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# Serious Adverse Events

## *A new day, a new dialogue*

Richard C. Boothman

Chief Risk Officer, University of Michigan Health System

*Keeping the Promise: Putting Patients at the Center of Safety*

Michigan Hospital Association's Patient Safety and Quality Symposium

April 19, 20, 2010

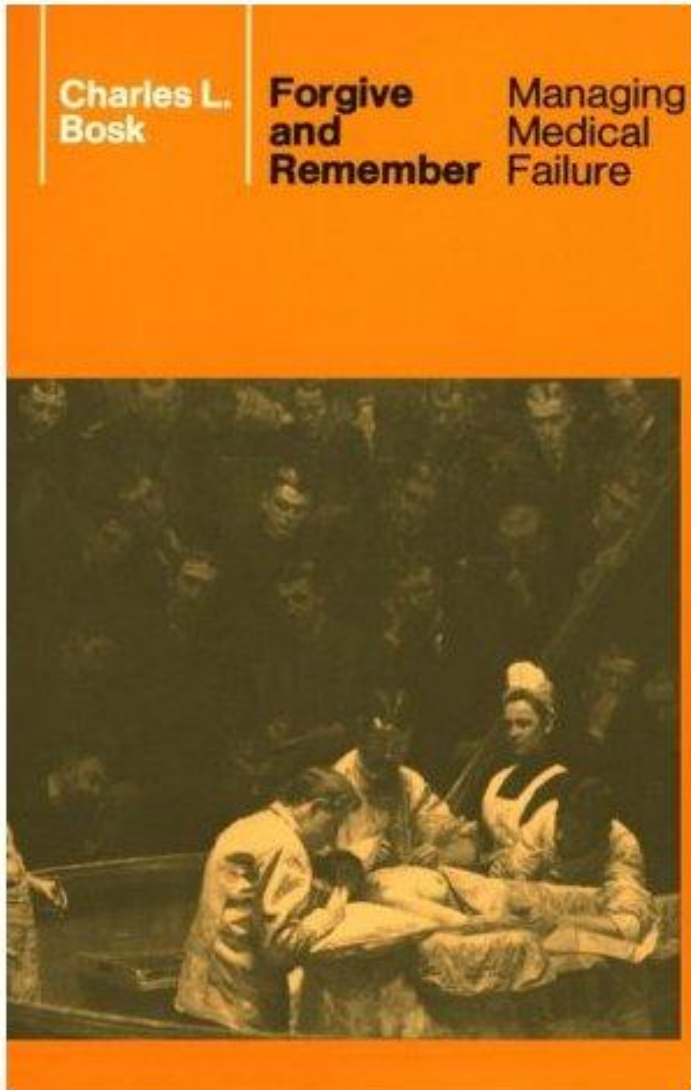
Dearborn, MI

## *The status quo*

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- Repeated malpractice crises
- Honest discussion seen as scary, unthinkable
- Deep fear about “disclosures”, reporting
- Increasing regulatory and accreditation intrusions
- IOM sees no change in medical errors
- Financial incentives not aligned with quality of care, cost effectiveness of care
- Defensive medicine serious reason for high cost
- Culture change almost unrecognizable

# Forgive and Remember *by Charles L. Bosk*



Sociologist's study  
of a Surgery  
service at a major  
academic medical  
system. Published  
in 1979.

Nothing has  
changed.



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How did we get here?



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Medicine needs to reclaim  
ownership of its problems and  
the responsibility for fixing them



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What's stopping us?



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It is human nature to avoid danger



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It is human nature to deny guilt



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Other reasons?



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In a time of universal deceit,  
telling the truth becomes a  
revolutionary act.

George Orwell

# UM Patient Injury - Risk Management Principles

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We will compensate quickly and fairly when inappropriate medical care causes injury.

We will support our staff vigorously when care involved was reasonable.\*

We will reduce patient injuries (and claims) by learning from our patients' experiences.



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What does this look like?



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*Allan*

- Value of honesty
  - Design of resident-run clinics reviewed and changed
  - Cardiology adopted “critical values” reporting
  - Attending peer reviewed; his work load was adjusted and resources added
  - Primary care services were engaged, reviewed risks of this patient profile and best practices adopted
  - Still considering institution-wide shift to providing patients with all reports all the time



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*Glen*

- Value of honesty
  - Case resolved without litigation
  - Policies changed
  - Culture in Peds Surgery change stimulated
  - Staffing pattern in Peds Surgery ICU changed
  - Pulse oximetry
  - Family triggered Rapid Response Team
  - “Lives in Our Hands” moving faster culture change



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*Ahmed*

# *Ahmed*

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- Value of honesty
  - Gave the family and staff some closure
  - Dispelled understandable misimpressions
  - Allowed the family to see shared grief
  - We learned valuable information



We need to ask threshold questions:

Should our response to a patient's injury be always a legal response?

What is the cost? All of the cost?



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The truth will set you free.  
But first, it will piss you off.

Gloria Steinem