

Our own stories: Socio-regional and operational specificity in patient safety

David Musson, MD, PhD
McMaster University

10th Canadian Healthcare Safety Symposium
Halifax, NS 20-23 2October 2010



Conflicts of interest

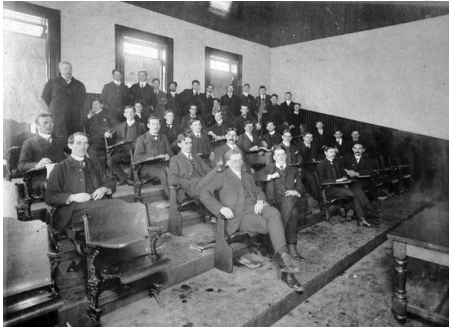
- Funding:
 - RCPSC
 - CSA
 - NASA/Wyle
 - MOHLTC



Overview

- Background (all about me)
- Evolution of safety/CRM
 - But not CRM 101
- Where are we (going) in healthcare





 The Canadian Healthcare Safety Symposium
HALIFAX SERIES



 HALIFAX SERIES



 The Canadian Healthcare Safety Symposium
HALIFAX SERIES





 The Canadian Healthcare Safety Symposium
HALIFAX SERIES



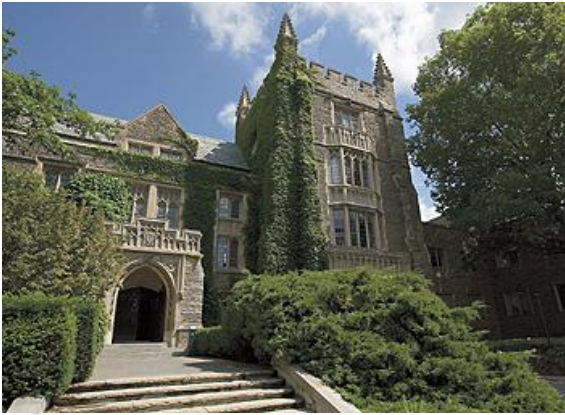
 The Canadian Healthcare Safety Symposium
HALIFAX SERIES







HALIFAX SERIES

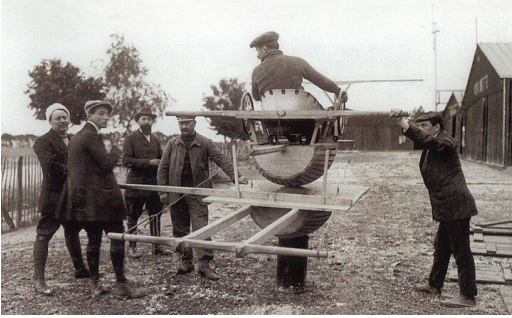


Back to aviation for a few minutes...

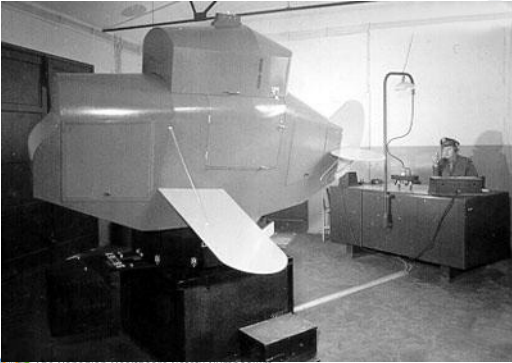


 The Canadian Healthcare Safety Symposium
HALIFAX SERIES





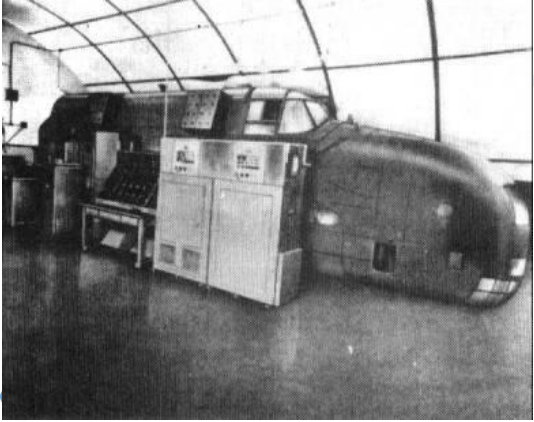
The Canadian Healthcare Safety Symposium
HALIFAX SERIES

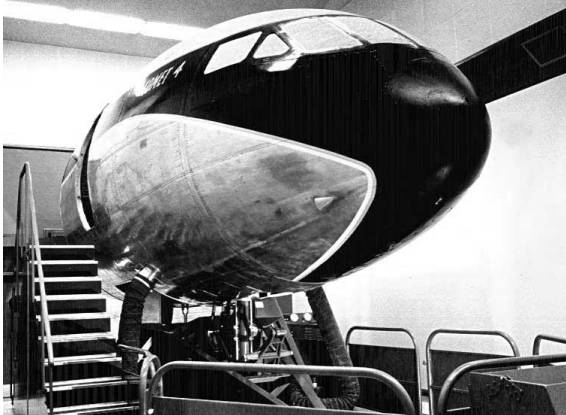


The Canadian Healthcare Safety Symposium
HALIFAX SERIES



The Canadian Healthcare Safety Symposium
HALIFAX SERIES





Crew error
Crew Training
CRM





HALIFAX SERIES



The Canadian Healthcare Safety Symposium
HALIFAX SERIES

• **1979 - Resource management on the flight deck**



- Spawned the concept of CRM
- Critical role of leadership
- Safety as a crew behaviour

The Canadian Healthcare Safety Symposium
HALIFAX SERIES



The Canadian Healthcare Safety Symposium
HALIFAX SERIES



The Canadian Healthcare Safety Symposium
HALIFAX SERIES

And more...

- Airport design
- Air traffic control
- Regulatory environment
 - FAA - USA
 - Transport Canada
 - CAA UK

The Canadian Healthcare Safety Symposium
HALIFAX SERIES

Data gathering

- ASRS
- ASAP
- FOQA
- LOSA

BUT - concerns re data security persist



Some airlines do it better

- Strong organizational leadership
- Strong safety leadership
- Local stories key part of training
- In-house pilots with safety war stories
- Integration of local safety data
- Seek outside assistance (academic)



Some aren't so good

- Poor leadership
- Generic and static programs
- Off the shelf training
- "One shot" fixes
- No data

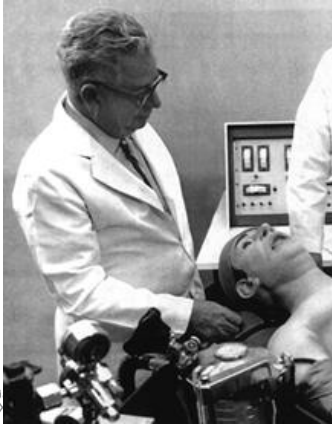


- "I'm constantly under pressure to carry less fuel than I'm comfortable with. Airlines are always looking at the bottom line, and you burn fuel carrying fuel. Sometimes if you carry just enough fuel and you hit thunderstorms or delays, then suddenly you're running out of gas and you have to go to an alternate airport,"
 - Secrets pilots won't tell you (from Readers Digest), Pawlowski, CNN, October 21, 2010 10:33 a.m. EDT

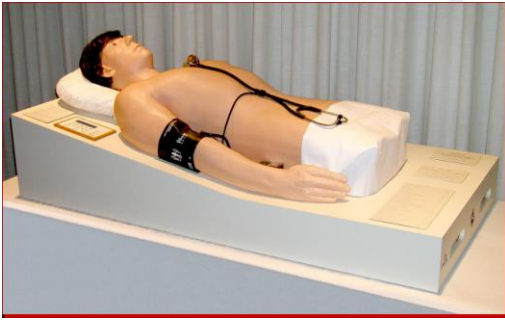


Back to healthcare





The Canadian
HALIFAX



The Canadian Healthcare Safety Symposium
HALIFAX SERIES



HALIFAX SERIES



The Canadian Healthcare Safety Symposium
HALIFAX SERIES



HALIFAX SERIES



HALIFAX SERIES

IOM - 2000

- Watershed point in time in the US
- Increased awareness
- Increased funding -> increased activity
- Increased meetings
- Search for solutions
 - Appearance of SMEs
 - Push for CRM





CRM for healthcare

- not easy:

- Complex interprofessional care
 - Dynamic, ever changing teams
 - Distributed workgroups (units, people)
- ...But people are trying





- Where are we?
- What is needed?
- What are the challenges?
- Going forward





So where are we in 2010?

- Sound behavioural marker systems
- Little wisdom on how best to improve teams in a given
 - City, Hospital, Setting, Culture
- Struggles with program development / implementation (getting closer)
- Little to no informing data
- Little to no local customization



And not just that...

- CRM/Simulation/Team training not integrated with safety management approach in many (most) centres
- UNREALISTIC expectations
 - in the absence of an overall strategy for safety it is unlikely to make an impact



EBM - the demand for evidence/validation

- A push for quantitative studies
 - Bypassing stages of development
 - Publication bias towards simple or unrealistic studies
 - No one publishes their failures
 - Overgeneralization of findings
 - Discounting of expertise



So what is needed:

***warning**- opinions ahead*

- Academic-operational partnerships
- Data from front line settings
- Assess impact of training programs

Reevaluate, Retool, Reassess

- And we need to learn from failures



Challenges

- Current tendency to focus solutions in academic centres
 - Different operational profiles
 - Often resistant cultures (ivory towers)
- What does the data look like?
- How do we assess our outcomes?



Going forward

- Increased partnerships between players
- Expand the focus to community care centres
- Development of and integration with a system level approach to safety
- Need a national user community - operators/trainers/researchers

