I’m 4 Safety

Our Safety Behaviors

Patient Safety and Error Prevention

Refresher
Providing the highest quality, compassionate care starts with keeping our patients safe

1. Don’t harm me
2. Heal me
3. Be nice to me
…in that order
High Reliability Organizations

HROs “operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents.”

3 Principles of Anticipation
“Stay Out of Trouble”
- Preoccupation with Failure
- Sensitivity to Operations
- Reluctance to Simplify

2 Principles of Containment
“Get Out of Trouble”
- Commitment to Resilience
- Deference to Expertise
A deviation from generally accepted performance standards (GAPS) that...

**Serious Safety Event**
- Reaches the patient
- Results in moderate to severe harm or death

**Precursor Safety Event**
- Reaches the patient
- Results in minimal harm or no detectable harm

**Near Miss Safety Event**
- Does not reach the patient
- Error is caught by a detection barrier or by chance

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Typical SSER Curve

Serious Safety Event Rate

Start of Culture Change

Time

Apparent increase due to healthier event/problem reporting culture

Significant performance improvement as a result of prevention activities

Actual increase due to complacency or reverting to old habits

Long-term improvement through sustained prevention

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Adapted from James Reason, *Managing the Risks of Organizational Accidents* (1997)

**Reason’s Swiss Cheese Model**

- **Multiple Barriers** - technology, processes, and people - designed to stop active errors (our “defense in depth”)
- **Active Errors** by individuals result in initiating action(s)
- **Latent Weaknesses** in barriers

**EVENTS of HARM**

**PREVENT** The Errors

**DETECT & CORRECT** The System Weaknesses

Adapted from James Reason, *Managing the Risks of Organizational Accidents* (1997)
Humans Work in Three Modes

Knowledge-Based Performance
“Figuring It Out Mode”

Rule-Based Performance
“If-Then Response Mode”

Skill-Based Performance
“Auto-Pilot Mode”
Our Safety Behaviors

1. **Practice with a Questioning Attitude**
   A. Reflect & Resolve
   B. Stop in the face of uncertainty

2. **Communicate Clearly**
   A. Repeat backs & read backs
   B. Use phonetic and numeric clarifications
   C. Ask Clarifying Questions
   D. Use SBAR-Q to share information

3. **Focus on the Task**
   A. Self Check using STAR

4. **Support Each Other**
   A. Cross-check and Coach
   B. Speak up for Safety using ARCC
Practice with a Questioning Attitude

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   A. Self Check using STAR

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Our Patient Stories

A Questioning Attitude success story…
Communicate Clearly

1. Practice with a Questioning Attitude
   A. Reflect & Resolve
   B. Stop in the face of uncertainty

2. Communicate Clearly
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3. Focus on the Task
   A. Self Check using STAR

4. Support Each Other
   A. Cross-check and Coach
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Communicating Clearly at Main Line
Focus on the Task

1. Practice with a Questioning Attitude
   A. Reflect & Resolve
   B. Stop in the face of uncertainty

2. Communicate Clearly
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   C. Ask Clarifying Questions
   D. Use SBAR-Q to share information

3. Focus on the Task
   A. Self Check using STAR

4. Support Each Other
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A Focus on the Task example…
Support Each Other

1. Practice with a Questioning Attitude
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Supporting Each Other = Teamwork

Individual reliability is limited: 1 defect per 1000 opportunities

\[
\frac{1}{1000} \times \frac{1}{1000} = \frac{1}{1,000,000} \quad \text{our combined reliability!!}
\]

We are better together…
Power Distance

Geert Hofstede’s Power Distance
- Extent to which the less powerful expect and accept that power is distributed unequally
- Leads to strong Authority Gradients, which is the *perception* of authority as perceived by the subordinate

United States
- Moderate to low Power Distance (38th of 50 countries)

In Healthcare
- High between certain professional groups:
  - Some physicians and nurses
  - Some nurses and other clinical staff
  - Some leaders and staff

“Cultural differences are a nuisance at best and often a disaster.”

Geert Hofstede, Emeritus Professor, Maastricht University
Speak Up for Safety using ARCC

A responsibility to protect in a manner of mutual respect –
an assertion and escalation technique

Use the lightest touch possible…

Ask a question
Make a Request
Voice a Concern

If no success, use the

Chain of Command

A Safety Codeword – “I have a Concern…”
Our Patient Stories

A Support Each Other using ARCC success…
**Clinical and Non-clinical Staff**

**Step 1:** Know our Expectations  
Memorize our I’m 4 Safety Behaviors & Error Prevention Tools proven to help reduce human error

**Step 2:** Build Skills  
Use the I’m 4 Safety Behaviors and Error Prevention Tools each and every day – share great catch stories that show how they work to prevent harm

**Step 3:** Reinforce & Build Accountability  
Practice and role model the Behaviors and Tools to make them common place actions – encourage your coworker to use them too!