



Community
Health Network

High Reliability & Achieving Zero Harm

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A Safety Story

Objectives

- Recognize the relationship of a High Reliability Organization toward efforts of achieving Zero Harm
- List the characteristics of a High Reliability Organization
- Apply characteristics of a High Reliability Organization in clinical and non-clinical settings

Disclosure Statement

I have nothing to disclose.

How (un)Safe is Healthcare?

2000

- 98,000 deaths per year due to preventable causes

2020

- Deaths due to preventable causes may be as high as 400,000/year
- 10% of patients experience an adverse event during a hospitalization
- Preventable medical error estimated to be the 3rd leading cause of death in the US
- Approximately 50% of surgical procedures involve a medication error and/or adverse drug event

What is High Reliability Organization (HRO)?

High Reliability Organizations operate under challenging conditions yet experience fewer problems than would be anticipated as they have developed ways of "managing the unexpected" better than most organizations.

Managing the Unexpected: Sustained Performance in a Complex World, 3rd edition. Weick KE; Sutcliffe KM. San Francisco, CA: Jossey-Bass; 2015. ISBN-13: 9781118862414.

HROs are organizations that operate in complex, high-hazard situations/environments for extended periods without serious accidents or catastrophic failures.

High Reliability

High reliability in healthcare prioritizes SAFETY over all else. It is the constant awareness that SAFETY is intentional & depends on all caregivers to anticipate problems, identify them, SPEAK UP, & respond quickly to prevent harmful, even catastrophic consequences. It is intentional; it is not ~~a result of luck~~.

5 Characteristics of a High Reliability Organization (HRO)

- Preoccupation with Failure
 - Reluctance to Simplify Interpretations
 - Sensitivity to Operations
 - Commitment to Resilience
 - Deterrence to Expertise
- Anticipate Failure
- Contain Failure

How do we incorporate that safety begins with you?

Safety begins in the Heart, it is a personal choice.

A leader plants, waters, & cultivates a passion + love for safety in the heart of the caregiver. Leaders must be intentional not to create value + priority conflicts in the heart. Safety is the #1 Love.

- not left to chance
(rather than luck)

→ Draft Version 1 - please comment.

“Excellence/Perfection is not a destination; it is a continuous journey that never ends.”

Brian Tracy

The goal of a High Reliability Organization
is **ZERO** Harm

HRO—What Effective Leaders Do

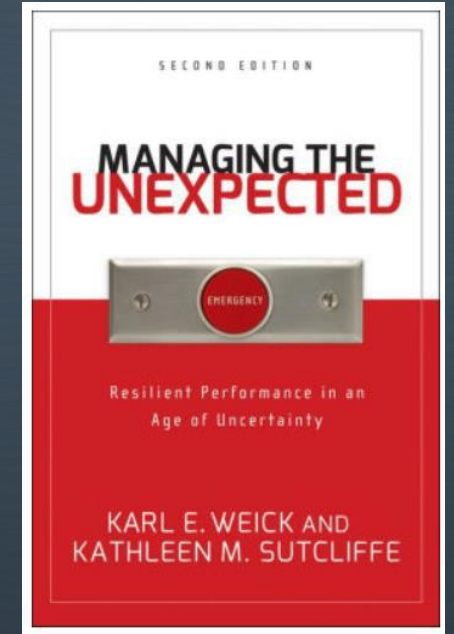
- Commit to creating and maintaining a Culture of Safety
- Consistently make safety a top priority in decision-making
- Create an environment in which all staff feel safe to SPEAK UP
- Set the tone for teamwork, collaboration, and respect
- Recognize system/process failure as the cause of most adverse events
- Provide adequate resources and support for system improvement
- Model leadership skills of information sharing, deference to expertise and approachability.

Characteristics of HROs

- Preoccupation with Failure
- Sensitivity to Operations
- Reluctance to Simplify Interpretations
- Commitment to Resilience
- Deference to Expertise

Anticipate
Failure

Contain
Failure



Characteristics of HROs: Anticipate Failure

Preoccupation with Failure

- Expect that staff will recognize even small errors (lapses in processes) as a sign that something may be wrong with the system.
- There is an expectation that all errors, whether they reach a patient or not and whether they cause harm or not, are reported.
- Application
 - Clinical—looking at what can happen once a patient with suicidal ideation is cleared for discharge but has not left the Emergency Department
 - Nonclinical—looking at how the Access Department registers a patient who is unresponsive and without identification documents

Characteristics of HROs: Anticipate Failure

Sensitivity to Operations

- Awareness of actions/processes at the sharp edge—where the work occurs
- Recognition that leadership's perspective is based on expectations, policies and procedures
- Application
 - Clinical—leader rounding to identify gaps in expectations and real practice. Leaders must listen to frontline staff for their perception of problems and solutions. (Assignment of 1:1 observation for an entire shift results in reduced awareness of environment).
 - Nonclinical—leader rounding to identify gaps in expectations and real practice. Leaders must listen to frontline staff for their perception of problems and solutions. (Callers to Office of Patient Experience (OPX) use unit ID number; this may be a barrier to effective communication as OPX relies on name and date of birth.

Characteristics of HROs: Anticipate Failure

Reluctance to Simplify Interpretations

- Recognition that first impressions/reactions to events are ineffective in addressing root causes to form root solutions. Acceptance of simple interpretations in addressing concerns may result in déjà vu events.
- Application
 - Clinical—A high fall risk patient is unattended in the bathroom & falls. Investigation reveals that patient shoved the caregiver out of the room & was able to lock the door, preventing the caregiver from entering the bathroom
 - Nonclinical—A facilities caregiver recognizes that fans that are re-used are cleaned only on the outside of the unit, none of the inner parts of the fan have been cleaned.

Characteristics of HROs: Contain Failure

Commitment to Resilience

- Awareness that there is no perfect system; caregivers are empowered to recognize, respond and recover from untoward events—real or potential.
- Application
 - Clinical and Nonclinical—Disaster drills

Characteristics of HROs: Contain Failure

Deference to Expertise

- In addition to the inclusion of recognized experts in addressing errors, HROs recognize that designing effective response and recovery to errors must include those caregivers that will be impacted by the response.
- Application
 - Clinical—Inclusion of transportation caregivers when investigating communication failures in interdepartmental transfers
 - Nonclinical—inclusion of facilities caregivers when developing a plan for pneumatic tube downtimes

“Perfection is not attainable. But if we chase perfection, we can catch excellence.”

Vince Lombardi

Questions



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