A Perfect Storm:

The Midcourse Correction for Patient Safety

October 17, 2019
Webinar Month 131

For resource downloads go to:
www.safetyleaders.org
Welcome

Charles Denham, MD

Chairman, TMIT

TMIT High Performer Webinar
October 17, 2019

Webinar Month 131
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Surfing the Healthcare Tsunami: Bring Your Best Board™

TMIT presents our Discovery Channel documentary, Surfing the Healthcare Tsunami. The incoming healthcare tsunami threatens all but the best. Will you surf, swim, or sink?

**Surfing the Healthcare Tsunami Hospital Leaders Toolbox**

The **Surfing the Healthcare Tsunami Hospital Leaders Toolbox** has been released online! Go deeper into the subject matter of the documentary by exploring the 5 Rights of Imaging™, the Boardroom, Racing & Aviation, and much more. Click here for more details.

Click here to watch the entire 58-minute documentary online.

**Safe Use of Electronic Health Records and Health Information Technology Systems: Trust But Verify**

Read about unrecognized hazards in HIT on a national scale, how to make EHR-CPOE systems safer, and the case for all stakeholders to leverage proven methods and teams in HIT performance validation. Download article here.

October 17, 2019

John Nance, JD
High Performer Webinar

October 17, 2019, 12:00 pm – 1:30 pm CT / 1:00 pm – 2:30 pm ET

A Perfect Storm: The Midcourse Correction for Patient Safety

Session Overview

John Nance, JD, the bestselling author of Why Hospitals Should Fly and Charting the Course: Launching Patient-Centric Healthcare, and global patient safety leader who has inspired us for years, will speak regarding new emerging issues impacting patient safety related to caregiver satisfaction. He will preview some of the very important topics that he will cover in his next book. A frequent international speaker and advisor to leading medical centers, John has terrific insights into emerging threats challenging our industry. The ABC commentator for safety, he is a former airline captain, holds a law degree, and is expert on ethics in corporate governance. His leadership experience makes him one of the best advisors to healthcare.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads
If you wish to follow us on Twitter, go to: http://twitter.com/TMIT1 or use #safetyleaders hashtag

Also, go to:
www.facebook.com/SafetyLeaders and related sites
TMIT Purpose Statement

Our Purpose:
We will measure our success by how we protect and enrich the lives of families...patients AND caregivers.

Our Mission:
To accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.
Disclosure Statement

The following panelists certify: that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship medication or device companies discussed in their presentations.

John J. Nance brings a rich and varied professional background to the task of helping doctors, administrators, boards, and front-line staff alike survive and prosper during the most profoundly challenging upheaval in the history of modern medicine. Having helped pioneer the renaissance in patient safety as one of the founders of the National Patient Safety Foundation in 1997, his efforts (and healthcare publications) are dedicated to reforming American healthcare from a reactive cottage industry to an effective and safe system of prevention and wellness. A lawyer, Air Force and airline pilot, prolific internationally-published author, national broadcaster, and renowned professional speaker, John’s leadership is propelled by a deep commitment. He has nothing to disclose.

William H. Adcox serves as the Chief of Police and CSO at The University of Texas MD Anderson Cancer Center and The University of Texas Health Science Center. Chief Adcox holds an MBA degree from UTEP and is a graduate of the PERF’s Senior Management Institute for Police and the Wharton School ASIS Program for Security Executives. He is the recipient of the IACLEA’s 2013 Award for Administrative Excellence and was named by Security Magazine as one of the “Most Influential People in Security 2013.” The agency received the IHSS Foundation’s prestigious 2015 Lindberg Bell Distinguished Program Award. Nationally, Chief Adcox received the Campus Safety 2015 Director of the Year Award in Healthcare; and locally he received the Texas Police Chiefs Association’s 2015 Leadership Award. He has nothing to disclose.

Dan Ford, MBA, LFACHE, developed a deep passion for patient safety as a result of medical errors experienced in Illinois by his first wife, Diane, and the treatment he experienced when he started asking logical and genuine questions. The mother of three children (11, 14, and 17 at the time) and age 47, Diane was pursuing her second master’s degree, and suffered a morphine-induced respiratory arrest following a hysterectomy. She has permanent brain damage/short-term memory loss and a poor quality of life, and resides in an independent living facility. He has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare Tsunami documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is a collaborator with Professor Christensen at Harvard Business School.
Speakers and Reactors

John Nance
William Adcox
Dan Ford
Charles Denham
Voice of Patient and Family

Dan Ford

Voluntary Patient Safety Advocate
Spectrum Health Hospital Group Board, Quality & Safety Committee Member and Executive PFAC former member and Chair
TMIT Patient Advocate Team Member
Retired Healthcare Executive Search Consultant
Veteran, Naval Aviation, Vietnam War
Rockford, MI

TMIT High Performer Webinar
October 17, 2019
In the News Update and September 2019 Webinar Recap

Charles Denham, MD

Chairman, TMIT

TMIT High Performer Webinar
October 17, 2019

Webinar 131
According to the CDC:

- One in four Americans aged 65+ falls each year.
- Every 11 seconds, an older adult is treated in the emergency room for a fall; every 19 minutes, an older adult dies from a fall.
- Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults.
- Falls result in more than 2.8 million injuries treated in emergency departments annually, including over 800,000 hospitalizations and more than 27,000 deaths.
- In 2015, the total cost of fall injuries was $50 billion. Medicare and Medicaid shouldered 75% of these costs.
- The financial toll for older adult falls is expected to increase as the population ages and may reach $67.7 billion by 2020.

“Older patients face staggering rates of disability after hospitalizations,” Dr. Kenneth Covinsky, a geriatrician and researcher at the University of San Francisco-California. His research found that one-third of patients age 70 and older leave the hospital more disabled than when they arrived.

Sources: https://khn.org/news/fear-of-falling-how-hospitals-do-even-more-harm-by-keeping-patients-in-bed/
In The News …

Web Information is **Instant**, **Permanent**, **Searchable**, and **Global** …
Even Misinformation – that can harm those you serve and those who serve.

**September 2019 Issue**

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**Why We Trust Lies**

By Caitlin O’Connor and James Owen Weatherall

**Scientific American: Truth Lies & Uncertainty**

**The Misinformation Age**

How False Beliefs Spread?
Unfortunately, threats to the integrity of U.S. biomedical research exist. NIH is aware that some foreign entities have mounted systematic programs to influence NIH researchers and peer reviewers and to take advantage of the long tradition of trust, fairness, and excellence of NIH supported research activities. This kind of inappropriate influence is not limited to biomedical research; it has been a significant issue for defense and energy research for some time. Three areas of concern have emerged:

1. Diversion of intellectual property (IP) in grant applications or produced by NIH supported biomedical research to other entities, including other countries;

2. Sharing of confidential information on grant applications by NIH peer reviewers with others, including foreign entities, or otherwise attempting to influence funding decisions; and

3. Failure by some researchers working at NIH-funded institutions in the U.S. to disclose substantial resources from other organizations, including foreign governments, which threatens to distort decisions about the appropriate use of NIH funds.

“We recently reminded the community that applicants and awardees must disclose all forms of other support and financial interests, including support coming from foreign governments or other foreign entities.”

“We also expect and encourage your institution to notify us immediately upon identifying new information that affects your institution’s applications or awards. Lastly, we encourage you to reach out to an FBI field office to schedule a briefing on this matter.”
Johns Hopkins All Children’s Hospital has hired a familiar face to help it restart its troubled heart surgery unit. “the first step in a phased process of restarting the Johns Hopkins All Children’s Heart Institute.”

Source: https://www.tampabay.com/investigations/2019/10/16/top-heart-surgeon-returns-to-all-childrens-3-years-after-being-pushed-out/
Tampa Bay Times, known for winning the Pulitzer Prize for investigative reporting, is undertaking an ongoing investigation of the entire Johns Hopkins system.

Dec. 29 2018


Johns Hopkins Wrote the Rules on Patient Safety But Its Hospitals Don’t Always Follow Them

Heartbroken: Despite warnings, All Children’s kept operating. Babies died.
Patient Safety and COI Stories Being Followed

**Tampa Bay Times Reports:**
- Deaths of children in 1 in 10 undergoing CV Surgery at JH All Children’s
- Mutilation of children in burn unit in Maryland
- Cover up of harm
- Retaliation against whistleblower MD
- Patient Safety Issues in all Johns Hopkins hospitals
- Whistle blower law suit
- Multiple malpractice suits.
- Regulatory problems
- Oversight letting team of doctors make unannounced visits

**NYT & Propublica Reports:**
- Conflicts and large payments to Chief Med Officer – resigns
- CEO with conflicts, vote of non-confidence – resigns
- Board Members own equity in start up with special deals.
- Revision of conflict of interest policies.
- Top executives barred from serving on corporate boards or investing in start-ups

**Propublica & Houston Chronicle Reports:**
- Cardiac Complications
- Undeclared financial conflicts of interest
- Allegations of exaggerated quality program to lure patients.
- Transplant program shut down based on reporting.
- Leadership restructuring
- State and federal officials enforcing safety standards.
- 08-08-19 Feds Cease Greater Oversight Of Baylor St. Luke’s Medical Center Initiated After Patient Death

**New York Times & Washington Post Reports:**
- Falsification of research in cardiac stem care.
- Scientific misconduct
- 31 Articles Retracted
- Many patients treated
- Unknown impact of product used in patients treated.
- Hospital paid to settle allegations.
- Hospital pays $10M to settle

**Tennessean & Beckers Hospital Review Reports:**
- Nurse medication error during imaging with patient death
- Electronic medication dispensing cabinet safeguards overridden.
- Nurse indicted for reckless homicide for fatal error.
- State Health Officials decided no reason to discipline or take action against nurses license.
Patient Safety and COI Stories Being Followed

**Medscape Reports:**
- Duke Settles Doctored Data Lawsuit for $112.5 Million
- Duke Whistleblower Gets More Than $33 Million In Research Fraud Settlement
- William Foster, who ran the lab where the data were faked, studied the effects of pollutants on the lungs of mouse models.
- Thomas alleged that Duke had won some 50 grants from the NIH

**The Washington Post Reports:**
- UMMS Board Chairman announced the board’s unanimous decision March 21 to have CEO Robert Chrencik take a leave of absence.
- Resignations of three UMMS, including Baltimore Mayor Pugh.
- Hours before Mr. Burch notified the public of Mr. Chrencik’s leave of absence, the Maryland House of Delegates unanimously fast-tracked bill to overhaul UMMS’ 27-member board of directors.
- Kaiser Permanente paid Pugh more than $100,000 for 20,000 copies of her books during a period when the company was seeking a lucrative contract to provide health benefits to city employees.

**Medscape Reports:**
- Between 2011 and 2019 William Roper, failed to disclose his seats on the boards of major corporations.
- At the same time, those corporations did business with the state, records show.
- Roper has served on the board of directors of DaVita, Inc.
- Roper also a member of the board of directors of three successor companies in the pharmacy benefits administration industry.
- None of his corporate board service was disclosed on state ethics forms.

**New York Times Reports:**
- Director of M.I.T.’s Media Lab Resigns After Taking Money From Jeffrey Epstein.
- M.I.T. official, Joichi Ito, left the boards the MacArthur Foundation, the John S. and James L. Knight Foundation, and The New York Times.
- He “stepped down after the disclosure of his efforts to conceal his financial connections to Mr. Epstein, the disgraced financier who killed himself in a Manhattan jail cell last month while facing federal sex trafficking charges”. acknowledged last week that he had received $1.7 million from Mr. Epstein, including $1.2 million for his own outside investment funds.

**Tampa Bay Times Reports:**
- Johns Hopkins All Children’s faces record state fines.
- The planned $800,000 penalty is the latest fallout from problems in the hospital’s heart surgery department.
- State regulators intend to hit Johns Hopkins All Children’s Hospital with some of the largest fines levied against a Florida hospital in recent memory.
- The Times found that surgeons in the hospital’s Heart Institute made serious mistakes and their procedures went wrong in unusual ways. It also found that the hospital continued to perform heart surgeries for years after frontline workers raised safety concerns to their supervisions.
Healthcare and Academic Fraud Stories

Theranos Founder Elizabeth Holmes’ Trial Set For Summer 2020

Elizabeth Holmes, founder of failed blood-testing startup Theranos, will go to trial on July 20, 2020, in federal court in San Jose, California. The court will begin hearing evidence that day with jury selection beginning the week prior on July 13. Holmes was indicted on federal wire fraud charges in June 2018 and stepped down from the company minutes before the charges were made public. She and former Theranos COO and president Ramesh “Sunny” Balwani allegedly engaged in schemes to defraud investors, doctors and patients, according to a release from the US Attorney’s office at the time. Holmes and Balwani are both charged with two counts of conspiracy to commit wire fraud and one count of wire fraud. The biotech company claimed to have a cheaper, more efficient alternative to traditional medical tests. But that unrevealed opacity was under the microscope of Wall Street Journal investigative reporter John Carreyrou. The charges and scandal proved to be too much for the company, which was once valued at $9 billion. In September 2018, Theranos announced it was preparing to dissolve.

Rutgers Pays $375K To Settle Suit Claiming Top Doctor Propositioned, Sexually Harassed Residents

Rutgers University paid $375,000 to settle a lawsuit filed claiming that one of its top doctors sexually harassed two female residents he was interviewed in dating, according to a copy of the settlement. The civil lawsuit was filed in Superior Court in 2017 by the two women and a male resident who said Jean Daniel Eloy, 40, retaliated against them for trying to protect one of the women. The suit against Rutgers did not name Eloy, the head of the anesthesia residency program at Rutgers New Jersey Medical School in Newark, as a defendant. The doctor threatened to derail the residents’ futures when they did not reciprocate his affections, according to a lawsuit. Rutgers failure to stop the harassment from an "upper-management" doctor meant the university essentially condoned the behavior, the suit claimed. Of the $375,000 settlement, each plaintiff will receive $20,337.30 and their law firm, Smith Mullin, P.C., will receive $134,977.56 for fees and costs of the litigation. The plaintiffs also agreed in the settlement to never apply any employment with Rutgers and to never seek future employment there. Rutgers didn’t admit any wrongdoing in the settlement. To eliminate any conflict of interest, Rutgers agreed that Eloy will never handle any future requests for references for the three plaintiffs.

Harvard Fencing Coach Dismissed After Home Sale Raised Conflict Of Interest Concerns

With only two months until the beginning of the school year, Harvard University is on the hunt for a new head fencing coach after Peter Brand was placed on leave over concerns regarding the sale of his home. Bob Sciasci, Harvard’s athletics director, announced Brand’s dismissal on Tuesday, saying that it came after an independent investigation found him to have violated the conflict of interest policy. Brand allegedly sold his home to Je Zhao for well above the market value. Zhao’s son was admitted to Harvard shortly after the sale and joined the fencing team, as did his brother who graduated in 2018. Allegations against Brand came to light after news of the FBI investigation dubbed “Operation Varsity Blues” broke. The well-known college admission scandal, which neither Brand nor Harvard were named in, involved several wealthy parents allegedly paying large sums of money to have their children’s athletic records and exam scores altered. Also named in the indictments were several coaches from well-known schools who were accused of giving their athletes unfair advantages. "Harvard Athletics is committed to upholding the integrity of our athletics program, and it is our expectation that every coach and staff member adhere unconditionally to our policies," Sciasci wrote. Sciasci added that the university will begin searching for a replacement coach in the coming days and expect to have the position filled by the start of the fall semester.

MIT Professor Is Accused Of Claiming Others’ Scientific Discoveries As His Own

A new paper in mAbs alleges that Daniel Saussierkamen, professor of biological engineering at Massachusetts Institute of Technology, claimed two previously discovered antibody therapies as his own. "We looked at exactly two cases, and in both did we find irregularities," co-author Tilmann Gerngross, CEO of the private biotech firm Adimab, told STAT. "To me, if you’re sitting in the kitchen and two fat cookoos walk across the floor, what’s the chance that there’s only two?" Gerngross and his colleagues base their argument on amino-acid sequence not published in Saussierkamen’s papers but obtained through patent information and later cross-checked on Genbank. Saussierkamen reportedly said that the paper was "inaccurate and slanderous" and that there are, for example, "fundamental differences" between the ZA2 antibody he and colleagues wrote about last year in Cell and the one another team of researchers shared in Nature in 2016. MIT told STAT that "while federal regulations and MIT policy do not allow us to comment on any particular matter, research integrity at MIT is paramount. MIT has policies and confidential processes in place to assess concerns that might be raised." If you look at the original [MIT] papers that reported these antibodies, they don’t give a very clear description of how they identified the epitope or how they designed the antibodies," he said. The implications of Adimab’s paper stretches beyond academia. Veladra was developing the flu antibody when it was acquired by the Japanese drug maker Otsuka for $420 million last year.

Slides are in Additional Resources
A New Program

The Healthcare Innocence Project

The Healthcare Innocence Project builds on the successful model of *The Innocence Project*. Where it used the new technology of DNA 25 years ago, we will use the new technology of electronic records and the digital DNA in the E.H.R. and administrative records to protect the medical identity of patients and the professional identity of caregivers. Both patients and caregivers may be unjustly treated through intentional or unintentional behaviors of insiders or outsiders of healthcare organizations. They include weaponization of HR, sham peer review, discrediting patients and families after healthcare accidents, or unjust harm through outsider cybersecurity issues.

[Image of a healthcare worker using a tablet]

[Image of a cybersecurity breach]

www.HealthcareInnocenceProject.org
A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.
Meaningful Use is dead. Long live something better!

High Impact Care Hazards to Patients, Students, and Employees

Inadequate Placement of AED and Bleeding Control Gear Could Cost You

By Dr. Charles Denham II, William Adcox, Charles Denham III, and Dr. Gregory Botz

AED & Bleeding Control Gear Placement Checklist

PROXIMITY:
- Existing fixed AEDs should be 1 minute away from any victim to enable 3 minutes from "drop to shock" allowing 30 seconds to put the AED into action.
- Bleeding Control Gear should be co-located with AEDs to enable 3 minutes from "shout to stop" of major bleeding for gun shot wounds.

ACCESS:
- All AEDs and Bleeding Control Gear supplies co-located so that they are available 24 hours a day, 7 days per week and never behind locked doors.

LOCATION:
- Identify high traffic and high-risk areas. Place AEDs and Bleeding Control Gear in locations for surge.
- Portable AEDs and Bleeding Control Gear may need to be provided in backpacks or mobile on bicycles, golf carts, or patrol cars to pass 3 minutes to care test.

POSITIONING:
- The positioning of gear above the ground should match the local requirements. Students of small stature may have to retrieve the gear to support bystander care.
- AEDs and Bleeding Control Gear should be placed following latest local regulatory statutes that evolve.

VISIBILITY:
- Signage must be clearly visible and the addition of Bleeding Control Gear to AED locations will require new signage clearly communicating bleeding control gear.
- Signage must be visible from all directions to allow bystanders under stress to find the supplies.

3 Minutes & Counting Assessment Plan

Step 1: Is State Map
- Create an "Is State" map of all AEDs and Bleeding Control Gear locations on the property.
- Describe access 24/7, location, positioning, and visibility.
- Identify new or better locations to position AEDs and Bleeding Control Gear within 1 minute of any victim.
- Identify population surge needs that typically occur.

Step 2: Leadership Systems
- Assess leadership systems of Awareness, Accountability, Ability, and Action issues to pass a 3 minutes to care test.

Step 3: Practice Systems
- Assess gaps in practice systems of state-of-the-art training in CPR/AED and Bleeding Control of staff and volunteers. Identify sources for regular practice.
- Define gaps in protocols, procedures, and standard operating procedures mirroring latest guidelines.

Step 4: Technology Systems
- Assess existing AED technologies for gaps in compliance, latest recommended algorithms, and condition.
- Determine the number of fixed, portable, and mobile co-located gear packs of AEDs and Bleeding Control gear.
- Identify the specific Bleeding Control gear requirements for placement with AEDs depending on surged and risk profiles of the location.
- Define regular standard of care maintenance programs for leadership, practice, and technology systems.
AED and Bleeding Control Gear Placement

After 3 minutes, you are either counting lives saved...

or lives lost....

AED & Bleeding Control Gear Placement Checklist

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Meaningful Use is dead. Long live something better!

Med Tac Slides and Articles in RESOURCES SECTION

Med Tac Articles: Campus Safety Magazine

YouTube TMIT Patient Safety Briefings

Quicksilver Crime
https://www.youtube.com/watch?v=4UkK80Mf9Qk

Kidnapping
https://www.youtube.com/watch?v=LM0Z4BZw6vM

Active Shooter Events in Healthcare
https://www.youtube.com/watch?v=Qc6

Med Tac LifeGuard-Out Program
https://www.youtube.com/watch?v=01

Med Tac Triage
https://www.youtube.com/watch?v=0MN

Rapid Response Teams
https://www.youtube.com/watch?v=UOC

Med Tac Update in Campus Safety Magazine: January/February Issue

Med Tac Publication in Campus Safety Magazine: January/February Issue

Med Tac Publication in Campus Safety Magazine: In Publication

Med Tac Publication in Campus Safety Magazine: In Publication

Battling Failure to Rescue With Rapid Response Teams

- Have you learned from 9/11 and the latest active shooter events?
- Can you define the current and specific risks to those you serve and those who serve?
- Can you get care to any victim within three minutes?
- Are AEDs and care supplies positioned within three minutes of victims?
- Do players from your various departments regularly practice emergency response together?

After 3 minutes without bystander care, you are counting lives lost and long term harm to victims of significant health hazards and conditions

NOTE: See June issue of Campus Safety Magazine at www.CampusSafetyMagazine.com
Meaningful Use is dead. Long live something better!

**YouTube Patient Safety Briefings**

- **Opioid Overdose Crisis 2019 Update**
  [https://www.youtube.com/watch?v=vyCxFxQWXaEqE](https://www.youtube.com/watch?v=vyCxFxQWXaEqE)

- **Active Shooter Events in Healthcare**
  [https://www.youtube.com/watch?v=qSSWA5JJgBw&feature=youtu.be](https://www.youtube.com/watch?v=qSSWA5JJgBw&feature=youtu.be)

- **Sudden Cardiac Arrest**
  [https://www.youtube.com/watch?v=qdXW5WxDY8&feature=youtu.be](https://www.youtube.com/watch?v=qdXW5WxDY8&feature=youtu.be)

- **Med Tac Lifeguard-Surf Program**
  [https://www.youtube.com/watch?v=G1V8s7LWL6M&feature=youtu.be](https://www.youtube.com/watch?v=G1V8s7LWL6M&feature=youtu.be)

- **Med Tac Bystander Care Training**
  [https://www.youtube.com/watch?v=2lM0jh4qCQU&feature=youtu.be](https://www.youtube.com/watch?v=2lM0jh4qCQU&feature=youtu.be)

- **Opioid Overdose Crisis 2019 Update**
  [https://www.youtube.com/watch?v=vyCxFxQWXaEqE](https://www.youtube.com/watch?v=vyCxFxQWXaEqE)

- **Active Shooter Events in Healthcare**
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- **Med Tac Lifeguard-Surf Program**
  [https://www.youtube.com/watch?v=G1V8s7LWL6M&feature=youtu.be](https://www.youtube.com/watch?v=G1V8s7LWL6M&feature=youtu.be)

- **Med Tac Bystander Care Training**
  [https://www.youtube.com/watch?v=2lM0jh4qCQU&feature=youtu.be](https://www.youtube.com/watch?v=2lM0jh4qCQU&feature=youtu.be)

- **Rapid Response Teams**
  [https://www.youtube.com/channel/UCCcoR25LxSlmrdRqyCQ7fA/](https://www.youtube.com/channel/UCCcoR25LxSlmrdRqyCQ7fA/)
In-flight Emergencies:
Good Samaritans at Altitude

Robert Katzer, MD, MBA, FAEMS, FACEP

Associate Clinical Professor
Associate Base Hospital Director
Department of Emergency Medicine
UC Irvine
Medical Director, City of Anaheim Fire and Rescue
Air Medic, San Bernardino County Sheriff
Orange, CA

TMIT High Performer Webinar
September 19, 2019
Anonymous Survey Questions

I am interested in another webinar presenting IN-FLIGHT EMERGENCIES:

79% Agreed and 52% Strongly or Very Strongly Agreed, and 43% Very Strongly Agreed

Source: TMIT High Performer Webinar Series; In-flight Emergencies: Good Samaritans at Altitude – September 19, 2019
Specific additional IN-FLIGHT EMERGENCY topics I would like covered include:

- Active shooters
- Climate change
- Current hot topics, top 10 threats
- De-escalation techniques of pt. Or family
- Employee safety
- Legal ramifications of a nurse leaving patients behind in an active shooter situation.

- More customers are bringing aboard "comfort /therapy animals"
- Safety concerns for patients
- Toxins - managing exposure
- Should we carry Narcan
- What do we bring in our bag
- Notifying Flight Attendants we are caregivers

Source: TMIT High Performer Webinar Series; In-flight Emergencies: Good Samaritans at Altitude – September 19, 2019
The #1 Concern to healthcare leaders is brand damage of the institution and the individual brands of those who serve.

Their brand is what they are known for by the public.

Our Emerging Threats Community of Practice is addressing the inside, outside, and inside-outside threats to patients, caregivers, and institutions.

Source: C. Denham, TMIT
Anonymous Survey Questions

I am interested in a webinar presenting EMERGING THREATS:

92% Agreed and 74% Strongly or Very Strongly Agreed, and 54% Very Strongly Agreed

Source: TMIT High Performer Webinar Series; In-flight Emergencies: Good Samaritans at Altitude – September 19, 2019
### Specific additional EMERGING THREATS topics I would like covered include:

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<td>Allergic reactions main focus is food related</td>
<td>Emergency landing survival</td>
</tr>
<tr>
<td>Anaphylaxis</td>
<td>In-flight emergency experiences of healthcare providers</td>
</tr>
<tr>
<td>Cardiac Arrest</td>
<td>Interesting information</td>
</tr>
<tr>
<td>Can think of any at this time</td>
<td>Legalities of responding</td>
</tr>
<tr>
<td>Disease management</td>
<td>Pediatric emergencies, OB emergencies</td>
</tr>
<tr>
<td>Do crews start IVs</td>
<td>Sob, prob pe, could lovenox be given w/ general safety?</td>
</tr>
<tr>
<td>DVT recognition, treatment, prevention in-flight respiratory emergency</td>
<td>Traumatic injuries in flight</td>
</tr>
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<td>Violence of flights</td>
</tr>
</tbody>
</table>

Source: TMIT High Performer Webinar Series; In-flight Emergencies: Good Samaritans at Altitude – September 19, 2019
An Emerging Threat: Caregiver Burnout
Five Leader Behaviors
Recognize – Inquire – Inform - Develop - Include


↑ 9.0% (P<0.001)
↓ 3.3% (P<0.001)
The Leadership Pipeline

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A Perfect Storm: The Midcourse Correction for Patient Safety

Accountability and Leadership

John J. Nance, JD

Best-selling Author and Pilot
Patient Safety Expert
Leadership Educator and Champion
Friday Harbor, WA

TMIT High Performer Webinar
October 17, 2019
MID-COURSE CORRECTION

noun

A Navigational Correction made in the course of a ship, airplane or spacecraft, and executed at some point between the beginning and the end of a journey.
To Give Every Patient the Best Healthcare that Medical Science can Inform.
Always!
Without Exception!
Communication and Optimal Resolution (CANDOR) is a process that health care institutions and practitioners can use to respond in a timely, thorough, and just way when unexpected events cause patient harm (AHRQ)
“Care is Never ERROR Free, but We Can Make it HARM Free!”

Dr. David Nash
PERCEPTION

ASSUMPTION

COMMUNICATION
12.5 % RULE
FLAWLESS COMMUNICATION

A BIRD IN THE BUSH
Any Human System built on the Expectation of Continuous Perfect Human Performance has HARD-WIRED FAILURE into its Structure.

- Don Berwick, MD
Characteristics of a HRO

1. PREOCCUPATION WITH FAILURE
Characteristics of a HRO

2. Reluctance to Simplify
Characteristics of a HRO

3. Sensitivity to Operational Detail
Characteristics of a HRO

4. Commitment to Resilience
Characteristics of a HRO

5. Deference to Expertise
The FLIGHT PLAN:
1. Coalesce the VISION
2. Eliminate the ILLUSIONS
   (Know Reality)
3. Establish TRUST through Accountability
4. Establish the Foundation of a Just Culture
   (Single conduct standard for all)
5. Use the Bully Pulpit.
6. Make Harm completely Visible and Personal

7. Setup Structures for Cultural/Clinical Change
National Survey Questions

I am interested in another webinar presenting EVOLVING ROLES OF PATIENT SAFETY OFFICERS:

Specific additional EVOLVING ROLES OF PATIENT SAFETY OFFICER related topics I would like covered include:
National Survey Questions

I am interested in another webinar presenting
PLACEMENT OF AEDs & TRAUMA GEAR IN FACILITIES:

Specific additional PLACEMENT OF AEDs & TRAUMA GEAR IN FACILITIES topics I would like covered include:
National Survey Questions

I am interested in a webinar presenting EMERGING THREATS TO OUR HOSPITAL & INDIVIDUAL PROFESSIONAL BRANDS:

![Scale with rating options]

Specific additional EMERGING THREATS TO OUR HOSPITAL & INDIVIDUAL PROFESSIONAL BRANDS topics I would like covered include:
Voice of Patient and Family

Dan Ford

Voluntary Patient Safety Advocate
Spectrum Health Hospital Group Board, Quality & Safety Committee Member and Executive PFAC former member and Chair
TMIT Patient Advocate Team Member
Retired Healthcare Executive Search Consultant
Veteran, Naval Aviation, Vietnam War
Rockford, MI

TMIT High Performer Webinar
October 17, 2019
Speakers and Reactors

John Nance
William Adcox
Dan Ford
Charles Denham
ADDITIONAL RESOURCES
In The News …

More and deadlier: Mass shooting trends in America

Public mass shootings are occurring more frequently in recent years, and they are claiming more lives, according to an analysis of The Post’s public mass shootings database. Four or more people have been killed in a mass shooting every 47 days, on average, since June 17, 2015.

Before the 1999 shooting in which two teens killed 13 and wounded 24 at Columbine High School in Littleton, Colo., mass shootings took place roughly every six months. Between Columbine and Charleston, the pace was roughly one every 2½ months. After Charleston? One almost every six weeks.
Between August 1966 and April 1999, there was, on average, a mass shooting event every **180 days**

Between April 1999 and June 2015, there was, on average, a mass shooting event every **84 days**

From June 2015 until now, there has been, on average, a mass shooting event every **47 days**
1. Family settles for $2.3 million over All Children’s heart surgery death June 28, 2019; It is the first settlement to become public. Others are expected.

2. The law firm investigating All Children’s filed its report. The hospital will make big changes. June 28, 2019; The investigation was commissioned by the board of Johns Hopkins Medicine, which runs the hospital, following a Times investigation into fatal problems in All Children’s heart surgery unit.

3. Extra oversight for children’s heart surgery signed into law June 26, 2019; Outside physicians will now be allowed to inspect Florida heart surgery programs. The change follows problems at Johns Hopkins All Children’s Hospital.

4. In North Carolina, the New York Times reveals another heart surgery program in trouble May 30, 2019; A New York Times investigation published today details a situation that may feel familiar to readers in St. Petersburg. A well-respected children’s hospital — this one in North Carolina — was having trouble keeping heart surgery patients alive. Cardiologists were concerned.

5. Profit at Johns Hopkins hospitals tumbled. All Children’s was to blame. May 28, 2019; The Johns Hopkins Health System’s operating profit dropped 70 percent in the first quarter of 2019, in large part because of problems in the All Children’s Hospital heart surgery program, according to the system’s latest financial report.

6. Florida Legislature 2019: What passed and what failed May 06, 2019; Increases oversight of pediatric heart surgeries by letting team of doctors make unannounced visits to struggling programs and review death records.

7. Lawmakers approve measure to catch pediatric heart surgery problems April 29, 2019; The proposal, which would let teams of physician experts inspect struggling programs such as Johns Hopkins All Children’s Hospital, now goes to Gov. Ron DeSantis.

8. Heart surgery bill gets new April 24, 2019; The proposal, which seeks to catch problems at children’s heart surgery programs, had stalled earlier in the session.

9. All Children’s works to restore faith, but families struggle to forgive April 10, 2019; At least 11 families have filed claims with the hospital, which is admitting liability in many cases. Still, Johns Hopkins faces an uphill battle to restore trust.

10. After All Children’s deaths, proposal aims to catch heart surgery problems February 19, 2019; Sen. Gayle Harrell, R-Stuart, filed a proposal to increase oversight of pediatric heart surgery programs and institute site reviews by a state panel of doctors.

Source: https://www.tampabay.com/author/kathleen-mcgrory/
11. Top All Children’s Executives Resign Following Times Report On Heart Surgeries December 11, 2018 The events described in recent news reports are unacceptable,’ the hospital’s parent company said.

12. Reps. Kathy Castor, Charlie Crist Repeat Call For Federal Investigation Into All Children’s Heart Unit December 12, 2018 “Major corrective actions must be taken,” they said in a statement.

13. State May Publish More Data On Heart Surgery Deaths December 17, 2018 The change could alert families to problems like the ones at the All Children’s Heart Institute much more quickly.


15. Three More All Children’s Officials Resign Following Times Investigation January 2, 2018 A total of six top officials have now left the hospital, including the CEO and three vice presidents.

16. Johns Hopkins hires former prosecutor to investigate All Children’s Heart Institute January 09, 2019 *Many of you courageously spoke out when you had concerns but were ignored or turned away,” the system’s president acknowledged in a video apologizing to the hospital’s community.

17. State and federal inspectors visit All Children’s after reports on heart surgery deaths January 11, 2019 Lawmakers have recently criticized regulators for not investigating reports of problems in All Children’s Heart Institute sooner.

18. The Baltimore Sun April 10, 2015; Burn Center Director Sues Hopkins; The bulk of Milner’s complaint alleges that his supervisors ignored concerns he started raising in early 2013 about Dr. Dylan Stewart’s care of six children at the pediatric unit.

19. Modern Healthcare; Johns Hopkins removes three more All Children’s Hospital Leaders; All Children’s is the latest hospital where severe quality of care problems exposed by the news media led to the ouster of top hospital leaders.

20. Becker’s Hospital Review; Johns Hopkins burn center director accuses system of covering up risky care; Dr. Milner says officials from Johns Hopkins Medicine removed him as supervisor of the center’s pediatric division after he raised complaints about unsafe care.

Source: https://www.tampabay.com/author/kathleen-mcgrory/
Heartbroken 12


Extra oversight for children’s heart surgery signed into law 06-26-19; [https://www.tampabay.com/investigations/2019/06/26/extra-oversight-for-childrens-heart-surgery-signed-into-law/](https://www.tampabay.com/investigations/2019/06/26/extra-oversight-for-childrens-heart-surgery-signed-into-law/)


Three more All Children’s officials resign following Times investigation 01-02-19 [https://www.tampabay.com/investigations/2019/01/02/three-more-all-childrens-officials-resign-following-times-investigation/](https://www.tampabay.com/investigations/2019/01/02/three-more-all-childrens-officials-resign-following-times-investigation/)


All Children’s CEO: Not telling parents about needle left behind was “complete failure” 05-22-18 [https://www.tampabay.com/investigations/2018/05/22/all-childrens-ceo-not-telling-parents-about-needle-left-behind-was-complete-failure/](https://www.tampabay.com/investigations/2018/05/22/all-childrens-ceo-not-telling-parents-about-needle-left-behind-was-complete-failure/)

All Children’s Hospital now under federal review 05-17-18 [https://www.tampabay.com/investigations/2018/05/17/all-childrens-hospital-now-under-federal-review/](https://www.tampabay.com/investigations/2018/05/17/all-childrens-hospital-now-under-federal-review/)


State and federal inspectors visit All Children’s after reports on heart surgeries 05-15-18 [https://www.tampabay.com/investigations/2018/05/15/all-childrens-heart-unit/](https://www.tampabay.com/investigations/2018/05/15/all-childrens-heart-unit/)

Extra oversight for children’s heart surgery signed into law 06-26-19; [https://www.tampabay.com/investigations/2019/06/26/extra-oversight-for-childrens-heart-surgery-signed-into-law/](https://www.tampabay.com/investigations/2019/06/26/extra-oversight-for-childrens-heart-surgery-signed-into-law/)


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All Children’s CEO: Not telling parents about needle left behind was "complete failure" 05-22-18 [https://www.tampabay.com/investigations/2018/05/22/all-childrens-ceo-not-telling-parents-about-needle-left-behind-was-complete-failure/](https://www.tampabay.com/investigations/2018/05/22/all-childrens-ceo-not-telling-parents-about-needle-left-behind-was-complete-failure/)

All Children’s Hospital now under federal review 05-17-18 [https://www.tampabay.com/investigations/2018/05/17/all-childrens-hospital-now-under-federal-review/](https://www.tampabay.com/investigations/2018/05/17/all-childrens-hospital-now-under-federal-review/)


How we calculated All Children’s surgical mortality rates

These eight children went to the All Children’s Heart Institute. Here’s what happened to them

Johns Hopkins All Children’s still noncompliant with some regulations, CMS says 03-11-19

Federal inspectors find unresolved problems at All Children’s 03-08-19
https://www.tampabay.com/investigations/2019/03/08/federal-inspectors-find-unresolved-problems-at-all-childrens/

Senate committee greenlights oversight of children’s heart surgery programs after Times report 03-11-19

All Children’s deaths led to a bill adding oversight. The Florida House just gutted it 03-27-19

Florida could have fined All Children’s millions for late reports. It went with $4,500 03-29-19.
https://www.tampabay.com/investigations/2019/03/29/florida-could-have-fined-all-childrens-millions-for-late-reports-it-went-with-4500/

All Children’s works to restore faith, but families struggle to forgive

Times’ series on patient deaths at Johns Hopkins All Children's Hospital wins top award

Heart surgery bill gets new life 04-24-19

Lawmakers approve measure to catch pediatric heart surgery problems 04-29-19

Regulators still not satisfied with All Children’s progress 05-01-19

Florida Legislature 2019: What passed and what failed 05-06-19

Profit at Johns Hopkins hospitals tumbled. All Children’s was to blame 05-28-19
https://www.tampabay.com/investigations/2019/05/28/profit-at-johns-hopkins-hospitals-tumbled-all-childrens-was-to-blame/

In North Carolina, the New York Times reveals another heart surgery program in trouble 05-30-19

Top heart surgeon returns to All Children’s, 3 years after being pushed out.
https://www.tampabay.com/investigations/2019/10/16/top-heart-surgeon-returns-to-all-childrens-3-years-after-being-pushed-out/
Meaningful Use is dead. Long live something better!

In the News: Med Tac Updates

Bleeding Kits Available on Cape Cod Beaches In Case of Shark Attack

The kits contain, "bleeding control dressings, gloves and eye protection, and they are in a waterproof and airtight sealed case up the beach," Fire Chief Anthony Pike tells CNN.

Eventually 10 kits will be deployed. These are in addition to those already available with lifeguards, EMTs on the beaches, and in fire department vehicles.

Pike said the kits are great for doctors, nurses, and off-duty first responders. And directions are provided to help those who lack medical training.

The kits are for serious incidents only, Pike warns -- not for minor cuts form a shell on the ground. They're for "any major bleeding emergency that may arise."

And with at least a dozen sharks swimming nearby, that's the "major bleeding emergency" on most minds.

"I hope we never have to use them, but if we do they are there," Pike said.

Sharks are common in the area, but attacks are rare -- and fatal encounters almost unheard of. Last summer, a swimmer at a Cape Cod beach died in what experts said was the state's first fatal attack in more than 80 years.

In The News …

A New Risk Factor in Corporate Disclosures: Active Shooters

A handful of public companies have begun quietly warning investors about how gun violence could affect their financial performance.

Companies such as Dave & Buster’s Entertainment Inc., Del Taco Restaurants Inc., and Stratus Properties Inc., a Texas-based real estate firm, added references to active-shooter scenarios in the “risk factor” section of their latest annual reports, according to an analysis of Securities and Exchange Commission filings. The Cheesecake Factory Inc. has included it in its past four annual reports.

The disclosures come as fatalities in mass public shootings have surged in recent years. Between 2016 and 2018, active shooter incidents left 306 people dead and 850 wounded, according to the Federal Bureau of Investigation. That’s up from the previous three years, when active shooters killed 136 and wounded 181. The FBI defines an active shooter incident as one or more shooters attempting to kill people in a crowded area.

Deciding what to disclose, and which risks count as material, is more art than science. Figuring out whether a shooting is material may depend on whether a company operates spaces that are open to the public, among other factors, Mr. Martin said. Large companies often vet their risk factors through internal committees, enabling multiple senior executives to weigh in, before disclosing.

In many cases, though, companies decide whether they want to add a risk factor by looking at what competitors have included, lawyers said.

Rutgers University paid $375,000 to settle a lawsuit filed claiming that one of its top doctors sexually harassed two female residents he was interested in dating, according to a copy of the settlement.

The civil lawsuit was filed in Superior Court in 2017 by the two women and a male resident who said Jean Daniel Eloy, 48, retaliated against him for trying to protect one of the women. The suit against Rutgers did not name Eloy, the head of the anesthesia residency program at Rutgers New Jersey Medical School in Newark, as a defendant.

The doctor threatened to derail the residents’ futures when they did not reciprocate his affections, according to a lawsuit.

Rutgers failure to stop the harassment from an "upper management" doctor meant the university essentially condoned the behavior; the suit claimed.

Of the $375,000 settlement, each plaintiff will receive $83,337.50 and their law firm, Smith Mullin, PC, will receive $124,987.50 for fees and costs of the litigation. The plaintiffs also agreed in the settlement to sever any employment ties with Rutgers and to never seek future employment there.

Rutgers didn’t admit any wrongdoing in the settlement. To eliminate any conflict of interest, Rutgers agreed that Eloy will never handle any future request for references for the three plaintiffs.

A new paper in mAbs alleges that Ram Sasisekharan, professor of biological engineering at Massachusetts Institute of Technology, claimed two previously discovered antibody therapies as his own.

“We looked at exactly two cases, and in both did we find irregularities,” co-author Tillman Gerngross, CEO of the private biotech firm Adimab, told STAT. “To me, if you’re sitting in the kitchen and two fat cockroaches walk across the floor, what’s the chance that there’s only two?” Gerngross and his colleagues base their argument on amino acid sequences not published in Sasisekharan’s papers but obtained through patent information and later cross-checked on GenBank.

Sasisekharan reportedly said that the paper was “inaccurate and slanderous” and that there are, for example, “fundamental differences” between the Zika antibody he and colleagues wrote about last year in Cell and the one another team of researchers shared in Nature in 2016.

MIT told STAT that “while federal regulations and MIT policy do not allow us to comment on any particular matter, research integrity at MIT is paramount. MIT has policies and confidential processes in place to assess concerns that might be raised.”

“If you look at the original [MIT] papers that reported these antibodies, they don’t give a really clear description of how they identified the epitope or how they designed the antibodies,” he said.

The implications of Adimab’s paper stretch beyond academia. Visterra was developing the flu antibody when it was acquired by the Japanese drug maker Otsuka for $430 million last year.
With only two months until the beginning of the school year, Harvard University is on the hunt for a new head fencing coach after Peter Brand was dismissed over concerns regarding the sale of his home.

Bob Scalise, Harvard’s athletics director, announced Brand’s dismissal on Tuesday afternoon and said it came after an independent investigation found him to have violated the conflict of interest policy. Brand allegedly sold his home to Jie Zhao for well above the market value. Zhao’s son was admitted to Harvard shortly after the sale and joined the fencing team, as did his brother who graduated in 2018.

Allegations against Brand came to light after news of the FBI investigation dubbed "Operation Varsity Blues" broke. The well-known college admission scandal, which neither Brand nor Harvard were named in, involved several wealthy parents allegedly paying large sums of money to have their children's athletic records and exam scores altered. Also named in the indictments were several coaches from well-known schools including the University of Southern California and the University of California-Los Angeles.

"Harvard Athletics is committed to upholding the integrity of our athletics program, and it is our expectation that every coach and staff member adhere unambiguously to our policies," Scalise wrote.

Scalise added that the university will begin searching for a replacement coach in the coming days and expected to have the position filled by the start of the fall semester.