Just Culture:
High Impact Case Studies

March 15, 2018
Webinar Month 112

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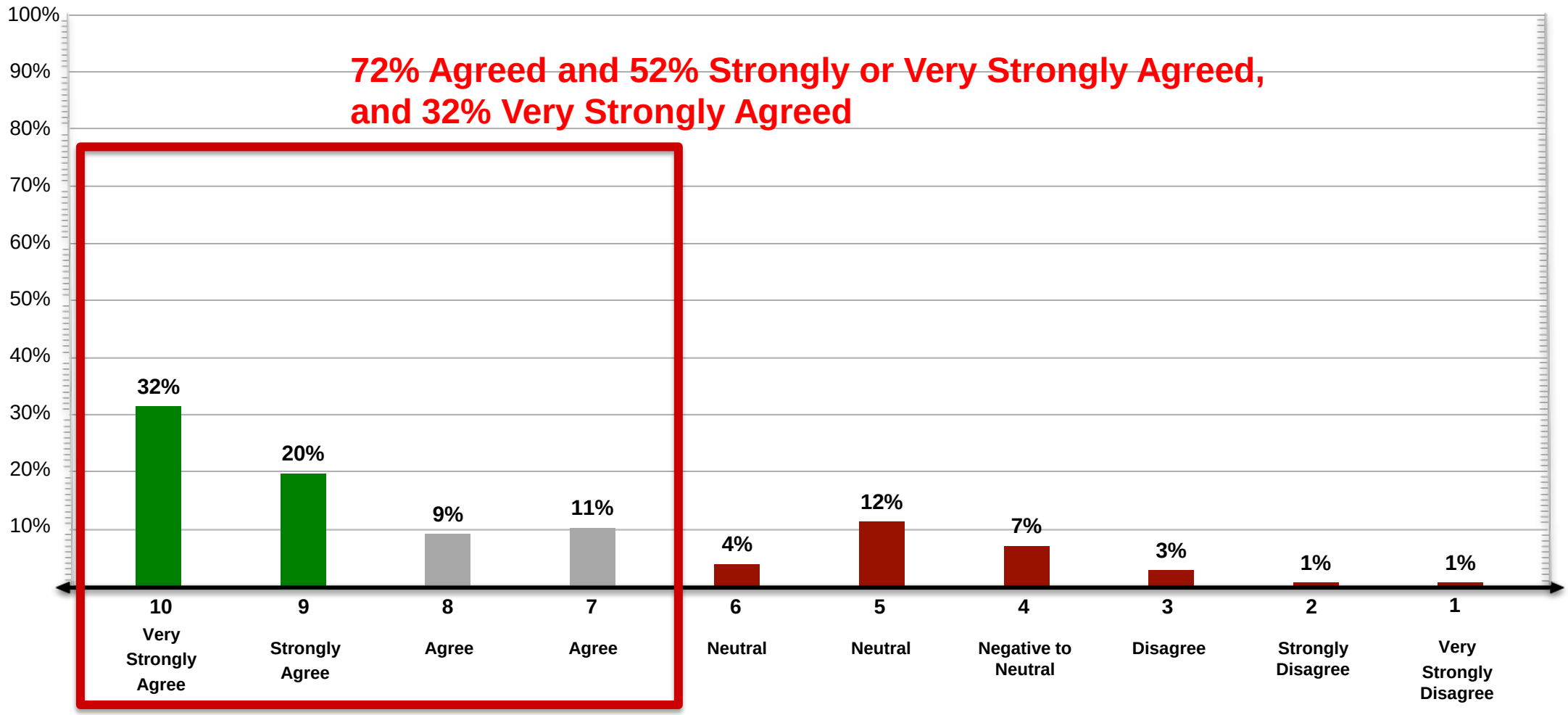
Anonymous Survey Questions

I am interested in MORE DETAIL regarding the:

HEALTHCARE INNOCENCE PROJECT



Source: TMIT High Performer Webinar Series; Health Information Technology: Just Culture: High Impact Case Studies – March 15, 2018

Specific HEALTHCARE INNOCENCE PROJECT FOCUS
I would like to SEE covered includes:

- Just culture among employees
- Errors and false documentation
- Weaponizing of HR
- Sham peer review detection and mitigation
- Legal representation
- Opioid use
- All of it... I've never heard of it before today.
- Case studies
- How relates to patient safety in the hospital
- Case studies
- I am new to this, so I have no specifics.
- Innocent project and just culture
- Deterioration of patients and failure of providers to respond
- How information is obtained from EHR. What if a hybrid chart is used. Differences in EHR products and how information can be obtained.
- 2nd victims
- Specific examples where the project was able to help those negatively impacted after an adverse event.
- Case studies.
- Accuracy of the information gathering
- How it would work when electronic documentation is overall so poor.
- Just some general information about what types of cases they would consider.
- Big picture, first time seeing this.
- Protecting the DNA of EHR
- Mortality review
- Better understand how to handle these situations
- Any topic that helps ensure we do justice for all concerned-patients, families, staff, providers
- Fraud, conflict of interest, ethics, honesty
- Open to all suggestions
- Healthcare disparities; use of data in medical and nursing board discipline
- Child abuse charge but child with med condition
- Case studies are very helpful.
- Academic fraud and fraudulent harm intended to discredit caregivers and patients in order to protect the finances of the organization
- Not sure what this is...Even just googled
- All areas actually
- Education of errors about specific instances to staff- revealing outcomes or breaks in processes or delays as a result
- What specifics are being studied & how will it work and be used
- No specific information, need more information
- Unable to answer as I'm not clear what healthcare innocence project focus
- Examples and how the cases were resolved or settled.

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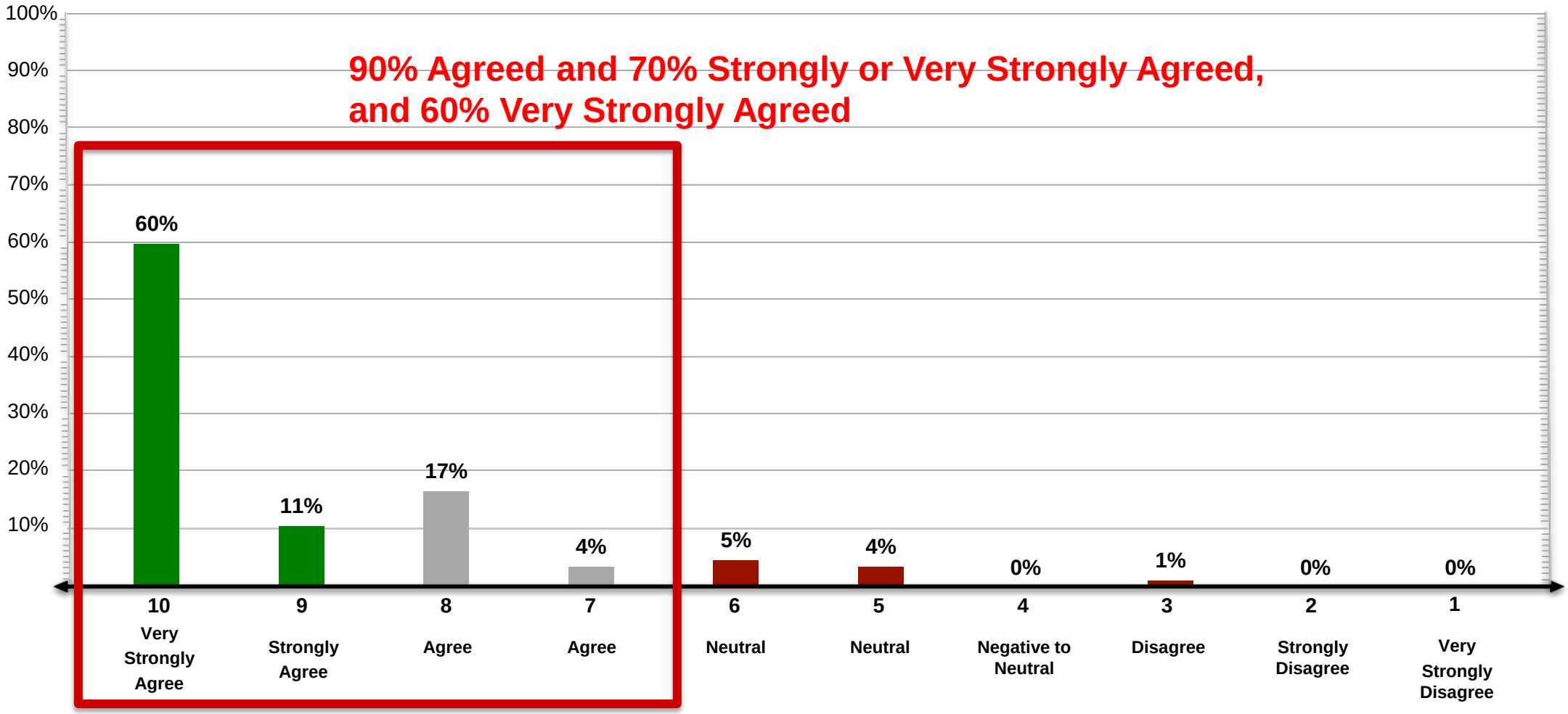
I am interested in MORE DETAIL regarding: JUST CULTURE CASE STUDIES



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Specific JUST CULTURE CASE STUDY DETAIL & SCENARIOS
I would like to be FURTHER covered includes:

- Examples of repetitive at risk behavior Medications
- Medication errors
- Clinical and administrative case studies
- More healthcare related cases
- Repeat. Scenarios, disruptive behavior
- Working the algorithm better. Practice makes perfect, right?
- Getting executive leadership buy in
- HR issues
- Cases regarding data collection, analysis, etc.
- Review of the model again
- Love the algorithms! Happy to hear anything more.
- Failure to recognize patient deterioration and escalate care
- Scenarios which are more complex and include system-induced errors in combination with at risk behaviors - sometimes there are multiple issues at play
- Clinical bedside case studies
- More information/discussion on repeat at risk behaviors.
- More cases for when the system failure is the problem. Would like to see case studies that have been arbitrated in a unionized context.
- Continue with real case studies, perhaps asking for contributions
- Discovery of issues within the process of quality and regulatory reporting.
- Repetitive issues related to physician burnout
- Workplace violence and assault; patient suicides
- I enjoy the discussion of the case studies.
- Tracing of a medicine and the various errors associated.
- Difficult scenarios when there is a difference in opinion when doing RCA/investigation. How does that get reconciled.
- Ones like the nurse manager passing the room and going to assist without using proper hand hygiene - cases where there could be a "gray" area.
- Those involving serious patient safety events
- Falls. Peer review, delays in diagnosis and treatment
- Cases where employees are encouraged to push beyond their limits by their employees
- Confects between nursing and physician
- More around medications when the culture is to migrate (as evidenced by using the substitution test) and how to move through the flows.
- Scenarios are so impactful for actually understanding how to use the process in real world
- Repetitive at risk behaviors
- Executive misconduct,
- Practitioner level mistake when policy exists, but busy/harried conditions consistently exist, the system does not address.
- Any are welcome

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Specific JUST CULTURE CASE STUDY DETAIL & SCENARIOS
I would like to be FURTHER covered includes:

- Scenario: when not everyone in the facility cooperates with intent of just culture
- Including staff in event follow up-better understanding of situation/lives the processes
- Organization-based case studies will be helpful, how it has been implemented in various types of organizations.
- When it is "usually done that way"
- Love the administrative cases and would love some for boards
- I would like to see more ambulatory care scenarios and webinars on successful implementation in ambulatory care.
- Physician peer review in the clinical area
- Management's actions/inaction involved in frontline staff mistakes.
- How to inform and have staff recognize that a break in a process occurred to increase awareness to help promote prevention of the same incident again
- Real life cases related to medication/diagnostic near miss scenarios and difference of good, better and best HR response to errors.
- More with scenarios involving patients.
- Discussion on outsourcing of services to contract groups and how health systems monitor and manage those underlying cultures. I'm specifically thinking of reckless behaviors that may then have a direct and impact on patients and hospital staff.

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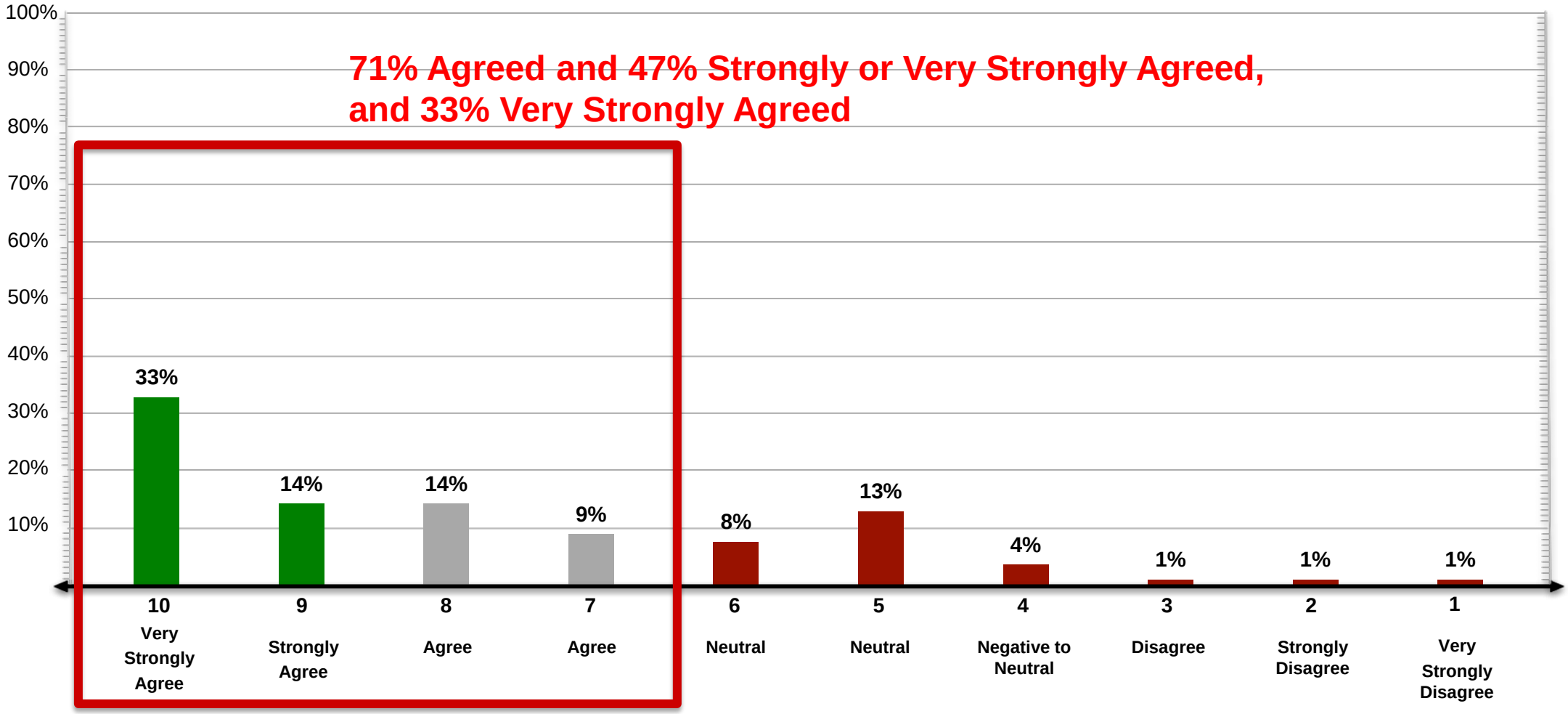
Anonymous Survey Questions

I am interested in: END OF LIFE OPPORTUNITIES FOR IMPROVEMENT that can impact Patient and Caregiver Safety



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Specific END OF LIFE OPPORTUNITIES FOR IMPROVEMENT Information I would like to be FURTHER covered includes:

- How to use just culture in allocation of scarce resources in end-of-life care
- Working with family members
- Palliative care
- Never heard of it.
- Caregiver burnout
- Unsure
- Current and future state
- I am new to this, so I have no specifics.
- Treatment of pain and/or comfort interventions related to potential adverse respiratory/cardiac status
- Educating physicians on how to have these conversations
- Use of end-of-life cases to improve performance.
- Patient choice that goes against all the medical folks
- How to make end of life decision making easier for patients and families.
- Best indicator of quality of life deteriorate
- Palliative/hospice involvement
- Peer review structure, delay of diagnosis and treatment - omission and commission
- How do you handle the increasing use of narcotics to further the speed of death?
- Palliative care consulting family involvement
- Topics that help us do better with correct timing regarding bringing up the topic of being allowed to die
- Cultural aspects of decisions - why these may actually lead to harm of patient and prolonged end of life
- Any welcome
- Where is the process of the conversation best begun? Training medical students for the conversation
- Helping broach the conversation
- Especially for people with developmental disabilities that they were born with or acquired in early childhood, what will be an ethical good way to approach it.
- Approach patient/family; provider
- Proper pain management so patients can be aware of their families in their final days.
- Role of supportive and palliative care
- None specifically.
- Sandra fly
- Code status conversations earlier
- Family expectations of the patient and the dying process
- Reluctance to initiate the discussion. Scenarios of how to- MD, RN,

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