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The Roles of Transparency and Public Accountability in Improving Quality and Safety

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www.bidmc.org



Beth Israel Deaconess
Medical Center



Harvard Medical School

Beth Israel Deaconess Medical Center

Facts

- 1,100 Physicians and 450 Graduate Trainees
- Major teaching affiliate of Harvard Medical School
- Thirteen Departments and One Institute

- | | | |
|----------------------------|------------------|----------------------|
| ■ Anesthesia | ■ Neonatology | ■ Psychiatry |
| ■ Cardiovascular Institute | ■ Neurology | ■ Radiation Oncology |
| ■ Dermatology | ■ Obstetrics/GYN | ■ Radiology |
| ■ Emergency Medicine | ■ Orthopedics | ■ Surgery |
| ■ Medicine | ■ Pathology | |



Beth Israel Deaconess Medical Center

Facts

Beds

■ Medical/Surgical	389
■ Critical Care (all)	77
■ Psychiatry	25
■ Obstetrics	60
■ Neonatal ICU	34
■ Nursery	<u>64</u>
Total Inpatient Beds	649

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Facts

■ Inpatient Discharges	39,000
■ Inpatient Surgery Cases	10,350
■ Open Heart Cases	700
■ Babies Delivered	5,000
■ Outpatient Visits	905,000
■ Emergency Department Visits	49,400
■ Outpatient Surgery Care	14,200



What is the Function of a Healthcare System?

- The goal of the healthcare delivery system is to improve the health status of the population while conserving scarce resources.
- Healthcare interventions occur one patient at a time.
- “Triple Aim”: Population health, Patient experience, and COST per capita

TRANSPARENT

easily understood, very clear, obvious, open,
without guile or concealment,
frank, candid

ACCOUNTABLE

responsible, able to be explained



Transparency

- Transparency's major societal and strategic imperative is to provide creative tension within hospitals so that they hold themselves accountable. This accountability is what will drive doctors, nurses, and administrators to seek constant improvements in the quality and safety of patient care.

Paul Levy

CEO, Beth Israel Deaconess Medical Center

www.runningahospital.blogspot.com

BIDMC's Path To Transparency and Public Accountability

- Became a priority in 2006
- Let patients or referring physicians see for themselves how we are doing
- Motivate staff and doctors to improve performance
- Drive out fear, instill trust
- Take control of data presentation and the message
- In addition to required certifications by Department of Health, JCAHO, and many others

Principles of Reporting

- Meaningful to patients – understandable, relevant, and useful
- Intellectually honest - report the bad and the good
- Timeliness of data
- Statistically valid; compare to benchmarks
- Credible to medical staff

Preparations

- Senior Staff and Board of Governors
 - retreats and educational events
 - real time observation of care being given
- Discussion and Debate
- Set overarching Goals

BIDMC Board Resolutions

- BIDMC will create a consistently excellent patient experience. We will measure ourselves based on national benchmarks and, by January 1, 2012, being the top 2% of hospitals in the country, based on national survey responses to “willingness to recommend.” For this goal, BIDMC will measure itself against a national dataset of all hospitals.
- BIDMC will eliminate all preventable harm by January 1, 2012. We will accomplish this by continually monitoring all preventable and non-preventable occurrences of harm, and continuously improving our systems to allow the greatest opportunity to reduce harm.

Other Mechanisms

- Toyota LEAN Process Improvement
- The CALL OUT of errors and inefficiencies
- Board recognition of those reporting errors
- Quality Dashboards and trends at Board and Senior Staff meetings
- ANNUAL Symposium for Quality and Safety
- Integrate quality and safety needs into annual budget process
- Complete, immediate disclosure of harm to patient and / or family by the attending physician along with our apology



Individuals in High Performing Learning Organizations Internalize the Following Beliefs

- We trust each other and respect the hard work each person does every day.
- We also know that the quality and efficiency of our services can and must be improved.
- It is part of everyone's daily job to identify and implement ways to improve our service.
- We recognize that services and processes are improved through a step-by-step evaluation of how we do our work.

QUALITY AND SAFETY

Why this Information is Important to You

Aspirations for BIDMC

Joint Commission Findings

Shared Commitment to Safe Care

Hospital-wide Measures

Specific Service Measures

Quality and Safety Improvements at Work

Our Priorities for Improvement

Volume of Common Procedures

Our Awards & Recognition

What Our Patients Say About Us

Silverman Institute for Health Care Quality and Safety

Home > Quality and Safety

Quality and Safety

The Facts at BIDMC

When deciding where to receive health care, you and your doctor need to feel confident that the choice is right for you. One important consideration is the quality of care. Are patients receiving the most appropriate and effective care? Is the care timely and focused on your needs as a patient? Is it safe? This kind of information can be hard to find – and harder still to understand and use.



CONTACT INFORMATION

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617-667-7000

RELATED LINKS

- [About BIDMC >>](#)
- [Ethics Support Service >>](#)
- [Health Information Management - Medical Records >>](#)
- [Office of Business Conduct >>](#)

Tell Us What You Think

Hospital-wide Measures

- » Specific Service Measures
- Cardiovascular Care
- Heart Care
- Pneumonia Care
- Surgical Care
- Orthopaedic Care
- Weight Loss Surgery Care
- Pancreatic Surgery Care**
- Transplant Care

- Quality and Safety Improvements at Work
- Our Priorities for Improvement
- Volume of Common Procedures
- Our Awards & Recognition
- What Our Patients Say About Us
- Silverman Institute for Health Care Quality and Safety

Annually, more than 160 major pancreatic operations are performed, placing BIDMC among the top five medical centers in the country for pancreatic surgical volume. BIDMC has become one of the highest volume pancreatic, hepatobiliary surgery centers in New England. It is referred to as a "high volume center" for the highest acuity pancreatic surgical procedures including the Whipple Procedure and complex pancreatic resections. Learn more about BIDMC's Pancreatic Surgical Specialty Program.

Pancreatic Surgery Care: Performance Summary

PANCREATIC RESECTIONS	BIDMC PERFORMANCE		
	FY 05	FY 06	FY 07
Volume of Procedures	72	81	82
Mortality Rate	1.4%	0%	1.2%
Length of Stay (Median)	8 days	8 days	7.5 days
Percentage of Patients Requiring Admission to an Intensive Care Unit	11.1%	14.8%	8.5%
Estimated Blood Loss During Surgery (Median)	350 ml	300 ml	300 ml
Percentage of Patients Requiring Blood Transfusions Postoperatively	23.6%	12.3%	14.6%
Reoperation Rate (within 3 Months)	8.3%	1.2%	6.0%
Readmission to Hospital Rate (within a 90-day period for any post-surgical issue)	12.5%	12.3%	13.4%
Central Venous Line Infection Rate	0%	0%	0%
Percentage of Patients Receiving Immunizations Prior to Discharge (for Splenectomy)	100%	100%	100%

Safety

CORONARY ARTERY BYPASS GRAFTING (CABG)	BIDMC PERFORMANCE	COMPARISON
Volume of procedures - Isolated CABG Surgery*	318	Not available 1
Length of Stay A lower score is better	8.5 days	9.2 days 1
Anti platelet medication prescribed at discharge A higher score is better.	100%	93.8% 1
Beta blockers prescribed at discharge A higher score is better.	98.4%	90.1% 1
Lipid Lowering Therapy prescribed at discharge A higher score is better.	95.3%	88.3% 1
Prevention of Post-Surgical Infections- <i>Administering preventative medication timely- CABG Surgery</i> A higher score is better.	96% (FY08Q2)	96% 3
Selecting appropriate antibiotics A higher score is better.	91% (FY08Q2)	99% 3
Reducing risks associated with antibiotics - <i>Stopping preventative antibiotics within 48 hours after CABG surgery ends</i> A higher score is better.	96% (FY08Q2)	96% 3

*Isolated CABG(Coronary Artery Bypass Surgery) - A surgical procedure in which CABG is the only major cardiac surgery performed.

AORTIC VALVE BIDMC COMPARISON

ends
 A higher score is better.

**Isolated CABG (Coronary Artery Bypass Surgery) - A surgical procedure in which CABG is the only major cardiac surgery performed.*

AORTIC VALVE REPLACEMENT (AVR)	BIDMC PERFORMANCE CY2007	COMPARISON CY2007
Mortality Rate - In Hospital A lower score is better.	0%	2.5% 1
Mortality Rate (30 days from surgery- risk adjusted) A lower score is better.	0%	3.0%
Volume of procedures - Total* A higher score is better.	176	>120/year 2
Volume of procedures - Isolated AVR Procedures* A higher score is better.	219 Includes CY03-CY07	Not available 1
Length of Stay A lower score is better.	9.5 days	9.8 days 1

*AVR (Aortic Valve Replacement) - An operation for treatment of narrowing (stenosis) or leakage (regurgitation) of the aortic valve. Sometimes, the valve can be repaired, but most often, it is replaced with a valve made of animal tissue or a mechanical valve.
 *Isolated AVR (Aortic Valve Replacement) - A surgical procedure in which AVR is the only major cardiac surgery performed.

PERCUTANEOUS CORONARY INTERVENTION (PCI)	BIDMC PERFORMANCE	COMPARISON
Mortality Rate - risk	1.20%	1.20%

- » Hospital-wide Measures
 - Infections
 - Nursing Care
 - Specific Service Measures
 - Quality and Safety Improvements at Work
 - Our Priorities for Improvement
 - Volume of Common Procedures
 - Our Awards & Recognition
 - What Our Patients Say About Us
 - Silverman Institute for Health Care Quality and Safety

INFECTIONS	BIDMC PERFORMANCE Q2 FY 09	COMPARISON 1
Preventing Ventilator Associated Pneumonia A higher score is better.	98%	90%
Central Line Associated Blood Stream Infections in ICUs A lower score is better.	0.4	0.7
Hand Hygiene: Intensive Care Unit A higher score is better.	77%	N/A
Hand Hygiene: Medical-Surgical A higher score is better.	73%	N/A

NURSING CARE	BIDMC PERFORMANCE Q2 FY 09	BIDMC GOAL 2
Pressure Ulcers - Stage II & Above: Medical Units A lower score is better.	6.25%	0%
Pressure Ulcers - Stage II & Above: Medical- Surgical Units A lower score is better.	0.0%	0%

NURSING CARE	BIDMC PERFORMANCE Q2 FY 09	BIDMC GOAL 2
Patient Falls - Medical Units A lower score is better.	2.70	2.65

Preventing Ventilator Associated Pneumonia

[Back to Infections](#)

Preventing Ventilator Associated Pneumonia

What are we measuring?

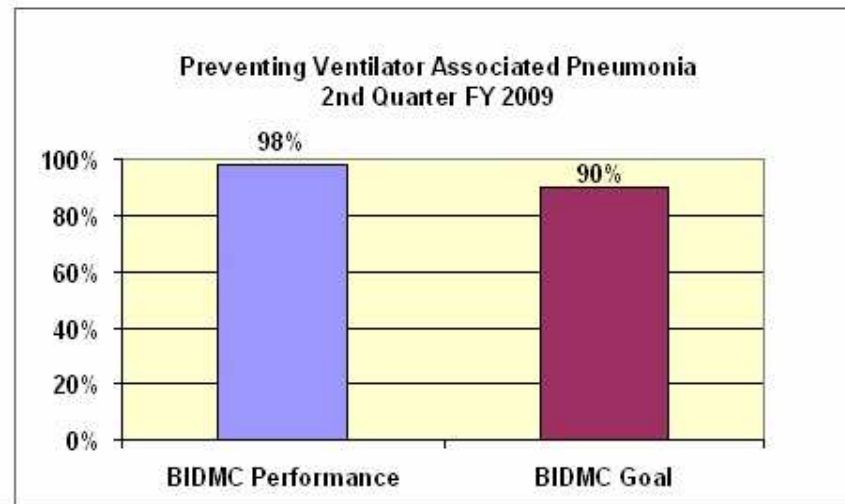
The percent of intensive care patients on ventilators receiving all of the interventions known as the "[ventilator bundle](#)."

Why is this important?

Ventilator Associated Pneumonia (VAP) is a serious lung infection that can develop in patients who are put on ventilators (a machine to help them breathe). Doctors, nurses, and respiratory therapists can help to prevent VAP by implementing the ventilator bundle.

What does our performance tell us?

The chart below shows how BIDMC's performance compares to our goal. Look for big differences in the scores in order to be sure the difference is meaningful. Small differences may not reflect true differences in performance (i.e., they may not be statistically significant). Click on the link below the chart to see our performance over time.



CareGroup Portal - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Address http://home.caregroup.org/

Web eMail Phone Pager Calendar Emergency Numbers Help

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Search GO! Advanced Search

CareWeb
Community Meditech
Employee Connection
Manager Self Service
Web2Host
PSN EIS
Performance Manager
Online Reports
Find a Doc
PatientSite
NEHEN
PeopleSoft
MyCourses
New Innovations
Web Tools

BIDMC SPIRIT Progress & Performance

Clinical Resources

- Medication Shortage 2009
- ACS NSQIP
- Antimicrobial Susceptibilities (BIDMC)
- Call Schedules →
- Cardiology Resources →
- Continuing Medical Education →
- Diagnosis and Procedure Codes →
- Drug Information →
- Easy Access Phone Numbers for Clinicians
- Edactic via Metaframe
- Emergency Dept Call-in **NEW** →
- Faculty Resources →
- Hospitalist Resources →
- Housestaff Resources →
- Knowledge Services (Medical Library)
- Medical Student Resources →
- MICROMEDEX CUSTOMER ALERT
- Micromedex
- Pharmaceutical Billing Codes
- Pharmacy Locator
- Practice Resources →
- UpToDate

Clinical Manuals and Forms

- BIDMC Surgery Protocols and Guidelines
- Bone Mineral Density Form
- Cardiac MR Center Forms

Patient Care Services

- 2008-2009 Resident and Fellow Directory
- CEU Courses
- CINAHL
- Direct Line Newsletter
- Ethics Support Service
- Geriatrics & Nursing Information
- Honoring Patient Preferences
- How-To information (Redbook)
- Impac (Radiation Oncology)
- iShift @ BIDMC
- Lippincott Nursing Center
- Lippincott/Springhouse Nursing Collection
- Lobby Hours
- Nursing
- OneStaff via MetaFrame
- Online Nursing Journals →
- Palliative Care Consult Service
- Patient Transport
- Professional Nursing Organizations →
- Translated Questions and Phrases

References

- H1N1 Information (Swine Influenza)
- Abbreviations - Approved
- Abbreviations - Prohibited
- Avian Influenza Information Links
- Bioterrorism →
- Central Venous Line Education Tool

It has been 4 days since the last employee incident.
Employee safety incidents to date in FY09 - 633 including:
 112 Patient or object lifting/handling, most recent: 4 days ago
 83 Falls/slips/trips, most recent: 4 days ago
 242 Blood/fluid exposures, most recent: 0 days ago

Trusted sites

Start Calendar - Microsoft Outl... Microsoft PowerPoint - [...] CareGroup Portal - Mi... 10:13 AM

Project Title (Double Click to Edit)

The Problem

Insert general statement re: initial situation / reason for embarking on the project work (conform w/ new regulatory requirement, patient safety opportunity, efficiency opportunity, quality/efficiency issues... try to link to one of the IOM Dimensions of Quality Care

Effectiveness/Efficiency/Timeliness/Equitability/Safety/Patient Centeredness

Aim/Goal (give specific metrics)

By doing XXXXX we aimed to move from Point A to Point B / Exceed the requirements set forth by CMS/introduce new technology or practice standards, etc...

The Team

List members of the team/departments involved to demonstrate the interdisciplinary nature of the PI project

- > _____
- > _____
- > _____
- > _____

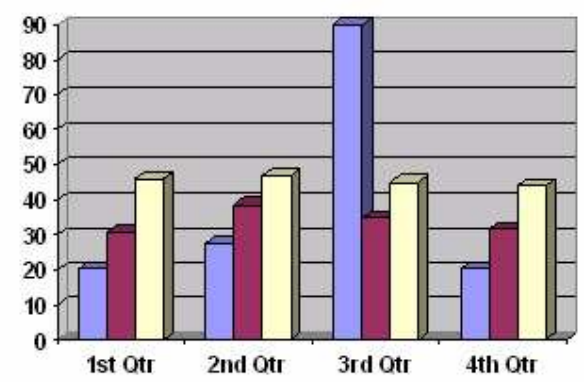
The Interventions

Bulleted list of specific changes/actions taken toward goal. State approximate time table... note any unexpected hurdles, etc...

- > Technology/Infrastructure - Replaced Equipment, upgrades, etc...
- > Education - Staff Training, internal marketing, involving patients, etc.....Etc.....
- > _____
- > _____
- > _____

The Results/Progress to Date.....

Graphic representation - either insert /Paste Special HTML Format or create graph here:



Lessons Learned

Explain here ... Lorem ipsum dolor sit amet, consectetur adipiscing elit. sed diam nonummy eimod tempor incididunt ut labore et dolore magna sea

Explain here ... Lorem ipsum dolor sit amet, consectetur adipiscing elit. sed diam nonummy eimod tempor incididunt ut labore et dolore magna sea

Next Steps/What Should Happen Next:

Explain here ... Lorem ipsum dolor sit amet, consectetur adipiscing elit. sed diam nonummy eimod tempor incididunt ut labore et dolore magna sea



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Celebrating

Quality and Safety at Work

March, 2009

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<u>Table of Contents</u>	<u>Page</u>
• Improving Effectiveness of Care	3
• Improving Efficiency of Processes	10
• Improving Employee Safety	17
• Improving Equitable Care	23
• Improving Patient Centeredness	27
• Improving Patient Safety	36
• Improving Timeliness	46
• Index of 2009 Project Summaries	51

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The Facts @ BIDMC – Promoting Transparency

The Problem

With a growing interest in hospital level data and outcomes by regulators, public and private purchasers, patients and clinicians/staff looking to benchmark for excellence and best practice, a number of internet based sites have become available over the past several years. Often the posted results are out of date or without context/definition to guide the reader to the importance, definition of the metric or relevance to any decision making.

Aim/Goal

Coincident to the rising attention and availability of clinical data through public sites and third party vendors, in FY07, 'transparency' was identified as a goal within BIDMC's Annual Operating Plan. The charge was to:

- **Inform the public:** Meet need for useful, understandable information on quality of care.
- **Improve quality:** Engage medical staff in recognizing and addressing performance issues.
- **Inform the medical community:** Educate referring physicians about BIDMC departments, capabilities.
- **Take the lead:** Position BIDMC as a leader in driving public accountability for health care quality in Massachusetts.
- **Manage the context:** Take control over the message and the presentation of our data.

The Team

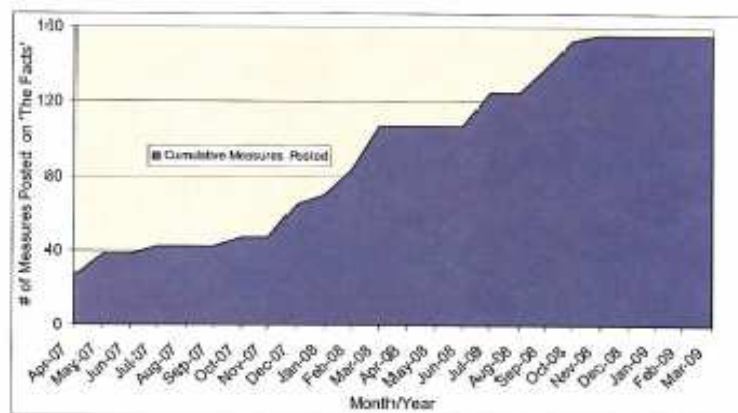
- Ken Sands, MD, MPH Sr. Vice President for Health Care Quality
- Kathy Murray, Director of Process Improvement - HCQ
- Margaret Bernier, Project Manager, Transparency - HCQ
- Judy Glasser, Sr. Vice President for Communications
- Jaime Lyons, Web/Marketing Manager
- Amy Barletta, Marketing Web Consultant

The Interventions

- Designed and posted a section dedicated to process and outcome measures prominently on BIDMC's Web site ([The Facts @ BIDMC](#))
- Worked with multiple departments and clinical areas to combined hospital-wide measures, department-specific measures and patient satisfaction scores that were understandable, relevant, and useful to a patient and met the following criteria:
 - Endorsed by National Quality Forum or recommended by national organizations (e.g., JCAHO, CMS, AHRQ)
 - Statistically valid and reliable
 - Substantive (i.e. linked to patient's outcome or safety)
 - Inclusive (i.e. affects large proportion of patients)
 - Interpretable information
 - Had data and benchmarks available (whether national, regional, or local)
- Whenever possible, provided a visual way for reader to easily evaluate performance as favorable or unfavorable

The Results/Progress to Date

Below is a review of the cumulative number of process/outcome metrics added to The Facts site during the past 2 years:



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Follow-Up on CT Chest Scans

The Problem

Inadequate documentation of results notification of CT chest scans can lead to missed or delayed diagnosis of lung cancer and other lung diseases.

Aim/Goal

To ensure that all CT chest scans ordered by the Pulmonary Division have results notification documented within 30 days.

The Team

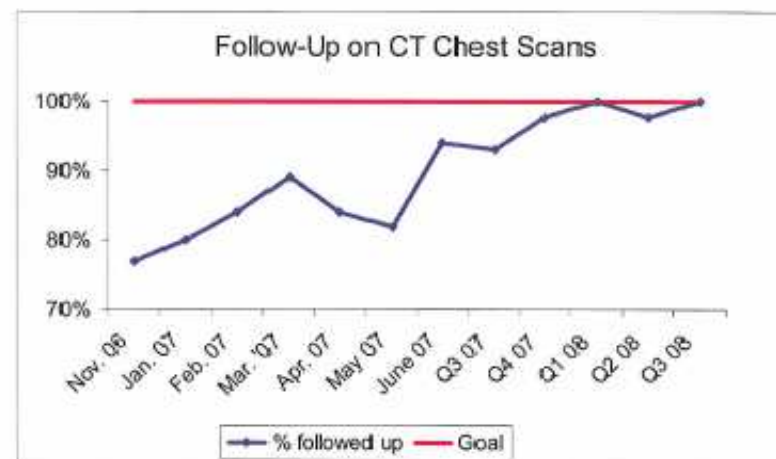
David Roberts, MD, Naama Neeman, MSc, Joanne Schulze, J. Woodrow Weiss, MD, Mark D. Aronson, MD

The Interventions

- Reached a consensus among the Pulmonary faculty physicians on the importance of tracking this QI measure.
- Set a goal of 100% documentation of results notification of CT chest scans within 30 days.
- Data collection: reviewed the electronic medical records of patients who had a CT chest scan ordered by a Pulmonary physician to determine whether the provider documented notification of the test result within 30 days by contacting the patient and/or PCP. Data collection included the review of notes, sheets, and letters 2 weeks prior to CT chest scan result, as well as within the subsequent month following the test.
- Dissemination of data and feedback: used individual score cards to report clinicians' performance and provide quarterly feedback on individual performance compared to the performance of the group.

The Results

Documentation of results notification within 30-days of CT chest scans ordered by Pulmonary physicians was 77% at baseline (Nov. '06) and has increased to 100% by Q3 2008 (Jul.-Sep.). For the past year (Q4 2007 – Q3 2008) documentation rates have constantly been between 98% and 100%.

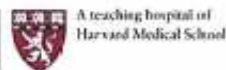


Lessons Learned

When implementing an improvement project it is important to choose measurable outcomes, have the support of strong QI leadership, and apply specific interventions such as periodic QI review meetings and quarterly individual report cards.



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For More Information Contact

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Medicine QI Project Manager
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Reduction of Hypoglycemia in Postoperative Cardiac Surgery Patients on Insulin Infusions

The Problem

Tight glycemic control leads to decreased mortality and morbidity after cardiac surgery. An undesirable outcome of insulin infusion can be hypoglycemia. While maintaining the effectiveness of our insulin protocol, we recognized the importance of improving the safety of this therapy.

Aim/Goal

Our goal was to maintain tight glycemic control while decreasing the incidence of hypoglycemia from 7% to 2%.

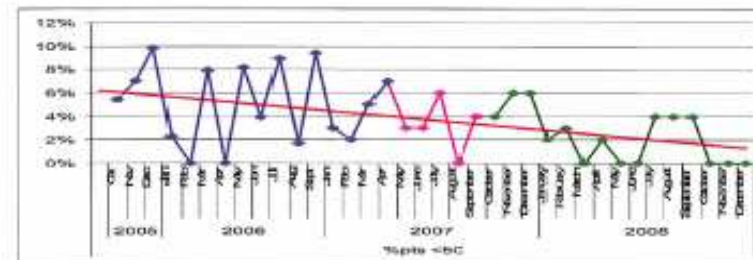
The Team

- Margie Serrano RN MS
- Mark Courtney NP
- Kamal Khabbaz MD
- The entire staff of the CVICU

The Interventions

- Treatment – raised glucose goal from 80-110 mg/dl to 90-120 mg/dl
- Tool-redesigned the protocol for easier use, emphasizing how to manage falling glucose
- Education-staff training about revised protocol
- Feedback loop-monthly feedback to nursing and medical staff, including detailed case review of each instance of hypoglycemia

The Results/Progress to Date



Lessons Learned

- Feedback and team flexibility lead to protocol adjustments, which yield improved outcomes.
- A multidisciplinary approach with clear communication among team members ensures focus and improves adherence to protocol.

Next Steps/What Should Happen Next

- Continue to monitor results and adjust protocol to data.
- Improve effectiveness and safety of transition from insulin infusion to subcutaneous insulin throughout the postoperative course.



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For More Information Contact

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Nurse Manager CVICU and Farr 6
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Reducing Ventilator Associated Pneumonia One Step at a Time

The Problem

Ventilator Associated Pneumonia (VAP) occurs in 10-20% of patients ventilated 2 days or longer and doubles a patient's risk of death. The Institute for Healthcare Improvement (IHI) recommends implementation of a VAP bundle and following oral care best-practices to reduce the incidence of VAP cases.

Aim/Goal

By following best-practices and dedicating resources to VAP prevention we aim to reduce the number of VAP cases that occur at BIDMC.

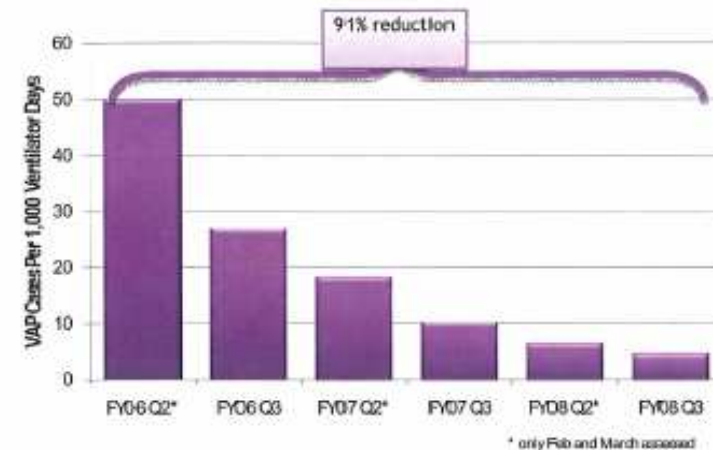
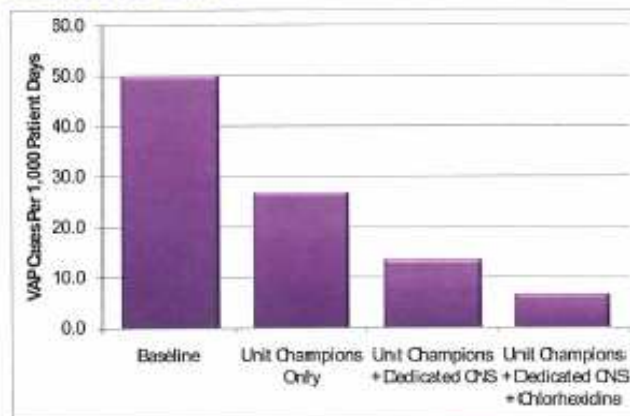
The Team

Kirsten Boyd, RN MHA; Sabrina Cannistraro, MS; Pete Clardy, MD; Jane Foley, RN; Jean Gillis, RN MS; Michael Howell, MD MPH; James Hurst, MD; Luci Lima, RN; Joe Previtera, RRT; Ray Ritz, RRT; Kristin Russell, RN; Margie Serrano, RN; Dianne Soulliard, Pharm.D.; Daniel Talmor, MD MPH

The Interventions

- Identifying unit champions to collect data regarding compliance with the VAP bundle
- Designating dedicated Clinical Nurse Specialists who promote, monitor and disseminate VAP bundle compliance information and who educate the healthcare team
- Promoting good oral care practice (every 4 hours), including the use of Chlorhexidine, and monitoring compliance

The Results to Date



With each new intervention aimed at reducing VAP there was a marked reduction in VAP cases from 50 per 1000 patient days at baseline to 4.6 per 1000 patient days after all the interventions to-date and an overall 91% reduction in VAP rates in just over 2 years.

Lessons Learned

- Reducing VAP requires dedicated local resources
- Empowering unit based champions helps lead practice change with their peers
- Communicating the data helps the healthcare team understand the rationale for changing practice
- Implementing a rigorous VAP prevention program takes multidisciplinary, dedicated resources and an overall culture of quality

Next Steps

- Reinforce importance of VAP bundle and oral care compliance
- Implement and evaluate oral care every 2 to 4 hours for ventilated patients



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Michael Howell, MD MPH, mhowell@bidmc.harvard.edu

Positive Outcomes From Transparency

- We did it
- Internal reception has been positive
- Press coverage and blogging are positive
- Created more trust, openness, and enthusiasm for improving our work
- Created urgency and accountability at multiple levels

Challenges of Being Transparent

- Knowing the correct denominator in order to accurately reflect the context
- Being first to report errors may create impression that care is worse than a competitor
- If you are successful in driving out fear, the number of errors reported increases at first
- May be overwhelmed with good ideas for improvement projects – resources are limited
- Competitors may be angry and defensive -

Final Observations

“...no matter what the investment of time, effort, and resources, what we create is riddled with imperfections.” but “...no matter how flawed, with an energetic, open-minded commitment to discovery, we can always do better.”¹

Every error is a treasure.

1. Steven J. Spear, Chasing the Rabbit, 2009, p.363.