



RISK, EVENT MANAGEMENT & THE NEW HEALTHCARE ENVIRONMENT; THE IMPORTANCE OF EXCELLENCE

Jim Saxton:

Hello, my name's Jim Saxton, and I'm Chairman of the Healthcare Litigation and Safety Group at Stevens & Lee. I'm also on the board of directors of Surgical Excellence, the board of directors of the Surgical Review Corporation, and outside litigation counsel for Novus RRG, the ASMBs endorsed insurance program for bariatric and general surgeons. More importantly, I'm privileged to work with a team of doctors, nurses, risk managers, quality experts on helping bariatric and general surgeons around the country on risk management issues. We're probably been in 150 programs around the country. Let me take a few minutes to share with you what we've learned.

What we've learned is, as to adverse events, as to lawsuits, it doesn't have to be. At least, it doesn't have to be at the rate it presently is. Let me show you what I mean.

If you look at the continuum of risk, you'll see it goes all the way from risk in the first instance to an unfortunate lawsuit. What we want to do is to help you reduce that instance in the first place. You see, we have the data, and others have the data, too. We know why clinical adverse events occur. We know why lawsuits occur. We have checklist. We know the clusters of circumstances upon which they're more likely to happen. So, what needs to happen is we've got to get into your hospital, or your program, and do a comparison. Right? ... to see if those clusters of circumstances, it may be a lack of a policy, or lack of education, or certain documentation issues. We've got to see if they're occurring, because if they are, we need to change that. That way, you can reduce the incidents of those adverse events and, therefore, lawsuits. But, we've got to focus on risk in the first instance.

Next, no matter how good of a job we all do together, surgery has risks. There are known complications. They're going to occur. We're going to have adverse events. Perhaps we can reduce the potential of them, but it's never going to be eliminated. What becomes important in that regard is, when they occur, when the event occurs, how do you manage it? What do you say to the family? What do you say to the patient? How do you follow up? How do you learn from it so it potentially doesn't happen again? We call that event management, and every program, every hospital should have a policy and a process in place to make sure that this event management happens, because it's critically important.

Let me tell you what occurs. When these two things happen, a couple of things occur. One, the number of clinical adverse events drop, drop out of the equation. And the number of lawsuits also drops. And then, the cases that go forward are easier to defend and are of less value. And so, this is a paradigm shift. We've got to, sort of, stop focusing on just what do we do when we get sued. What we've got to do is focus on risk in the first instance, and managing events.

Now, that all just got more important, because as we all know, there are some pretty dramatic changes in the environment that are taking place. And I'm not just talking about what's referred to as an accountable care organization, which the jury's still out on exactly what that concept will look like, but I'm talking about profound changes in the environment.

The first thing you've got to do is go to school. You've got to find out what that means. We can't put our head in the sand and say, "Well, maybe nothing will change," because that's not gonna happen. What we have to realize is there's going to be a change in the delivery of healthcare, that's what's being, really, the focus, and on the payment of healthcare. So, the way that care is both delivered and paid for is going to change. Now, we don't know the precise form those are going to take, but both of those things are a pretty safe bet. So, what we've done is sent a

team out to understand that, and to develop some strategies to help you both prepare yourself and position yourself for those changes.

So, let me share with you just a couple of strategies of skills that we think you really need to embrace. It starts with collaboration, and I mean that in a number of different ways.

You're going to need to collaborate with different team members. This group of mid-level providers, physician assistants, nurse practitioners, is growing at a very dramatic rate. They're a great group of professionals that can help your practice, help your hospital, but we need to learn to collaborate with them well. We need to supervise them. We need to embrace them, we need to make them an important part of the team. We have to make sure that patients and families understand their role and how we work together.

We've got to collaborate with each other. And I don't mean just surgeon to surgeon. But, if there's going to be global payments, or bundled payments, then we may have to collaborate with family doctors, internists, endocrinologists differently and learn to work together differently. That's going to take some skill, and some planning and some growing.

We also need to collaborate with patients and their families. And this is critically important. Patient satisfaction is going to take on an entirely new meaning, and even a more important meaning in this new environment.

That really takes me to my next point. We need to continue to focus on what I'm going to call the patient experience. Are we truly, consistently and pervasively, five star. Meaning, really focusing on the patient and their family, and what their overall experience with their care is. And that's going to take additional energy on all of our part. And, again, consistently and pervasively. Meaning, even on your most stressful day for you and your staff, are you five star? Is everyone within your organization five star? Not just you, not just the surgeon, but the PA, and the nurse practitioner, and the administrator and the nurses that are in your hospital. We've got to make sure that everyone's together in this effort.

Last, incorporating best practices. You know, the SRC has done a good job, with the bold database, of starting to get us comfortable with collecting data so it can be analyzed. That's good, because that's going to become more and more important. We've got to get used to collecting data, analyzing data, and then putting it into evidence based guidelines so outcomes can be improved. Now, there's another element of this that we're going to have to do. It's no longer going to suffice, whether it's a payer, or an employer, or a patient group, for us to say we're excellent ... that we're excellent at our care. What everyone's going to want to see is, are you? Where's your data? Where's your patient satisfaction surveys? What are your outcomes on a comparative basis? And so, not only incorporating best practices, but making sure that we not assume, but assure that we have compliance with those best practices, is going to turn out to be key.

So, I know there's some frustration about the changes that are occurring. I know, on any given day, they can appear to be somewhat confusing, but many, many will not only survive these changes, but they're going to thrive in this new environment. And you want to be part of that group.

REFERENCES <https://www.youtube.com/watch?v=t8Mr23rLps0>

CREDITS

Subject Matter Expert: Regina Glenn

Interactive Design: Danielle Kaardal Meyer

Instructional Designer: Carmen Garland

Project Manager: Andrea Thompson

On Screen Talent: Jim Saxton

Licensed under a [Creative Commons Attribution 3.0 License](#).