



The Dark Side of Patient Safety: Patient Safety's Unintended Consequences

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My Instructions



Be:

- Provocative
- Interesting
- Stimulating
- Thoughtful
- 12 minutes max

A tall order





Some things you should know about me

- Rarely provocative, interesting, stimulating, or thoughtful
- Am not a clinician
- Know next to nothing about pt safety
- Can never remember all those emergency color codes we carry on our tags
- Do wash my hands regularly, however
- Probably most provocative when I say something stupid and then live to regret it
- So what am I doing here?





Not without opinions, however

- For starters:
 - Pt safety is important
 - Small errors can quickly escalate into life-threatening situations
 - Lots of low-hanging fruit
- Need
 - IS and reporting infrastructure
 - Clinical guidelines
 - Accountability
 - Adverse event reporting and analysis
 - Understanding of human factors
 - A supportive organizational culture
 - Research and training on best practice in pt safety
 - Good care coordination, hand-offs, transitions



Not without opinions, however

- Need cont.
 - Payment system aligned with pt safety goals
 - FFS payment
 - Silo-based payment systems
 - Health care reform
 - Opportunity to better manage episodes of care
 - Opportunities for care enhanced care management





Potential downsides



1. Becoming too risk averse

- Consider falls and falls prevention
 - Moving pts in wheelchairs instead of encouraging pts to ambulate
 - Dovetails with the desire to mitigate litigation
 - Corporate counsels find it their duty to suggest the risk-averse option
 - Contributes to deconditioning
 - Getting pts upright whenever possible is essential





Potential downsides

2. Focusing on adverse events can deflect attention from positive outcomes that can be achieved
 - By trying to avert a bad outcome we may inadvertently undermine or delay a good outcome
 - Is a negative outcome weighed more than a positive outcome? What one does wrong rather than what one does right (e.g., judging figure skating, employee evaluations)





Potential downsides

3. Encouraging adoption of the “sick role” (Talcott Parsons)

- Pt sees him/herself as passive agent in his or her own care
 - Pushed around in wheelchairs
 - Gloving and gowning for infection control
 - Creates distance between provider and pt. Becoming too risk averse (cont).





Potential downsides

4. Dovetailing with “the culture of compliance”
 - We often speak about a pt-safety culture
 - I think that the pt safety ethos is closely linked with what I call the “culture of compliance”
 - The culture of compliance has become one of health care dominant features
 - Compliance = cottage industry of lawyers, training
 - VPs for compliance
 - HIPAA, being HIPAA-compliant
 - IRBs
 - False Claims Act, WFA = waste, fraud, and abuse
 - Recovery audit corporations, retrospective reviews
 - Documentation, documenting medical necessity
 - Sucks up a huge amount of organizational energy





Potential downsides

4. Dovetailing with “the culture of compliance” (cont.)
 - Compliance is often backward looking
 - Looking over one’s shoulder
 - Covering one’s back
 - Organizationally protective
 - Not forward looking
 - Organizational defensiveness
 - Inward looking rather than outward looking
 - Alters the organizational mindset; its culture





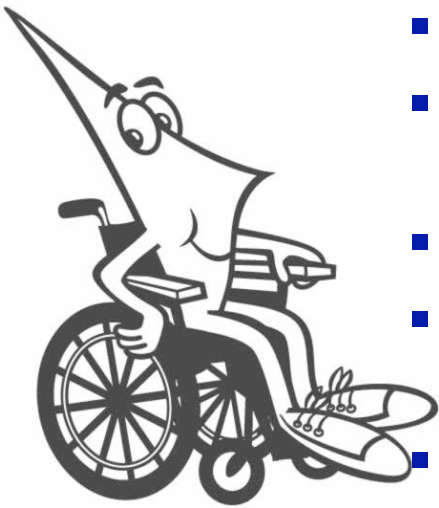
Potential downsides

4. Dovetailing with “the culture of compliance” (cont.)
 - Depletes organizational oxygen needed to think entrepreneurially, to be innovative
 - Can be suffocating
 - Each adverse event risks making the organization even more cautious
 - Note the overreaction of the VA health system



Potential opportunities

- Need a culture of innovation as much as a culture of compliance
 - Pt safety requires more than compliance
 - Pt safety requires innovation, imagination, testing new ideas
 - A culture that values disclosure, openness
 - Our culture of compliance is not financially sustainable; it is too costly, too unproductive
 - MedStar Health Institute for Innovation (MI2)
 - Center for Post-acute Innovation & Research





Potential opportunities

H. R. 3590

One Hundred Eleventh Congress
of the
United States of America

AT THE SECOND SESSION

*Begun and held at the City of Washington on Tuesday,
the fifth day of January, two thousand and ten*

An Act

Entitled The Patient Protection and Affordable Care Act.



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Potential opportunities

- Health care reform (PPACA)
 - Pt safety weaved into many provisions
 - The spirit of the law: replete with opportunities for innovation particularly in the Medicare program
 - Competitive peer-reviewed matching grant demo program to integrate quality improvement and pt safety training into clinical education of professionals (§3508)
 - Secretary to develop national strategy for quality improvement and quality reporting requirements including pt safety (§3011 and §2717)
 - Quality improvement for hospitals with high severity-adjusted readmission rates





Potential opportunities

- Health care reform (PPACA)
 - Health care exchanges to provide market incentives for quality and pt safety (§1311)
 - Medicare payment adjustments for hospital-acquired conditions (§3008)
 - Medicare Advantage plans to include pt safety provisions (§3201)
 - Establishes Center for Quality Improvement and pt Safety within AHRQ (§3501) to provide research and technical assistance grants





Thank You!