

Colorado Medical Society
2009 Spring Leadership Conference

Report of Breakout Group Five:

Practical, Real-World Application of Patient Safety Initiatives

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Thesis:

If we believe that medical professional discipline, liability and patient safety systems should evolve away from a culture of shame and blame toward one of prevention, transparent investigation, accountability, restoration and timely resolution.

Then we cannot take reasonable action toward about accountability for errors if we as a profession simply pass on the creation of standard work and standard process.

Discussion

Should CMS 'endorse' the concept that physician autonomy does not extend to process reliability? That is, when there are process reliability supports available (e.g., checklists), physician autonomy is not a valid reason for not complying.

NOTE: The discussion focused specifically on *process* guidelines, not *clinical* guidelines.

General agreement on the following:

- Mandatory checklists and clinical guidelines. (Pushback from some participants on mandatory checklists.)
- Increased communication between patient and doctor – and doctor and patient's family.
- Broad categories to help improve patient safety include: quality HIT, accountable care organizations, new technology for patients to help transfer their health records from one place to another.

In answer to the question "Should CMS openly support process checklists and process guidelines?"

- General agreement that this request was reasonable, but caution that "the devil is in the details."

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