
Risk in the Health Care Industry: The Patient Safety Education Project

Background

In the United States, it is estimated that more people die every year from medical errors than from road accidents, breast cancer, or AIDS. Health organizations began in the 1980s to use root cause analysis of system failure and prospective failure mode analysis, and to think in terms of building cultures that refrain from assigning “sharp end” blame, incentivize learning, support clinicians involved in inherently risky work, and disclose relevant facts to those injured. Patient safety curricular materials have been produced by several prominent organizations. Frustration exists, however, with the slow rate of adopting safety science into the healthcare workforce. New benchmarks confirm the enormity of the challenge we still face. Progress will continue to lag until gaps in safety science education, standards of practice and realities of culture are effectively addressed.

Whereas much remains to be done to understand how risk is perceived and managed, in the health care industry the immediate need is to disseminate understanding and management approaches that already exist. Consistent with the goal of the Zell Center for Risk Research to facilitate the communication of the product of research to a wide audience of practitioners, this project seeks to close the gap between what the safety sciences dictate and what happens in the practice of health care today.

Two models offer a promising approach to advance such a patient safety agenda. The first creates a national consensus and leadership over core areas of necessary change and has been pioneered by Australia in their National Patient Safety Education Project (ANPSE). The other, the Education in Palliative and End-of-life Care (EPEC) Project, is a high-impact, conference-based, train-the-trainer project which has set a new standard in education dissemination.

Project Description

Again in keeping with the goals of the Zell Center for Risk Research, this project builds on the power of convening leaders at conferences and using a core curriculum focused on risk in the health care industry to bring about change. The Patient Safety Education Project (PSEP) is a long-term project that aims to advance the safety of health services by synthesizing the strongest components of educational interventions and disseminating them effectively to teams of clinicians and administrators in a range of healthcare settings. In the first phase of PSEP, and as the content of the current project, we will create and complete the Core Safety Curriculum. In the second phase of PSEP, we will test the curriculum and conduct ‘Become a Patient Safety Trainer’ Conferences, starting in 2007/8 and proceeding to a national roll-out. PSEP will eventually be a self-perpetuating conference-driven college without walls that will be financially self-sustaining for core operations based on partnership contracts and registration revenue.

We are now working to develop a national consensus-based core PSEP curriculum (the Core Safety Curriculum), using existing materials when possible, under the guidance of our Governing Council and Advisory Group. Specifically, we will take the following steps:

On February 10, 2005, we convened a planning meeting for the PSEP at the Kellogg School of Management, supported in part by a grant from the Zell Center for Risk Research. Thirty experts attended. Participants agreed that educational efforts must take a collective interdisciplinary approach and involve multiple levels in an organization, including clinicians, managers, and patients.

In May 2006 we held a Governing Council meeting at the Institute of Medicine (IOM) which was convened by Dr. Harvey Fineberg, President. The Governing Council members, many of whom attended the February meeting, consist of thought leaders and leaders of national stakeholder group’s in patient safety (Box 1). We presented a business case for collaboration among the Governing Council members and asked them to contribute curricular materials from their own institutions. We reviewed existing curricular materials and considered strategies to synthesize our Core Safety Curriculum. We also discussed the approaches to adapt curricular materials to the differing roles and learning needs of different types of healthcare workers. The first trigger tape and plenary module was demonstrated to illustrate how we are proposing to face this challenge. This trigger tape was very positively received with enthusiastic applause and comments.

Box 1. Participants to the Governing Council of the Patient Safety Education Project

1. James Battles, PhD, Agency for Healthcare Research and Quality
2. Larry Boress, President and CEO, Midwest Business Group on Health
3. Robert J. Borotkanics, Agency for Healthcare Research and Quality
4. Troyen Brennan, MD, JD, MPH, Health Policy and Management, Harvard School of Public Health
5. James Conway, Health Policy and Management, Harvard School of Public Health; Institute for Healthcare Improvement
6. F. Daniel Duffy, MD, Executive Vice President, American Board of Internal Medicine; The American Board of Medical Specialties
7. Karen Wolk Feinstein, PhD, President, Jewish Healthcare Foundation
8. Harvey Fineberg, MD, PhD, President, Institute of Medicine
9. Mary Foley, MS, RN, American Nurses Association; Partnership for Patient Safety
10. Kerm Henriksen, PhD, Agency for Healthcare Research and Quality
11. David Leach, MD, Executive Director, Accreditation Council for Graduate Medical Education
12. Lucian Leape, MD, MPH, Health Policy and Management, Harvard School of Public Health
13. Peter Leibold, JD, Executive Vice President and CEO, American Health Lawyers Association
14. Lamar McGinnis, MD, Senior Medical Consultant, American Cancer Society
15. Robin Osborn, MBA, Vice President and Director, The Commonwealth Fund
16. Paul Schyve, MD, Senior Vice President, Joint Commission on Accreditation of Healthcare Organizations
17. Diane Pinakiewicz, MBA, President, National Patient Safety Foundation
18. William Sage, MD, JD, Professor, Columbia University Law School
19. Maribeth Shannon, MS, Director, California HealthCare Foundation
20. Tim Shaw, PhD, Director, Centre for Innovation in Professional Health Education, University of Sydney
21. Barry Silbaugh, MD, President, American College of Physician Executives
22. David Stevens, MD, Director, American Association of Medical Colleges Institute for Improving Clinical Care
23. Barry Straube, MD, Acting Chief Medical Officer and Director, Office of Clinical Standards and Quality, Centers for Medicare and Medicaid Services
24. John Tooker, MD, MBA, FACP, Executive Vice President and CEO, American College of Physicians
25. Reed Tuckson, MD, Senior Vice President, Consumer Health and Medical Care Advancement, United Health Group
26. Merrillyn Walton, PhD, Royal Prince Alfred & Concord Hospitals; Faculty of Medicine, University of Sydney

With the program design and curriculum content agreed to in broad terms by the Governing Council, the Advisory Group offers guidance on and contribution to the curriculum content. The Advisory Group consists of participants from the February 2005 meeting as well as new members and some additional members of the Governing Council who were interested in participating on the Advisory Board as well (Box 2).

Box 2. The Advisory Group of the Patient Safety Education Project

1. James Adams, MD, Department of Emergency Medicine, Northwestern University
2. David Bates, MD, MSc, Department of Health Policy and Management, Harvard School of Public Health
3. Richard Bell, MD, Department of Surgery, Northwestern University
4. Barry Chaiken, MD, FAHQ, Chief Medical Officer, American Board of Quality Assurance and Utilization Review Professionals
5. Rita Munley Gallagher, PhD, RN, Senior Policy Fellow, Department of Nursing Practice & Policy, American Nurses Association
6. Paul Gluck, MD, Chair, National Patient Safety Foundation
7. Eric Knox, MD, AHA-Health Forum Fellowship's Curriculum Committee & Prof. of OB/GYN, University of Minnesota
8. Carol Liebman, JD, Columbia University Law School
9. Jana MacLeod, MD, Department of Surgery, Emory University
10. Steve Meisel, DPharm, Director of Medication Safety, Fairview Health Services
11. Michael Millenson, Kellogg School of Management, Northwestern University
12. Gary Noskin, MD, Associate Professor of Clinical Medicine, Northwestern University
13. Tammie Quest, MD, Emergency Medicine, Emory University School of Medicine
14. Ajit Sachdeva, MD, Director, Division of Education, American College of Surgeons
15. Paul Schyve, MD, Senior Vice President, Joint Commission on Accreditation of Healthcare Organizations
16. Debora Simmons, RN, MSN, CCRN, CCNS, Senior Clinical Quality Improvement Analyst, M. D. Anderson Cancer Center, University of Texas
17. Karen Swisher, MS, JD, Department of Health Administration, Virginia Commonwealth University
18. Matthew B. Weinger, MD, MS, Co-Director, Center for Improving Patient Safety
19. Nancy Wilson, MD, MPH, Senior Advisor, Agency for Healthcare Research and Quality

The Core Safety Curriculum will be provided in two components. The Participants' Handbook will contain the safety science content and will be used by Trainers to teach end-users. The Trainers' Guide will contain the full content of the Participants' Handbook as well as: material on how best to teach each module; slides for use in teaching; trigger tapes; handouts; resource lists; a guide for organizing conferences and teaching sessions; and a speakers bureau list for Trainers who wish to bring in speakers for their events; evaluation tools; etc.

Trigger Tapes Trigger tape creation by the Zell Center for Risk Research is underway and the first tape has been produced. Several-minute video clips of common situations will provide 'trigger tapes' to focus on one or several key learning point(s) for each module. Tapes will depict situations that all participants will recognize as something that could have happened in their own setting so that they create a 'teachable moment.' The opening trigger tape, featuring Lucian Leape, MD, a world-renowned leader in the field of patient safety, will set a visionary inspiring tone for the content to follow.