



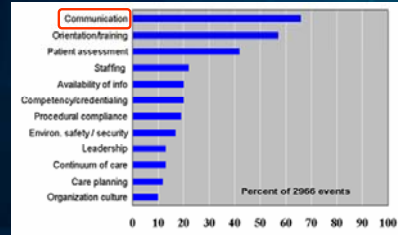
**HEALTH SERVICES
ADVISORY GROUP
April 12, 2007**

Mayo Clinic Hospital
Human Factors in the Operating Room
A Demonstration Project

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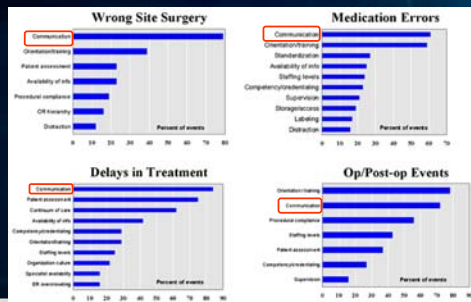
**Joint Commission: Communication as
Top Issue in Sentinel Events**

Root Causes of Sentinel Events
(All categories: 1995 – 2005)

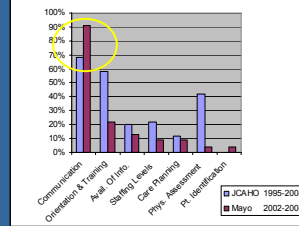


Total no. of sentinel events reviewed by the Joint Commission since January 1995: 2966
<http://www.jcaho.org/accredited/organizations/ambulatorycare/sentinel-events/sentinel-event-statistics.htm>

**More Communication Root Causes of . . .
1995-2003**



SEIR Root Cause Matrix
Joint Commission-Mayo Comparison



**IMPROVEMENT OPPORTUNITY
IDENTIFIED**

- **COMMUNICATION**
IMPROVE HANDOFFS
ENHANCE TEAMWORK
MINIMIZE INTIMIDATION
ENHANCE NON PUNITIVE CULTURE
ENHANCE COLLABORATIVE ENVIRONMENT
MAINTAIN A SAFE ENVIRONMENT

Overview

- What are Briefings?
- Project Background
- MCA Sequence of Events
- Area of focus
- Where are we today?
- Next Steps

BRIEFINGS.....

The premise behind briefings is that it is much easier to monitor and raise issues related to the plan if you are familiar with it, have identified the desired outcome, and know that your input will be welcomed.

BRIEFINGS: A Recap

The concept of "briefing" describes a dialogue or discussion between 2 or more people using concise and relevant information to promote clear and effective communication.

Project Background

Demonstration Project: Human Factors in the OR

Application and Selection: Fall 2004, Selected April 2005, funded December 2005, MCA Kickoff April 2006

Project Focus:

- To create and sustain a patient safety culture through enhanced teamwork and communication in the OR
- To demonstrate the application of U.S. Commercial Aviation-Based Crew Resource Management (CRM) in healthcare settings and provide elements of aviation safety to the operating room

Project Sponsors: AORN and the AORN Foundation

Project Consultants: Safer Healthcare, Denver, Colorado

Financial Sponsors: Kimberly-Clark

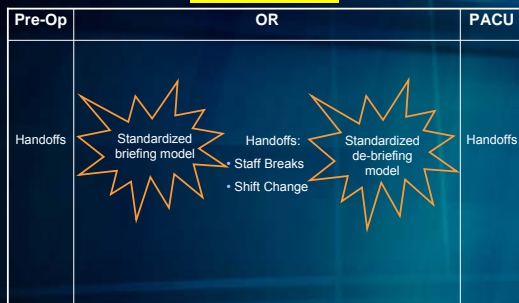
Other Participating Hospitals:

- Memorial Hospital – Colorado Springs, Colorado
- Sloan Kettering – New York, New York
- Jackson Memorial – Miami, Florida
- St. Joseph Health System – Tawas City, Michigan

Sequence of Events / Timeline

April 17	Project Kickoff – Dr. Michael Leonard at Surgical Grand Rounds
April 17 – 20	Safer HealthCare Training Course
May 24 – 30	1 st Draft Briefing Model
June 1 – 9	Final Review Briefing Model
June 26 - July 9	Pilot Period: (Implementation of Briefing Model)
July 10 – 16	Final Adjustments for Briefing Model
July 17 – Jan 2007	Project Implementation
Feb – June 2007	Project Wrap Up

Periop Communication Process Area of Focus



Where we are today: Agreement

- Briefing Model Developed
 - To be used by all participating surgical teams for all cases
 - Dr. Zimmerman
 - Dr. Hinni
 - Dr. Swanson
 - Dr. Hayden
 - Dr. Beauchamp
 - Dr. Fowl
 - Maximum time: 2 – 3 minutes
 - Primary Surgeon to lead briefing
 - Full Team present for briefing
 - Full Team consisting of
 - Primary Surgeon
 - First Assist
 - Anesthesia provider
 - Scrub
 - RN Circulator

OR Briefing Checklist	
# 1	Introductions (team and visitors)
# 2	Clinical Summary H & P Lab Values Pathology Report / Diagnosis
# 3	Allergies
# 4	Blood Products and availability / patient type and cross
# 5	Anesthesia Plan and Concerns Block Lines
# 6	Anticipation of Problems (case type, equipment/supplies, blood issues, risk for code, related to medical condition, high stress anxiety by family, religious barriers, post op disposition, etc.)
# 7	Pause Includes: consent, pt identification, procedure, laterality, site, antibiotics, positioning, equipment
# 8	Special Medications
# 9	Affirm Understanding of Plan of Care (restate all of the above)

- ### Where we are today: Implementation
- Laminated Poster to be used
 - 9 elements included
 - Posted on wall or whiteboard
 - Pertinent patient information can be written on posterboard on an as needed basis
 - Critical Language – A standardized way of alerting team members of your concerns
 - "I have a question"

- ### Where we are today: Implementation
- Debriefing Model to be used after each case
 - 3 Questions to be asked by primary surgeon:
 1. What did we do well?
 2. Were additional resources needed?
 3. What could have been done better?
 - Debriefing to occur prior to extubation with full team present

- ### Current Status
- From the 6 surgical teams participating:
- 56% of all cases had a briefing take place
 - 45% of all cases had a primary surgeon lead the briefing
 - 27% of all cases had a debriefing performed
 - Allied staff find this to be very helpful

- ### Next Steps February – June 2007
- April
AORN National Congress – Panel Discussion
 - April-May
Visit by University of Colorado Human Factors Expert
 - April – May
Post Project Staff Survey
 - Spring 2007
AORN publication
 - May – June
 - Pre / Post Survey Data Report on Teamwork / Communication at MCH
 - In depth benchmark report with comparisons to other hospitals

Questions