Everyone on Board: The High Reliability Journey at Boston Children’s Hospital

Presented by:

Jonathan Finkelstein, MD, MPH, SVP, Chief Safety and Quality Officer
Marcie Brostoff, MS, RN, NE-BC, Associate Chief Nurse, VP Patient Care Services
Sue McCarthy, Family Advisory Council Member, Patient Parent
Our Care, Our Team

#1 ranked children’s hospital by *U.S. News & World Report*

- 404 licensed beds
- 258 specialized clinical programs
- 710,000 outpatient and ER visits
- 25,000 inpatient, observation visits
- 15,000 total staff
- 1,200 physicians and dental staff
- 2,000 nurses

**Pediatric Patient Safety Challenges**

- Care from infant to young adult
- Highest complexity patients often have rare conditions requiring highly specialized care
- Almost all medications require individualized dosing and preparation—many “off-label” for children
- Specialized equipment varies with age
- Electronic health records and decision support not as well developed for pediatric care
Our Goal

High Reliability practices permeate the entire system to create a cohesive and consistent Environment of Care

AT BOSTON CHILDREN’S HOSPITAL
EVERY MOMENT MATTERS
Culture as an Emergent Property

- Leadership commitment & alignment with organizational priorities
- Principles, tools, expertise
- Integration and adaptation in clinical operations
- Partnerships with families

Safety-focused Culture

Implement, Refine, Sustain
Leadership Commitment & Alignment with Organizational Priorities

• **Leadership oversight and coordination**
  – Weekly Senior Clinical Leadership meeting focused on quality and safety issues and initiatives
  – Regular, structured bi-directional engagement on patient and staff safety with:
    • Medical Staff Executive Committee, Patient Care Assessment Committee (Board Quality Committee) and Board of Trustees

• **Functions coordinated centrally (Program for Patient Safety and Quality)**
  – Event reporting, review, and institutional response
  – Clinical regulatory compliance
  – Coordination of regional and national collaborations
    • For example: Solutions for Patient Safety – 130 children’s hospitals
  – Enterprise-wide QAPI priorities and projects
Culture as an Emergent Property

Leadership commitment & alignment with organizational priorities

Principles, tools, expertise

Integration and adaptation in clinical operations

Partnerships with families

Safety-focused Culture

Implement, Refine, Sustain
Principles, Tools, Expertise

- HPI (now Press-Ganey) engaged in 2015 for hospital-wide training in High Reliability Organization (HRO) principles, adapted for BCH

- Cascaded by volunteer trainers to all 15,000 employees

The pillars of HRO at Boston Children’s Hospital

AT BOSTON CHILDREN’S HOSPITAL
EVERY MOMENT MATTERS

- Speak up for safety
  - Cross-check each other
  - Escalate concerns
  - Have and encourage a questioning attitude

- Communicate clearly
  - Ask clarifying questions
  - Use SBAR (Situation, Background, Assessment, Recommendation)
  - Use structured handoffs
  - Use closed-loop communications

- Pay attention to detail
  - Self-check using STAR (Stop, Think, Act, Review)
  - Honor distraction-free zones
Culture as an Emergent Property

Leadership commitment & alignment with organizational priorities

Principles, tools, expertise

Integration and adaptation in clinical operations

Partnerships with families

Safety-focused Culture

Implement, Refine, Sustain
Integration of HRO Principles in Clinical Operations

- Expanded Daily Operation Briefing
- Introduction of safety stories to keep safety “top of mind” celebrate good catches, and learn from system failures
- Enhanced structured process for event review and root cause analysis
- Senior leadership bi-weekly “rounding to influence” across the organization
- Integration of performance improvement methods to prevent safety events
Distributed Capacity in all Units and Departments

- Nursing Quality Program focuses on nursing core metrics, National Solutions for Patient Safety, unit based measures, and high-risk interventions (as needed)
- Clinical program expertise
  - Quality “triads” (MD, RN, QI Coordinator)
  - Annual Quality Management Plans shared with hospital leadership include:
    - Quality (outcome and process) measures
    - High priority program-specific performance improvement initiatives
A Journey, Not a Destination: Current Work

Solutions for Patient Safety
- Continuing work in every program and in collaboration with national partners for patient, family and staff safety

Apparent Cause Analysis
- Implementing training for standardized approach for local or near miss events
- 300 local leaders trained to allow for more efficient organizational learning from local events

Focus on Structured Handoffs
- IPASS adaptation and implementation

Collaborate on Patient/Family Engagement
- Continue engaging families as partners in every aspect of quality and safety
As we developed Patient and Family Centered I-PASS, it became abundantly clear that there would be no Patient and Family Centered I-PASS without families. Families were so enthusiastic about participating... Ultimately, they were integrated into every one of our working groups for the project. They transformed our work. Without their input, I have no doubt that we would not have seen the 38% reduction in harmful medical errors that the 7 participating hospitals experienced with our intervention. Working with them brought home for me in an unforgettable way the critical importance of truly engaging families in our efforts to improve patient safety.

Christopher P. Landrigan, MD, MPH, SFHM
Chief of General Pediatrics, Boston Children’s Hospital
Founder and Board Member of the I-PASS Institute
Principal Investigator: I-PASS Study Group
Culture as an Emergent Property

Leadership commitment & alignment with organizational priorities

Principles, tools, expertise

Integration and adaptation in clinical operations

Partnerships with families

Safety-focused Culture

Implement, Refine, Sustain
History of Supporting Families

1982
• Family Advisory Council

2002
• Teen Advisory Council

2015
• Family Advisory Council Members join HRO core team
• Hale Family Center for Families opened

2017
• FAC Co-Chair presents to the Board
• FAC Seal of approval launched

2019
• Specialty FAC alignment

1988
• Family Resource Center

2007
• Exceptional Care Exceptional Service

2016
• Family Partnership Coordinators
• Family joins PCAC, Safety Governance Committee

2018
• Patient and Family Safety Resource workgroup formed

Boston Children's Hospital
Until every child is well™
2018 Family Partnerships by the Numbers

- **19** Family Advisory Council Members
- **20** Teen Advisory Committee Members
- **84** Virtual Advisors
- **3** Family Partnership Coordinators

**Employee Outreach**
- **3,400 Employees** have been reached by us through speaking engagements
  
- *Approximately 3,559 employees reached since February 2016*

**Family Involvement**
- **98** Family Engagements/Opportunities/Committees
Family Involvement in Safety Today
Family Involvement in Safety Today

- Family member appointment on **Patient Care Assessment Committee** (sub-committee of the Board)
- Multiple families involved in **HRO efforts**
- Families invited to participate in **Apparent Cause Analysis**
- Families participating in 16 **HACs/SPS initiative committees**
- Family appointments to **Nursing Shared Governance Committees**
Integrating a family member into our shared governance structure has been a turning point in our efforts to provide family-centered care. It’s no longer us/them, staff/family members, instead it’s a true partnership committed to improving patient care.

Julie Cronin, MBA, RN, CCRN, CPHQ
Professional Development Specialist | Quality and Professional Practice
Clinical Education and Informatics
Boston Children’s Hospital
A Parent’s Journey as a Partner in Safety

Sue McCarthy
Family Advisory Council Member
# One Family’s Impact on Safety

<table>
<thead>
<tr>
<th>HRO Efforts</th>
<th>HACs / SPS Initiatives</th>
<th>Nursing Shared Governance</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>HRO training curriculum for staff</td>
<td>Central Line Associated Blood Stream Infections (CLABSI)</td>
<td>Quality, Practice &amp; Outcomes Council</td>
<td>Panelist: Safety Forum</td>
</tr>
<tr>
<td>HRO hand washing video</td>
<td>Catheter Associated Urinary Tract Infections (CAUTI)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Boston Children’s Hospital**

Until every child is well™
Videos for Staff

Scenario-based training videos

- Infection control
- Patient Identification
- Medication Reconciliation
- Drug Reaction
**Teamwork Benefits Everyone**

<table>
<thead>
<tr>
<th>Being “The New Kid”</th>
<th>I am a True Partner</th>
<th>Everyone Wins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff and leadership, at first, seemed unsure about having family at the table</td>
<td>Included in discussions</td>
<td>As a patient parent and team member, having a voice, sharing, and being</td>
</tr>
<tr>
<td>Staff quickly saw that I was not a threat, but instead a partner who respected the work being done, and embraced family perspective</td>
<td>My insights, feedback and perspective are valued</td>
<td>listened to means so much!</td>
</tr>
<tr>
<td></td>
<td>I appreciate, respect, and listen to the other voices in the room</td>
<td>The committee and team can enhance their work by incorporating patient/family perspective</td>
</tr>
</tbody>
</table>

**Boston Children’s Hospital**

*Until every child is well*
What is the Patient Family Safety Resource?

• A way to encourage families to speak-up with questions or concerns

• Emphasizes the importance of speaking-up for safety

• Co-designed with families to distill HRO concepts into a framework for patients and families

• Staff to create a safe environment for parents and patients to speak up
Why are we doing this?

- To continue and reinforce the enterprise-wide commitment to becoming a High Reliability Organization (HRO)

- To enhance communication with parents, patients, and team
  - Use collaborative communication techniques to elicit and respond to patient and family participation in care

- To inform families of the family resources available at BCH

- So patients and families understand they are an essential part of the care team and can help to avoid preventable errors

Reinforce HRO principles

Communicate clearly

Inform resources

Partner with families
Patient Family Safety Resource

1. SPEAK UP FOR SAFETY
   - If you see or hear something that doesn’t make sense to you, or if something worries you, please speak with any member of your child’s care team (care team means your child’s doctors, nurses and other care givers).
   - Never be afraid to raise a concern or ask your questions.
   - Share your concerns with us right away, so we can do our best to address them quickly.

2. COMMUNICATE CLEARLY
   - Information about your child’s care should be clear and complete for all involved.
   - Any question you have about your child is important, and you can help us to communicate clearly. Keep asking questions until you understand the answers.
   - Use the phrase “Can you help me understand?” so we know that you need more clarification.

3. PAY ATTENTION TO DETAIL
   - To prevent errors from happening, your child’s care team needs to be able to completely focus without any distractions when working on certain tasks for your child or another child.
   - You may see a member of the care team working in a Distraction Free Zone, to limit distractions. We ask that you not interrupt while these important tasks, like preparing medications, are being completed in the distraction free zones.
What is the role of a Family Champion?

1. Provide a brief **warm welcome** to patients and families after admission

2. Explain to **families** that they **know their child best** and we encourage them to speak up if something doesn’t seem right and to ask questions until they understand

3. **Share** helpful patient and family **resources**

4. **Inform** patients and families where they can direct clinical and resource related **questions or concerns**
Where are we now?

• Over 4,300 staff have completed online curriculum
• Approximately 80 people serving as Family Champions!
• Family Champion teams are customized to the needs of a population
• 71% or 325 patients received a “warm welcome” within 48 hours of admission

• Phased roll out:
  ✔ Phase 1: All inpatient areas; English-speaking families (with the exception of: Behavioral Health Unit)
  ❓ Phase 2: To all populations including other languages and international patients
  ❓ Phase 3: ED & PACU
Targeted Outcomes & Success Measures

Safety Event Report System

- Staff will be more receptive and attentive to patients/families as experts in their own care
- Child HCAHPS measures and other patient experience scores will increase
- Safety events where patients/families are part of the identification will increase
Key Lessons for Supporting a Safety-Focused Culture

- **Identify your Goals: short, mid, long-term**
  - Capitalize on short-term goals: creates enthusiasm and momentum
  - Identify resources / time required to complete each goal
  - Prioritize attainable goals / strategize solutions for bigger goals (may need partners/buy-in)
  - Align with hospital goals and attain support of leadership

- **Identify and Recruit your Team**
  - Patients and families with relevant experience who can represent a larger population in a constructive manner (i.e., can see the bigger picture / no personal agendas)
  - Staff who value family partnerships and are willing to champion your cause
  - Create structure and expectations for team members
Key Lessons for Supporting a Safety-Focused Culture

• Seek out and engage in partnership opportunities with patients and families
  • Families can provide value across the organization
  • Integrating patient and family voices into the work at the beginning yields the most impactful and sustainable results

• Focus on placing the right people “at the table” and be respectful of their time
  • Make sure that the meeting content is relevant to, and will be enhanced by, a patient or family member participant
    • Always respect that a patient/family member volunteers their time and adjusts their family’s life to participate

• Track your progress
  • Data guides future efforts, creates validation of the work and leads to even more support from leadership and frontline staff
Contact Information

Jonathan A. Finkelstein, MD, MPH
Chief Safety and Quality Officer, Boston Children's Hospital
Professor of Pediatrics and of Population Medicine, Harvard Medical School
Jonathan.Finkelstein@childrens.harvard.edu

Marcie Brostoff, MS, RN, NE-BC
Associate Chief Nurse
Vice President, Patient Care Services, Boston Children’s Hospital
Marcie.Brostoff@childrens.harvard.edu

Sue McCarthy
Family Advisory Council Member
FamilyAdvisoryCouncil@childrens.harvard.edu
Appendix
**Staff Language**

- Cross check
- Escalate concerns
- Have and encourage a questioning attitude

**Family Language**

- Ask questions of care team
- Raise concerns if something doesn’t seem right
- Your care team will encourage a questioning attitude

---

**Staff Language**

- Use SBAR
- Use structured handoffs
- Closed loop communication
- Ask clarifying questions

**Family Language**

- Information needs to be clear, complete, and correct
- Keep asking questions until you understand the answers

---

**Staff Language**

- Use STAR
- Honor distraction free zones

**Family Language**

- For your child’s safety, honor distraction free zones but please feel free to ask questions when we are not in these zones
Family Champion Shift Details

- Shift Structure: ~**60 minutes total 1X Week**
  - **5 minutes** to gather materials/Ipad
  - **40 minutes** of conversation on the floor
  - **5 minutes** to drop any extra materials/Ipad
  - **10 minutes** to enter information in phone, Ipad, or computer
INTRODUCTION
• Good morning. My name is ____ and I am an employee at Boston Children’s. On behalf of BCH, I wanted to stop by for a few minutes to hello and let you know some information that might be helpful during your stay. It should only take 3-4 minutes.
• Is now a good time for a brief chat?

PATIENT/FAMILY SAFETY RESOURCE
• At Boston Children’s we understand that you know your child best, so if something doesn’t seem right to you, speak up, and let a member of your care team know. This Patient Family Resource (brochure) goes into more detail about why this is important to us here.
• We encourage you to ask questions until you understand. For instance, sometimes medical terms can be confusing, but your care team is here to ensure that great care is provided and that you understand the care plan.
• Most importantly, we want you to know that you are a partner with us in your child’s care. If you see anything that might be a safety concern please tell your nurse.

FAMILY RESOURCES
• We also have numerous resources throughout the hospital that might be helpful for you to know about.
• Here is a brochure explaining a lot of what the Hale Family Center for Families offers.
• If you are unable to leave your child’s bedside, Food Services will deliver a meal directly to your child’s room and payment will be collected at the bedside. Simply dial 5-FOOD to place your order between 7am - 7pm.
Family Partnerships at Boston Children’s

Coordinators
- Part-time position
- Coordinators all have children who are patients at Boston Children’s
- Role is to represent the voice of families across the enterprise

Partners
- Parent: On-boarded family volunteers who attend monthly Family Advisory Council meetings and serve as members on other hospital committees/initiatives. Detailed bios of our advisors: [http://www.childrenshospital.org/patient-resources/family-resources/family-partnerships/family-advisory-council/fac-members](http://www.childrenshospital.org/patient-resources/family-resources/family-partnerships/family-advisory-council/fac-members)
- Teen: On-boarded patient and former patient volunteers, ages 14-22, who attend monthly Teen Advisory Council meetings and both lend their perspective to hospital wide initiatives as well as drive their own projects and initiatives across the enterprise

Advisors
- Family volunteers (who do not participate in full volunteer orientation process) who serve as online advisors through Yammer ([www.yammer.com](http://www.yammer.com) requires login with username and password), and may participate in one-off focus groups/initiatives
Our Family Partners in Action

• Examples of places where our families are currently partnering with employees:

**Safety**
- High Reliability
- Hospital Acquired Conditions (HACs) Committees
- Patient Care Assessment Committee
- Performance Improvement Committee

**Education**
- New Employee Orientation
- Service Excellence Training
- Resident Orientation
- Department Heads / Department Specific Meetings

**Experience**
- Access
- Building Projects (BCCB, Waltham, NICU, Greenspace art, etc.)
- Emergency Department Family Advisory Council
- Patient Experience Groups (inpatient, outpatient, ancillary)
- Patient Portal / Telehealth
- Senior Experience Leadership Committee