Integrating High Reliability Communication within Graduate Medical Education

Evan M. Renz, MD, MPH, FACS, FACHE
Associate Chief of Staff, South Texas Veterans HCS

COL Kevin K. Chung, MD, FCCM, FACP
Professor and Chairman, Department of Medicine
Disclosures

The presenters have no disclosures.
Learning Objectives

- Utilize the high reliability organization (HRO) principle of Sensitivity to Operations as part of communication with trainees to better ensure safe and effective care.
- Implement the high reliability organization (HRO) principle of Preoccupation with Failure as part of communication with trainees to better ensure safe and effective care for patients in federal healthcare facilities.
- Apply the high reliability organization (HRO) principle of Deference to Expertise to build teamwork in interdisciplinary teams that include trainees in graduate medical education programs.
- Strengthen the culture of safety within his or her organization by enhancing communication with and among trainees in graduate medical education programs applying HRO principles.
- Strengthen his or her organization's efforts toward achieving Zero Harm by improving the timeliness and effectiveness of communication involving trainees.
Disclaimer

The opinions or assertions contained herein are those of the presenters and should not to be construed as reflecting the official views of the Department of Veterans Affairs or the Department of Defense.
Veterans Health Administration
America’s *largest* integrated health care system
Providing care at 1,255 health care facilities, including 170 medical centers and 1,074 outpatient sites of care
Serving 9 million *enrolled* Veterans each year.
- **F. Edward Hébert School of Medicine**
- Our Nation's military medical school
- Future physicians learning to care for those in harm’s way
- Leadership academy of the military health system (MHS)
70 YEARS OF INNOVATION: The History of Educational Partnerships at VA

Following World War II, an understaffed VA struck a landmark deal with the Nation's medical schools to meet the challenges created by the arrival of 100,000 new patients. The dynamic workforce of physician residents created by these new affiliate partnerships provided the foundation for VA to drive innovation in health care for decades to come.

1946
Maj-Gen Paul R. Hawley publishes Policy Memorandum No 2 establishing the first affiliate partnerships between VA hospitals and medical schools.

1950's

1960's
VA is instrumental in the development and accreditation of the clinical discipline of psychology.

1970's
VA plays an integral role in the development of Geriatrics Medicine as a specialty.

1980's
The Office of Academic Affiliations (OAA) evolves from the Office of Academic Affairs.

1990's
VA Graduates Medical Education (GME) adds 1,500 new physician resident positions.

2000's
By building new affiliate partnerships and growing VA GME, VA will provide better access to Veterans while ensuring VA remains a driving force in health care innovation for another 70 years.

2006-2011

2014

Future

“70% of all U.S. physicians received training at VA.
60% of VA staff physicians received part of their clinical training at VA.
70% of physicians in VA teaching hospitals have faculty appointments.

To educate for VA and for the Nation”

“1 Through its academic affiliations, VA has been home to 3 Nobel Prize-winners.

VA is affiliated with over 95% of allopathic medical schools and over 87% of osteopathic medical schools.

By 1980, over 70 VA hospitals were located within 5 miles of a medical school.”
Complimentary Missions

- VA: *To care for those “who shall have borne the battle” and their families and survivors.*

- DHA: *“integration of readiness and health to deliver the Quadruple Aim”*

- USUHS: *“support the readiness of America’s Warfighter and the health and well-being of the military community”*
Two Decades Since To Err Is Human: An Assessment Of Progress And Emerging Priorities In Patient Safety

High Reliability in Healthcare
“Safety culture is a nexus of commonly held values and beliefs that prioritizes safety.”

Craig Clapper
Sensitivity to Operations

Focus on the Patient and the Process of Care
Preoccupation with Failure

Awareness of complex environment and risks
Deference to Expertise

Empower and Value Expertise at all levels of the team
Reluctance to Simplify

The condition of any patient is often in a state of flux, either progressing forward or declining backwards. Be attentive for changes, both subtle and acute and respond to them accordingly.
Commitment to Resilience

To err is human

- Recognizing risk
- Bounce back from Mistakes
- Supporting our team members when events happen
- Implementing Just Culture
Just Culture

- Nonpunitive culture of *shared* accountability
- Does not eliminate culpability
- Implementation can be difficult in healthcare
- Commitment from senior leadership
- Clear guidance
- *Consistent* application

*To err is human*
- Undergraduate Medical Education
- Infuse lessons early
- Inclusion in curriculum
- Case-based learning
- Emphasis on Effective Communication
Communication

- Real-time Collaboration
- Secure HIPAA-compliant text
Graduate Medical Education

- Implementation of a Just Culture
- Involvement in Sentinel Event reviews and Root Cause Analysis process
- Patient Safety forums
- Joint Patient Safety Report (JPSR)
HRO: Communication

GENERAL GUIDANCE for RESIDENT HOUSE STAFF

Ensure Safe, Timely, and Efficient Care for Our Patients

- The condition of any patient is often in a state of flux, either progressing forward or declining backwards. Be attentive for changes, both subtle and acute and respond to them accordingly.
- When called about a Patient, go to See the Patient: obtain and convey first-hand information.
- Respond to all calls and pages immediately. If unable to answer yourself because of direct patient care, ask another team member to call-back for you.
- When communicating with patients or fellow staff members, always identify yourself with your title, full name and position, e.g. this is “Dr. Samantha Smith, Urology Resident, returning your page.”
- Engage Fellows and/or Attending Staff Physicians earlier, rather than later. You will never be criticized for requesting assistance or advice.
- There is no value in remaining unsure of what to do – When In Doubt, Ask Questions and learn from the dialogue.
- If and when a bedside Nurse, Therapist or Technician offers advice or recommendations, neither Reject nor Accept blindly. Consider all input as part of your clinical decision-making process.
- Document all care provided in a timely manner. Write clearly, accurately, and professionally. Avoid the use of any non-professional jargon and utilize only standard abbreviations.
- Always err on the side of Patient Safety. If you sense that something is just not right, trust your instincts and know that you are empowered to Stop the Line.
- You are never alone on call. You are expected to review uncertainties with more experienced physicians, especially your Attending, who are available to you day or night. They expect you to contact them whenever you are concerned about a patient, regardless of the time of day or night.
- Our objective is to provide the highest Quality Care with Zero Harm Events.

Jonathan Tuner
Chief of Staff – SVSBCS
(202) 396-6937

David C. Crenshaw
Accl – Pediatrics
(202) 396-7177

James B. Ring
Accl – QAM
(202) 650-0824

AMSUS Annual Meeting 2019
Communication

- Effective communication skills are vital for patient safety
- Enables team members to effectively relay information
- The mode by which most TeamSTEPPS strategies and tools are executed
VA Chief Residents in Quality and Patient Safety (CQRS)

- Non-accredited, post-residency position. Chief Residents have completed residency training qualify for credentialing and privileging as a licensed independent practitioner in their specialty.
- Both a teaching and learning role; distinguished from the more traditional administrative role.
- Included in "core" programs such as internal medicine, psychiatry, and general surgery.
Goals of the VA CRQS Program:

- Faculty development in the areas of quality improvement (QI) and patient safety (PS);
- Teaching Quality Improvement and Patient Safety to all residents;
- Enhanced development of competency in system-based practice; and
- Improvements in institutional performance and patient safety through changes in the patient safety culture.
Thank you for your attention.

Questions?
How to Earn CME – If you would like to earn continuing education credit for this activity, please visit: http://amsus.cds.pesgce.com

Hurry, CE certificates will only be available for 30 Days after this event!