

# The AMA and you: working together to make strides in patient safety

## From empowerment to implementation— medical staff leadership is at the vanguard of health systems improvement.

As a strategic partner in the Institute for Healthcare Improvement's (IHI) "100,000 Lives Campaign," the American Medical Association (AMA) supports and encourages physician leadership and involvement through its own patient safety program, "Making Strides in Safety™."

Visit the "Making Strides in Safety" Web site for a toolkit that will help physicians involve their hospitals in this effort. The goal of the campaign, which began in December 2004 and ends on June 14, 2006, is to prevent 100,000 avoidable deaths in hospitals this year, and every year, by applying six evidence-based interventions for specific processes of care in the hospital setting.

Because the organized medical staff and its medical executive committee provide oversight for quality of care in the hospital, they can engage hospital trustees, administrators and the senior leadership team in implementation of the "100,000 Lives Campaign" interventions. The AMA encourages physicians to help incorporate these interventions into their current hospital procedures. The "Making Strides in Safety" program provides the tools to enable physicians to help improve patient care in their hospital and in hospitals across the nation.

### You are the guardians of safety— for society, your community and your patients.

**Society**, through law and custom, has delegated organized medical staffs with the responsibilities of setting and enforcing quality standards in hospitals.

**Communities** expect their hospitals to be safe and to provide the necessary structure and support for physicians to deliver safe care.

**Patients** trust that physicians are committed to leading safety and quality efforts in their hospitals and keeping them safe.

**You**, as a physician, are seen as society's guardian of patient safety.

# Nothing happens in the hospital without a physician's order.

The organized medical staff and medical executive committee have important responsibilities in determining a hospital's patient safety procedures, which include:

- Setting and enforcing quality standards
- Ensuring an institution's quality of care
- Providing visible, substantive support
- Building a consensus for change



## What you can do

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America's patients are counting on you—a natural champion of patient safety—to ensure that your hospital is involved in the “100,000 Lives Campaign.” The following checklists will help your hospital successfully implement one or more of the six campaign interventions.

## Getting started

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- Coordinate safety and quality activities with administrative staff to create a synergy that results in implementing and sustaining campaign interventions
- Identify physician leaders, champions and advocates of each intervention to engage and energize staff

- Consider the following characteristics when identifying physician leaders<sup>1</sup>:
  - Has the respect of peers; is seen as “authentic”
  - Models the values needed, especially teamwork and respect
  - Has courage to take risks, try new things
  - Has social skills: listens well, is articulate and brings out all voices
  - Knows and can use the Model for Improvement, reliability principles and other key skills needed for improvement
- Provide oversight of hospital's data collection process to ensure successful measurement and submission of morbidity and mortality data according to IHI protocols

<sup>1</sup>JL Reinertsen, MD; MD Pugh; M Bisognano. *Innovations Series: Seven Leadership Leverage Points for Organization-Level Improvement in Health Care*. Institute for Healthcare Improvement. 2005; 17.

# Patient safety is not a solo act—you need a team. Get everyone in your hospital on board.

## **Step 1: Conduct a resource assessment and allocation analysis**

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- Review the goals of all interventions
- Identify medical staff goals
- Work with quality management and patient safety staff to compile hospital's current quality data
- Review current safety and quality data to establish baseline measurements
- Build a case for change and include the safety, quality and business cases for change
- Identify staffing and financial needs of each intervention
- Conduct a resource assessment to determine who is doing what
- Determine who is currently doing intervention activities
- Identify gaps
- Identify in-house experts
- Determine responsibilities and roles
- Develop an implementation plan
- Establish a communication protocol that encourages everyone to speak up
- Strive for communication to be consistent, constant (scheduled) and clear

## **Step 2: Plan and educate**

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- Convene decision-makers: trustees, administrators, chief financial officer, chief of nursing service, department chairs, patient safety officer, quality improvement officer, managers, appropriate staff, and others instrumental to implementation and data collection
- Present evidence for the need to implement the campaign interventions
- Demonstrate that the entire community and patients benefit from your organization's safety and quality efforts

- Articulate your vision for the campaign
- Convey to the trustees and administrators that campaign interventions will likely meet less resistance if the initiatives are viewed as good medicine rather than administrative initiatives
- Increase the sense of urgency by demonstrating how the campaign interventions can lead to improvements in the processes of care and patient outcomes, and by conveying the goal to prevent avoidable deaths this year and every year hereafter
- Ensure visibility of top level support; encourage accountability
- Engage medical staff in reformation and transformation processes: demonstrate their importance to campaign's success; value and recognize their efforts
- Encourage medical staff to "own" the campaign; enfranchise and empower physicians, staff, administrators
- Allocate resources; assign tasks
- Publicize, recognize and reward efforts and accomplishments

## **Step 3: Break down barriers**

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- Identify transformational barriers to adopting interventions, such as poor communication, staff reluctance to adopt the premise of Rapid Response Teams and reluctance to adopt clipper versus razor policy for pre-operative hair removal
- Identify policy barriers, such as the need to standardize the medication reconciliation form; however, policy must be implemented so that medication reconciliation verification form is also the physician's order form and is on every chart
- Identify resistance to change; respond to negativity and resistance to change with strength and courage
- Provide education and staff development for each intervention, such as IHI tools, grand rounds





### Step 4: Maintain momentum for change

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- Maintain communication throughout the organization
- Provide a communication mechanism for feedback
- Provide timely follow-up and aim to be responsive to campaign communications from staff and administration
- Formalize the mechanism for providing progress reports
- Recognize and reward accomplishments
- Take advantage of your hospital's public relations team to bring organization and community attention to campaign efforts

### Step 5: Benchmark

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- Work with quality management staff to establish assessment and retooling methods
- Benchmark efforts to determine whether interventions are achieving stated purposes
- Present the data to administrators and staff
- Decide whether to “stay the course” or retool

### Doctor-to-Doctor resources

Visit “Doctor-to-Doctor” for more tools to further enable you to successfully implement the proven interventions of the IHI “100,000 Lives Campaign.” You will find interviews with physicians who are implementing one or more of the six interventions. Based on personal experience, they offer information, case examples, action plans and advice. You will also find patient safety team communication models and tools to manage data and assess progress toward campaign goals.

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