

# Patient Safety and Risk Management 2024

Eric Zacharias MD, Chief Medical Officer

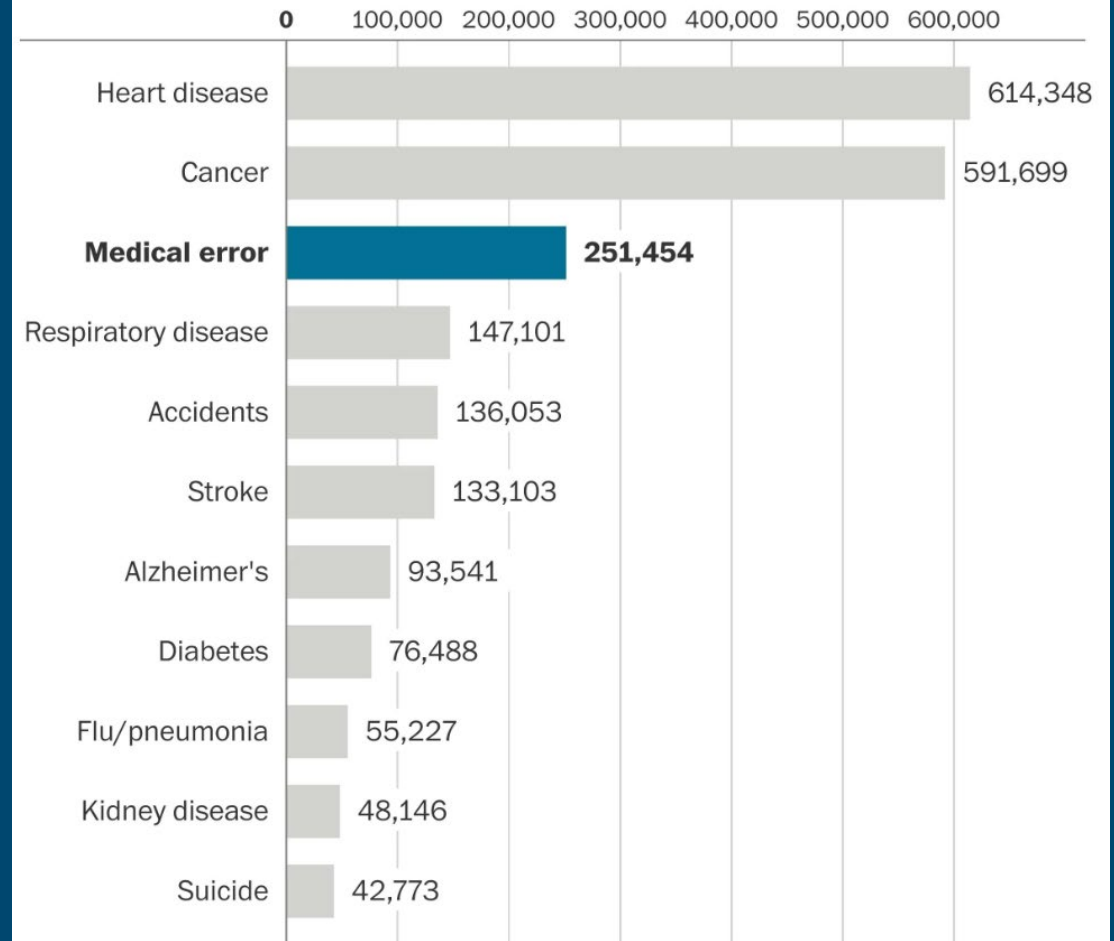
COPIC is a risk  
management company.

# Nobody wants medical errors, but they are common!

A pretty good reason for Patient Safety and Risk Management to go to work every day!

## Death in the United States

Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.



Source: National Center for Health Statistics, BMJ

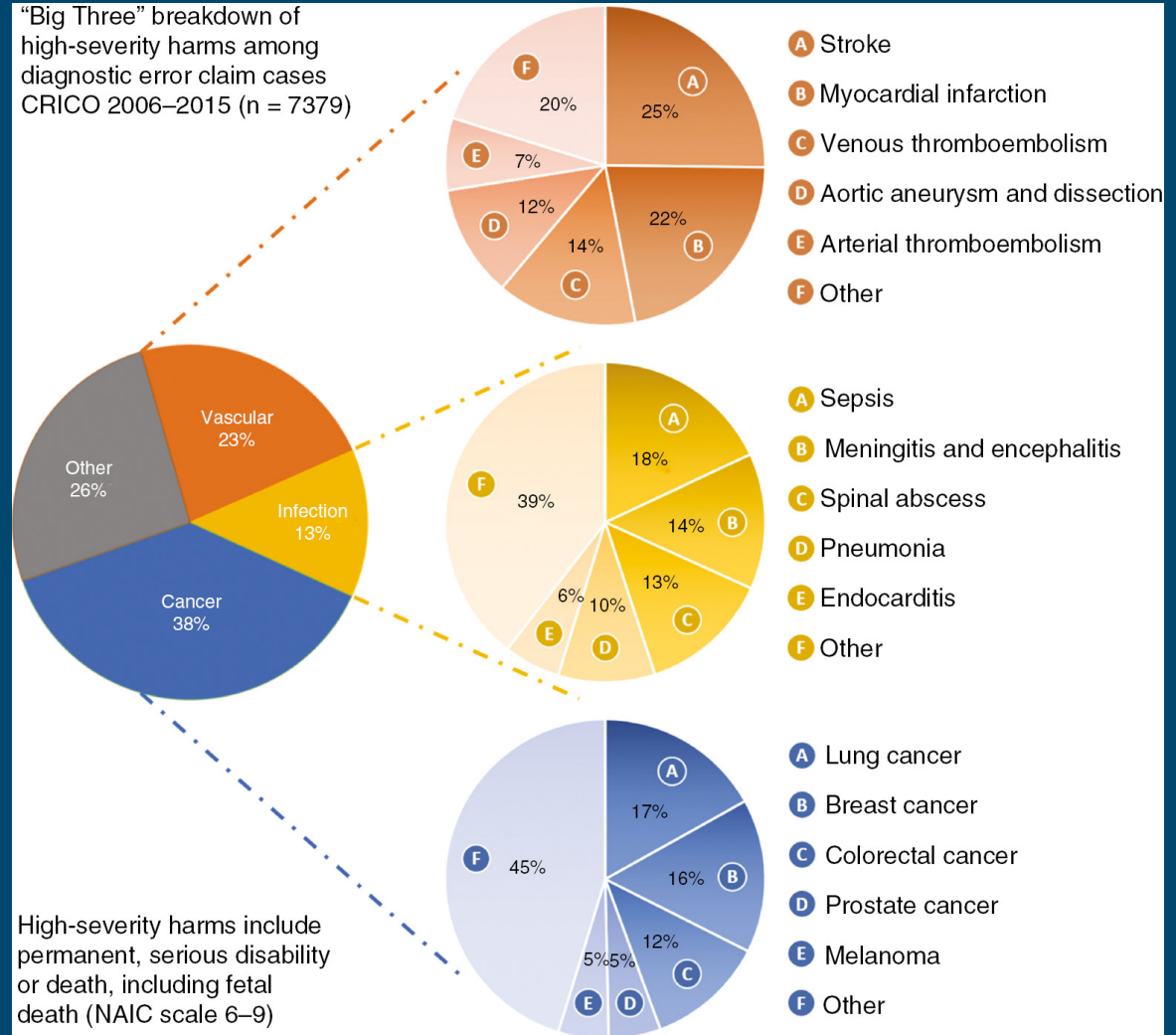
THE WASHINGTON POST

# Where Do We Put Our Greatest Efforts?

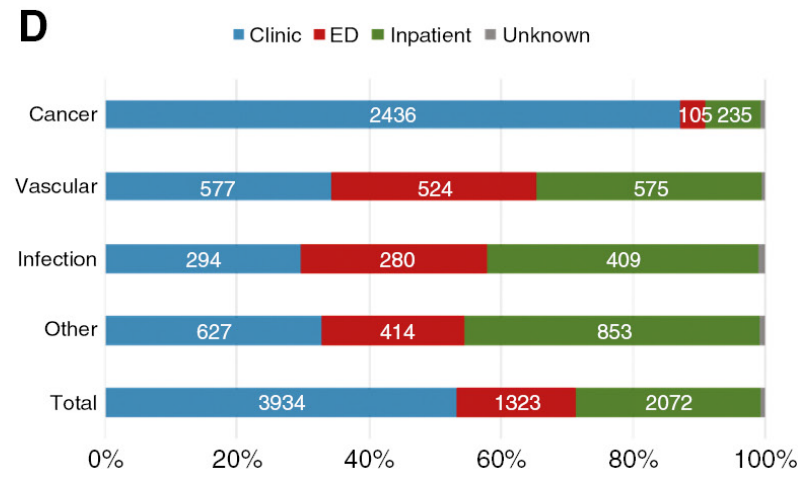
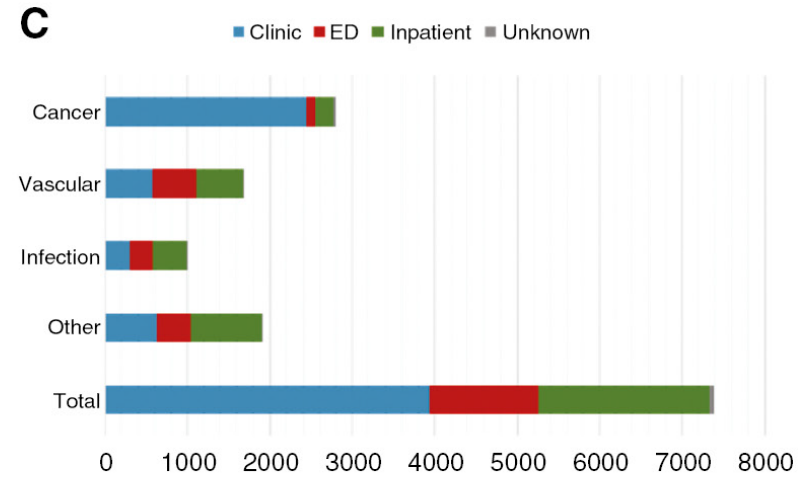
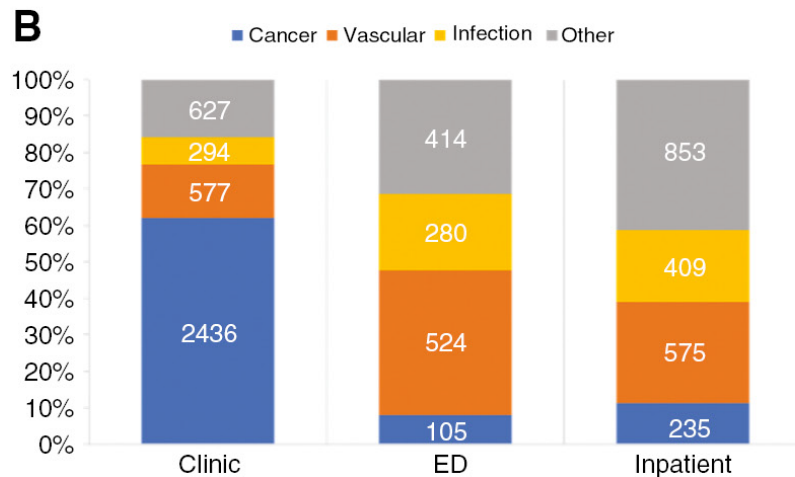
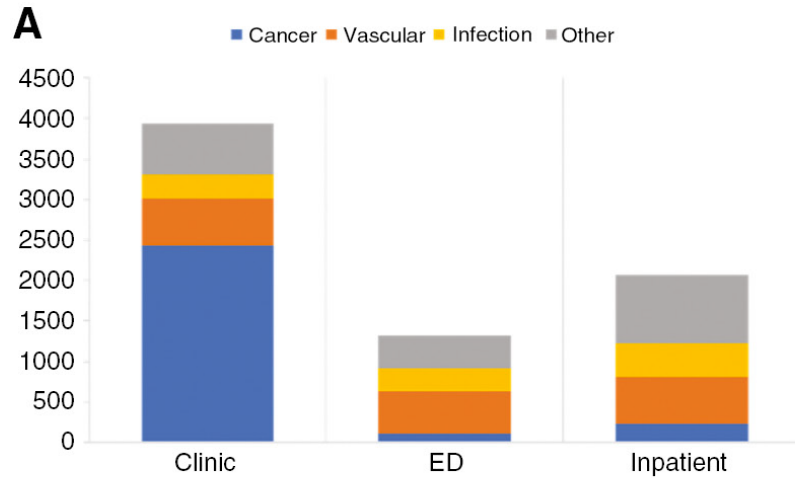
Interviewer: “Willie, why do you rob banks?”

Willie: “...because that’s where the money is!”

“Big Three” breakdown of high-severity harms among diagnostic error claim cases CRICO 2006–2015 (n = 7379)

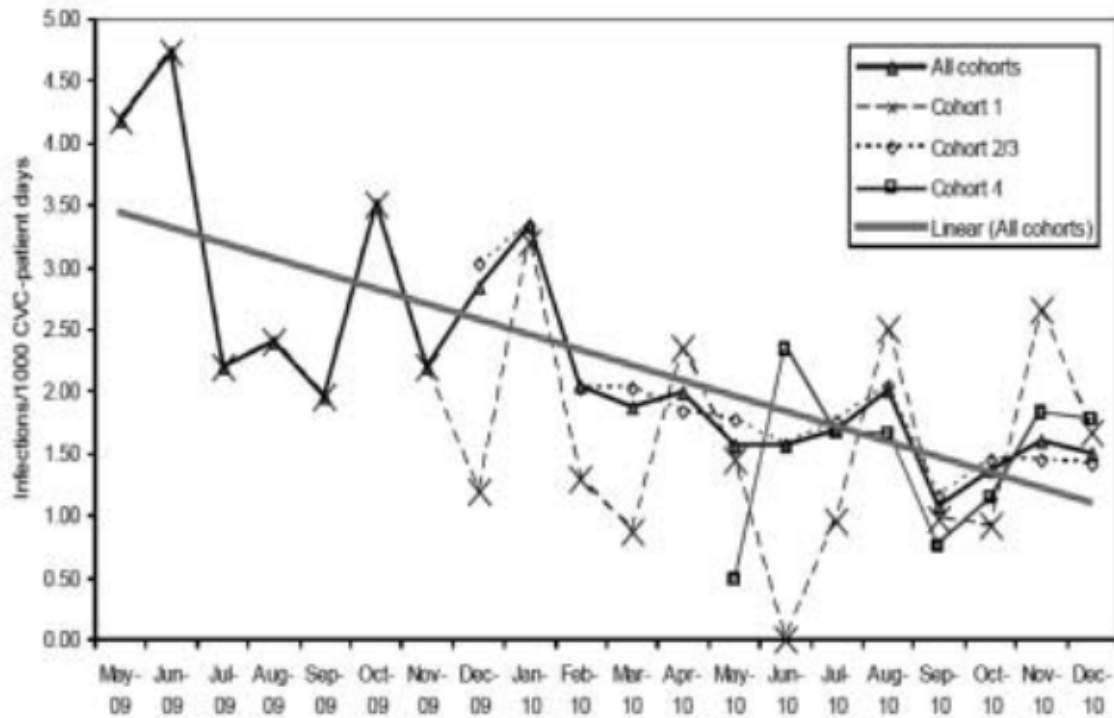


# What Care Settings do Errors Occur In?



# Central Line Infections- Prevent via Quality

d: Adult ICU CVC-BSI rates by Cluster



Aggregate Quality and Staffing Outcomes, Before and After Private Equity Buyout

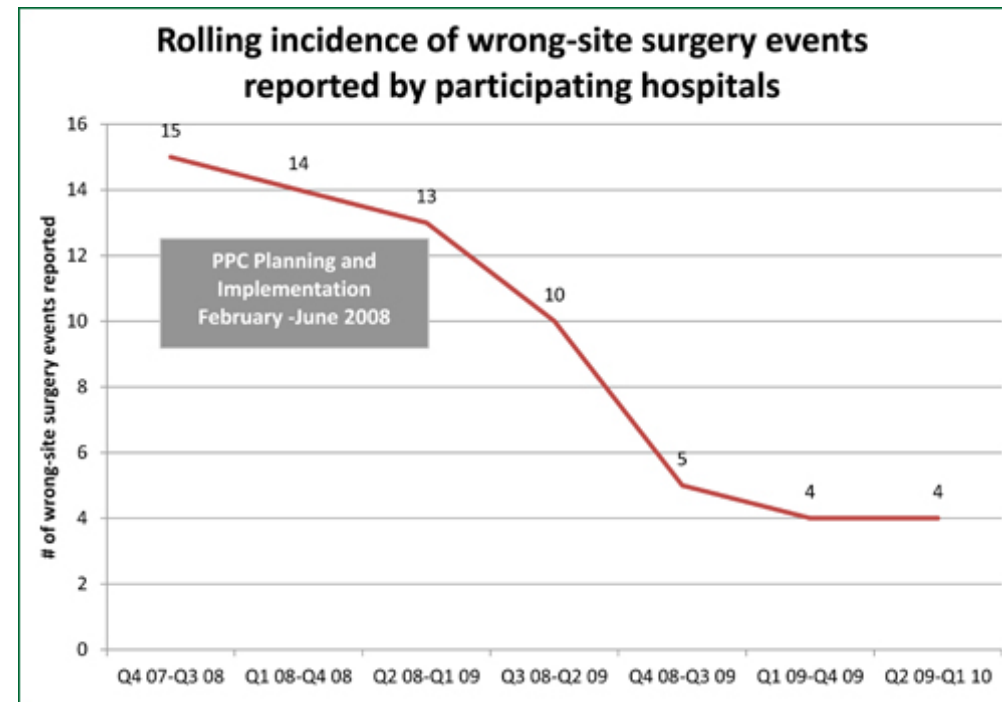
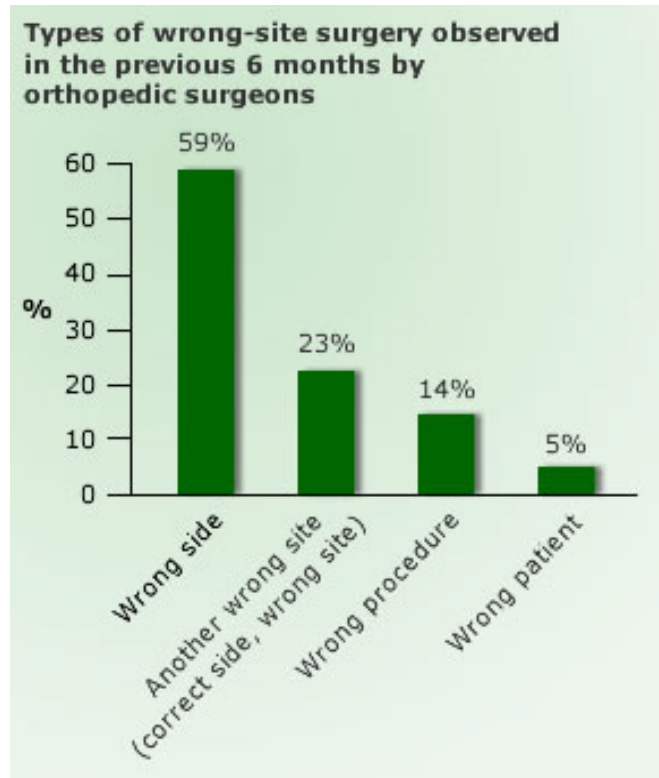
Deficiency Survey Rating



Overall Rating



# Risk Management Interventions for Recurrent Errors





# Collaborative Plan High Level Goals

- Establish trusted relationships with the PSRM team (RN, MD, and support staff)
- Early reporting
- Engagement in education
- Engagement in practice evaluations
- Engagement in processes, persons, and trends for service or specialty
- Long term partnerships...



# What Does a Culture of Safety Look Like?

## •Leaders create a safety culture:

- Make patient safety an urgent organizational priority
- Communicate a vision for safety excellence
- Allocate resources for safety initiatives
- Maintain a visible presence (e.g., walk rounds)
- Take action when concerns are raised
- Focus on systems analysis rather than blaming individuals
- Recognize patient safety successes

•How are things going—are there any concerns you want to share with me?

•Thanks for asking. Actually, I am worried about something—do you have some time this afternoon?

## •Risk managers champion a safety culture:

- Encourage reporting of safety events without fear of
  - reprisal or blame
- Investigate and follow up on reported concerns
- Identify and track safety gaps proactively
- Partner with staff to develop realistic safety goals and
  - regularly share challenges and progress
- Implement standardized safety processes
  - (e.g., time-outs, huddles, drills)
- Protect time for staff to complete necessary training
- Facilitate collaborative patient care

•It's ok to C.U.S.\* for patient safety!  
 •C: I'm Concerned  
 •U: I'm Uncomfortable  
 •S: Patient Safety is at risk

## •Staff embody a safety culture:

- Speak up about safety concerns
- Report adverse outcomes, near misses,
  - and good catches
- Set personal goals for achieving
  - safety excellence
- Use safety-oriented communication tools
  - (e.g., SBAR, checklists)
- Demonstrate accountability
- Seek out necessary training
- Advocate for patient safety—every time

•Dr. Jones, I'm concerned about Mrs. Smith.  
 •I'm uncomfortable about the way she looks—she is very pale, and seems weak.

•I'm worried it isn't safe to send her home right now. Could you please go and see her again?

•Thank you for letting me know, Sam. I'm really busy, and she seemed fine when I saw her, but I can tell you're worried. I'll go and talk to her now. Could you please let my next patient

•know there will be a delay? \* More info on C.U.S. appears in Module 2:

•communicating changes in a resident's condition (see full reference on the back).

©2020 ECRI Institute



# Thank You for Joining Us!

Eric Zacharias, MD  
ezacharias@copic.com