Montana Quality & Patient Safety Fellowship 2021

Session 5

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Performance Improvement Project

- Complete your project plan prior to April webinar ✓
- Set up coaching calls between April and May with Kim and Barb ✓
- Present project during July webinar

Montana Quality and Patient Safety Fellowship

Name / Organization: (Enter here)

Project AIM: (What, Who, Where, How much, By when?) (Enter here – example: *The 4 West Unit at ABC Hospital will reduce falls with injury by 40% by the end of 4th quarter 2020*)

Process changes we are exploring/have tried: (Enter here) (example: 1. Hourly rounding, 2. Early progressive mobility, 3. Standardizing up for meals for certain patient populations)

How will we measure success?

Outcome Measure: (Enter here) (Example: rate of falls with injury in the 4 West unit. Remember, this will be met in the future not within a short period of time.)

Process Measure(s): (Enter here) (Example: 1. Compliance rate for hourly rounding as evidenced by documentation, patient feedback during charge RN interviews, etc., 2. Rate of patients observed sitting up in chair for meals, 3. Rate of eligible patients with documentation of assisted mobility once per shift)

Next Steps for our project: (Enter here)

Your Turn to Tell Your Story Next Month!

What is your elevator speech?

Responding to Adverse Events

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Responding to Adverse Events

- Patients and Family Members – Apology and disclosure
- Staff members – Support / Second Victim policies
- Organization – Learning from the event / RCA

Key Concepts

- Communicating with patients and families after something serious goes wrong is the right thing to do — and the best thing for them and the caregivers involved
- Caregivers involved in an adverse event that leads to patient harm can become victims themselves of the emotional toll that results
- A systematic approach to studying the causes of an adverse event will help to identify systems changes that are needed to prevent reoccurrence

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Responding to an Adverse Event:

- Communicating with patients and families after something serious goes wrong is the right thing to do — and the best thing for them and the caregivers involved

- BUT… it is difficult to do because of many fears :
  - A psychologically reactive need to preserve a sense of self
  - Fear of admitting responsibility for making an error that may have hurt someone
  - Fear of anger from the patient and/or someone in authority
  - Fear of loss of job or position
  - Threat of censure
  - Threat of medical malpractice claims
  - Fear of colleague disapproval
  - Fear of negative publicity

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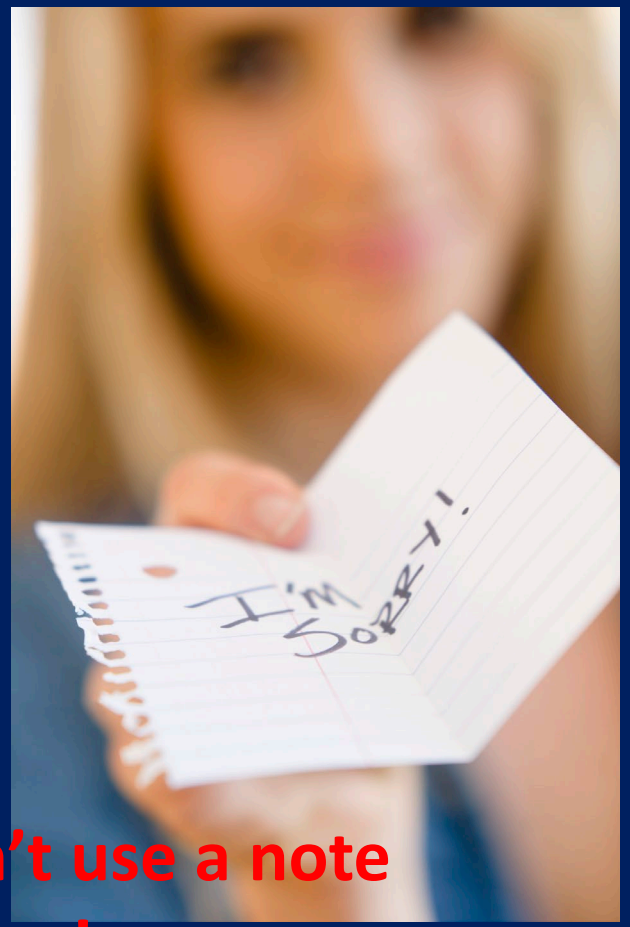
When and How to Apologize to Patients

Four components of an effective apology:

- Acknowledgment
- Explanation
- Expression of remorse, shame, and humility
- Reparation



HINT: Don't use a note to apologize!

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The Impact of Adverse Events on Caregivers: The Second Victim

After an unexpected or traumatic clinical event, the long-term effects to caregivers can be devastating.

- Clinicians can feel upset, guilty, self-critical, depressed, or scared.
- Caregivers involved in an adverse event are sometimes called ***second victims.***

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Learning from Errors Through Root Cause Analysis

- A ***root cause analysis*** (RCA) is a systematic approach to understanding the causes of an adverse event and identifying system flaws that can be corrected to prevent the error from happening again.

- Accidents in health care almost never stem from a single, linear cause. They come from a mix of contributory factors. The RCA is intended to study the event from a systems viewpoint and identify the main causes that may have resulted in the adverse event.

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Learning from Errors Through Root Cause Analysis

Six steps common in the RCA:

- Step 1: Identify what happened.
- Step 2: Determine what should have happened.
- Step 3: Determine causes (“Ask why five times”) – BUT understand the weaknesses with this exercise.
- Step 4: Develop causal statements.
- Step 5: Generate a list of actions to prevent the recurrence of the event.
- Step 6: Share the findings.

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Discussion

How does your organization respond to adverse events?

Experience and Equity in Health Care

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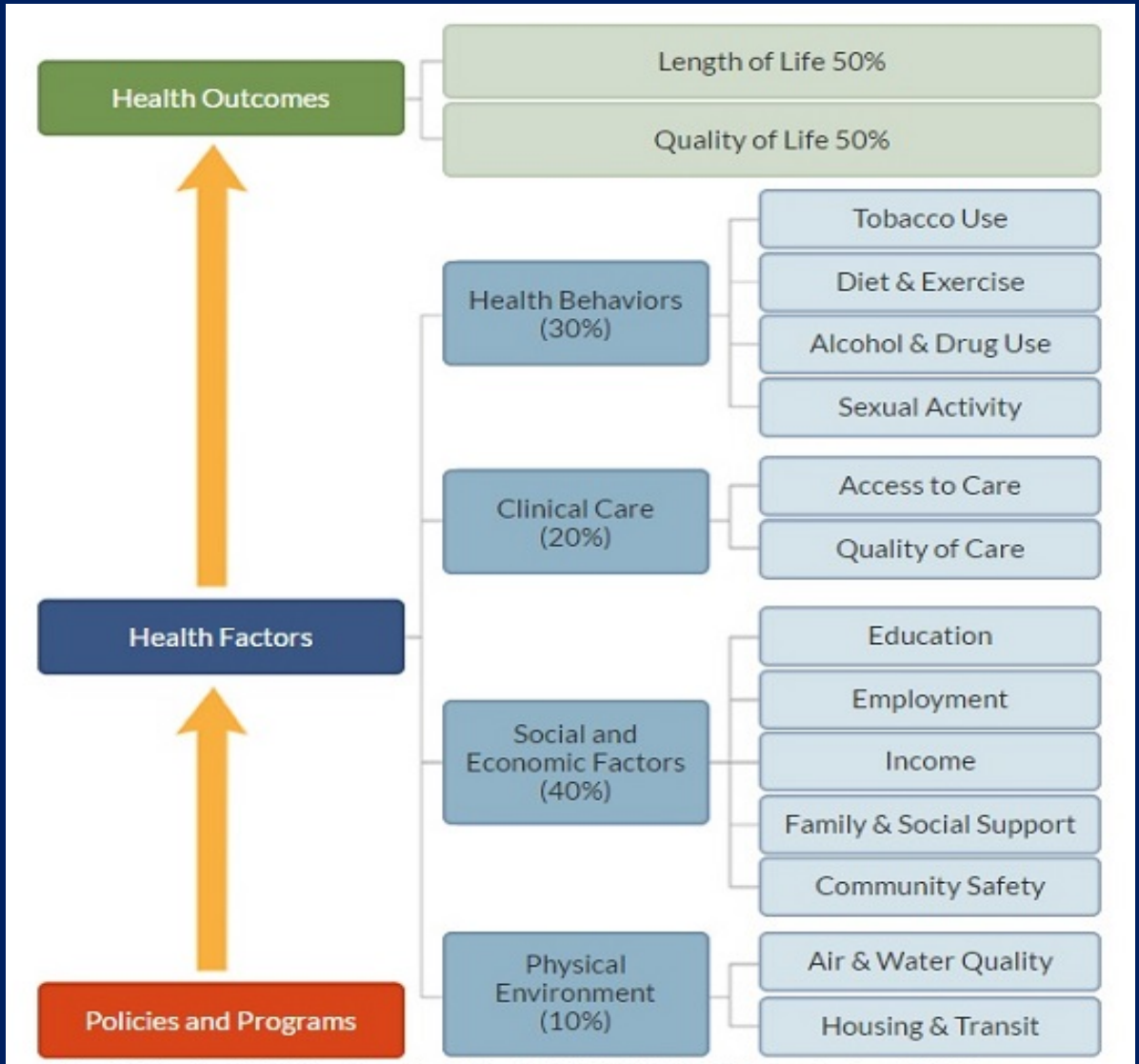
Key Concepts

- To improve the quality of health care, we must address the quality of health care for all.
- Health care is just one component of overall population health
- Access to equitable care and resources is a key component of overall health

What does quality care look like?

Is “quality” only related to health care?



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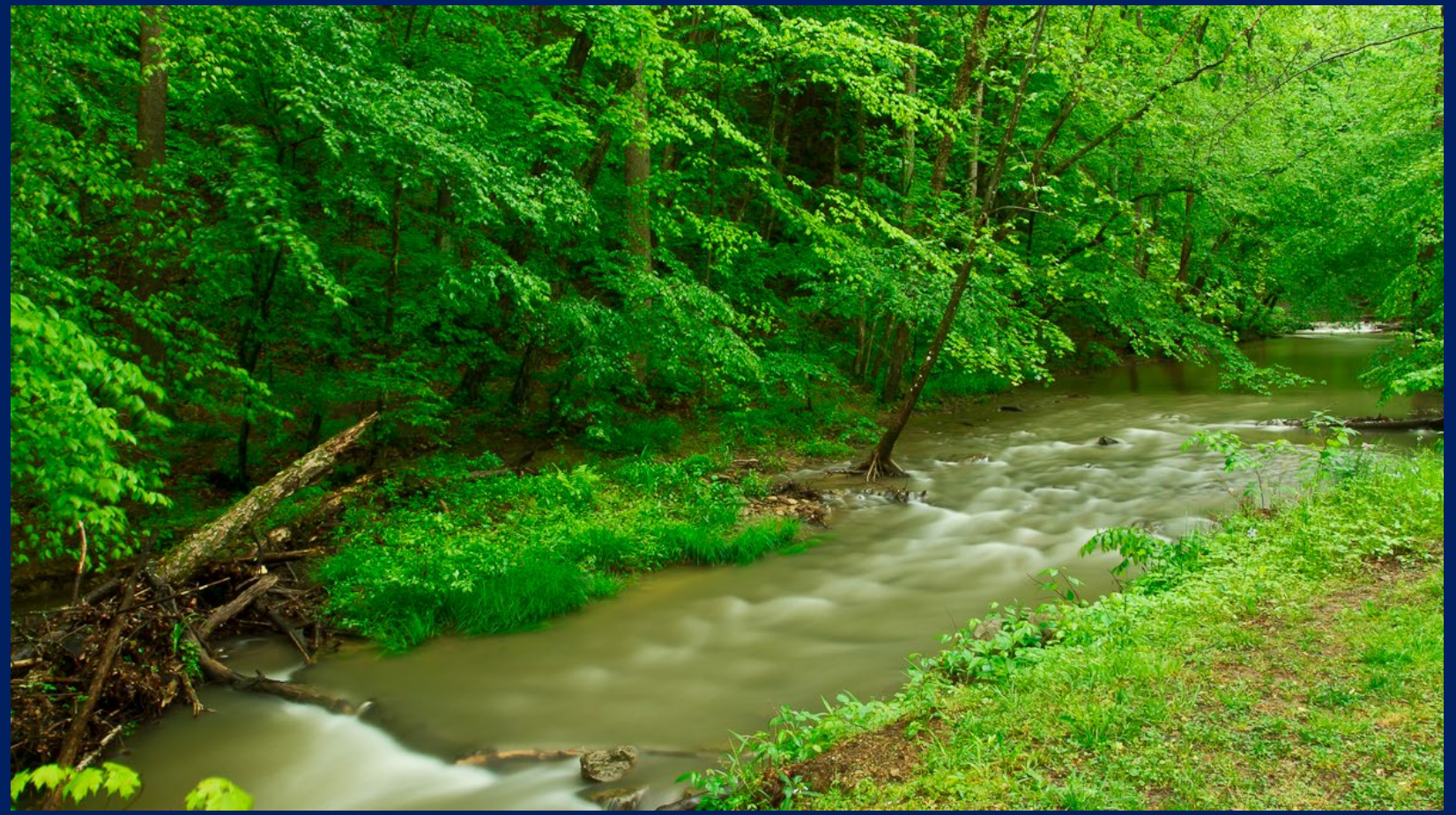
EQUALITY VERSUS EQUITY

In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.

In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.

In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

What is our role in health care in addressing population health?



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Thank you!

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