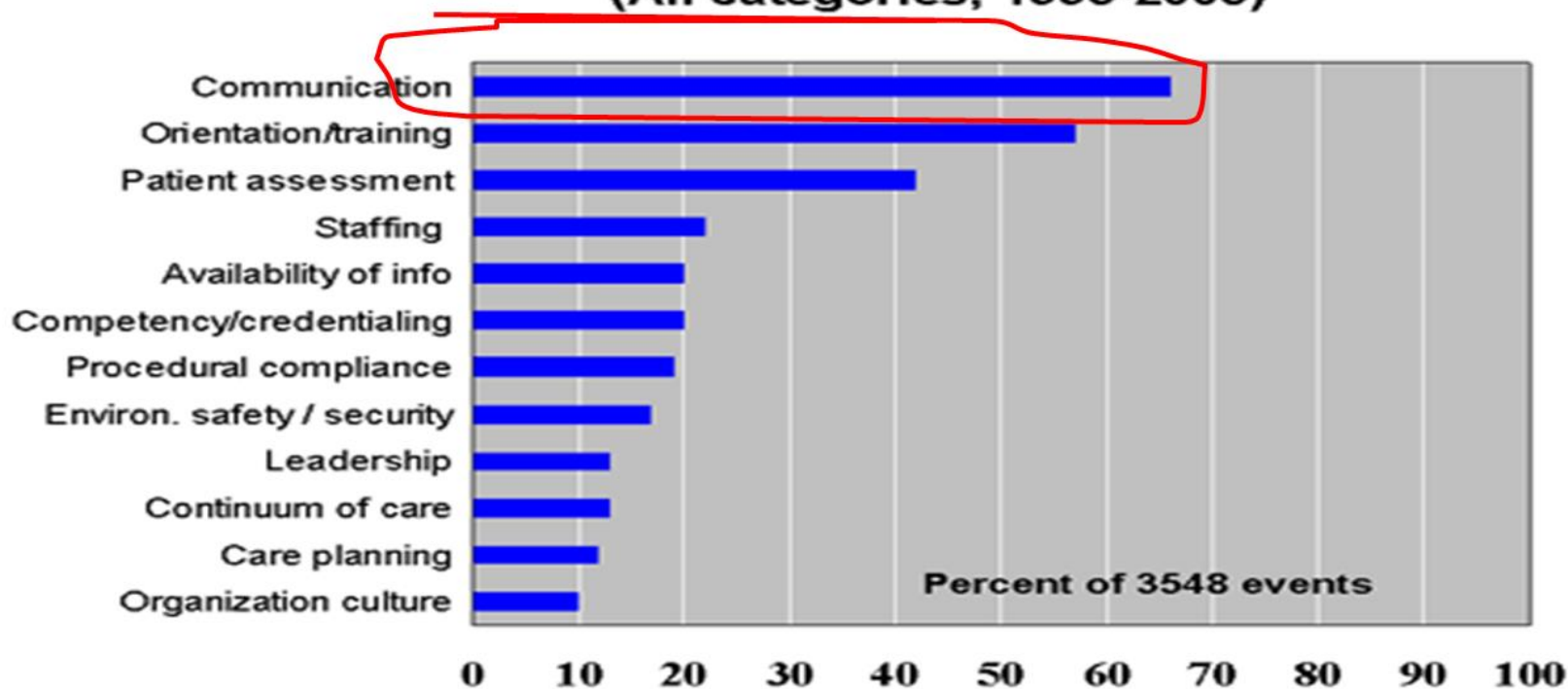


June 10, 2015

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Root Causes of Sentinel Events

(All categories; 1995-2005)



Collation of sentinel event-related data reported to The Joint Commission (1995-2005).

<http://www.jointcommission.org/SentinelEvents/Statistics/>

Teamwork

**Teamwork is:
People + Policies + Procedures +
COMMUNICATION**



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All High Reliability Organizations Have Mastered Communication

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*In the OR, communication must be mastered
between Surgeons, anesthesiologists and
Nurses*



- **Find the leaders**
- **Creating Buy-In**

Who are the unofficial leaders?

Surgeons

Nursing

Anesthesiology

Official vs unofficial leaders.

**Who are the “go to”
surgeons/anesthesiologists/Nurses?**

Who possesses the 4 As?

The 4 As

Able

Available

Affable

Accountable

**How do we find and encourage
Physician Champion?**

**What the docs say:
Your intentions are good but...**

**The information that gets passed to us is
not good.**

Or

How does this relate to me?

Why do I need to be involved?

I just want to: operate

take care of patients

What the docs say:

Your intentions are good but...

The information that gets passed to us is not good.

Do your home work!

Know what is really happening and have the data to show/back it up.

What the docs say:

Your intentions are good but...

How does this relate to me?

Why do I need to be involved?

I just want to (pick one):

- operate**
- take care of patients**

Go to the person who has had a problem.

Ask them to lead the effort to improve.

Speak in terms that are personal.

We've identified the physician leader and he's willing to do it but...

He's always:

In the OR

In the Clinic

On the Ward

This is not working!!

Physicians make their living taking care of patients.

If they spend time administrating (Physician Championing), they lose income.

Effective physician champions will need a stipend AS A PASS THROUGH so someone else can take their place in the clinic, OR Etc. while they are championing.

Why did I emphasize AS A PASS THROUGH?

Because the appropriate person to be a physician champion will:

See that problems exist

Have ideas on how to solve them

Be able to move towards solutions

If they have an interest/passion (you do not have to beg them)

AND

It does not interfere with their livelihood to be the champion

Physicians who are interested/passionate and who are kept whole with a pass through (not necessarily a profit) will perform.

- **Find the Holes**
 - Physicians should lead the process
 - Lead by example
- ***Change the Culture***
 - Educate colleagues
 - Ensure compliance with National Patient Safety Goals

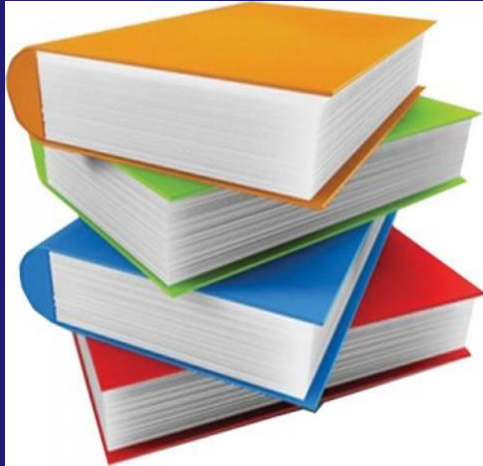
Circulating Nurse



**TEAM MEMBERS ARE GIVEN RESPONSIBILITY.
MUST ALSO HAVE THE AUTHORITY.**

- **What does “Authority” mean?**
 - **Must be supported when they stop the train.**
 - **This comes from THE PHYSICIAN LEADER!**
- **One bad interaction can derail the train.**
- **Physician champion can reraill the train and prevent recurrences.**

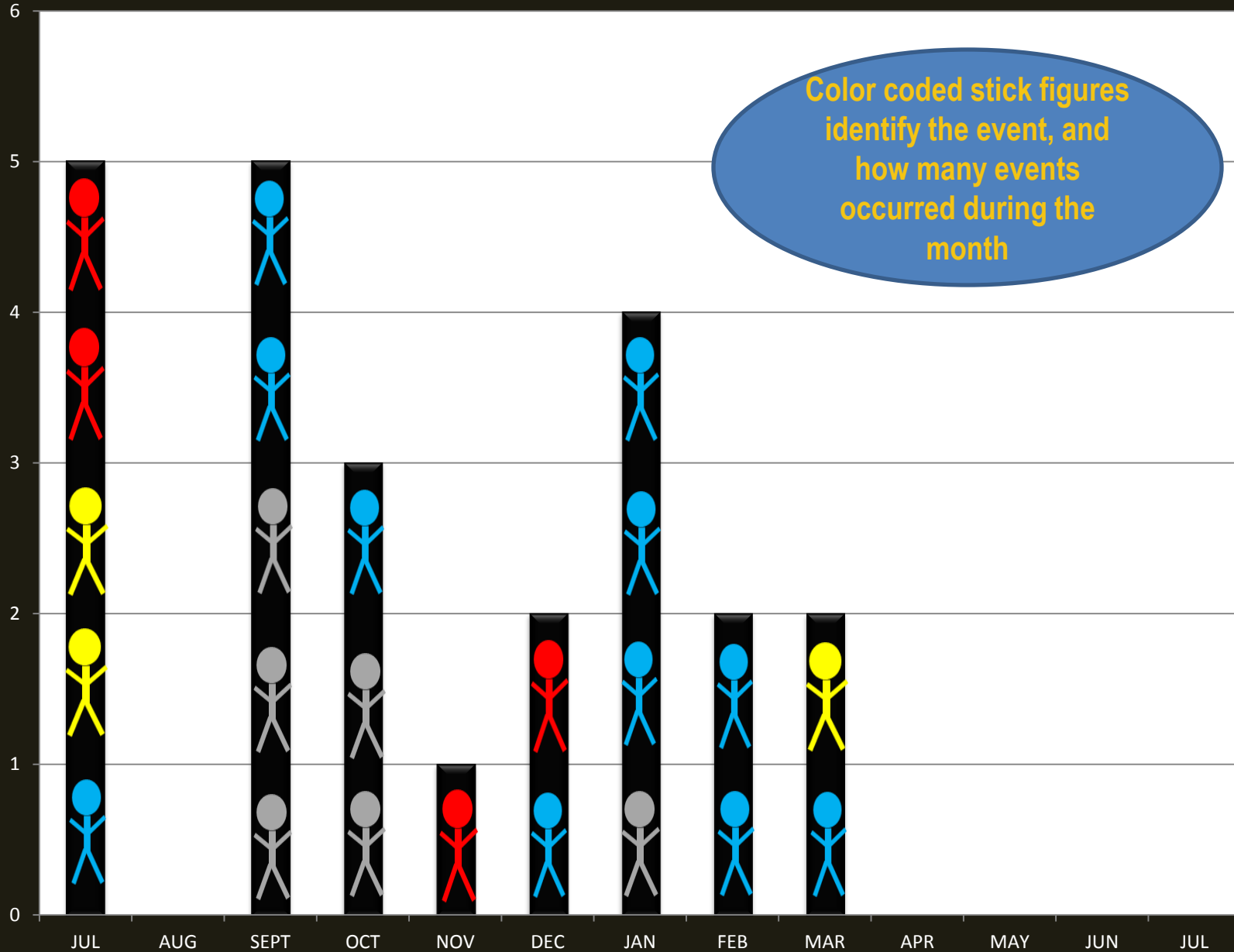
Education



- **New hire orientation, introduction to patient safety**
- **All Root Cause Analysis meetings**
- **Sim. Lab for Residents & Nurses, focused on high risk patient safety goals such as: 2 patient identifiers, Hand-hygiene, Medication Administration, High Risk Medication Administration**

- **Conduct quarterly**
- **Multidisciplinary**
- **In-depth coverage of topics such as:**
 - **RCA**
 - **FMEA**
 - **ISBARQ and other tools**
- **Always cover SAE dashboard and have informal discussion regarding the events.**

ARMC SAE DASHBOARD 2013-2014



- Death
- Serious Harm
- No Harm
- Near Miss

Serious Adverse Event (SAE) Dashboard



65 y/o male,
thrombocytopenia, platelets
ordered → fresh frozen plasma
administered, no ill side effects



48 y/o male, s/p renal biopsy,
Hemoglobin ↓4.0, blood ordered but
never administered,
Code Blue → Expired



47 y/o male, ↓platelet count, followed up
in clinic & platelet count reordered →
critical lab value, lab result not
communicated appropriately, Expired 2
days later



50 y/o female, s/p thyroidectomy,
c/o difficulty breathing & swelling
to throat → no orders initiated,
Code Blue → Anoxic brain injury



42 y/o male, bee sting
→ shortness of breath & difficulty
swallowing, administered high dose
of Epinephrine via incorrect route,
patient experienced possible STEMI

 Death

 Serious Harm

What can the Institution expect for results?

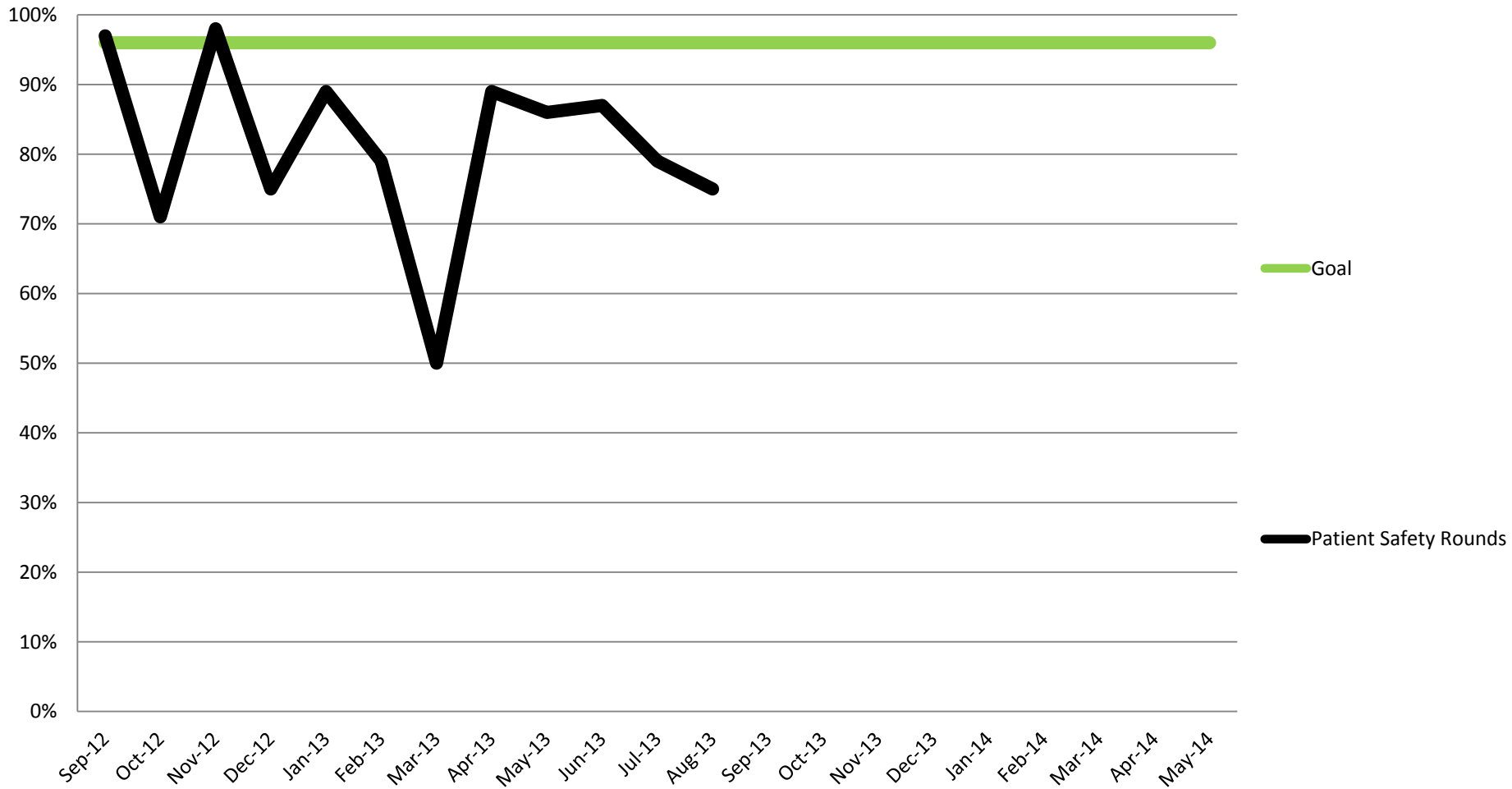


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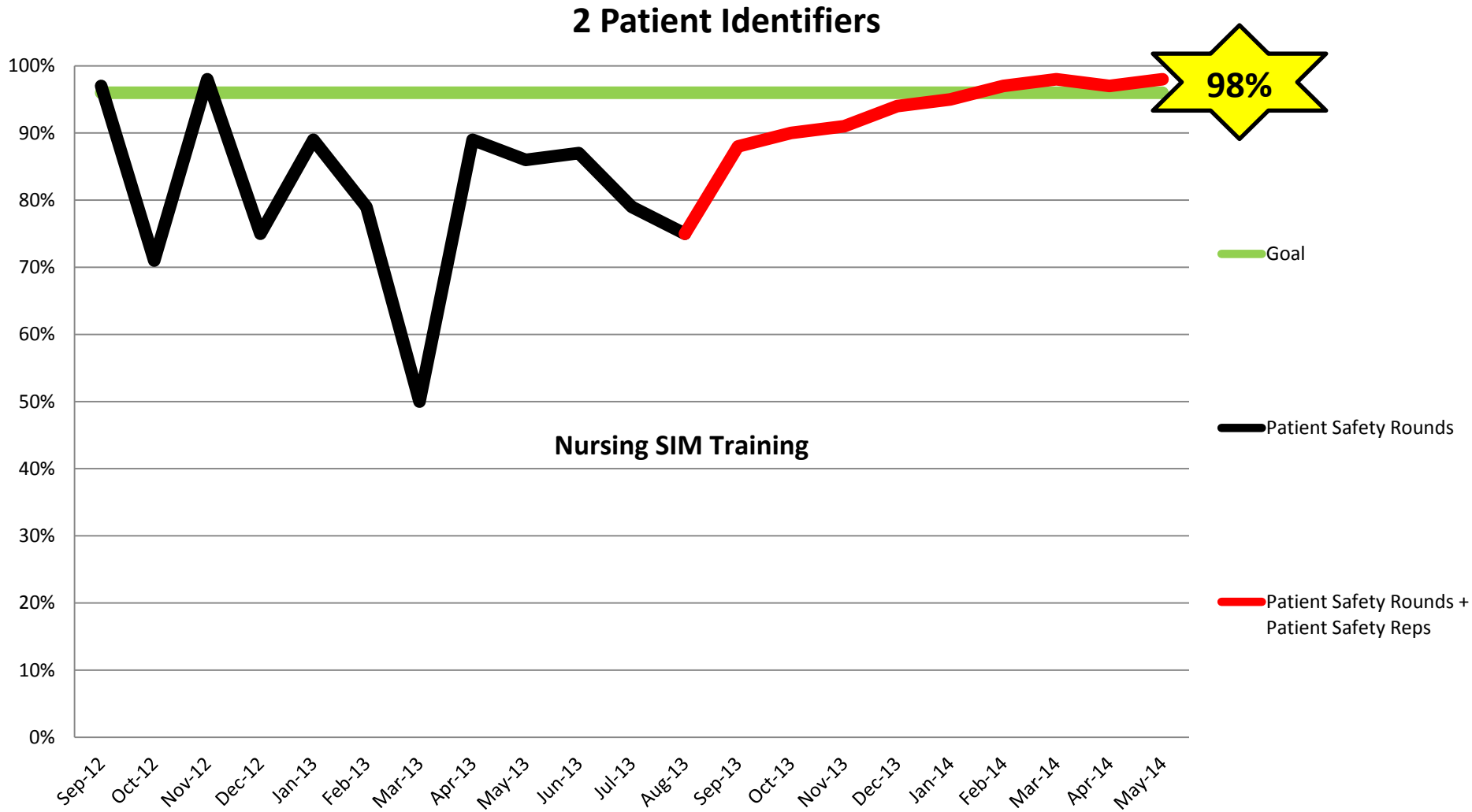
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2 Patient Identifiers Data

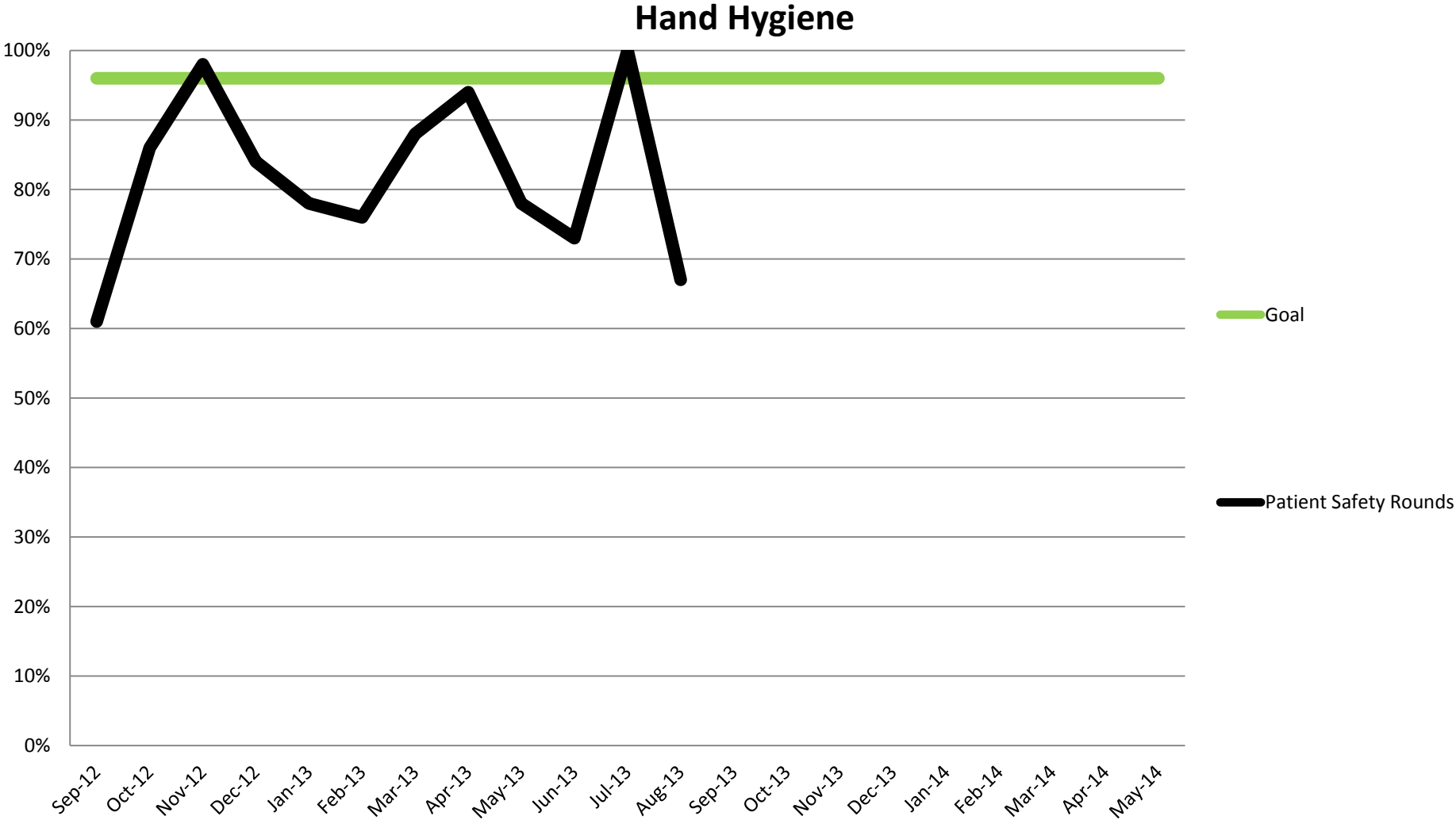
2 Patient Identifiers



2 patient Identifiers Data after Sims. Training

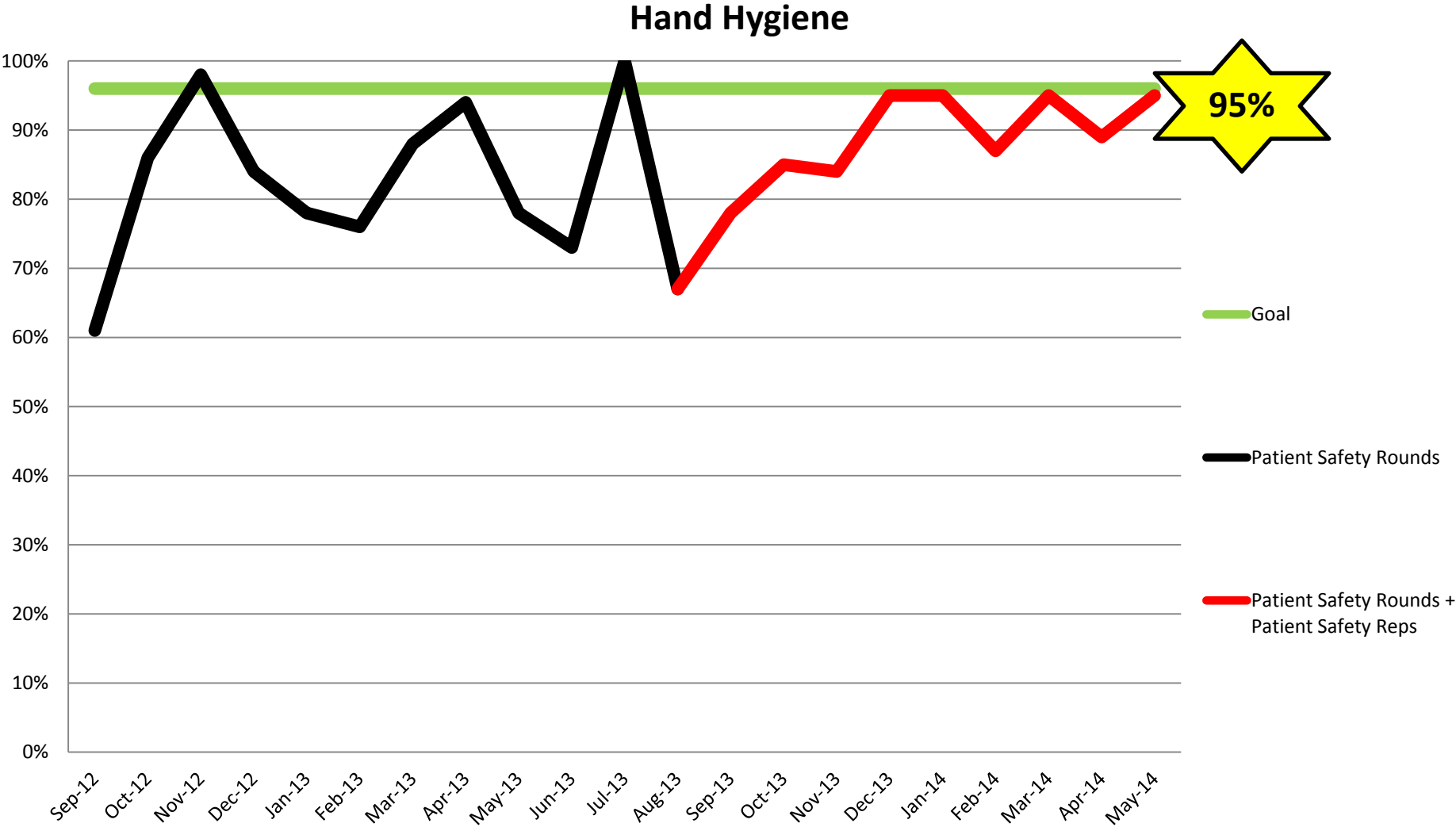


Hand-Hygiene Data



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Hand-Hygiene Data after Sims Training



Claims Filed Against ARMC

<u>As of April 2015</u>		<u>As of April 2014</u>
	<u># of Open Claims</u>	
29	(37% decrease)	46
	<u>Reserve Value</u>	
\$1,416,000.00	(75% decrease)	\$5,549,000.00
	<u>Litigated Expense Paid</u>	
\$479,077.00	(80% decrease)	\$2,348,358.00

**Comparison of 2012 thru June 2015
System/Process Failures, Sentinel Events, & Other Investigations**

Period	2012	2013	2014	Jun-15
System / Process Failures	9	11	19	12
Sentinel Events	12	3	1	3
Other Investigations	0	3	1	7

