

## Interclerkship Day 2006: Improving Patient Safety

While of great importance in the practice of medicine, patient safety and quality improvement are rarely included in medical school curricula. On January 3, 2006, Jefferson's 3rd year medical students attended the 3rd annual Interclerkship Day, a program devoted to improving patient safety, with nationally-recognized speakers and focused workshops.

### Designing Reliable and Safe Patient Care

Paul Barach, MD, MPH

Associate Professor of Anesthesiology, Medicine and Public Health

University of Miami Medical School

Although the Institute of Medicine (IOM) sounded the alarm over six years ago, the healthcare system is still plagued with medical errors and adverse events. There is significant variation in quality of care across the nation and inconsistent adherence to national treatment guidelines. For example, two recent studies of cardiopulmonary resuscitation (CPR) quality during cardiac arrest revealed that 50% of CPR is not performed according to published guidelines. What is it about medicine that makes practitioners prefer autonomy to improved outcomes?

It is critical that the focus shift from the individual to the team. The goal should be to develop adaptive, safe, professional healthcare teams whose members are equally empowered to take action and who share a common goal and vocabulary.

Why do we fail to deliver care that is safe and reliable? In medicine and other industries, people rely on technology to provide a solution. However, new technology doesn't eliminate errors, rather it moves them further downstream. Technology creates its own breed of errors. For example, computerized physician order entry systems are creating problems unforeseen by their developers. Technology makes us focus more on process. The goal is not to stop errors, but to keep errors from causing harm.

How do we change? Dr Barach posits that the keys to achieving ultra-safe health care are to:

- accept that human beings will make mistakes,
- transition from professional autonomy to professional teamwork,
- evolve from the craftsman mentality to that of an equivalent actor,
- develop system-level arbitration to optimize safety and develop a culture of safety, and
- simplify professional rules and regulations.

The IOM specifies six dimensions of care quality: it must be safe, timely, effective, efficient, equitable and patient centered. Dr Barach added two others: care must be educational (i.e., a reciprocal process in which patients and providers teach each other) and must empower wellness (i.e., it must enhance quality of life for all). Dr Barach opined that you can't achieve the first six dimensions without the additional two.

From a medical student and resident perspective, there are a few key principles supporting the redesign of patient care: patient care and medical education are

inextricably linked, patient safety is a key characteristic, and all members of the care team are part of a high-performance clinical microsystem.