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Book Review: Safe Patients, Smart Hospitals

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

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Book Review

Reviewed by Amanda Solis, MS

Safe Patients, Smart Hospitals

(New York: Hudson Street Press; 2010), by Peter Pronovost, PhD, MD and Eric Vohr

Despite its simple title, *Safe Patients, Smart Hospitals: How One Doctor's Checklist Can Help Us Change Health Care from the Inside Out*, is the real and vivid story of loss, setbacks, hard work, and human triumph.

Going beyond the concept of a checklist as a solution to patient safety dilemmas, the book draws the reader in with a careful examination of institutional culture. There is scientific research to validate the use of a checklist approach in many different settings. However, it is when Pronovost and Vohr identify gaps in communication as the possible root cause of medical errors that the reader begins to understand the complexities of patient safety. The authors tackle safety issues head-on and offer a step-by-step look at how to achieve meaningful change.

Those involved in patient safety are all too familiar with the Institute of Medicine report *To Err is Human* and the glaring reality that not much has changed in the 12 years since it was published. *Safe Patients, Smart Hospitals* reminds us of the uncomfortable truth that doctors and nurses are not infallible.

The first step is to acknowledge that even highly trained professionals working within the best institutions are not immune from error. Clinicians should analyze and learn from mistakes rather than hiding, sanitizing, and “recovering” from them. Following this notion, Pronovost developed a process to identify high-risk settings and anticipate errors, such as those associated with central line infections and ventilator-associated pneumonia (VAP).

After researching clinical guidelines, Pronovost's team developed a VAP checklist comprised of 5 items:

1. Elevating the head of the bed
2. Limiting sedation
3. Testing daily to see if the ventilator was still necessary
4. Administering medication to prevent stomach ulcers
5. Administering medication to prevent blood clots.

By observing processes in the intensive care unit (ICU), the team identified simple obstacles to

completing the list. For item 1, there was no clear way to know when the bed was situated at the proper angle. This obstacle was eliminated by adding a gauge to the side of the bed to provide a visual cue for the care team. The team encountered an unexpected barrier in that the nurses didn't understand the purpose of the checklist; they thought they were merely following physician orders. Once educated on the science and patient benefits, compliance rates soared.

In the ICU alone, each patient undergoes close to 100 procedures a day at the hands of many different caregivers. The opportunities for error and miscommunication are compounded as the number of interactions increases. Pronovost believes that standardizing procedures and instituting checklists will improve outcomes. He begins by consolidating clinical evidence and guidelines into a tool that clinicians can use at the bedside as a reminder of the best practices. Pronovost's checklist offers a simple, easy-to-follow protocol - an idea borrowed from aviation safety. In both flying and medicine, the lives of many are in the hands of

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those at the helm. Though the authors acknowledge that there are many more complexities to medicine, the parallels are striking.

Pronovost turns his attention to reducing central line infections in the surgical ICU. He believes that the rate of these infections could be diminished, even in very ill patients, and he is surprised by his peers' feelings that central line infections are somewhat inevitable. When he broadens his investigation of central line infections, he finds that proper protocol was followed only 30% of the time.

Throughout this book, Pronovost and Vohr share details of projects implemented through teamwork and incremental change. Instead of developing a universal measure,

they stress the importance of each hospital building a team to diagnose and then treat its unique cultural and organizational problems. Once the team develops an approach and brainstorms possible obstacles, the checklist is pilot tested. This method allows caregivers the opportunity to fashion their own policies rather than having protocols imposed upon them. In essence, instructing people how to solve problems on their own provides the tools needed to institute safer practices across all clinical disciplines and areas of the hospital.

Tales of hard work, grueling hours, and bruised egos punctuate this journal documenting how small steps toward gradual improvements can eventually lead to an overhaul of care.

As we begin to accept that our caretakers may unintentionally cause us harm, we see the human feeling on both sides of the spectrum – patient and physician. Although *Safe Patients, Smart Hospitals* is at times a sordid look at hospitals, it also offers hope by providing attainable goals, making the challenge of patient safety seem less of a mystery. Hospital administrators, health care practitioners, and patients who read this narrative will have a better understanding of how critical their roles are to advancing safe care, and how simple it can be.

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