Crossing the Line to High Reliability Healthcare

Leads to **ZERO** Preventable Harm

By Tom Inglesby

Historically, healthcare providers have been focused on incident reporting relative to deaths and significant adverse outcomes. Houston, Texas based CRG Medical developed the KBCore platform that allows organizations to identify information on near misses. CEO Douglas Dotan explains, "These are situations that occur that didn't necessarily lead to a bad outcome or a death but could be improved upon if the information is collected and analyzed. While incident reporting is part of the overall issue with hospitals, our real focus for **KBCore** and the Purple Button mobile app is to allow hospitals to learn from situations and near misses so they can actually reduce the number of mandated incidents they have to report. Whether a surgical procedure or just routine patient care, things don't always go perfectly, and that's understandable. It's rare that an information system allows you to share information on near misses to avoid a bad outcome in the future."

Hospitals are moving towards broader networks. They've acquired physician practices and they're looking at health management strategies to reduce cost and improve quality. "One of the advantages of KBCore is that it allows disparate organizations and provider groups to share communications," explains Dotan. "You're going to have a lot of diverse cultures, through various acquisitions, and the KBCore suite

and the Purple Button mobile app allows one common platform to communicate issues."

Readmissions are an example the fiscal imperatives facing facilities today. "The whole idea is to determine why a readmission happened, and you need to assess what steps were taken or weren't taken," adds Anngail Smith, operations and risk analyst. "We have a section on contributing factors that helps people figure out why events occur, and readmissions are one of them. Once you've collected narrative data, you want to code it. When you code it, you can figure out whether it was a delay in diagnosis, a failure to diagnose, or an untimely discharge. There are a number of factors and we have those factors listed so that you can roll up various factors such as readmissions from different locations - a surgical floor, a medical floor, or other areas.

Jim Fasone, chief strategy officer, notes, "Since hospitals are not allowed reimbursement for readmission, there is a lot of money at stake when they have errors. Our system allows a reduction in adverse patient outcomes and by reducing these, hospitals will actually save money while moving toward high reliability and zero harm."

Dotan agrees, "Our system, our whole focus, is on intervening factors. The problem is they have to take time to document something that doesn't cause harm, so why

report it? One of the things that we did was we automated the process. We made the power of the Purple Button into an app in the pocket of the clinician. That immediately takes away the complaint 'I have to leave the patient's bedside and go to the computer to document something that didn't cause any harm.' It can be documented now as an unsafe condition, or a near miss, or an incident, and in 60 seconds you can move on and continue to treat patients."

He explains, "The Purple Button revolution puts the power of quality, safer patient outcomes and risk management in your pocket. I think it's going to change the way we collect and share knowledge. and it will reduce patient harm. Most of our effort, instead of being on root cause analysis of failed events, will be on how to analyze the things we do well. We call this positive deviance. Negative deviance causes harm; deviance is positive if it fixes something or prevents a situation from getting worse. Identification of positive deviance allows the facility the opportunity to fix the problem, making things better and safer for patients and staff."

Tom Inglesby is an author based in Southern California who writes frequently about medical technologies and improvement strategies.