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2009 Annual Quality/Risk Management Retreat: An Approach to Patient Safety

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The Jefferson Health System (JHS) Quality Council and Mountain Laurel RRG Risk Management Committee hosted, *An Approach to Patient Safety*, a Quality/Risk Management Educational Retreat on April 22, 2009. The featured speaker for the event was Peter Pronovost, MD, PhD, FCCM, the Director of the Johns Hopkins University Center for Innovation in Quality Patient Care and author of more than 200 articles and chapters in the fields of patient safety, quality health care, and evidence-based medicine.

Dr. Pronovost's presentation was organized into two sections. The first half of the program was dedicated to the issues and problems in appropriately measuring patient safety. It is critical to understand how and what to measure in order to provide a clear and accurate picture of what is going on. He spoke about learning from mistakes, and described teamwork tools, including daily goals, morning briefings, shadowing, active listening, and culture check-ups. He also discussed difficulties in translating evidence into practice.

In the second half of the program Dr. Pronovost spoke about strategies that can be used to improve patient safety. He explored attitudes, culture, and methods that are required to make substantial progress in improving patient safety within healthcare organizations. He stressed the use of a conceptual model based on structure, process and outcome to provide a context and culture of safety. In particular, he spoke about how he approaches the "Science of Safety" by including both measurement issues and strategies to get interdisciplinary groups to work together to improve system performance.

Dr. Pronovost described some of the projects in which he is involved, including several that focus on improving care in Intensive Care Units (ICUs). For example, he described a patient safety scorecard that he and his colleagues have developed and used as a framework for safety improvement in the ICU (refer to Table 1).[1]

It was especially interesting to see how Pronovost's approach takes into account both the technical (evidence-based) aspects of patient safety, as well as the behavioral/cultural aspects of instituting change within work groups that are part of a larger organization. By using such an approach, one can examine changes from several perspectives, including the changes in structure, process, and outcomes that result from an effort to change safety within an ICU. ■

For resources, training modules, and toolkits related to this topic, visit: www.safercare.net.

Table 1: Patient Safety Scorecard

Domain	Definition
How often did we harm patients?	Measures of health care-acquired infections
How often do we use evidence-based medicine?	Percentage of patients who receive evidence-based interventions
How do we know we learned from our mistakes?	Percentage of months per year the ICU learns from mistakes
How well have we created a culture of safety?	Annual assessment of safety culture at the unit level

REFERENCES
1. Berenholtz SM, Pronovost PJ. Monitoring patient safety. *Crit Care Clin*. 2007; 23(3):659-673.