

Patient Safety Center Sets Firsts for Training

BY DAMIAN McNAMARA
Miami Bureau

MIAMI — The blades roared overhead as the Miami-Dade rescue helicopter approached the rooftop of University of Miami/Jackson Memorial Hospital shortly after dark.

Through the rain, emergency medical technicians rushed a pregnant woman injured in a car crash on Interstate 95. Doctors delivered the distressed baby via emergency cesarean section. An ob.gyn. administered oxygen, and the hypoxic newborn's color turned from blue to pink.

But these moments of high medical drama were not real. "Give the mother a fatal heart rhythm, and let's see how they respond," said Chris Gallagher, M.D., of the department of anesthesiology at the University of Miami. He was addressing a technician in a control room separated from the activity in the emergency room by a one-way mirror.

The large crowd attending the grand opening of the University of Miami/Jackson Memorial Hospital Center for Patient Safety gathered closer around extra video monitors that had been set up so they could

gathered around a conference table on the hospital's renovated fourth floor for a debriefing of their performance.

The emergency scenario was staged as a kickoff for the first patient safety center of its kind in the United States, one that combines simulation with elements of engineering, ergonomic design, and high-tech monitoring and recording. Akin to a flight simulator for airline pilots, the emergency care component of the Center for Patient Safety challenges physicians and other health care workers in a realistic but safe environment where no patient is harmed.

The 2,000-square-foot simulation facility will be used to provide courses to enhance clinical, communication, and teamwork skills for health care professionals at all levels of training. The simulation facility currently trains medical students and anesthesiology residents. Courses are planned for multidisciplinary team training of residents and nurses in internal medicine, pediatrics, emergency medicine, obstetrics, and other specialties.

"It's a dream come true after 10 years," said Paul Barach, M.D., director of the Center for Patient Safety.

The center is innovative for bringing together all of the major elements of patient safety. "I'm most proud of the integration," said Dr. Barach, also of the department of anesthesiology at the university.

Although other institutions in the United States have some features of the program, he said, only the University of Miami center combines skill assessments simulation, an investigative team to debrief participants, a human factors and usability lab, and a strategy for promoting patient safety policies in Miami, the state of Florida, and, eventually, nationwide.

The center's immediate goals include



Shown is Dr. Paul Barach, director of the Center for Patient Safety, training registered nurse, anesthetist Jesus Del Risco.

developing and disseminating training programs for physicians, nurses, pharmacists, and risk managers; enhancing research on patient safety; and working with medical device companies to use better design and ergonomics to make their products safer.

Backed by an initial \$5 million in funds from federal, state, and private sources, the center has 18 projects underway. (For more details, visit www.patientsafety.med.miami.edu.) The center was developed with input from the university's schools of engineering, design, nursing, and business, as well as from outside experts.

Dr. Barach's drive to establish the center stemmed in part from a medical error he experienced as a medical student. "I was told to do a central line procedure, but not told how to do it. The intern just told me to do it. I was just out of the military and did not question orders," he said. "The patient suffered a hemothorax, was intubated, went to the ICU, and she died 4 days later." The experience "haunted me for years."

Although the mannequins are the focal point in each of the five skills assessment areas—three exam rooms, an operating room, and a room that can function as an ICU, emergency room, or ward room, "the focus is not on simulation, the focus is on the patient," John C. Nelson, M.D., president of the American Medical Association, said during the opening celebration.

"Patient safety has to be much more on the minds of all of us," Dr. Nelson said.

"This is what our patients expect and our profession demands."

Patient-centered goals of the center staff include developing better ways to disclose medical errors to patients and their families. Another goal is to identify the factors that patients consider when choosing a hospital, and how these may differ by cultural or ethnic identity, Dr. Barach explained.

"Despite our best intentions, we make mistakes," Dr. Gallagher said. The intention of the center directors is to solve problems, not to point fingers or assign blame when a medical error occurs. "The

debriefing is really the heart of the simulation. It is where we try to make sense of what happened in the ICU or emergency room chaos." Participants review recorded actions, discuss what happened, suggest what they would do differently in the future, and, if an error occurs, explain how they would inform a patient or family.

"At the end of the day, all this is about is changing the culture to help people to do the right thing," Dr. Barach said.

The University of Miami added a 4-year curriculum on patient safety for medical students. The simulation challenges are designed to be relatively simple for students but are more complicated for experienced physicians, Dr. Barach said. "The long-term goals are to get the center to be a vital part of the community. We want to get throughput from medical students, practicing physicians, and nurses. We also want patient safety to become part of the certification process." ■



An actress plays a pregnant woman who has been in a car accident for the training simulation.

watch the simulated emergency unfold. The "bloody" actress on the gurney was deftly switched for one of the new, state-of-the-art mannequins in residence at the new center. After the crew had stabilized both the mother and baby mannequins, they

TALK BACK

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Tort Reform Should Go Beyond Caps to Address Medical Liability System

ALEXANDRIA, VA. — Traditional tort reform measures like damage caps won't address some of the fundamental problems with the medical liability system, experts said at a meeting on patient safety and medical liability sponsored by the Joint Commission on Accreditation of Healthcare Organizations.

"The main reason most people sue is because they are angry at the physician," said Lucian L. Leape, M.D., of the department of health policy and management at the Harvard School of Public Health, Boston. The medical community

needs to address the reasons why people sue—injuries, unmet expenses, and anger. But the current system and the most commonly proposed reforms, such as damage caps, don't address the need to increase disclosure of errors to patients or encourage physicians to offer apologies.

In the current tort system, filing a lawsuit is often the only way that patients feel they can get information about what happened to them or impose a penalty on the physician, said Michelle Mello, Ph.D., also of the department of health policy and management at the Harvard School of

Public Health. But this process often fails to secure an admission of responsibility or an apology, she said.

Damage caps also fail to address the poor correlation between medical injury and malpractice claims, she said. The malpractice system is "blocking efforts at patient safety," said Troyen A. Brennan, M.D., professor of medicine at Harvard Medical School, Boston, and professor of law and public health at the Harvard School of Public Health.

A new system should be established to separate compensation for injuries from

deterrence, he said. In order to do that, liability for negligence has to be eliminated, and reporting has to be made based on patient injury.

"You have to enable open and honest reporting," Dr. Brennan said. And physicians have to realize that reporting patient injury is part of their professional responsibility. Currently, some physicians do not disclose errors or injuries. It's a rational economic response to their rising premiums and fear of being sued, he said, but it's not an ethical response.

—Mary Ellen Schneider