

Innovative Training Program Helping to Reduce Medical Errors

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Steve Harden, LifeWings Partners, LLC President

The virtue of a medical team depends on the members' ability to communicate effectively with one another for optimal patient care. All members of a dedicated medical staff work diligently with their patients to ensure they receive the best care, but inevitable human oversights can occur.

Despite remarkable advances in healthcare technology and delivery, many patients die or are disabled as a result of medical errors. Usually resulting from organizational problems rather than one single action or decision, medical errors occur in all healthcare settings from hospitals to nursing homes.

In 2000, the Institute of Medicine reported that out of the 36 million people who visited hospitals in 1997, up to 98,000 people died due to medical errors. People may wonder how that is possible in a country with comprehensive medical schools and highly innovative technology and techniques, yet without proper human communication, serious and avoidable errors will occur. In the current climate of malpractice and ever-declining reimbursements, the business reality of what medical errors can do to a healthcare facility is equally hard to ignore.

A trend circulating the market is known as Career Resource Management (CRM), which uses aviation-based training techniques to ensure leadership, teamwork and greater efficiency of care and communication.

LifeWings Partners, LLC is one company that supplies structured CRM programs to medical clients and is currently working with Vanderbilt University Medical Center and at other major hospitals on several projects. What initiated in the early nineties as a training program for FedEx flight crews evolved into a safety system replicated in hospitals across the country.

"Primarily we're trying to teach healthcare providers to detect one another's inevitable small mistakes before they hurt the patient," says President Steve Harden.

Essentially the LifeWings program attacks the communication breakdown by doing two things: first, equipping the healthcare team with better communication skills and second, putting safety tools in place which compel the team to use those skills. The system uses protocols, check lists and standard operating procedures that require the healthcare team to communicate with one another to provide care. The full program takes six to eight months.

"We want to train people to do what we do so that when we leave, they can get those same results for a lifetime," stresses Harden. "It doesn't matter if your problem in hospital A isn't the same problem as hospital B; you use the same system to arrive at an institution specific solution. The system is the solution."

After utilizing the LifeWings Partners CRM program, Methodist University Hospital had a 50 percent reduction in surgical counts errors. The University of Missouri Hospital saw a 30 percent decline in nurse turnover in their ICU after the program. Some major insurance companies are offering incentives, even discounts, to clients who utilize CRM training.

"Anyplace in healthcare where you depend upon a team to deliver your care and you depend upon that team to use standard processes to give good care, this program works and makes it better," says Harden.

A formal study recently ended at Vanderbilt University School of Nursing Vine Hill Community Clinic in Nashville. Supported by Pfizer, Inc., the study examined the care of 619 patients with type 2 diabetes. The clinic handles a high-risk, inner-city diabetes population and the study was a pilot initiative to determine if the CRM program could be adapted in an outpatient setting with practical use. Utilizing the basic foundation of the LifeWings system, Vine Hill Community Clinic staff and leadership modified the program for their clinic and had positive results.

"One of the strengths of crew management is it's a menu so you can choose the strategies best for your own setting," explains Cathy Taylor, assistant professor at Vanderbilt. "That made the program attractive to me, the flexibility of choosing what fits best to maximize the particular needs of the clinic."

Taylor says the dedicated Vine Hill staff wanted to improve its results with high-risk diabetic patients both from the clinical standpoints of ensuring proper check ups, giving eye exams and assessing amputation risk to patient compliance with keeping appointments and healthful behavior. Traditional training methods had been previously used at the clinic with some success but nothing had been sustainable.

While the staff was initially hesitant to adopt a new program, after a basic training course it was ready to put the program to work. The staff adapted the model, created and finalized checklists and put permanent safety tools in place. The conclusions of the study report CRM training was instrumental in improving the diabetes care process and patient outcomes by increasing efficiency and improving organization. Numerical results are still being configured and will be published in forthcoming university manuscripts.

"Using this training, we feel we've been able to break down the hierarchical communication barriers," Taylor adds. "We set up cross checks and reminders for services that patients should have and defined the role of each team member so that ultimately what we have is a redistribution of responsibility (who does what, where and at what time) throughout the clinic."

Terri Crutcher, clinical director at Vine Hill, says the program helped the staff improve their delivery of care and is straightforward enough for new students to learn and replicate.

"Our patients are getting better care," Crutcher says. "Before they come in we know what we're going to do that day. There are fewer surprises. It has made such a difference in our care."