Together Saving Lives

Chicago Patient Safety Forum Quarterly

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Otho S.A. Sprague Memorial Institute

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Metropolitan Chicago Healthcare Council

Illinois Foundation for Quality Healthcare

American College of Physicians, Northern Illinois Chapter

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Dear colleagues:

We would like to place your patient safety initiatives and meeting announcements in this newsletter. Please send your notes for the newsletter to Leonard Lamkin, at lamkin_cpsf@iomc.org by early September for publication in the Fall 2006 newsletter.

Leonard Lamkin
Executive Director

Get Involved

Get Involved: CPSF needs your support

- We are now accepting nominations for the steering committee of CPSF. Contact us at cpsf@iomc.org for more information. See the end of this newsletter for our nomination form.
- Your expertise is invaluable! CPSF is looking for volunteers on the following committees:
  - Program Development
  - Annual Scientific Conference Planning
  - Marketing/Communications
  - Fund Development
  - Strategic Planning
- Please show your commitment to Chicago area patient safety by becoming a supporter of CPSF. Information is available on the web at www.chicagopatientsafety.org/become_involved/make_a_donation.htm
- Join the CPSF and one of our 5 councils at www.chicagopatientsafety.org/become_involved/membership_information.htm
- New patient safety collaboration initiatives are welcome. Please email your ideas to lamkin_cpsf@iomc.org

Patient Safety Updates

Upcoming!

- July 27-28, 2006 Midwest Business Group on Health Annual Conference - "Extreme Makeover:Health Benefits Edition." Go to www.mbgh.org for details and to register.
- 100K Lives town hall meeting **August 16 from 10am – 4 pm (see below)**

Have your Patient Safety Project or Meeting listed here!
Contact us at 312-431-9110 or at cpsf@iomc.org

Illinois Governor Rod Blagojevich signs Executive Order creating new Division of Patient Safety.

In an effort to reduce the number of medical errors that claim the lives of more than 4,000 Illinoisans and nearly 100,000 Americans each year, on June 13 Governor Blagojavich proposed sweeping and comprehensive changes to cut down on errors

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and improve patient safety. Medical errors cost $1.5 billion a year - in Illinois alone - contributing to higher insurance premiums, higher costs for hospital visits and treatments, higher co-pays, higher insurance rates for doctors and higher costs of prescription drugs. Every year 98,000 Americans die from medical errors - errors that were preventable. In fact, nearly as many Americans die each year from medical errors as from AIDS (16,500), breast cancer (42,000) and car accidents (43,000) combined. Gov. Blagojevich proposed a comprehensive package of reforms to reduce the number of medical errors and improve patient safety. See our website for more information.

100K Lives Campaign Town Hall Meeting

The Chicago Patient Safety Forum is the node/campaign center for Illinois. CPSF will be hosting a Midwest regional town hall meeting on the 100K lives campaign on **Wednesday, August 16 from 10am – 4 pm** near O'Hare airport
ACL Labs
5400 Pearl Street
Rosemont, IL
See our web site for more details or call us at 312-431-9110 for more information.

Patient Safety Organization

Due to the work of the CPSF Medical/Legal Committee, the CPSF has developed an exploratory committee of state associations/organizations to discuss forming an Illinois PSO. The Illinois Patient Safety Organization (IPSO) is a quality improvement organization meeting all requirements of a "Patient Safety Organization" as defined in the United States Quality and Patient Safety Improvement Act of 2005. The IPSO is multi-stakeholder, public/private entity comprised of members representing statewide organizations including consumers, payors, physicians, nurses, pharmacists, hospitals, long-term care, ambulatory surgical centers, and the State of Illinois. It is the mission and purpose of the IPSO to evaluate all patient safety information and data, and to make recommendations to all stakeholders and participants as to how patient safety can be enhanced, and medical errors and adverse events prevented, based on the information submitted to the IPSO. The work of the exploratory committee is moving forward. For more information the web site at www.chicagopatientsafety.org/CPSF_initiatives/IL_PSO.htm or to be added to the invitees call our office at 312-431-9110.

Your organization's patient safety news and events could be posted here!

Please contact us to submit your notices.

CPSF Second Annual Strategic Planning / Membership Meeting

This meeting was held on July 10, 2006. Thank you to Blue Cross Blue Shield of Illinois for hosting this meeting. The members at the meeting agreed that the focus of the CPSF for the next year should be in four areas. Leadership, fund development, membership, program planning with an ongoing strategic planning committee. Leadership should focus on diversity, fund development on broadening the funding base, membership on growth and involvement with program planning focused on medication safety and the annual scientific conference. Thank you to the meeting participants. You are welcome to join one of these committees.

Questions from CPSF 2006 Annual Scientific Conference

As promised, there were leftover questions and answers from our panel on Leadership and Culture of Safety. (Edited responses – for full answers and answers to questions directed to individual panelists, see www.chicagopatientsafety.org/events/CPSF_2006_Annual_Meeting.htm)

LS: Lee Sacks, MD – Advocate Health Care
JM: Julie Morath, RN, MS – Children's Hospitals and Clinics of Minnesota

What is the assumption of competency levels that allows for a "no blame" culture?

LS: We are working towards a Just Culture within Advocate. Such a culture requires that we measure competency on a continuing basis and we are doing that. Within our nascent Just Culture there is an understanding that individuals are appropriately accountable for their actions.
JM: At Children's we have a blame free reporting system, and strive to have a just and safe culture. A just culture balances individual accountability and system or organizational accountabilities with clear algorithms to determine culpability of unsafe acts. A just culture values open communication—where risks are openly discussed between managers and staff. It is a culture seeking knowledge. An organization with a just culture also has a well-established system of accountability. The organization is accountable for processes to ensure that individuals are competent to do their work and to produce the outcomes required of them and individuals are accountable to perform their work in a safe manner or speak up when they are unable to do so.

Give us your organization's Definition of Safety.

LS: Our definition of safety is "the absence of harm."

JM: Patient safety, as we define it, is a condition in which patients are protected from medical accidents and harm through proactive risk identification and mitigation; and through resilience and recovery in high-risk conditions. Patient safety is achieved through the disciplined and aggressive design and maintenance of systems are grounded in safety science, accident causation, human factors and the design and implementation highly reliable processes. (Definition from Morath & Turnbull, 20005)

Can you discuss the need for customization of pediatric specific interventions?

LS: Our focus is on behaviors that lead to safer performance. These behaviors, such as critical thinking or paying attention to detail are neither age nor gender specific and apply to all health care providers in all situations.

JM: In most cases, evidence-based safe *practices* and *concepts* of high reliability do not need modification for pediatrics. If the practice or processes is utilized for pediatric care, then the best practice can and should be adopted for pediatrics. Family-centered care and parental involvement in practices to increase safe care are of great emphasis in pediatrics. Risk assessment tools need to be modified for pediatric populations (for example, falls assessment and skin assessment tools). This is due in large part to developmental issues for children that must be accounted for in pediatric interventions.

Can you recommend a good CPOE system for community hospitals without residents?

LS: Advocate is implementing a CPOE system across the system. This is difficult work and involves changing lots of processes. We are using the Cerner product in the hospitals and have now implemented at 5 sites- 3 teaching and 2 community. There are examples of problems and successes at all the hospitals, so the issues are not specific to teaching or non teaching hospitals. CPOE will be a work in progress for a long time. We have also implemented EPIC at the Dreyer Clinic and Allscripts Touchworks in parts of Advocate Medical Group.

Patient Safety Products Available through CPSF

- 2005 Patient Safety Learning Collaborative: Medication Reconciliation CD-ROM – $25.00 + $2.00 S&H
- Things You Should Know Before Entering the Hospital DVD – $29.95 + $4.95 S&H
- Getting Results: Reliably Communicating and Acting on Critical Test Results – Gordon Schiff, MD, Editor – $75.00 + $4.95 S&H
- Coming Soon – DVD-ROM of video and material presented at CPSF 2006 Annual Scientific Meeting – Estimated price: $25.00 + $2.00 S&H
- Call 312-431-9110 or email cpsf@iomc.org for information on ordering

Quarterly Commentary

Personal Health Record
Stasia Kahn MD
Northern Illinois Physicians For Connectivity

What is a Personal Health Record (PHR) and is Illinois ready for this technology? Personal health records have been around for years but they have gone by other names. Most parents keep "baby books". Baby books are the oldest PHRs around. Medication lists kept on personal computers or jotted down on scrap papers and kept in the wallet are a kind of PHR. Children of elderly parent's frequently keep copies of advance directives. These are pieces of a PHR. Even a personal calendar can function as a PHR for those women/teenagers who keep track of their last menstrual period. I think you get the point.

What makes the PHR of today/future so different from those of the past? The key words are electronic/interoperable. Computer savvy individuals may already be familiar with on-line banking or email. We feel comfortable entering our demographic information and credit card numbers into a PC. Why, then, do people balk at the idea of entering medical data into a PC with user friendly templates? I have plenty of patients that come with: medication lists printed from a computer; their glucoscan 14 day averages/daily results; their BP and pulses recorded; their weights or ultrafast heartscans that I didn't order are hand delivered by my patients who want me to interpret the results and enter them into their electronic chart. New patients come to my office with complete medical histories.

This is 2006 and patient centric healthcare has arrived. The state of affairs is there are many PHRs available for consumers. I have personally viewed four different PHRs which were all intuitive. PHRs are offered by employers, insurers, healthcare providers and untethered PHRs. As a physician in a paperless internal medical office, my challenge is to encourage patient centricity without increasing my office overhead or compromising my

patient's privacy. I am looking forward to the day when my office can offer a PHR to our patients that is interoperable with our Electronic Medical Record. My partners would like to know what the return on investment (ROI) is for our office to host a PHR. My answers apply to all primary care physicians.

In the short term, I believe those providers who can improve patient safety and healthcare quality by fostering patient centricity will garnish market share. In the long term providers who are able to report on quality indicators will be reimbursed at a higher rate than their colleagues who have not yet embraced an Electronic Health Record to support patient centricity. For those providers working in an academic environment with a patient portal and consumer who have access to an online PHR through an employer or insurance carrier, someone has already made the decision that there is an ROI for patient centricity and you are reaping the benefits. Or are you?

Chicago Patient Safety Forum and Northern Illinois Physicians For Connectivity have agreed to publish a white paper outlining the obstacles to implementation of a state wide personal health record in Illinois. We welcome your involvement in this worthy project.

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Acknowledgements

Since 2002, some 800 individuals have participated in CPSF-sponsored events. These events and the resources the CPSF offers to the community via these and other initiatives are supported in 2006 by:

Otho S.A Sprague Memorial Institute
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We would like to thank Blue Cross and Blue Shield of Illinois for their recent support.

Thank you to our other supporters for 2006:

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Blue Cross and Blue Shield of Illinois
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Metropolitan Chicago Healthcare Council
American College of Physicians, Northern Illinois Chapter
Illinois Hospital Association
Chicago Medical Society

Walgreen's
Jewel/Osco
CareScience
Illinois Academy of Family Physicians
Medical Dental Staff, LUMC

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Individuals

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Constance Cutler	Becky Steward
Barbara Gaffke	Robert Vanecko
Lenore Henning	James Webster
John Hickner	Kevin Weiss
Carol Krohm	Arnold Widen
Bruce Lambert	Donna Woods

This newsletter is to inform you of CPSF updates and events, as well as other patient safety topics in the Chicago area and major patient safety events around the nation. If you'd like to be removed from this list, please let us know at cpsf@iomc.org.