Session Objectives

- Commit to no longer providing or accepting "good enough" health care
- Describe the power of one decision and how it can affect a patient's outcome
- Identify key concepts for improving patient safety
Why am I here?

- Good question
- Turn the mess into a message – a special Thank You to my Medstar Union Memorial Family and Medstar Health for their support in this journey
- Share the story for the right reasons
- Be careful what you ask for:
  - Daily Prayer – Father God – please put me where YOU need me to be, saying the words YOU need me to say – to the people who need to hear them.

We dropped him off at the Emergency Department on 11/5/2011…
Beginnings….

- He was the Director of Plant Operations at Seward Memorial Hospital in Seward NE (4th of July city)
- I was the Infection Control Coordinator
- We were a Human Resources nightmare

So we blended a family January 4, 2002

- He brought 2 kids
- I brought 1 kid
- And together….
We had 2 more!

His, Hers, and Ours Family…
Let’s use that fancy alphabet…

We moved to Kansas in July 2009… and Les became a stay at home dad…and had 2 spinal fusions
Opportunity knocked… so we moved to Baltimore in August 2011

Timeline

- Hosp A: 11/6/11
- c/o shortness of breath, chest pain, D Dimer is elevated
- Stated history of bilateral PE’s from July 2010 while in Kansas and difficulty with both too high and too low coumadin levels.
- Kept as OBS
- CT read as negative
- It was a Sunday night – in an unusually busy ED
Timeline

- Hosp B
- Les fell down the stairs at 11:30pm 12/7/11
- Delta trauma – 10 people cared for Les
- CT performed at 1:32 am:
  - “there is apparent filling defects in the right lower lobe posterior basal segmental pulmonary artery, seen at about axial image 74 with distension of the artery. Findings are worrisome for pulmonary embolism”
  - Impression: 2. Suspicious for pulmonary embolism at the right lower lobe segmental pulmonary artery.

Timeline

- Four separate consults (neurology, physical therapy, orthopedics, and surgery) stated Les had a history of PEs and difficulty with maintaining therapeutic levels while on Coumadin therapy.
- Interdisciplinary notes show ?PE?
- Trauma notes show a checkmark POS by CT
- Discharge summary: suspicious for pulmonary embolism on the right, but patient said he had that previously.
  - No one called to clarify if what the radiologist saw was acute or chronic…
Timeline: The Phone call

- Return to Hosp A 12/15/11 due to phone call
- “our senior radiologist reviewed your CT scan from 6 weeks ago and found we missed blood clots in your lungs.”
  - Entered ED at 9:30pm. Evaluated at 1:11am
  - CT Impression:
    1. New RLL segmental arteries and RML segmental arteries PE’s appearing since last exam on November 6.
    2. Chronic PE left lower lobe segmental arteries noted.
- Lovenox bridge to coumadin – INR 1.3
- Les stated multiple times that there was difficulty in maintaining therapeutic levels in Kansas.
- Follow up with anticoagulation clinic
- Discharged within 24 hours - 12/16/11
  - Didn’t question why treatment different from experience in Kansas.

Timeline

Readmit 12/18 Hosp A
“l don’t want to die”
- Lovenox wrong dose sent prior visit (prescribed 130mg and used 120mg from prior treatment)
- Les felt the lovenox was making him sick so he stopped treatment
- INR still 1.3 (should be between 2-3)
- Sent home and told to follow up with Coumadin clinic
- Discharged 12/20
Timeline

- Went to Coumadin clinic 12/22/11
- INR 1.9
- Unsteady on his feet
- Good mood

Christmas Eve 2011

- We took turns finishing the Christmas shopping
- I returned home to find him “swiffering”
- Went to Church
- Ate Pizza
- Came home and opened gifts
- Went to bed at 12:30am
- “Honey I left the lights on downstairs…”
- Nothing out of the ordinary
Christmas Morning 2011

- 0730 – Mattie gets me out of bed “daddy’s on the floor in the kitchen”
- Call 911 – turn him over – do you have an AED?
- 0735 EMTs, Firefighters and Police arrive
- “I’m so sorry but he’s gone….”
- Christmas morning turned into Christmas mourning
- The phone calls were the worst…

Questions

- Did the Radiologist look at the first CT? Did anybody?
- So when Les said the PEs were old after falling down the steps the MD just took his word for it? Could a 10 second phone call to the Radiologist have saved Les’ life?
- Sent home within 24 hours after they so urgently asked us to return? We stayed 7 days in Kansas with prior PE….
- Don’t we usually get excited when a patient says they have a history of PE’s?
- Where was the nurse, the resident, the pharmacist, asking questions about whether sending him home so quickly was safe?
- What would have happened if the Radiologist had walked to the ED to speak with the MD about the CT scan?
Les was the Swiss Cheese Model

Based on Dr. James Reason, Managing the Risks of Organizational Accidents, 1997.

People didn’t kill Les - failed processes killed him.

12/18/11: No stabilization of INR, no request for charts from Kansas, no IVC filter, no exploration of why he was making clots.
12/16/11: Six week delay in starting treatment. No stabilization of INR, discharged with wrong dose of Lovenox, no request for charts from Kansas, no IVC filter, no exploration of why he was making clots. Discharged within 24 hrs despite a clot burden in 4 out 5 lobes. No hematology consult.
12/8/11: No clarification of whether the PEs were chronic or acute, thorough history not taken. Found avascular necrosis in hips.

“...If this patient had been diagnosed in November of 2011, fewer arterials would have been blocked and therefore this patient would have had a much quicker recovery and certainly not been at risk for further pulmonary emboli even if he was hypoanticoagulated for a period of time. The fact that he had multiple emboli extending up until December and then was not fully anticoagulated for some period of time led this patient ultimately to his demise. So it was a combination of factors, failure to diagnose the pulmonary emboli, failure to give this patient adequate anticoagulation that led to his demise which certainly, in my opinion, was avoidable.”

Barry L. Sanger M.D.
Root Cause Information for Delay in Treatment Events Reviewed by The Joint Commission

(Results in death or permanent loss of function)

<table>
<thead>
<tr>
<th>2004 through 3Q 2015 (N=1035)</th>
<th>The majority of events have multiple root causes</th>
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<tr>
<td>Communication</td>
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<td>Assessment</td>
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<td>Health Information Technology-related</td>
<td>46</td>
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The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

This is what happens when you don’t have time…
It feels like we are the victims of “friendly fire”

There is a family behind every patient… SEE the patient…
The “If Onlys” nearly killed me…

Complicated Grief

I unraveled.. And there is no checklist!
Grief never ends, it changes, becomes less intense, but the LOSS – the enormity of my LOSS is forever. It has affected how I see the world, my life, my children's lives, and how we live. It has changed everything about who I am – how I love – where I belong, and what I must do to move forward.
Not a Sentinel Event – This is a Life Changing Event

Harm in Healthcare

210,000 to 440,000 patients, each year, suffer from preventable harm that contributes to their death.
Journal of Patient Safety, September 2013, Volume 9, Issue 3

1205 people per day...
“Third leading cause of death behind heart disease and cancer”
What’s wrong with this picture?

And I refuse to shut up and just go through the motions.

“you talk enough for both of us”
“Good Enough” Healthcare

You absolutely cannot wait one moment longer to implement the life saving measures needed to save patients lives!

What I need you to know…

• Thank you for choosing to attend my presentation today – I am grateful
• It’s not a coincidence you are here
• Everyone in this room has the power to influence and change an outcome
• Make the decision to join me in the arena
What Ian and Mattie need you to know…

- Do NOT wait! We give you PERMISSION!!!
- To make the decisions you need to make to keep patients safe
- To be BRAVE
- To begin cultivating a culture of “no question is ever stupid, only the one you don’t ask”
- We cannot afford to “should” in our industry anymore

Our story is far from over… the journeys just begun…
Homesick – Mercy Me
You’re in a better place, I’ve heard a thousand times
And at least a thousand times I’ve rejoiced for you
But the reason why I’m broken, the reason why I cry
Is how long must I wait to be with you

I close my eyes and I see your face
If home’s where my heart is then I’m out of place
Lord, won’t you give me strength to make it through somehow
I’ve never been more homesick than now

Help me Lord cause I don’t understand your ways
The reason why I wonder if I’ll ever know
But, even if you showed me, the hurt would be the same
’Cause I’m still here so far away from home

I close my eyes and I see your face
If home’s where my heart is then I’m out of place
Lord, won’t you give me strength to make it through somehow
I’ve never been more homesick than now

In Christ, there are no goodbyes
And in Christ, there is no end
So I’ll hold onto Jesus with all that I have

To see you again
To see you again
And I close my eyes and I see your face
If home’s where my heart is then I’m out of place

Lord, won’t you give me strength to make it through somehow
Won’t you give me strength to make it through somehow
Won’t you give me strength to make it through somehow
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