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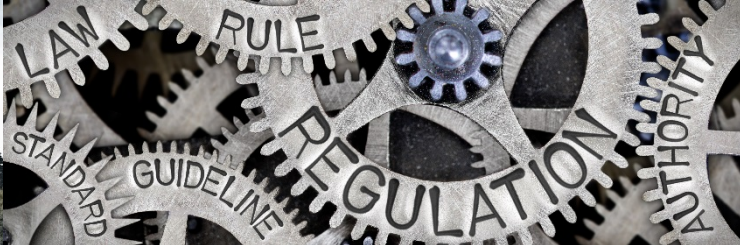
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Error Reduction and the Future of Communication and Resolution Programs

WMC CME Webinar

Thursday, March 25, 2021

John Maldon, Dr. Jimmy Chung, Mike Farrell



Before We Begin



Questions

Questions will be answered at the end. You can submit a question at any time through the question module.



Tech Issues

Look for the 'Help' button at the top of the webinar control panel.



Presentation

The slide deck and presentation recording will be available on our website within the next few days.



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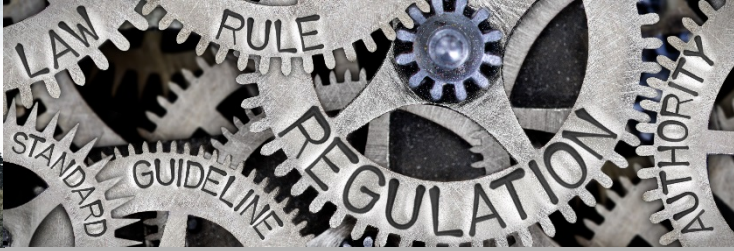


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Continuing Medical Education

- CME is available for attending the webinar or watching the recording.
- If you are watching in a group setting, please make sure you register for the webinar and complete the evaluation as an individual to receive CME credit.
- Accreditation Statement - This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Federation of State Medical Boards and the Washington Medical Commission. The Federation of State Medical Boards is accredited by the ACCME to provide continuing medical education for physicians.
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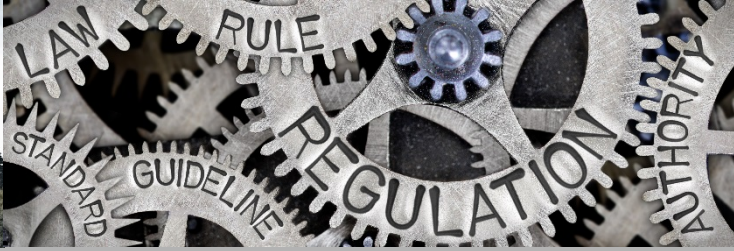


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Faculty and Staff Disclosures

- This webinar is not funded by any commercial entity.
- The Washington Medical Commission gratefully acknowledges the unrestricted educational grant from the FSMB Foundation in the amount of \$10,000 to support this activity.
- As an organization accredited by the ACCME, the Federation of State Medical Boards (FSMB) requires that the content of CME activities and related materials provide balance, independence, objectivity, and scientific rigor. Planning must be free of the influence or control of a commercial entity and promote improvements or quality in healthcare. All persons in the position to control the content of an education activity are required to disclose all relevant financial relationships in any amount occurring within the past 12 months with any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on patients.
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- The speakers, course director and planners at the Federation of State Medical Boards and the Washington Medical Commission have no relevant financial interests to disclose.



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Objectives

By the conclusion of this presentation, you should be able to:

- Identify how open and empathetic communication with patients reduces adverse events.
- Explain how a certified case is processed by the WMC.
- Recognize the importance of focusing on error reduction rather than punitive action.
- Discuss how lessons learned from CRP events can be disseminated.



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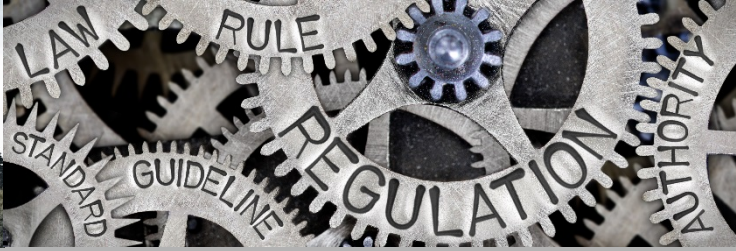


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Introduction to WMC

Mr. John Maldon, Chair WMC



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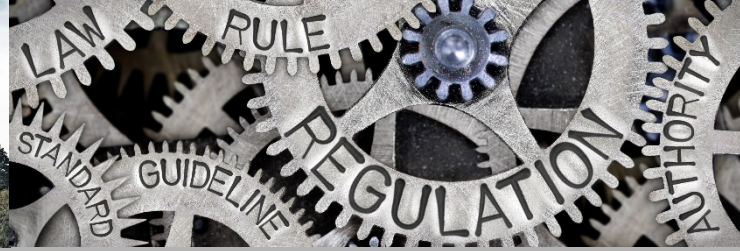


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WMC General Overview

Staff (53)

- Administration;
- Licensing;
- Investigations;
- Legal;
- Compliance;

Scope

- We only have jurisdiction over individual Allopathic Physicians and Physician Assistants.
- We do not have jurisdiction over facilities or entities.



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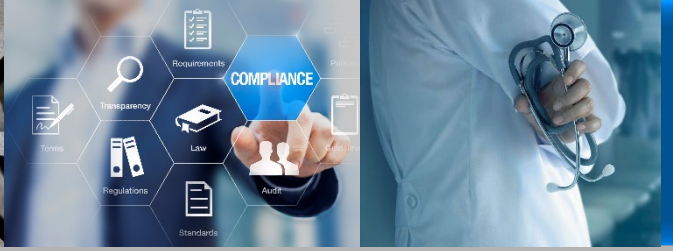
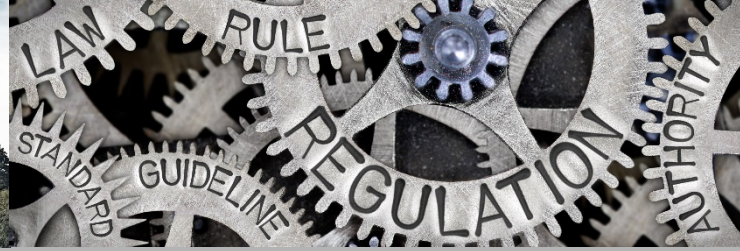


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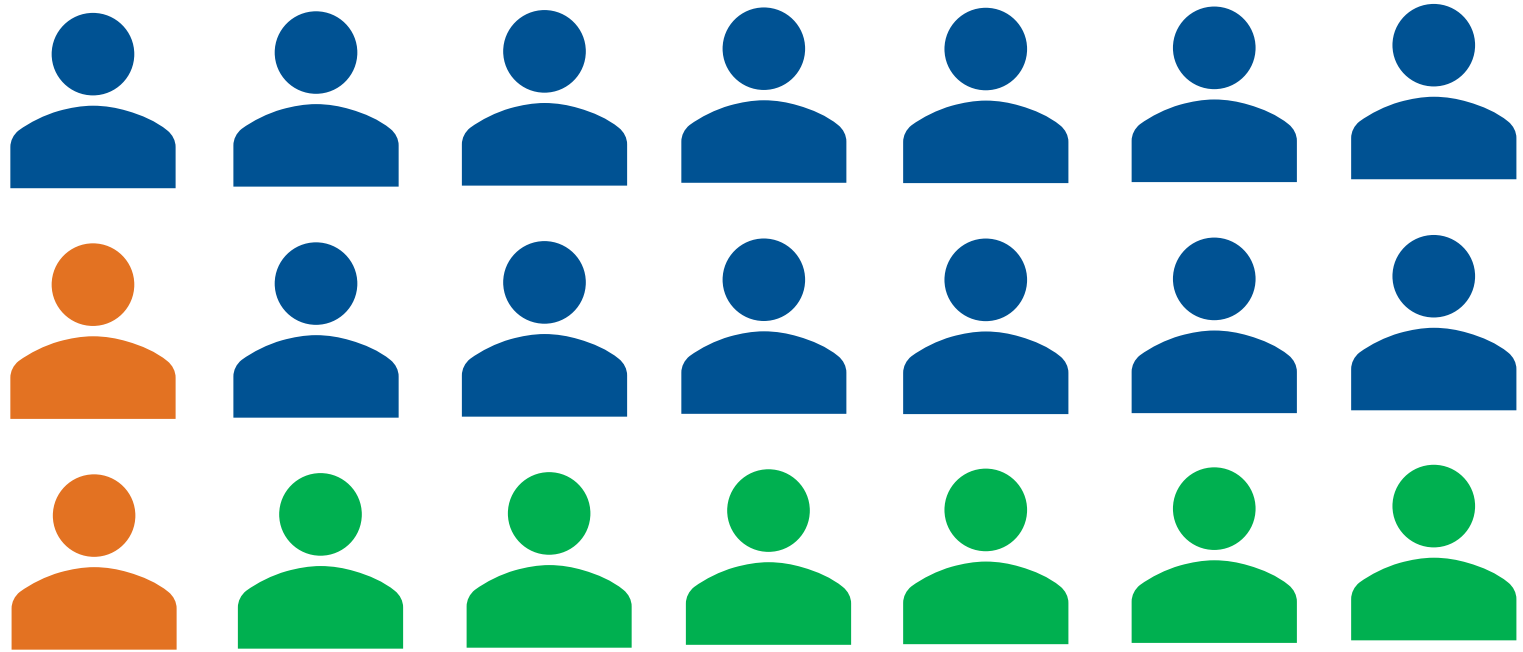


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Medical Commission: WHO



Physician

Physician Assistant

Public Member



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Mission and Vision Matter

- **Mission:** Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.
- **Vision:** Advancing the optimal level of medical care for the people of Washington State.



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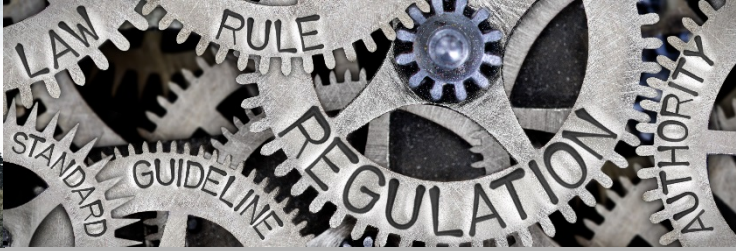


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What is a CRP?

- An unanticipated outcome.
 - Examples: failure to diagnose, failure to timely diagnose, surgical error, wrong site surgery, medication error.
- Recognition of error occurrence, what went wrong, root cause analysis.
- Develop a medical plan to manage consequences of the medical error.
- Prompt communication with patient and or family.
 - Content- empathy, lay language, apology, explanation of error, assure future care, referral to risk management for financial concerns.
- A system fix.



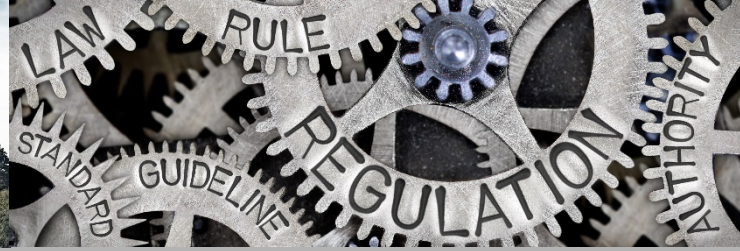
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History of WMC and CRPs: How Did We Get to This Point?

- Statement of Understanding between WMC and CRP Workgroup
 - Agreement to collaborate
 - Statement of support for CRP processes
 - Outline of process between WMC and the CRP Workgroup



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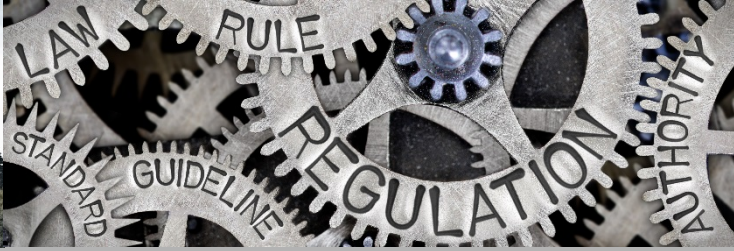


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SOU Agreed Procedure

- WMC receives a case that has been through CRP certification.
- Reviewing Commission Member (RCM) Role:
 - RCM includes CRP findings in a WMC panel presentation.
 - Case Disposition is determined.
- Standard procedure for closure or discipline.



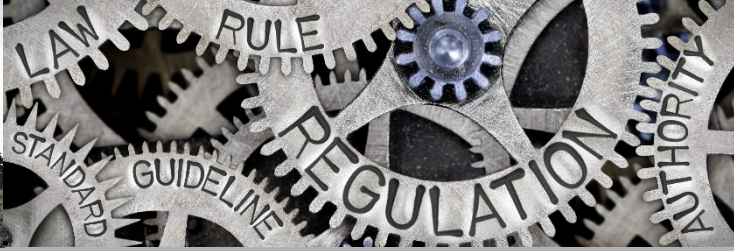
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Reducing Errors in the Practice of Medicine.

Jimmy Y. Chung, MD, MBA, FACS, FABQAURP, CMRP



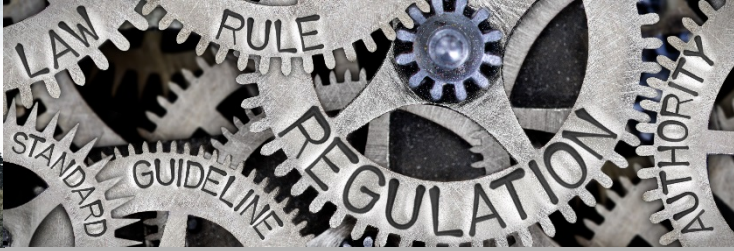
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Causes of Death 2019

- Heart disease: 659,041
- Cancer: 599,601
- **Medical Errors: 250,000-440,000** *(added by presenter)*
- Accidents (unintentional injuries): 173,040
- Chronic lower respiratory diseases: 156,979
- Stroke (cerebrovascular diseases): 150,005
- Alzheimer's disease: 121,499
- Diabetes: 87,647
- Nephritis, nephrotic syndrome, and nephrosis: 51,565
- Influenza and Pneumonia: 49,783
- Intentional self-harm (suicide): 47,511

<https://www.cdc.gov/nchs/fastats/deaths.htm>



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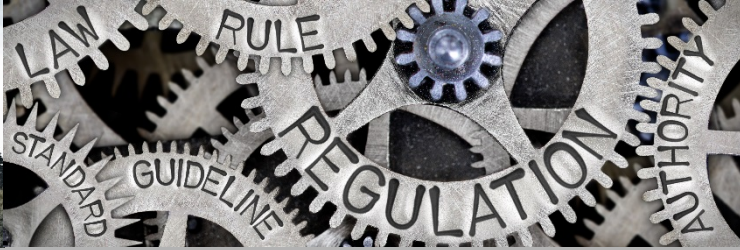


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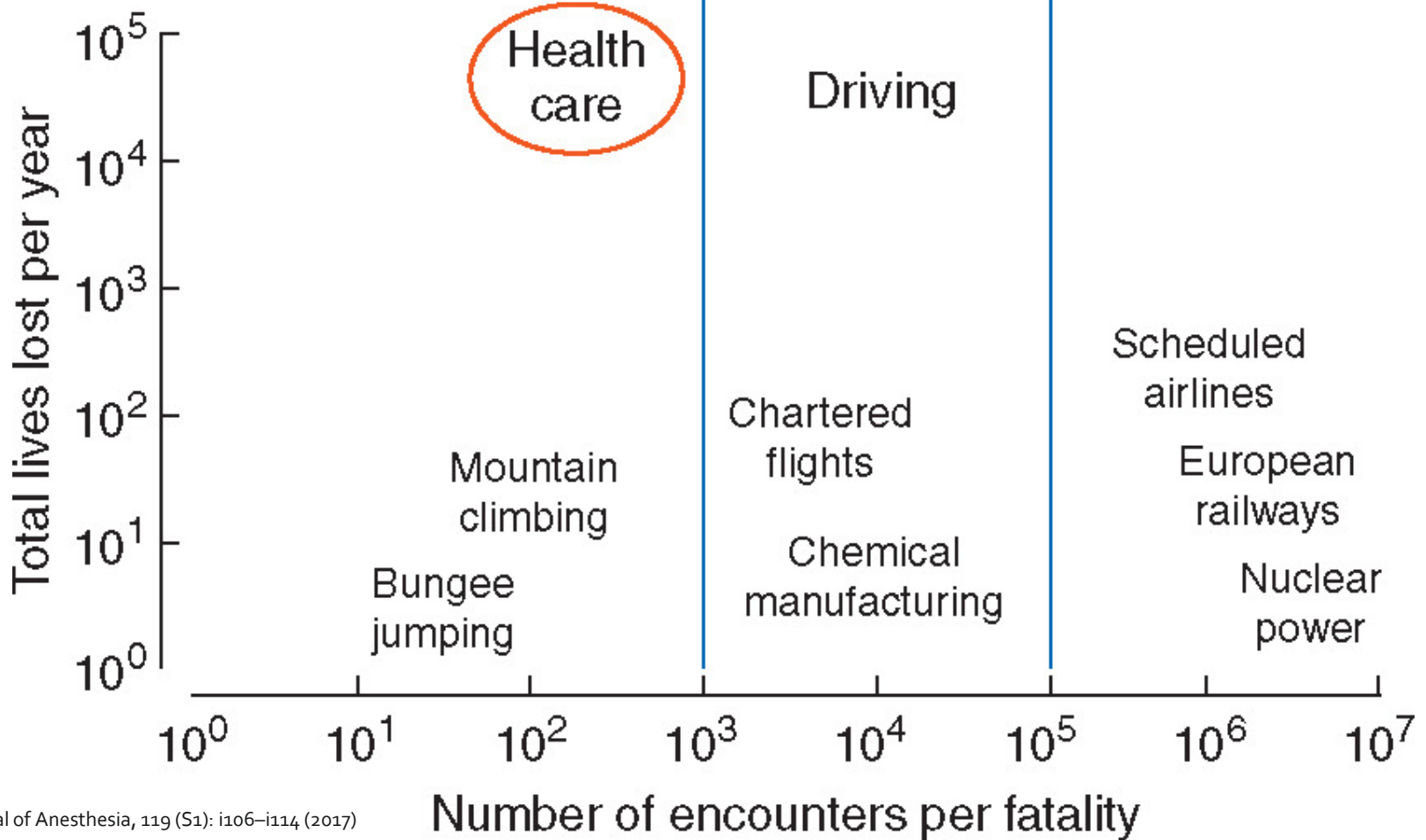
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DANGEROUS

ULTRA-SAFE



British Journal of Anesthesia, 119 (S1): i106-i114 (2017)



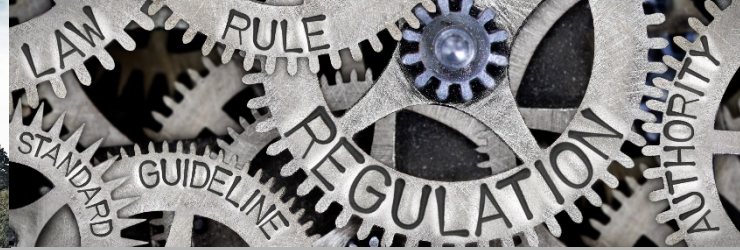
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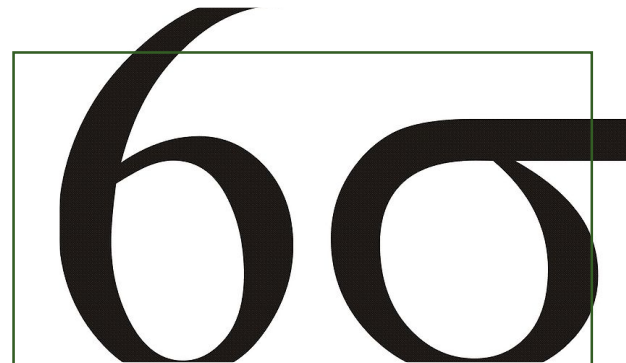
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Science of error reduction



High Reliability



Process Improvement-Six Sigma



Just Culture



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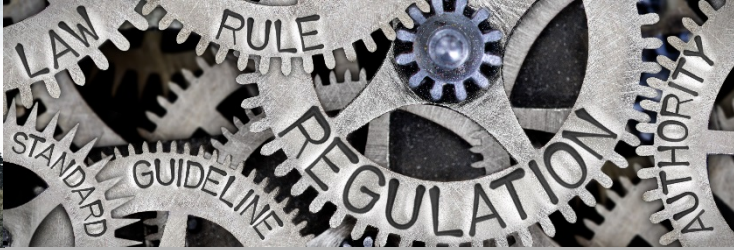


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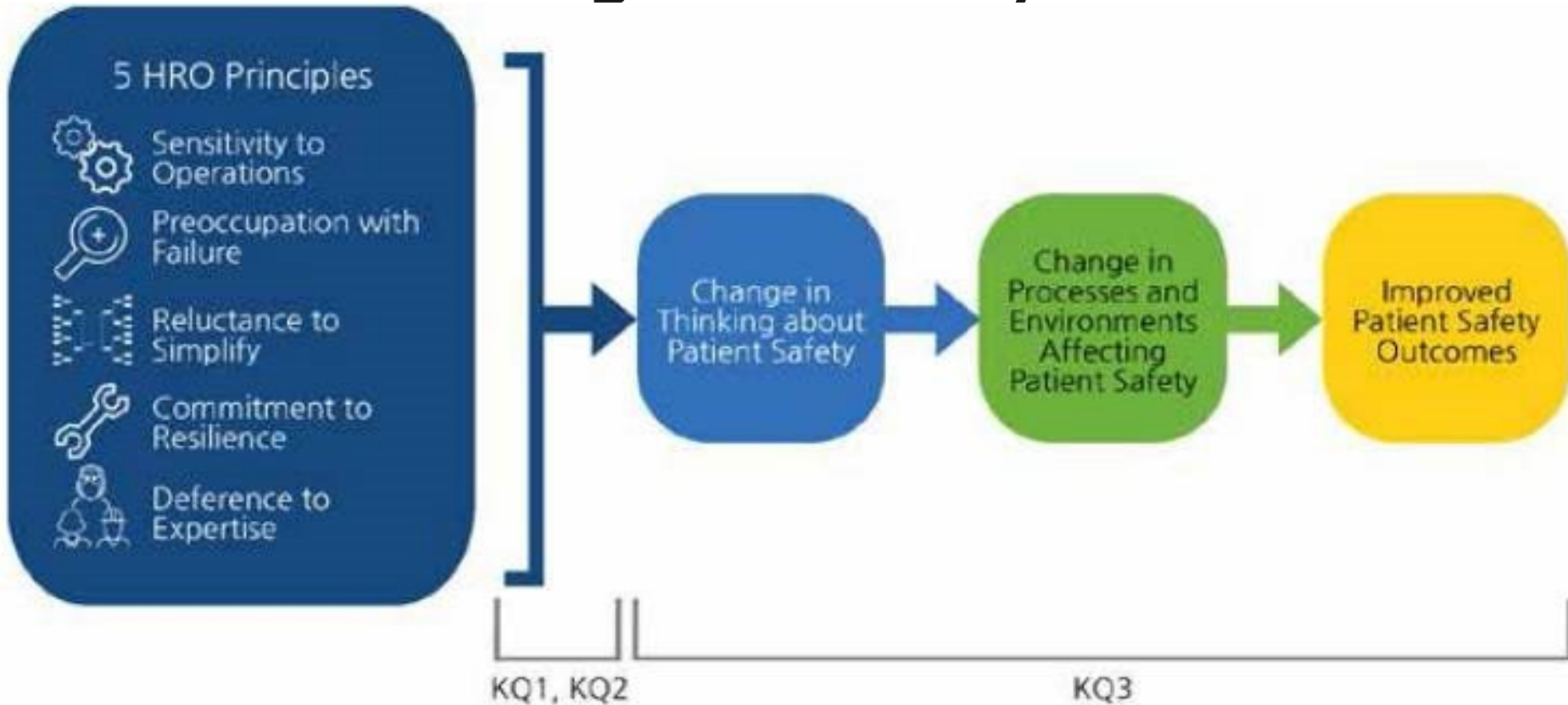


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High Reliability



Veazie S, Peterson K, Bourne D. Evidence Brief: Implementation of High Reliability Organization Principles. Washington (DC): Department of Veterans Affairs (US); 2019 May. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK542883/>



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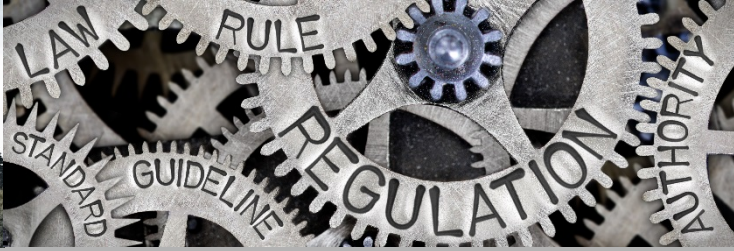


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Six Sigma

Process improvement technique to improve the quality of the output of a process by identifying and removing the causes of defects and minimizing variability.



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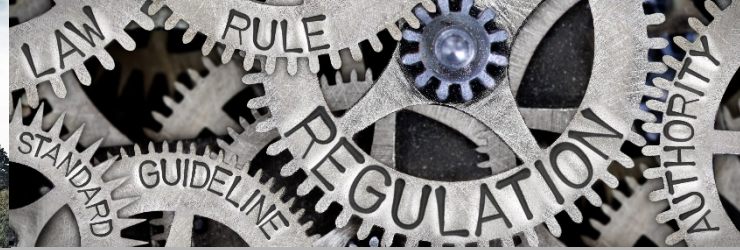


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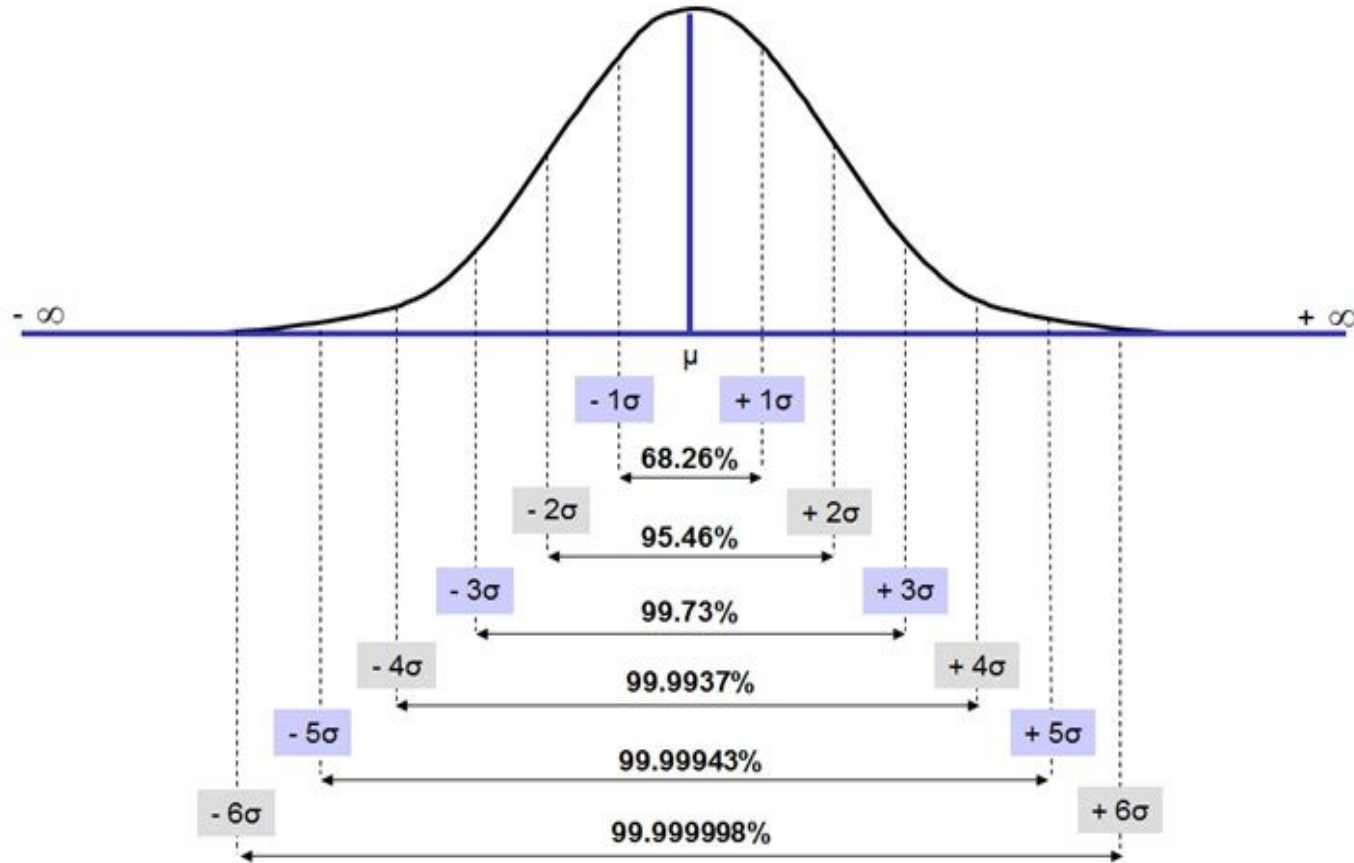


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The science behind Six Sigma



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Six Sigma Error Rates

PROCESS SIGMA TABLE

SIGMA LEVEL	DEFECT RATE	YIELD
2 σ	308,770 dpmo	69.10000%
3 σ	66,811 dpmo	93.33000%
4 σ	6,210 dpmo	99.38000%
5 σ	233 dpmo	99.97700%
6 σ	3.44 dpmo	99.99966%



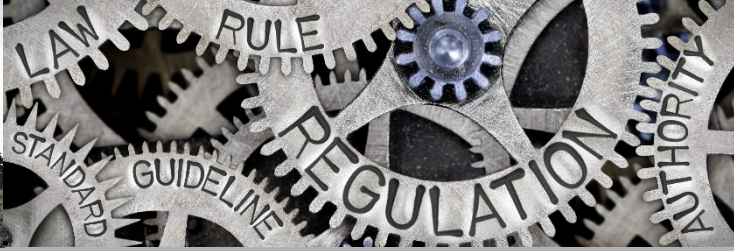
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3 Sigma Vs. 6 Sigma

The 3 sigma State –
99% (3.8 sigma)

- 20,000 Lost Pieces of mail per hour
- 5,000 surgery mistakes per week
- 2 long or short airplane landings at a major airport per day
- 200,000 wrong drug prescriptions per year
- No electricity for almost 7 hours each month
- Unsafe drinking water for almost 15 min each day.

The 6 sigma State –
99.9999966% (6 sigma)

- 7 lost pieces of mail per hour
- 1.7 surgery mistakes per week
- 1 long or short airplane landings at a major airport every 5 years
- 68 wrong drug prescriptions per year
- 1 hour without electricity every 34 years
- 1 unsafe minute every seven months.



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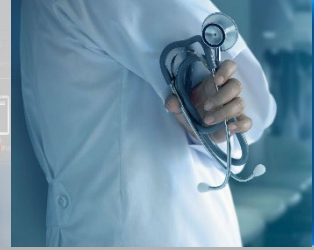
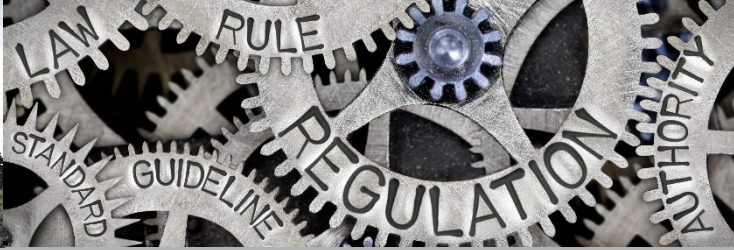


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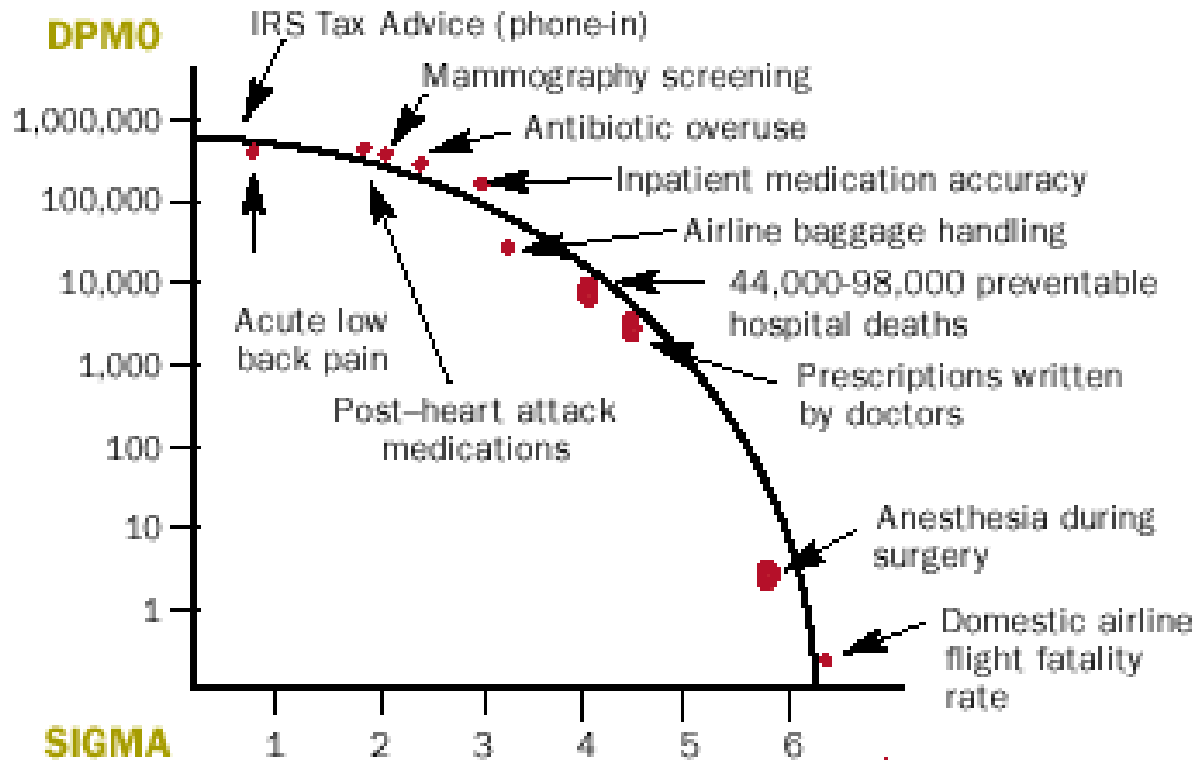


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Sigma Comparison of Industries



Source: GE Medical Systems



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Error Reduction Through “Just Culture” Model

- System-based errors cannot be addressed by blaming the individual.
- Individuals should be encouraged to report errors as learning opportunities, not hide errors from fear of punishment.
- Errors should be “celebrated”, and lessons made transparent.
- RCA and FMEA.
- Continuous process improvement (DMAIC, etc.).
- Crew Resource Management.



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What is the Role of the WMC in Reduction of Medical Errors?

- Mission
 - Promoting patient safety and enhancing the integrity of the profession through licensing, discipline, rule making, and education.
- Vision
 - Advancing the optimal level of medical care for the people of Washington State.



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WMC Endorses Just Culture Principles

- The WMC encourages institutions, hospitals, clinics and the health care system to adopt a just culture model to reduce medical error and make systems safer.
 - Likewise, the WMC will use just culture principles in reviewing cases of medical error.
- WMC entered a Patient Safety Collaboration with the Foundation for Health Care Quality to support and develop CRPs throughout WA and to develop a process to handle such cases.
- WMC is exploring opportunities with various stakeholders to disseminate lessons learned from unanticipated outcomes and medical errors, fostering a learning culture in our state and making the entire health care system safer.



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CRP and Error Reduction

- CRP follows Just Culture principles
 - Recognizing that most errors are not caused by incompetency of individuals.
 - Immediate reporting of unanticipated outcomes both to the patient and family, and to the institution.
 - Immediate investigation to determine the factors that led to the event.
 - Communicating the findings of the investigation to the patient and the patient's family.
 - Apology to the patient and, when appropriate, an offer of compensation or non-financial resolution.
 - A change to the system to prevent the event from re-occurring.
 - Shared learning.



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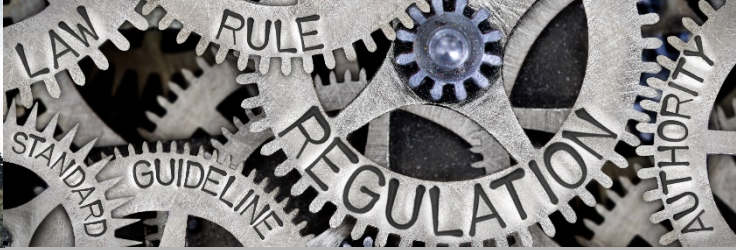


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Case Study



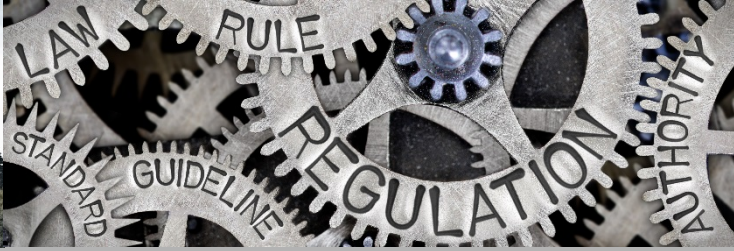
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CRP Certification Case Study

- Patient: young male in roll-over MVC brought to trauma center (a teaching hospital).
- Taken urgently to surgery; anesthesia care provided by attending and resident.
- After surgery, attending stepped out briefly to review schedule with staff. The patient was under care of resident.
- While patient was being transferred from OR table to ICU bed, the ventilator tubing became disconnected.
- When the attending returned, the patient was found to be hypoxic and bradycardic.
- The disconnected tubing was recognized, and patient was resuscitated, but the patient expired several days later.



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CRP Certification Case Study (Cont.)

- The CRP process:
 - The attending provided full disclosure of the events to the family as an avoidable medical error by the anesthesia team and apologized.
 - The attending accepted responsibility for the events and continued to update the family over the following days until the patient's death.
 - The hospital performed an RCA and an internal investigation, identifying a systems error.



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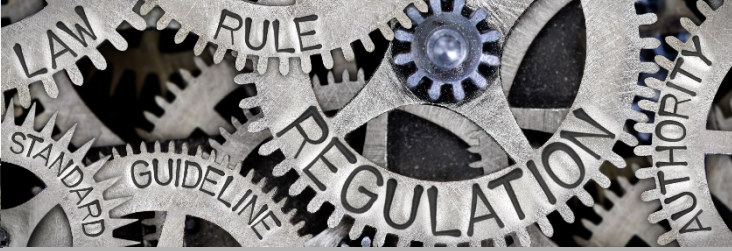


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CRP Certification Case Study (Cont.)

- The hospital took the following steps:
 - Education and training for residents in transporting ventilated patients.
 - Empowering residents to ask for help if needed.
 - Safe hand-off and transfer checklist.
- Note that individual corrective action was not part of the process (consistent with Just Culture).
- The hospital submitted the case for CRP certification by the Foundation for Health Care Quality.



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CRP Certification Case Study (Cont.)

- Independently, the WMC was made aware of the case through the complaint process.
- During investigation, the CRP certification was provided to the WMC.
- The assigned commissioner initially presented the case to the WMC without disclosing the CRP certification.
- The WMC concluded the event was caused by a systems error.
- In addition, based on efforts made by both the hospital and the individual to correct the causes of the error, the case was closed.
- This case was an example of the CRP process resulting in a productive action in a Just Culture environment, which the WMC encourages institutions to establish.



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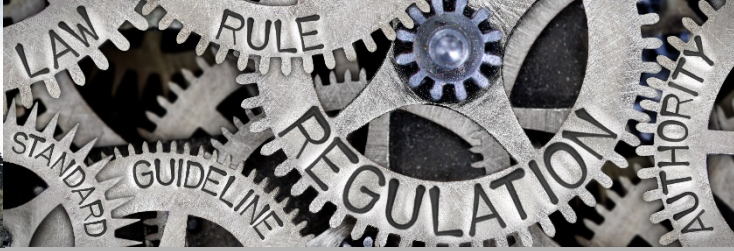


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Certification: Principles and Challenges

Mr. Mike Farrell, JD



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Processing a Certified Case

- WMC uses its normal process to evaluate and investigate a complaint.
- Participation in a CRP is documented in the file.
- If the case is certified, the WMC reviews the report, any other documents supplied, and its own investigation, and decides whether discipline is necessary.
 - The WMC may decide to close the case based on the remedial action taken and its judgment that patient safety issues have been adequately addressed.



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Certification and the WMC

- WMC does not delegate decision-making authority.
- All mandatory reporting requirements remain in effect.
- Process is voluntary and open to all physicians and physician assistants.
- Reports should be submitted *only* if the WMC has an open case.
- Certification reports and accompanying documents are protected from discovery and disclosure by statute as part of a Coordinated Quality Improvement Program.
- Reports are submitted to the WMC Director of Investigations.



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Challenges

- Potential variation in institutional support for certification.
- Certification focuses mostly on institution; no assurance of physician-specific learning.
- Inherent asynchronicity challenges ability for one process to “wait” for the other.
- Determining what information the WMC needs following certification.



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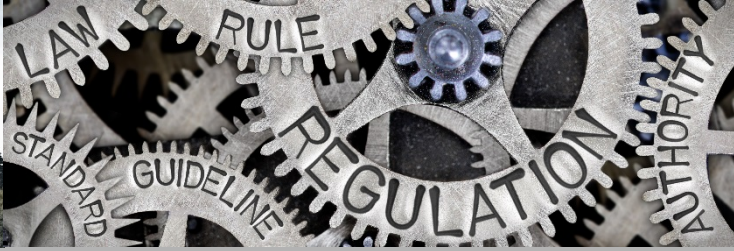


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The Future of CRPs

Dr. Jimmy Chung



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Ongoing Commitments

- WMC continues to endorse CRP process and development of CRP programs to reduce medical errors.
- WMC continues to advocate for ongoing improvement and increased adoption of CRP Certification Program.
- WMC continues to maintain its mission and mandate.
- WMC continues to be open to regular dialogue with the Foundation.
- Maintain independent relationship and avoid perceived COI.
- WMC continues to advocate for CRP programs at the national level.



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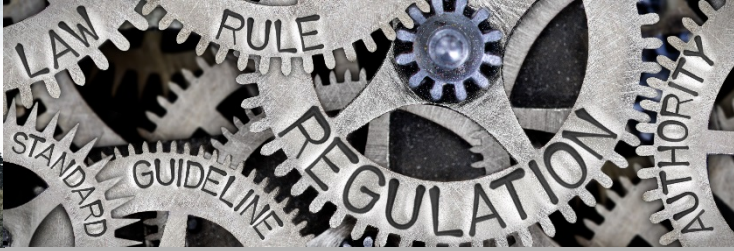


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Thank You

Resources

- Medical.Commission@wmc.wa.gov
- [WMC CRP Information Page](#)
- “A Collaborative Approach To Reducing Medical Error and Enhancing Patient Safety.” – [WMC Guideline](#)
- Foundation for Health Care Quality [Website](#)
- The Collaborative for Accountability and Improvement [Website](#)

Our Values

- We make fair, objective, and informed decisions in licensing and disciplinary actions.
- We earn the public’s trust by being transparent and accountable.
- We rely on evidence-based data and we look to health-based outcomes to determine our effectiveness



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