

Fast Facts

Patient Safety First... a California Partnership for Health



July 16, 2013—Sepsis, Surgical Safety, Perinatal Safety, and HAI- C. Diff

122 attendees from 50 of our 79 PSF Collaborative hospitals learned about:

Leadership for Collaboration

Susan Murphy, Ph.D., MBA, Author, Professor, Consultant

Notice the word within the term: CoLABORation! It takes work, and most of all understanding our own tendencies and communication styles as well as those of our interdisciplinary team members, to break through the typical barriers that impede teamwork. We explored six leadership tools, including Appreciative Inquiry, which is a technique for drawing out the positive aspects of why something went well, for future application.

Becoming a Physician Champion

Bala Chandrasekhar, MD, Chief Medical Officer, Methodist Hospital of Southern California

Having discovered firsthand how every seemingly small event (like a patient fall) can have devastating outcomes, this physician champion realized the importance of his participation with the team in studying and decreasing risk for every medical error or incident. Getting other physician champions involved often starts with helping them see (MD to MD) why they should care, and how to move away from “autonomy.” Let each potential champion get hooked by their own area of interest. Physician led process re-design = better value.

Lean Thinking- Applications for Patient Safety Goals

David Munch MD, Senior VP, Chief Clinical & Consulting Officer, Healthcare Performance Partners

Quality, Safety and Reliability require processes to prevent and mitigate errors, redesign strategies that incorporate effective analysis, strategic use of clinical technology, a safety culture, and well managed people. Root cause problem solving, using the scientific A3 process, with adequate current state observation and a sensitivity to operations is key. The missing element in implementing and achieving improvement is often on-the-line *coaching*. Adopt these three attributes of Lean Leadership at every level: Go See, Ask Why, Show Respect.

Telling the “Story” – A Patient Centered approach to Quality and Patient Safety

Stephanie Bailey, MPH, HACCP, John Muir Medical Center

“Storytelling” is a powerful tool in a hospital’s culture of safety. “It is unethical to allow a patient to be injured, and it is doubly unethical to allow another patient to be injured in the same way” (Don Berwick). Adopting this axiom, the speaker reviewed the template for their healthcare system’s creative way of sharing stories of incidents and near misses in a brief and engaging format that helps all hospital staff avoid similar occurrences in the future.

Eight Clinical Breakout Sessions were attended by the hospitals’ respective Clinical Topic Leads

<p>Surgical Safety “No thing left behind- Sponge Accounting” <i>Verna C. Gibbs, MD, UC San Francisco MC</i></p>	<p>Sepsis Management “How Methodist Hospital is tackling Sepsis” <i>Sharon Keehne, BRN, CIC, & the Methodist Team</i></p>
<p>HAI- C. Difficile “Lean Practicum – Process Mapping” <i>Jennifer Wortham, Ph.D., CEO, IPE</i></p>	<p>Perinatal Safety “Elective Deliveries , <39 weeks- How visiting the ZOO can Help Solve the Problem” <i>Lawrence Veltman, MD, Coverys</i></p>
<p>Surgical Safety “Perioperative Risks associated with SDB” <i>Dominic Munafo, MD, Sleep Data Inc. Paul Curry, MD, Hoag Presbyterian Hospital</i></p>	<p>Sepsis Management “Sepsis Management- A multidisciplinary Approach” <i>Tammy Lowe, RN, & Riverside County Regional’s Team</i></p>
<p>HAI- C. Difficile “LAC DPH: Your partner in CDI Prevention” <i>Dawn Terashita, MD, MPH, LAC DPH</i></p>	<p>Perinatal Safety “Healthy Babies are Worth the Wait” <i>Victoria Lombardo, MSN, RN, March of Dimes</i></p>