Safety First!
A Comprehensive Approach to Integrating Safety Curricula Across the Continuum

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Disclosure

• We have no financial interests to disclose.
Objectives

• Explore participant’s local opportunities in existing safety educational programs for undergraduate, graduate, and faculty-level learners.

• Identify key stakeholders, target learners, current versus desired state, and timeline to implementation for safety curricula.

• Utilize novel frameworks and existing templates for development and implementation of the following:
  1. Patient Safety Morning Report,
  2. Inter-professional Morbidity, Mortality and Improvement (MM&I) Conference,
  3. Team-based In Situ Simulation Program leading to quality improvement initiatives.

Background: Patient Safety

• ‘To Err Is Human’, IOM 1999
  – 44,000-98,000 deaths per year from medical error

• ‘Free From Harm’, NPSF 2015
  – “Scale of improvement…has been limited”
  – “Many interventions have proven effective…many more have been ineffective”
  – “...system continues to operate with a low degree of reliability”
  – Broadens scope beyond inpatient care, mortality
Background: Education

- Providers at all levels need curricula on safety
- AAMC: ‘Identify system failures and contribute to a culture of safety and improvement’
- ACGME: ‘Work in inter-professional teams to enhance patient safety and improve patient care quality’
  - 2016 CLER Report: Lots of room for improvement
    - Safety education varied widely, most was didactic
    - Little exposure to multidisciplinary efforts
- MOC: Requires competency in safety, quality
- Joint Commission: National Patient Safety Goals

Outline for Today

- 3 groups (pick 2)
  - Patient Safety Morning Report
  - Inter-professional Morbidity, Mortality and Improvement (MM&I) Conference
  - Team-based In Situ Simulation Program
- Each will discuss
  - Our institution’s curriculum (next slides)
  - How to implement a similar program at your institution
1. Patient Safety Morning Report

- Michele Beekman, MD, FAAP
  Assistant Professor of Clinical Pediatrics
  Pediatric Hospitalist,
  Co-director of Pediatric Sedation
  Assistant Program Director, Peds Residency

- Robert Wolford, MD, M.M.M, CMQ
  Director of Quality and Process Improvement
  Department of Emergency Medicine

- Vamsi Emani, MD, FACP
  Asst. Program Director, Internal Medicine Residency,
  Assistant Professor of Clinical Medicine
  Hospitalist

1. Patient Safety Morning Report

- Designed an educational intervention and novel framework to analyze patient safety events during the M3 Pediatric Clerkship.

- Objectives:
  - Teach learners to identify actual and potential lapses in safety
  - Discuss the domains in which these safety breaches occurred using a conceptual framework
  - Identify methods/solutions to overcome these patient safety issues
  - Foster a safe and supportive learning environment
1. Patient Safety Morning Report

• Can be adapted to
  – GME,
  – nurses,
  – any hospital medical staff

• Students reported that after the sessions they can better recognize a medical error or adverse event, and recognize the role of communication in preventing these errors.

1. Patient Safety Morning Report

• SAFE Framework
  • Safety Concern:
    – Briefly describe the clinical situation with patient safety concern. 1) Start with a one line summary of why the patient was admitted to the hospital or seen in the clinic. 2) Describe the patient safety issue that occurred
  • Action:
    – Outline the actions taken by the team to address the issue
  • Failure:
    – Link the patient safety issue to one of the domains of patient safety that you feel contributed to the error. You can identify more than one domain.
  • Effects:
    – Outline the brief effects of this patient safety issue on outcomes – patient care; cost; delivery outcomes (can choose any one of these or other outcomes)
2. Morbidity, Mortality, & Improvement

- Harleena Kendhari, MD, FAAP
  Assistant Professor of Clinical Pediatrics
  Pediatric Hospitalist, Lead Hospitalist
  Pediatric Sub-Internship Director

- Sara Zafar, DO, FAAP
  Clinical Associate in Pediatrics
  Anne & Robert H. Lurie Children's Hospital of Chicago
  Northwestern University, Feinberg School of Medicine

- Multi- and Inter-disciplinary MM&I presentation and curriculum run within the department of Pediatrics
- Start 4 years ago
- Action Plan items developed into achievable initiatives with impact throughout the hospital
- Garnered support from hospital Quality and Safety department
- Have completed and implemented 11 projects with 7 currently in process
2. Morbidity, Mortality, & Improvement

- Mandatory Curriculum for PGY-3 Residents
  - Identify case
  - Outline events, research and review case involved parties
  - Apply MM&I tool to case using ACGME 6 core competencies
  - Identify Action plan and develop implementation outline

2. Morbidity, Mortality, & Improvement

MM& Curriculum Goals include:

- To provide a safe venue for residents and staff to identify areas of improvement, and promote professionalism, ethical integrity and transparency in assessing and improving patient care.
- To foster a climate of openness and discussion about medical errors, medico legal issues and quality improvement for all levels of learners.
- Focus on recognition of system-wide areas of improvement eliciting input in non-confrontational manner.
- Use of standard interactive format with incorporation of ACGME core competencies to promote leadership, research, and scholarly activity.
- Providing a platform for long term Quality Improvement initiatives by development of action plans and task force.
3. In Situ Simulation

• Trina Croland, MD, FAAP
  Associate Professor of Clinical Pediatrics
  Division Head, Hospital Medicine
  Inpatient Director, General Pediatrics
  Pediatric Hospitalist

• Keith Hanson, MD, PHD, FAAP
  Assistant Professor of Clinical Pediatrics
  Pediatric Hospitalist
3. In Situ Simulation

- 10 year history, closet to Jump Simulation Center
- 40+ scenarios developed
  - Rapid response, call-based, 30 minute timeframe
  - Clinical and teamwork objectives
  - Neonate, infant, child mannequins
  - All units within children’s hospital
  - Expansion to Radiology, Sedation unit, MRI, CT, ED and now regional affiliate EDs
  - Expansion from quarterly to 50+ simulations per year
- MD-RN co-debriefers

Action items categorized for clinical/equipment/systems vulnerabilities
  - Use of Event Reporting System
- Quarterly reports to Quality and Safety Committee, annual Department of Pediatrics report.
References: Background

- American Board of Pediatrics Maintenance of Certification Program. https://www.abp.org/content/maintenance-certification-moc

References: Safety Morning Report

- Institute for Healthcare Improvement (IHI) Modules http://www.ihi.org/education/ihiopenschool/Courses/Pages/default.aspx
References: MMI

- Jill, J. Fussel, Henry C. Farrar, Richard T. Blaszak, Laura L. Sisterhen; Incorporating the ACGME Educational Competencies into Morbidity and Mortality Review Conferences; Teaching and Learning in Medicine, 2(3), 233-239
- Shervin Rabizadeh, W. Adam Gower, Kurlen Payton, Kathryn Miller, Kimberly Vera and Janet R. Serwint. Restructuring the Morbidity and Mortality Conference in a Department of Pediatrics to Serve as a Vehicle for System Changes. CLIN PEDIATR 2012 51: 1079

References: In Situ Simulation

- Creating High Reliability Teams in Healthcare through In situ Simulation Training. William Riley 1,* , Elizabeth Lownik 1, Carmen Parrotta 1, Kristi Miller RN 2 and Stan Davis Adm. Sci. 2011, 1, 14-31; doi:10.3390/admsci1010014
- In Situ Simulation: Challenges and Results. Mary D. Patterson, MD; George T. Blike, MD; Vinay M. Nadkarni, MD https://cdn0.laerdal.com/cdn-4aaf4a/globalassets/documents/research-pdf/in-situ-simulation/in-situ-simulation-must-read-1-cincinnati-childrens-et-al.pdf
- The use of in situ simulation to detect latent safety threats in pediatrics: a cross-sectional survey. Marc Auerbach et al., BMI STEL, 2015