- Required a Risk Management Program
- Required licensed risk manager and risk management education
- Florida first state to mandate that hospitals report adverse incidents (Code 15) to the State (AHCA)
- Investigation of sexual misconduct allegation

**September 2003**

AHCA Section 395.1012 Patient Safety

- Each facility must:
  - Adopt a patient safety plan
  - Appoint a patient safety officer
  - Appoint patient safety committee (including community member)
Our Patient Safety Journey

- Commitment from BHSF Executive Leadership
- BHSF founding member National Patient Safety Foundation (1996)
  - “Stand Up for Patient Safety”
- BHSF designated bariatric surgery program (2001)
- Patient safety officers (2003)
- Patient safety champion and leadership training (2004)
- CEO Patient Safety Rounds (2005)
- eICU Lifeguard (2006)
- Quality Patient Safety Steering Council (2007)
- Leapfrog survey participation (2007)
- Shared learning across BHSF (2009)
- Communication among caregivers – Hourly rounding / SBAR
  - Patient & Family Centered Care Steering Council (2010)
  - Patient & Family Advisory Council (2010)
- Institute of Healthcare Improvement (IHI) 100K + 5M Lives Campaign
- “Just Culture” presentations (2012-2013)
- Near Miss reporting presentations (2013)

Patient Safety is Everyone’s Job!
Evolution Of Patient Safety

Leader in promoting a culture of patient safety

Developing multiple safety nets and systems

Patients and families collaborate
Guiding Principles for Patient Safety

• Safety First

• Reporting Errors and Equipment or System Failures

• Teamwork

• Fail Safe Approaches

• National Patient Safety Goals Standardization
Objectives:
• Facilitate successful transition of the new graduate nurse to the professional registered nurse (RN) role
• Prepare confident entry-level staff nurses who can provide confident and safe patient care
• Increase the commitment and retention of new graduate nurses within the organization
• Establish a positive return on investment for each hospital
• **Recertification January 13, 2013**

• **Accountable Care Act** requires all hospitals >50 beds to have **Patient Safety Evaluation System** by January 2015 and participate in a Patient Safety Organization

• **Key reports**
  – Agency Health Research and Quality Hospital Patient Safety Culture Survey

• **Midas Incident Reports**
  – Code Green
  – Mislabeled specimens
  – IV infiltrates
  – Consents

• **Sentinel Events Alerts follow up reports**
  – Safety of opioids in the hospital
  – Medical devise alarms
Improving Just Culture

• **Definition of Just Culture**
  – “Just Culture” holds organizations accountable for the systems they design and for how they respond to staff behaviors. It refers to a value-supportive model of shared accountability.

• **2012 BHSF AHRQ Hospital Survey Results**
  – 59% of our employees believed that they received a punitive response to error
  – Next AHRQ Hospital Survey scheduled for March 2014

• **Just Culture presentation created and presented across BHSF**
  – 599 leaders educated
  – 255 staff educated
  – 207 attendees at the Patient Safety Seminar 2013
Near Miss Reporting

Definition: A near miss is “an event or situation that has the potential to cause an adverse event, but fails to do so by chance or because it was intercepted”. (adapted from World Health Organization (WHO)

Near Misses

• Are 7 to 100 times more common than adverse events (HealthGrades 2004)

• Are a valuable source of data for identifying patient safety priorities

• Identifies system failures before harm reaches a patient

• System-wide education began November 2012

• Currently reporting is up 13.7% (January – June 2013)
Patient- and Family-Centered Care

Key Elements of Patient- and Family-Centered Care

Dignity and Respect
Incorporate patient and family knowledge, values, beliefs and cultural backgrounds into the planning and delivery of care.

Participation
Support patients and families to participate in care and decision-making at the level they choose.

Sharing Information
Communicate with patients and families so they are receiving timely, complete, and accurate information in order to effectively participate in care and decision-making.

Collaboration
Invite patients and families to participate in hospital-wide committees and activities. Make them partners in healing the community.

Patient Experience

Patient- and family-centered care is a fundamental approach to patient care that must permeate the organization’s culture.

September 2011
Family Advisors Group Summary

- Educate our consumers and the community re: Patient & Family Centered Care at BHSF
- Institute a Patient/Family Advocate Program for all Patients
- Improve services provided for patients and families
- Improve access to entities
- Monitor our effectiveness
BHSF PFCC Accomplishments

- Patient & Family Centered Care committees at all entities
- Fast passes – Family & friends
- Visiting hours modified and/or eliminated
- Whiteboards for communication with patients/families
- Nursing bedside shift report & hourly rounding
- Patient/family resource centers being established
- Revised Patient Safety patient guides
- Family advisors created “Welcome” video for internal TV stations
- Discharge phone calls
- Family advisor recruitment brochure
- Entity site directional maps updated
- Security escorts available on all campuses
Accelerated Change Teams

ACT

Harmony in Pediatrics Steering Council (HIP)
Sepsis
Physician Communication
Perinatal Safety + Hypertensive Crisis Taskforce
Medication Safety + Opioid Subgroup
Massive Transfusion Protocol
Hand-offs and Transitions (HAT)
Discharge Planning
Code Help in the ED
Clinical Alarms & Noise
ACT 2
Code Help
Medication Reconciliation
Signs & Symbols
When Should Patients and Families Call Code HELP?

Noticeable clinical change occurs when healthcare team is not present

- bleeding, trouble breathing, allergic reaction, or sudden loss of consciousness

Patient or family member feels that something is just not right, and no one is responding to their concerns

Breakdown in how care is being managed and/or perceived miscommunication of plan of care and no one is responding to their concerns
Transfer of Accountability Accelerated Change Team

Applying Patient & Family-Centered Concepts to Bedside Change of Shift Report

- Include Patients & Families During Change of Shift Report
- Patients Decide which family/friend is included During Change of Shift Report
- Encourages patient involvement & promotes care partnerships between patients, families, nurses & physicians
- Patients are more informed which promotes satisfaction & reduces anxiety

Patient-Centered care includes patients & their designated family members in the design, planning, delivery & evaluation of healthcare
New Accelerated Change Teams (ACT)

- **Medication safety**
  - Develop a comprehensive medication safety program
  - ISMP Survey system wide gap analysis performed
  - TRIM Flow Maps for medication process
New Accelerated Change Teams (ACT)

- Discharge planning
  - Reduce thirty day (30) readmissions
  - System wide education of discharge process
  - Redesign discharge instructions and patient education
  - Post discharge automated follow up telephone call
New Accelerated Change Teams (ACT)

• Perinatal safety
  • Standardized policies and order sets for high risk medications
  • Created guidelines for elective deliveries < 39 weeks
  • OB team simulation/fetal monitoring

Dr. Vicky Lopez-Beecham
eICU Lifeguard Update

- 49% Reduction ICU Mortality
- 45% Reduction Hospital Mortality
- 33% ICU Length Of Stay Reduction
- 41% Hospital Length Of Stay Reduction
- 386 lives saved in the last year
- $10.5 million in 1 year
Mission
The mission of the Patient Safety Simulation Lab is to improve the safety and well-being of the patients we serve by integrating medical simulation to advance the skill and performance of our multidisciplinary team throughout Baptist Health South Florida.

- Ribbon cutting - September 2011
- Commencement of Official Courses - May 2012
- 436 participants to date
- Departments trained
  - OB
  - Anesthesia/Peri-op
  - NICU
  - Coming soon - Adult and Pedi ED
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* Not eligible for participation:
  Mariners Hospital - Critical Access Hospital
  West Kendall Baptist Hospital - New Hospital
SAVE THE DATE

International Patient Safety Symposium

Friday, May 2, 2014 - 9 a.m.-3:15 p.m.
Trump Doral National, Miami, Florida

Keynote Presenter
Gerald Bennett Hickson, M.D.
Chair of the Board of Directors, National Patient Safety Foundation
Senior Vice President of Quality, Safety and Risk Prevention
Vanderbilt University Medical Center
Nashville, Tennessee

Faculty
Geri Amori, Ph.D., ARM, DFASHRM, CPHRM
Vice President for Academic Affairs, Geoversys
Past President, American Society for Healthcare Risk Management, Boston, Massachusetts

Ralph Lawson
Executive Vice President, Chief Financial Officer
Baptist Health South Florida, Miami, Florida

Manuel Torres, M.D.
Diplomate of Family Medicine
Baptist Health Medical Group
West Kendall Baptist Hospital Family Medicine Center
Core Faculty, West Kendall Baptist Hospital Family Practice Residency Program
Clinical Assistant Professor
Florida International University Herbert Wertheim College of Medicine, Miami, Florida

Yvonne Zawodny, R.N.
Corporate Assistant Vice President, Risk Management/Patient Safety
Baptist Health South Florida, Miami, Florida

Target Audience - Physicians, Psychologists, Hospital Administrators, Risk Managers, Quality Managers, Nurses, Respiratory Therapists, Pharmacists, Social Workers, Laboratory Personnel and other interested healthcare providers.

Contact CME - CME@BaptistHealth.net • 786-596-2398

Symposium details and registration — PatientSafety.BaptistHealth.net

Baptist Health South Florida