Michael “Ted” Farnsworth was a man of many talents: an accomplished musician, a professional aviator, and the co-founder of the Human Performance Group. Most recently, Michael was a valued consultant to South Carolina’s hospitals, helping them duplicate the high standards of safety within the aviation industry.

He was a man who pursued his dreams with passion. In 1979, Michael took his first flight lesson and never doubted he would become a pilot. By age 24, with the help of his father, he bought his first aviation business. It was the beginning of a three-decade career as an aviator, instructor, and line check airman.

Michael eventually transferred his passion to safety. He became involved in the research and development of Crew Resource Management (CRM) training techniques, writing his first training program designed to open communication in the cockpit of a large regional airline in 1988 using data from NASA human factors research. Task Assessment Zones is a mental model that he created to increase task vigilance in individuals to help recognize and trap human errors in dynamic technical environments. He taught others that unrecognized errors in the cockpit of an airliner could have deadly consequences.

Michael taught that humans are fallible and that recognition of that fact was the first step toward an effective safety solution. “If humans are involved, human error is always lurking in the background. Knowing your own limitations and asking for help are paramount in avoiding, recognizing or mitigating human error in any operation,” he said.

With the Human Performance Lab, Michael transferred his knowledge in aviation to healthcare, and there he found an eager audience. Hospitals embraced his methods and he trained thousands in the techniques that have been honed through his hours in the cockpit. His knowledge, dedication, and willingness to teach have had a profound effect on the safety of South Carolina’s hospitals.

On Thursday, February 18, 2010, Michael died after a hard-fought battle with cancer. He is survived by his parents Bev and Joyce Farnsworth, his wife Jane Farnsworth, daughters Victoria Farnsworth and Caitlin Robinson, sons Jimbo Robinson and Alex Robinson, and the many friends he made during his quest for a safer world.
DEAR FRIENDS,

It is with great pleasure that we welcome you to the third edition of the Every Patient Counts annual report, *Leading Transformational Change*. As you have seen from the cover and the original work of art, *Edge of Change*, depicted there, this report is a departure from years past. Instead of featuring the good works of institutions as we’ve done previously, we have instead chosen to hone in on the power individuals have to initiate and indeed become the tipping point for great cultural change. In the case of Every Patient Counts, this change is better, safer healthcare for the people of South Carolina. It is a worthy endeavor that in our minds deserves to be celebrated.

One of our speakers at the Third Annual South Carolina Patient Safety Symposium, John Nance, told us that in today’s age, it is not enough to merely collaborate, we must also be collegial, demonstrating respect, compassion, and caring for our colleagues as we work together. That collegiality was very much present at the symposium where more than 250 physicians, nurses, hospital leaders, patient advocates, and students gathered to share experiences and learn from one another. For us as sponsors, it was gratifying to see that our vision for this event has been embraced and people from throughout South Carolina are truly committed to improving our state’s healthcare delivery system.

The motivation is simple: Every Patient Counts! Every child with a broken arm who comes to the emergency room, every man who comes to the hospital for joint replacement, and every woman who seeks a cure for breast cancer deserves a committed healthcare team, a smoothly functioning hospital, the best care, and the safest experience. While this seems to be a given, the very complicated nature of today’s healthcare system demands that we in the industry must work hard every day to meet this expectation. As you will see in this report, there are many people in our state who are working hard collaboratively and collegially to ensure every patient gets exactly the care they deserve. Join us in honoring these efforts.

Respectfully,

Thornton Kirby
President and CEO
South Carolina Hospital Association

Jay Moskowitz
President and CEO
Health Sciences South Carolina

David Dodge
President and CEO
PHT Services, Ltd.

Helen Haskell
Founder
Mothers Against Medical Error
If an event can be magical, then this was it.
The Third Annual South Carolina Patient Safety Symposium was electric. Despite the economy, more than 250 people traveled to the Marriott Columbia to what was assuredly the best symposium to date.

Over the course of the two-day event, Maureen Bisognano, executive vice president and COO of the Institute for Healthcare Improvement, gathered the crowd around her virtual “kitchen table,” meting out advice, data, and personal experiences in her thick Boston brogue. Speaker and columnist Ron Galloway, whose Georgia accent can cut both butter and the thickest hide, gave the crowd a look into the future, one where WalMart could become the primary source of primary care. Spoken word artist Sekou Andrews and later SCHA’s Dr. Rick Foster challenged the group to take a “pinky promise” for patient safety.

There were tears for Michael Farnsworth, who passed away in February, and cheers for the winners of the annual Lewis Blackman Patient Safety Champion Awards. There were words from the wise in the various sessions, and words for those seeking to be wise during the South Carolina Open School Forum. There was a triumphant unveiling of Edge of Change, an oil painting by South Carolina fine artist Tim Floyd, which he created specifically for SCHA. Above all, there was an overwhelming affirmation that in South Carolina, Every Patient Counts!
EDGE OF CHANGE

The Third Annual South Carolina Patient Safety Symposium had a distinctive artistic tone. In addition to spoken word artist Sekou Andrews, fine artist Tim Floyd presented his own interpretation of the Every Patient Counts movement in the form of an oil painting titled *Edge of Change*. Tim explains his vision this way. “The painting is a celebration of the changes that have taken place through the work of SCHA and all the hospitals throughout the state. Through this painting, I want to show how there was a definite decision to change, a time that health care leaders said, ‘Let’s change, let’s share.’”

Floyd believes complacency will be a constant battle. “South Carolina is at the tipping point of changing and moving toward the vision of becoming the healthiest culture in the nation. We will fight to change our health systems and our community health.”

SCHA has had a limited number of art prints made of *Edge of Change*, which are available for $25. Proceeds benefit the Outdoor Dream Foundation in Anderson, SC. If you would like to purchase a print, contact Lorri Gibbons at SCHA at lgibbons@scha.org. For information, visit www.outdoordream.org.

Helen Haskell presents Robert Adams, MD, MS, (far right) with the Caregiver of the Year Award for implementing the MUSC REACH Stroke Network, which has greatly expanded access to expert stroke care in South Carolina.
The Third Annual South Carolina Patient Safety Symposium was made possible by the following sponsors, all of whom serve as leaders, participants, and supporters of transformational change in South Carolina’s hospitals.

**Rick Foster, MD**  
Senior Vice President, Quality & Patient Safety  
South Carolina Hospital Association

“South Carolina’s hospitals have a commitment to every patient who walks through their doors, and that is to provide the highest quality of care and the safest environment possible. People trust their caregivers, which places physicians, nurses, pharmacists, and hospital administrators in a position of power, but also one of vulnerability. Errors are always a possibility, which is why it is incumbent upon us to strive for excellence, to recognize that there is risk in what we do, do our best to work together to minimize risk, and plan for the unexpected so that we can respond appropriately. Every Patient Counts provides an arena for South Carolinians, whether you’re a caregiver, patient or family member, to create the very best, the very safest hospitals possible.”

Founded in 1921, the South Carolina Hospital Association (SCHA) is the leadership organization and principal advocate for the state’s hospitals and healthcare systems. Based in Columbia, SCHA works with its members to improve access, quality, and cost effectiveness of healthcare for all South Carolinians. The state’s hospitals and healthcare systems employ 70,000 persons statewide. Visit www.scha.org.

**Helen Haskell**  
Founder and President  
Mothers Against Medical Error

“I define patient safety as patients knowing how to get help when something goes wrong and providers listening to and watching out for patients. It’s critical that patients know when they go into a hospital what they need to do to be a participant in their own care. We’re fortunate in South Carolina to have providers who work with patients to advance patient safety, making South Carolina a state that is a leader in this movement.”

Mothers Against Medical Error (MAME) is a South Carolina-based citizens’ advocacy group dedicated to trying to improve the safety and effectiveness of medicine. MAME works on a state and national level to provide support to victims of medical harm, to educate patients and policy makers about safety in medicine, and to work for broad-based improvements in healthcare quality. Visit mamemomsonline.org.
“It is a distinct pleasure to be a sponsor of the Third Annual South Carolina Patient Safety Symposium. The people here are the frontline caregivers in our state and nation. To have them come together to talk about patient safety and clinical effectiveness is something that cannot be undervalued.”

Established in 2004, Health Sciences South Carolina (HSSC) is the nation’s first statewide biomedical research collaborative, involving the state’s largest health systems—Greenville Hospital System University Medical Center, MUSC Health, Palmetto Health and Spartanburg Regional Healthcare System—and its research-intensive universities—Clemson University, the Medical University of South Carolina and the University of South Carolina. The collaborative was formed with the vision of transforming the state’s public health and economic wellbeing through research. HSSC provides financial support to 12 centers of economic excellence (CoEEs), which have recruited world-class researchers who are addressing the nation’s largest health challenges: cancer, stroke, and senior independence to name a few. The collaborative has engaged new partners to address issues such as healthcare quality and patient safety, is leading efforts to implement electronic health records statewide, and is developing information technology infrastructure to support research and advance patient care across South Carolina.


David Dodge
President & CEO
PHT Services, Ltd.

“We sponsor Every Patient Counts because we believe hospitals are making every effort to improve patient care and we want to support our hospitals. In South Carolina, we have a long tradition of working together so it is very natural for us to collaborate with SCHA, Health Sciences South Carolina, and Mothers Against Medical Error. We are convinced that improving patient safety leads to improving worker safety—there is no divide between the two. So, as hospitals develop a culture of safety, it benefits both patients and healthcare workers. PHT Services, Ltd. has a keen interest in both patient and worker safety because one of our companies provides professional liability coverage and another one provides workers’ comp coverage. For us, reducing medical errors and reducing workplace accidents is an ethical obligation as well as a financial responsibility.”

PHT Services, Ltd. provides a variety of risk management services to South Carolina’s healthcare industry, including: workers’ compensation and liability group self-insurance, property and casualty insurance, employee benefits, executive and physician compensation and benefits, educational and information services, consulting, security, and compliance services, and pre-employment screening and substance abuse testing services. PHTS serves its customers directly and through strategic alliances with best practices companies. Visit www.phts.com.
A decade ago, a bright, much-loved boy died after an elective surgical procedure due to preventable medical complications. The lives of his family and caregivers were forever altered.

And yet, something quite remarkable followed. Unwilling to let the memory of her son Lewis Blackman fade and equally committed to keeping such a terrible thing from happening to other families, Helen Haskell became a patient advocate. Today she is a state and national voice for the rights of patients and families. She also works closely with the South Carolina Hospital Association on the Every Patient Counts movement.

In 2008, in conjunction with Every Patient Counts partners, Helen established the Lewis Blackman Patient Safety Champion Awards to celebrate the achievements of individuals who have advanced the cause of patient safety in South Carolina. The awards also are intended to establish a benchmark of excellence in healthcare quality and patient safety and inspire others to do great deeds on behalf of patients and their families. This year, four individuals were honored. Join us in congratulating them.
Robert Adams, MD, MS  
Endowed Chair, Stroke Center of Economic Excellence  
Professor, Department of Neurosciences  
Medical University of South Carolina

Stroke is the third leading cause of death in South Carolina. It is particularly deadly for African Americans, many of whom live in rural communities where access to healthcare is an issue.

Dr. Adams, a neurologist, came to the Medical University of South Carolina (MUSC) in 2005 as the endowed chair in the Stroke Center of Economic Excellence supported by Health Sciences South Carolina. He had a vision of dramatically reducing the mortality and morbidity rates of stroke by connecting the stroke experts within the MUSC Department of Neurosciences and MUSC Health with South Carolina's small and rural hospitals using telemedicine. He also sought to increase the safe use of tPA, more commonly known as the “clot-busting” drug, an FDA approved, but little used treatment for ischemic stroke.

Dr. Adams and his team set about recruiting South Carolina hospitals to the REACH Stroke Network. In just 18 months, nine predominantly small and rural hospitals joined: Coastal Carolina Medical Center, Georgetown Memorial Hospital, Grand Strand Regional Medical Center, Marion County Medical Center, McLeod Health, Piedmont Medical Center, Self Regional Healthcare, Waccamaw Community Hospital, and Williamsburg Hospital. Using telemedicine, these hospitals now have 24/7 access to MUSC neurologists who consult with local ER physicians on the diagnosis and treatment of stroke patients.

Prior to the REACH Stroke Network, tPA was used in less than 1.5 percent of stroke cases. Thanks to Dr. Adams and his team, the use of tPA to treat ischemic strokes has quadrupled in REACH Stroke Network partners. As of January 2010, more than 200 successful REACH Stroke Network consults had been completed. Dr. Adams and the MUSC REACH Stroke Network have set the new standard for stroke care in South Carolina, giving stroke patients the ability to receive expert stroke care no matter where they live.

Susan McWilliam, RN, MS, MSN  
Clinical Nurse Educator  
Regulatory Compliance Coordinator  
Hillcrest Memorial Hospital

While working as a clinical nursing school instructor, Sue McWilliams experienced failure to rescue in her own family. While her father was hospitalized, a nurse did not correctly assess his condition and did not listen to Sue’s concerns about his respiratory effort and apparent airway obstruction. Sue had to call physicians and hospital management to get assistance to her father’s bedside. The quality and length of his life were further affected by a hospital-acquired infection.

The experience made Sue realize she had to become a change agent for safer inpatient care. She chose the role of educator to influence the practice of future nurses. She actively supported and participated in curriculum development that wove critical thinking, communication, collaboration, and caring throughout nursing students’ classes. She taught her students to anticipate and prevent threats to patient safety whenever possible through simple, consistent nursing actions. She drilled students on responding to issues affecting airway, breathing and circulation. She also taught the earliest sign of decline and danger for the patient and to intervene early, when rescue efforts are most effective. Sue also taught her students to treat every patient like a dear family member and require the best for their patients.

Sue’s passion is inpatient rescue. She has enthusiastically supported the implementation of hourly rounding, condition H phone number for patient and family use, and Rapid Response Teams (RRT). She has worked across Hillcrest Memorial Hospital departments and across the Greenville Hospital System to ensure nurses have the knowledge, skills, and clinical support to respond to inpatient critical changes.

Sue’s goal is to eliminate failure to rescue. She employs educational newsletters to teach clinical staff about patient rescue, and related policies and procedures. She teaches at monthly patient safety meetings. She regularly rewards nurses who activate a RRT, STEMI or Stroke Alert call with candy or flowers. Sue is always thinking of ways to inspire her colleagues to put patient safety first.
Mary Jo Cagle, MD  
**Senior Vice President Medical Affairs,**  
**Chief Medical Officer**  
Bon Secours St. Francis Health System  
Greenville, SC

Dr. Mary Jo Cagle’s passion is excellence for patients. It is both the hardest and simplest of goals: achieve the best for every patient, every time. Without a doubt, her patients, staff, and colleagues have all been beneficiaries of her extraordinary leadership, mentorship, and commitment to excellence.

After 16 years in private OB-GYN medical practice, Dr. Cagle became chief medical officer of Bon Secours St. Francis Health System in 2005. This included responsibility for a medical staff of more than 600 physicians providing care in two acute-care hospital facilities, hospice/home-care services and an ambulatory surgery center. Her leadership quickly fostered the creation of a system-wide culture of patient safety, which included staff and physicians working in teams. A major goal was to earn the South Carolina Governor’s Award for Quality based on the Baldrige criteria for overall organizational excellence. This goal was accomplished in 2008.

In 2007, Dr. Cagle was called to lead the St. Francis Health System in implementing one of South Carolina’s first fully integrated electronic medical records systems, including comprehensive computerized physician order-entry (CPOE). Completed in March 2009, the **ConnectCare** system with the technology of one patient-one record has made measurable impact in decreased medication error rates and system-wide improvements in patient safety.

Dr. Cagle set the goal for the system to become a national model in decreasing hospital-acquired infections. Leveraging the power of multi-disciplinary teamwork, that goal also has been realized. There have been zero hospital-acquired central line associated blood stream infections since February 2007. Sepsis mortality rates have decreased from 17 percent to seven percent. These are key factors in St. Francis being recognized as a **2009 Top National Hospital** by LeapFrog and honored in **Consumer Reports**, March 2010.

Jan Vick  
**Executive Director**  
South Carolina Voices for Patient Safety  
Chesterfield, SC

Jan Vick and her twin sister Ann were born in Hartsville and raised in the little town of Patrick. Identical twins, no one could tell them apart. Jan has said, “having a twin sister is like having two people in one.”

Tragically, Jan lost her sister to a medical error death in 2004. Grief stricken, she looked for a positive way to channel her energy and honor her sister. Guided by her faith in the Lord, Jan took up the banner of healthcare safety, and she has not looked back. Initially Jan pushed for legislation to reform the delivery of healthcare in South Carolina. In 2007, she worked to introduce the Ann S. Perdue Heart Safety Bill to implement patient safety measures in South Carolina. In 2010, she helped introduce the Ann S. Perdue Autopsy Fairness Act, which is currently in the South Carolina House.

Jan has become a champion of safer heart care. She serves on the board of the South Carolina Heart Care Alliance, where she has been a courageous representative of patients’ rights. She has been highly involved as the patient advocate in the development of the South Carolina Mission: Lifeline program to improve myocardial infarction care. According to Dr. Eric Powers, chair of the South Carolina Mission: Lifeline steering committee, “Jan has consistently supplied critical, thoughtful, and compassionate input to decision making. Her insight and good common sense have been of great value on many occasions.”

Jan serves on several other committees in a patient advocacy role with the South Carolina Hospital Association and Health Sciences South Carolina. In 2009, she formalized her advocacy efforts as South Carolina Voices for Patient Safety, a nonprofit organization committed to raising awareness of patient safety in South Carolina. Jan acts as an intermediary between patients and hospitals when care goes wrong.
Looking out at the audience assembled at the Lewis Blackman Patient Safety Champion Awards luncheon, an audience heavily weighted with physicians, nurses and other healthcare professionals, Sekou Andrews launched into his animated, original spoken word piece called, "The Pinky Promise of Safety."

“I don’t know why I trust you so much. From the day I was born a doctor was the first person to ever hit me. First to make me cry, to spill my blood and take me from my mommy. First to see me naked, and comment! First to cut me...”

The audience drew in its collective breath, then released a hearty laugh. Sekou continued to challenge and tease, using carefully chosen words and gestures to impart a serious message.

“Doctors Pinky Promise to first, do no harm. Nurses sign off nightly...with pinky prints that promise they’ve given their best. This is all I expect from you...After all, you promised.”

Sekou then urged the audience to be part of a “Total Safety Committee” in which doctors and nurses feel safe and he and other patients feel safe.

“Clean wounds, clean tools, clean records, clean sheets...For, cleanliness is next to Godliness as far as I’m concerned. But if you don’t believe in God...at least believe in germs!”
Established by the South Carolina Hospital Association, Every Patient Counts was formed as the South Carolina partnership to advance patient safety and healthcare quality. Not only have our member hospitals embraced the movement, many other organizations and individuals have joined us in improving patient safety and quality in our hospitals.

We recognize and appreciate the extraordinary efforts, be the tasks large or small, each person is making to ensure all South Carolinians receive the best and safest care delivered with compassion. On the following pages of this report are specific examples of how change champions are transforming healthcare in South Carolina. It is inspiration.

**Vision**
That all SC hospitals and providers deliver safe, high quality healthcare with caring and compassion to each patient, every time.

**Mission**
To establish a culture of continuous improvement in the quality, efficacy and safety of patient care across all healthcare organizations and providers statewide.

## Four System Aims

**ONE:** Create an organizational culture of safety with engaged leadership.

**TWO:** Actively improve quality and outcome of evidence-based medical care for key patient populations.

**THREE:** Eliminate preventable serious adverse events and unintended patient harm.

**FOUR:** Establish a patient-centered environment of care with open and transparent communication.

**SCHA Quality and Patient Safety Team**
- Rick Foster, MD  
  Senior Vice President, Quality & Patient Safety
- Lorri Gibbons, RN, BSN, CPHQ  
  Vice President, Quality Improvement & Patient Safety
- Karen Reeves, BSN, MHHA, FACHE  
  Vice President, Quality Compliance & Risk Management
- Aunyika Moonan, PhD, MSPH, CPHQ  
  Director of Quality Measurement Services
- R. Bernard Chapman, Jr., FAAMA  
  Healthcare Administrator, Pandemic Influenza Program Coordinator
- Paul Richter, MA, FACHE, CHSP  
  SC Hospital Emergency Management Coordinator
- Kimberly Hubbard, MHA  
  Project Coordinator, Quality and Patient Safety
- Mary Stargel  
  Administrative Coordinator, Quality and Patient Safety
The process of change is never easy. While some recognize the need to change and even welcome it, most people prefer to stick with old ways of doing things. It’s safe. They know what they’re doing. Sometimes even if what they are doing is wrong. A large part of the Every Patient Counts movement is bringing about cultural change and in so doing, making South Carolina’s hospitals safer places for patients, families, physicians, nurses, and hospital staff. We are fortunate that there are many in South Carolina who have joined Every Patient Counts in embracing cultural change. We are all better for it.

In this report, we would like to recognize those who have chosen to be “change champions” and are leading the way nationally, on the state level, and most importantly, on the human level. We salute them and hope you will join us.

The National Perspective

The issues of patient safety and healthcare quality are front and center in the national discussion regarding healthcare reform. America’s healthcare system will be transformed, whether by legislative mandate or through market forces. At the Third Annual Patient Safety Symposium in March, the South Carolina Hospital Association was fortunate to host national speakers who addressed the transformation from varying perspectives. Highlights of their discussions are shared in this report.

The South Carolina Perspective

South Carolina is leading the nation in changing its hospitals for the better. What is truly amazing is how individuals across the state have embraced the need to make hospitals better and safer places for patients, families, physicians, and employees. In many cases, the efforts of these individuals have become the “tipping point” for the entire state. Their stories are included in the following pages.
For Maureen Bisognano, PATIENT SAFETY IS PERSONAL

Maureen Bisognano, BSN, MSN, is a big deal at the Institute for Healthcare Improvement. She’s got big titles, executive vice president and chief operating officer. She’s got big responsibilities, traveling across the country helping hospitals become better at what they do. She also has a big reason for being passionate about her life’s work. She lost a family member to an adverse event, her grandson Robbie.

Bisognano shared her story at the Third Annual South Carolina Patient Safety Symposium. “When Robbie got his first DPT shot, he had a bad reaction and nearly died. A year later, at age two, his mother took him to the doctor for his second DPT shot. She explained what had happened and warned the doctor about Robbie’s reaction to the first shot. Naturally, she was worried. The doctor went ahead and gave Robbie a half dose. He was dead within an hour.”

The experience galvanized Bisognano’s passion for creating safer healthcare systems. She challenged her South Carolina audience to get better for our patients, families and ourselves. “Create urgency and timelines in your organization,” she told the audience. “Learn from each other. Live up to our promise of doing no harm.”

Bisognano praised South Carolina for its efforts to date and high level of collaboration between hospitals. “The safety work you are doing is creating positive energy in South Carolina. Together you have the capability to move quickly and surely to meet the health and healthcare needs of those you serve.”

Although Bisognano has experienced the downside of the healthcare system, she concluded her remarks with a positive example of the good work transforming America’s hospitals and caregivers. “My mother had a massive stroke and was hospitalized. She was receiving the best of care, but she was an independent woman and wanted to come home. With the support of her doctors and nurses, she came home to die. The system worked for her,” said Bisognano.

South Carolina: Room for Improvement

• One in 10 adults in South Carolina has diabetes.
• 22 percent of South Carolinians smoke compared to 18.3 percent nationally.
• 65.8 percent of South Carolinians are either obese or overweight compared to 63 percent nationally.
• South Carolina mortality rates amenable to healthcare are 115.5 per 100,000 compared with 89.9 per 100,000 nationally.
• In 2009, South Carolina was ranked 33rd in the United States for prevention and treatment.
The petite, dynamic woman at the podium of the Third Annual South Carolina Patient Safety Symposium had her audience in the palm of her hand from the very first word. It might have been the fact that despite being a top executive in the world’s largest patient safety organization, the Institute for Healthcare Improvement (IHI), Maureen Bisognano is a nurse and understands firsthand the challenges of caring for patients.

It could have been her engaging accent, a thick Boston brogue that Bisognano promised was Irish rather than Italian like her name suggests.

Or it could have been her opening remarks. “The potential in South Carolina is amazing!” she bubbled as she looked out at the diverse audience. “Everyone in this state is mobilized: providers, university faculty, patients, and students. The results speak for themselves. Hospital standardized mortality rates are dropping faster in South Carolina than in any other state in the United States.”

Added Bisognano, “You have real stars in this room. Palmetto Health’s mortality rates have dropped like a stone. I would advise everyone to call Palmetto to see how it’s done.”

■ “What if you decided to be the safest state in the nation, what would it look like? What if together, we design care across the boundaries of our buildings? What if together, we engage all to make our families, friends and staff healthier? What if together, we show Washington that better care can cost less?”

The audience’s hearts won, Bisognano proceeded to the heart of the matter, leading transformational change. With or without healthcare reform, America’s healthcare system must change dramatically because it is too expensive and not nearly as effective as it should be. Despite having the world’s best medical technology, Americans face growing difficulty in accessing care at night, on weekends, and on holidays unless they go to an emergency room. The U.S. mortality rates are the highest of any industrialized nation.

There are bright spots—systems like Ascension Health that are proving that healthcare is safe, it works, and leaves no one behind. According to Bisognano, Ascension Health sets two major goals: to achieve no preventable deaths and eliminate preventable harm such as pressure ulcers, falls, medical errors, and birth trauma.

The primary drivers were leadership, communication between caregivers, better high-risk patient care, better intensive/critical care, and prevention. Setting specific goals, capturing and tracking data, and focusing efforts on results have allowed Ascension Health to achieve its goals of zero preventable deaths and preventable harm.

“The results are phenomenal. Pressure ulcers were reduced by 95 percent. Neonatal mortality was reduced by 79 percent. Ventilator-acquired pneumonia was reduced by 56 percent,” ticked off Bisognano. “Ascension Health estimated they had prevented 2,700 deaths, three times their stated goal.”

■ “The three biggest issues in this new day of healthcare are: portability, outcomes and cost.”

Bisognano challenged the audience to show Washington better care can cost less, and then issued a second challenge to limit spending growth to three percent a year. This can be accomplished through a new IHI initiative called the Triple Aim™ that has three critical objectives that must be met simultaneously: improve the health of the population, enhance the patient experience of care (including quality, access, and reliability), and reduce, or at least control, the per capita cost of care. A growing number of health systems, health plans, public health departments, and states have joined the initiative.

“We have done is a vibrant learning community that will help America’s health system thrive under reform,” said Bisognano. “We will improve safety, engage patients, improve efficiency, and through leadership, create a culture of getting value for money.”

■ “Thriving in new environment of reform will take new leadership styles, new care models, a culture of lean, and expanded views of patient engagement.”

In closing her remarks, Bisognano was optimistic that America is up to the challenge of improving its healthcare system, but even more positive about South Carolina’s future.

Said Bisognano, “Because of the progress you have made, there is no state I have more hope for than South Carolina. I am impressed by your leadership, your willingness to collaborate, your ability to engage patients and their advocates, and your success in improving safety. We can thrive even with healthcare reform.”
Dr. Michael Foster has been an interventional cardiologist since 1986. He is also an ardent participant in and advocate for SC Mission: Lifeline, a statewide partnership dedicated to improving heart attack care and patient outcomes.

Over the course of his career, Dr. Foster has seen thousands of myocardial infarctions, more commonly known as heart attacks, come through the doors of Providence Hospital’s emergency room. According to Dr. Foster, half are “STEMIs,” short for ST elevation myocardial infarctions that typically occur as the result of an acute blockage of blood flow in a coronary artery.

“In order to save a patient’s life and avoid permanent damage to the heart muscle, the artery must be opened up as rapidly as possible. Currently, about two-thirds of STEMI patients nationally fail to receive the best treatment possible to restore blood flow. This is because most communities have no established system of care,” explained Dr. Foster to the audience gathered at the Third Annual South Carolina Patient Safety Symposium, held in March. Dr. Foster leads the SC Mission: Lifeline effort at the Providence Hospitals, which has undergone a significant cultural change to elevate the quality of its STEMI care.

“Two things have to happen if you’re going to improve STEMI care. You have to learn the science of STEMI care and you have to have an organized team approach,” said Dr. Foster.

There are three ways to open blocked arteries. The first and least aggressive is to administer aspirin to the patient upon admission to the hospital. The second approach is to administer thrombolytic clot-busting drugs. The third and most reliable way to open blocked vessels is through percutaneous coronary intervention (PCI), commonly known as coronary angioplasty, and is typically performed by an interventional cardiologist.

The American Heart Association and the American College of Cardiology recommend that PCI be performed within 90 minutes of the patient’s arrival at the hospital. Hospitals that provide PCI must develop protocols to ensure they can meet the criteria for 90-minute door-to-balloon (D2B). Providence Hospitals, like many hospitals across America, was not meeting the 90-minute target for D2B.

The motivation for change was simple, said Dr. Foster. “We see 9,000 cases in our cath lab each year. We have to do our best for each patient.”

Thus Providence Hospitals embraced the path of improvement espoused by SC Mission: Lifeline. “We put together a committee of cardiologists, nurses, emergency room (ER) physicians, the cath lab, administrators and data analysts, and we broke down the causes of delays,” said Dr. Foster. “Starting from the moment they hit the door of the ER, we found delays.
As the medical director of the MUSC Heart & Vascular Center, Eric Powers, MD knows how deadly heart attacks can be. He also knows that when the right care is delivered quickly, heart attack victims can survive, sometimes with minimal, if any, damage to their heart. Four years ago Dr. Powers began a personal mission to improve response times to heart attacks, first in the Lowcountry at MUSC and then statewide through SC Mission: Lifeline.

Dr. Powers and the MUSC Heart & Vascular Center have played a leadership role in SC Mission: Lifeline since the founding of the program in 2007. He serves as chair of the Steering Committee and regularly travels the state educating other hospitals, physicians, and EMS on STEMI best practices. In just three years, the highly focused efforts of Dr. Powers and his SC Mission: Lifeline colleagues have paid off: South Carolina has gone from the bottom of the list for its slow response times to heart attacks to being third best in the country for heart attack patients given percutaneous coronary intervention (PCI) within 90 minutes of arrival to the hospital.

While the top three national ranking is a point of pride with Dr. Powers, he is far more proud of what it means for heart attack victims. This point was driven home on March 27, 2010 during Charleston’s annual Cooper River Bridge Run when a 54-year-old attorney from North Carolina fell at the five-mile marker. He had, quite literally, dropped dead in his tracks; he had no pulse. Fortunately, the man was running with a friend, who also happened to be a physician. The friend immediately started CPR to restart the fallen man’s heart. When runners from MUSC came upon the scene, they activated a STEMI Alert.

Dr. Powers explained the lightning fast response. “Within five minutes, EMS arrived with a defibrillator. Within 15 minutes, EMS was rolling the patient into the Chest Pain Center. Within 75 minutes, we had his artery open and two stents in place. Forty-eight hours later, the patient was headed home with no permanent heart damage, just some sore ribs from the CPR. Our system worked—six years ago he would have died.”

SC Mission: Lifeline has revolutionized how the MUSC Heart & Vascular Center and its 16 partner hospitals offering interventional cardiology respond to and treat heart attacks. Said Dr. Powers, “The sooner a patient gets interventional care, the better the chances of survival. As our Cooper River Bridge runner proved, SC Mission: Lifeline is a lifesaver for patients.”
On January 12, 2010, an earthquake rocked the impoverished island nation of Haiti. The results were devastating: an estimate 230,000 killed, 300,000 injured, one million made homeless. Humanitarian aid poured into the country from every corner of the world, including South Carolina. Dr. John Brown and Dr. Michael White from Newberry County Memorial Hospital (NCMH) are just one example of how ordinary South Carolinians responded in an extraordinary manner to the disaster.

Community is a powerful concept in Newberry, where friends and neighbors share smiles, kind words, and helping hands. With the need in Haiti so great, Newberry’s sense of community expanded. Without prompting from anyone but himself, Dr. White, medical director of the NCMH Wound Care & Hyperbaric Medicine Center, made plans to go to Haiti with the help of Dr. Brown, a general surgeon.

When Newberry Hospital officials learned of the doctors’ plans, they quickly lent support. The Board of Trustees voted unanimously to

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**John Brown, MD, remembers Haiti:**

I will never forget driving through Port-au-Prince and seeing the American oil company fuel storage tanks still standing in the midst of an ocean of Haitian homes in rubble. I saw firsthand that it matters that governments set standards for buildings, and provide clean water, sewage disposal and access to housing. The Haitian government does not.

I worry and dream about my patients in Haiti. I operated on a woman in Haiti with a mass in her chest wall. I used the finger of a sterile rubber glove as a drain because a real drain was not available. Will she be able to come back for the follow-up care she needs? Will the doctor be able to see her? Did the make-do drain work after she left the clinic? I worry.

I have never seen so many people so happy with so little. It’s a memory that touches my heart.

There is a picture of me holding two young boys. The boy in the blue shirt was found on a trash pile and brought in to the clinic. The little boy in the red shirt was found tied to a tree and brought to us. They both lived and are sitting in my lap laughing and smiling. I wonder how many children didn’t get found; didn’t get taken to a doctor because there wasn’t one there.
Mike White, MD, remembers Haiti

Comparing life in America to that in Haiti is like going from a five-star hotel to sleeping in the dirt. It makes my wife, Karin, and I more conscious of how much we have and how much we waste. It’s changed what we think is important in our lives.

The Haitians are a very practical people and know how to live in the moment. They don’t expect their lives to be perfect and trouble free. It taught our team how to put our own troubles and irritations in perspective.

We were going to work at a clinic in a private home near the town of Minitre. The people had no idea when we would arrive, but when we did, they were on the front porch singing for us. Later in the day, people who did not have anything to eat, fed us. They had even found bottles of Coca-Cola for us to drink. It was very expensive in Port-au-Prince. All of the team members will never forget this generosity.

I was inspired by the Haitian physicians. They don’t just try to fix their patients’ physical problems. They also help them meet their other needs. A physician we were working with handed us a list of 20 families with no homes who were living outside. He asked us to help get them tents. Members of our team called our wives, who got tents at cost at Dick’s Sporting Goods. The tents were taken to Atlanta where the pilot who was picking up the team lived. The tents arrived in Haiti three days after they were requested.

The mission was nearly scrapped when the commercial airline cancelled the Newberry team’s flights. A flurry of phone calls, emails, Facebook postings, and a chance meeting at WalMart found a solution. Meanwhile, the call for donations using social media was generating an outpouring of support. Dr. White’s front porch and garage were soon filled with donations and supplies. Friends helped pack the supplies in duffle bags for Haiti. There were so many supplies that they soon ran out of duffle bags. Newberry Hospital’s Dr. Mike Smyth, an OB-GYN, found out more duffle bags were needed and volunteered to go to Fort Jackson for more.

Soon, Drs. Brown and White and their entourage boarded a plane for Haiti for their miraculous, almost-didn’t-happen trip to Haiti.
You could say John Nance has been around the block a few times—make that the world—and in the process has become an internationally recognized air safety analyst. More recently, he’s become an outspoken advocate for revolutionizing patient safety by applying the principles of aviation to healthcare.

Nance is steeped in the principles of aviation safety. He is a decorated Air Force pilot veteran of Vietnam and Operations Desert Storm/Desert Shield and a Lt. Colonel in the USAF Reserve. He has piloted a wide variety of jet aircraft, logging more than 13,000 hours of flight time during his commercial and military careers. Nance now flies his own turbine aircraft and is best known to the public as an aviation analyst for ABC News. He also has appeared on Oprah, Larry King Live, NPR, and other programs. Nance is passionate, informed and motivational. When it comes to safety, he doesn’t hold his tongue.

“We are dealing with human lives. Mistakes alter lives forever. Safety is not open to debate.”

Nance is serious about bringing change to hospitals, doctors, nurses, and all other aspects of healthcare. A founding board member and member of the executive committee of the National Patient Safety Foundation, he now speaks nationally on the topic. He was a keynote speaker at the Third Annual South Carolina Patient Safety Symposium. His remarks quickly caught the attention of the audience.

“Our system does not work; it is not safe,” he exhorted. “What we want is zero deaths, zero injuries and zero opportunities for mistakes. What is it going to take to get safe?”

Nance believes that a concept whose time has come to go to the wayside is what he termed “medical artisans,” doctors who practice medicine on their own terms rather than following established standards of care. “We have got to abandon the ‘cottage industry’ approach to healthcare,” he said. “We need to follow best practices, not recommendations.”

Added Nance, “Few doctors have read the 39 best practices. I guarantee every plaintiff’s lawyer has a copy and has read them.”
Nance believes that physicians, nurses, and other healthcare providers should adopt basic aviation practices like crew resource management, which focuses on interpersonal communications, leadership and decision making to reduce the devastating effects of human error. The training originated from NASA, which found that the primary cause of most aviation accidents was human error. Crew resource management has been adopted by the aviation and other industries to improve situational awareness and therefore reduce human error. Flight crews, said Nance, have embraced crew resource management with excellent results.

■ “Sully Sullenberger, the US Airways pilot who ditched his plane in the Hudson River and saved the lives of the 155 aboard, was not a miracle. As a pilot, safety procedures are drilled in your head. He knew what to do. He had a checklist.”

All types of travel have inherent dangers, but air travel is perhaps the safest. In 1999, there were 211 airline-related accidents with 1,138 deaths. By 2009, the numbers had dropped to just 122 accidents and 1,103 deaths. This amounts to a 0.00003 percent chance of being seriously injured or killed in a commercial aviation accident. To achieve these kinds of safety numbers, healthcare in America will have to change dramatically.

Nance drew parallels with the original version of the television shows Star Trek and Star Trek: The Next Generation. In the original version, Captain Kirk was omnipotent, infallible and had all the answers, much like some physicians. In aviation, captains are not omnipotent and instead have become leaders of teams that include co-pilots and navigators. This is the approach of Captain Picard in Star Trek: The Next Generation and one physicians must take if patient safety is going to improve, believes Nance.

“Star Trek: The Next Generation was profound. Captain Picard recognized that commandership and leadership are two different things. He also recognized the importance of team. He encouraged them to go where no man has gone before, but he also asked their opinion. It is a collaborative approach, but also collegial. Physicians can learn from this.”

■ “Checklists are not cookbook medicine. Checklists are a game changer for medicine.”

Nance suggested other aviation principals that can easily be adopted by hospitals to drive patient safety. One example is the “Two Challenge Rule” in which any member of the healthcare team can challenge an action. If there are two challenges, something must be wrong and the team must address the concern.

Hospitals can also build a safer system by minimizing variables. When you minimize variables through the adoption of tools like surgical checklists, you minimize the ability to make mistakes. When a team is led by a leader who extracts, orchestrates and applies talents of the team, overall team performance is enhanced. Finally, said Nance, healthcare providers must be ready for errors and plan for them.

“Don’t assume that on any given day more than 50 percent of surgeries will go right. The higher the realization of the potential of error, the more people look for errors and alert the rest of the team. When we are vigilant, disasters in the making are no longer disasters,” Nance said.

The cultural change required in America’s hospitals could take 20 to 30 years, but Nance is optimistic—with one caveat. “We have got to stop listening to anyone who says it can’t be done or can’t be sustained. It can be done.”

NATIONAL CHANGE CHAMPION: JOHN NANCE
SAFE SURGERY CHECKLIST GETS THIS SURGEON’S
Check of Approval

World Health Organization Surgical Safety Checklist goal is
to reduce complications from surgery

As the vice president for Surgical Services at McLeod Health, a not-for-profit, community-based tertiary care hospital in Florence, SC, with more than 100 surgeons, Dr. Michael Rose has a lot to say grace over. On a daily basis, he oversees an operating budget of $75 million and 360 employees and manages surgery, endoscopy, day hospital, perfusion, an ambulatory surgery center, and anesthesia departments. Even with these significant responsibilities, Dr. Rose never loses sight of what’s driving his operation: patient safety.

To this end, Dr. Rose has led numerous initiatives to improve Surgical Services at McLeod Health. A recent effort is the implementation of the World Health Organization’s Safe Surgery Checklist, a global patient safety challenge to reduce complications from surgery and prevent human errors. To assist with the effort, Dr. Rose engaged the late Michael “Ted” Farnsworth, co-founder of the Human Performance Group and former pilot who helps hospitals improve patient safety by utilizing aviation principles that also involve checklists.

The WHO Safe Surgery Checklist identifies three phases of an operation, each corresponding to a specific period in the normal flow of work: Before the induction of anesthesia (sign in), before the incision of the skin (time out), and before the patient leaves the operating room (sign out). In each phase, a checklist coordinator must confirm that the surgery team has completed the listed tasks before it proceeds with the next step of the operation.

The checklists create another layer of protection for patients by minimizing the chances of a preventable human error. Even if a surgeon is an expert, an error will be made 10 percent of the time. Some errors are minor, but some are catastrophic. When the physician, nurses, anesthesiologist, and other members of the surgical team go through the checklist together, the risk of error drops significantly. The 10 percent error rate becomes 10 percent of 10 percent.

“Redundancy helps reduce the chance of an error,” Dr. Rose said. “A five-person surgical team all with the same checklist is a very effective barrier to error.”

Early in the implementation process at McLeod Health, Dr. Rose found it was critical to have physician engagement. Communication and collaboration between the surgical team are also important in performing the checklists. Dr. Rose determined that one aspect of the checklist process was particularly effective in preventing errors, the debrief after surgery. “After every procedure the team asks the question: what could we have done better? What worked well? The process helps the team define and solve problems,” Dr. Rose explained.

At McLeod, the information gained from the checklist is used to train people to presume things most likely to happen and orient people in the operating room to actively prepare for failure. “The checklist should also suggest contingencies, meaning ‘here’s what we should do if X happens.’ While adherence to the boxes on the checklist is important, the rest of the impact is what people do with the information they learn,” he explained.

The Safe Surgery Checklists drove operational improvement in McLeod Health’s Surgical Services. The health system now has on-time starts greater than 80 percent. It has lowered case turnover time. After-hours surgery is less than seven percent of total surgical hours. Service excellence and surgery is one of top three drivers of physician satisfaction with McLeod Health.

Dr. Rose is pleased with the results. “It’s not just a checklist, it’s a cultural and behavioral change. Our great hope was that the behaviors embedded in the checklist would drive cultural change. So far this has been the case.”
CLEAN HANDS,  
Safe Patients

Hand hygiene is still the most effective way to stop the spread of infectious diseases among healthcare workers and the public. This simple fact led the South Carolina Hospital Association (SCHA) to launch its GSI: SC (Grime Scene Investigators) campaign and for Lisa McKinney, RN, to become its champion at Oconee Medical Center in Seneca, SC. “When I saw the program, I thought it was really cool. SCHA gave us all of the tools we needed; it was easy to implement,” reported McKinney in her cheerful Tennessee drawl.

The GSI:SC tools include easy-to-follow checklists to help hospitals develop their own hand-washing campaign along with data collection, compliance and monitoring tools. Clever props such as Grime Scene jump suits, body outlines, and yellow tape were provided to make the education portion of the campaign fun. The campaign was highly effective at Oconee Medical Center, said McKinney. “We went from 62 percent of our employees washing their hands when we started to 96 percent in March 2010. Our Critical Care Unit has gone one year without a central line infection and two years without pneumonia.”

McKinney offers these tips for success. “You must take a team approach and have a representative from each clinical area for buy-in and to bust the myths. You should also celebrate successes. A local Coke bottler donated Cokes to us to give to people who washed their hands. We also gave out cupcakes with lifesavers. Our results speak for themselves.”
One of the offshoots of national healthcare reform is that hospitals and physicians will become more interdependent in the future and will be encouraged to create mutually beneficial models that result in safer, more efficient and higher quality delivery systems. MUSC Medical University Hospital in Charleston is already ahead of the curve, having totally reorganized the health system into “service lines” focused on specific diseases, conditions, or in the case of Children’s Hospital, patient population.

Dr. Patrick Cawley is executive medical director for MUSC Medical University Hospital. He says there are significant advantages to the service line model of care. “First, it is more patient-centric. Care centers on the patient rather than physicians and nurses. For example, patients with digestive problems go to the MUSC Digestive Disease Center where they find all of their specialists, diagnostics, surgery, pharmacy, and social work in one place instead of having to go from doctor to doctor, place to place. It’s more convenient, quality is higher, and patients are more satisfied with their care.”

Dr. Cawley says the MUSC service line model also allows patients to stay with the same care team through the course of their illness, which also leads to higher quality care and emotional peace of mind. It’s also beneficial to physicians, nurses, pharmacists, and other members of the care team who work more closely and collegially as a service line.

Finally, Dr. Cawley says that service lines are a much more efficient way to deliver care, something absolutely essential at a time when resources and dollars are scarce. Delivering care in the most efficient manner possible will be even more critical as more Americans receive healthcare coverage.

Currently, MUSC Medical University Hospital has eleven service lines: Children’s Hospital, Digestive Disease Center, Heart & Vascular Center, Hollings Cancer Center, Medicine Acute & Critical Care, Mental Health, Musculoskeletal, Neurosciences, Perinatal, Surgery Acute & Critical Care, and Transplant.

MUSC’s re-engineered approach to care is working. In 2009, U.S. News & World Report’s America’s Best Hospitals named MUSC as one of the best hospitals in the country in six areas: digestive disorders; kidney disease; ear, nose and throat (ENT) disorders; gynecology; respiratory disorders; and rheumatology. This marks the thirteenth consecutive year that gastrointestinal disorders, part of the MUSC Digestive Disease Center, made the list.

Patrick J. Cawley, MD, MBA
Medical Director
Medical University Hospital
Didn’t take NO for an answer

**99% H1N1 VACCINATION RATE**

No one likes getting stuck by a needle. There’s no getting around it; it smarts. Yet in the fall of 2009, a potentially deadly H1N1 flu epidemic was sweeping the country. Certain populations, including hospital employees, were strongly encouraged to get flu shots. The Centers for Disease Control had its reasons. Hospital employees regularly come in contact with vulnerable populations and if sick with the H1N1 flu, could easily spread it to vulnerable patients. It was also important to keep healthcare workers healthy. If a major outbreak struck a hospital and the workforce was temporarily compromised, patient care would suffer.

Despite the recommendation, hospital workers across the country were avoiding the H1N1 flu shots like the plague, placing patients and themselves at risk. Georgetown Hospital System CEO Bruce Bailey decided early on he wouldn’t take no for an answer. The hospital system received its supply of H1N1 flu vaccine in July and made employee vaccinations mandatory in August and September.

"My job as a hospital administrator is to keep our patients and our employees safe; that’s job one. We had plenty of H1N1 flu vaccine so I made it clear all employees would be vaccinated. Our people got on board and 99 percent were vaccinated,” said Bailey.

Did the leader get an H1N1 flu shot? “Of course,” said Bailey.
Why is it that some people seem to have the inside track on everything? They know the news before it hits the web and major news outlets. They know who’s doing what sometimes before the person or organization is actually doing it. It’s almost as if they have a crystal ball and can see the future.

Ron Galloway is one of those people. He’s wired. Plugged in. In the know. Connected. And he likes to write and talk about it as a commentator on business and technology for The Huffington Post, CNN, CNBC, MSNBC, ABC’s World News Tonight and The Daily Show. He recently shared his perspective on what’s next for healthcare at the Third Annual South Carolina Patient Safety Symposium in March.

A graduate of Georgia Tech and resident of Augusta, Georgia, Galloway was an investment analyst for nearly 20 years. Most recently he directed the documentary film, Why Walmart Works: and Why that Makes Some People Crazy, a free market look at the world’s most

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**Black Swans: Bird or Revolution?**

Documentary filmmaker and commentator Ron Galloway referred to Walmart's entry into the healthcare arena as a “black swan event.” And while that might strike some as an “ugly duckling” moment—healthcare in Walmart?—that wasn’t Galloway’s intent when using the term, and more importantly, when predicting what is about to revolutionize primary care in America. Here’s what the term means.

Black swans are an exceedingly rare bird, something mankind has noted for centuries. The term black swan is a Latin expression and was used in the late first/early second century by the Roman poet Juvenal in the phrase “a good person is as rare as a black swan.” Sixteenth century Londoners also used the phrase to describe impossibility. That notion was disproved in 1697 when Dutch explorers discovered black swans in Western Australia. The term evolved to mean a perceived impossibility may later be found to exist.

The term resurfaced in 2007 in Nassim Nicholas Taleb’s book *The Black Swan*. He uses it to explain the occurrence of high-impact, hard to predict events that are beyond the realm of normal expectations and take the masses by surprise. Black swan events have three attributes. First, it is an outlier as it lies outside the realm of established expectations. Second, it carries an extreme impact. Third, in spite of being an outlier, people naturally make up explanations for its occurrence after the fact so that the randomness of a black swan was actually predictable. Taleb considers almost all major scientific discoveries, historical events, and artistic accomplishments as black swans. Some examples are the Internet, the personal Computer, World War I, and the September 11, 2001 attacks.
influential retailer that premiered inside the U.S. Capitol Building. Much of Galloway’s discussion at the symposium centered on Walmart’s march into the healthcare arena as a provider of primary care medicine, a march that is rapidly gaining momentum.

Galloway called Walmart’s entry into healthcare a “black swan event,” and pointed to other black swan events that have had a profound impact on life in America. “World War I, 9/11, the Internet—each of these historical events had a profound impact on life. They were unexpected and life was never the same again. Another example is Craig’s List; it killed classified ads in newspapers. No one expected it, but as a result, newspapers are floundering financially. Walmart’s impact on healthcare will have that same level of magnitude,” asserted Galloway.

“Medical clinics in Walmart will have weird and profound effects on healthcare.”

Galloway peppered the crowd with examples of Walmart’s size, strength, and influence over life in America and the world at large:

- 130 million people go into Walmart every week.
- Walmart grosses $374 billion annually.
- Walmart has 1.4 million employees.
- Walmart is the same size as Sweden.

Then Galloway shared things about Walmart that were not so expected:

- Walmart is not a store; it’s an information technology company.
- Walmart uses complex computer algorithms to run its empire.
- Walmart tracks weather—example hurricanes—and ships the appropriate merchandise to stores.

Then Galloway delivered the kicker: Walmart is going to have a Black Swan event and that event is they are entering the healthcare industry. They have both the data and the distribution channels (locations) to do it.

“I predict that soon we will begin barcoding’s people’s names to protect personal information.”

Already Walmart has more than 3,000 optometrist locations, making the number one retailer the number two provider of vision care services. People are already used to going to Walmart for vision. What’s to stop them from going to Walmart for healthcare? Consumers are already used to it.

Walmart is moving quickly, targeting retail health clinics staffed by nurse practitioners. It is joint venturing with hospitals to open co-branded primary care clinics within their stores. It’s also offering clinical training to healthcare students. Case in point: the Medical College of Georgia is rotating nursing students through the local Walmart as part of their training. Walmart also offers cheap prescriptions and immunizations like swine flu shots. The retail giant’s next target is electronic medical records, which it plans to market.

What this means to Americans is mind boggling in terms of who has their hands on your data. The effect on emergency rooms will also be profound. Galloway predicted that 12.5 percent of patients who would have gone to ER will now go to Walmart.

“In healthcare, it’s about trust and people trust Google.”

Walmart isn’t the only non-healthcare company that is setting its sights on this necessary and lucrative market. Google wants to be in healthcare. People trust Google. The web baron also sees opportunity in electronic health records. “Google has the technology, they have the eyeballs, trust and mouse clicks,” said Galloway. “The only thing holding them back right now is that they don’t know the politics.”

Google also wants to be in the payment market. Eventually, predicted Galloway, consumers’ medical records will reside on their cell phones and they will pay bills with their phone.

Cloud computing will revolutionize healthcare. Doctors and nurses will use portable devices like iPads instead of laptops. Instead of having to log into a computer to bring up a patient’s records, Bluetooth will make medical records pop up on the iPad in the patient’s hospital room. The technology is a natural for the medical market.
In December 2008, the Institute for Healthcare Improvement (IHI) launched a new program called IHI Open School. The concept is novel. It is designed as an inter-professional educational community that gives students the skills to become change agents in healthcare. Through university and college-affiliated chapters, online courses and social networks, students in medicine, nursing, pharmacy, social work, public health, and other fields of study come together to learn important skills around quality improvement, patient safety, teamwork, leadership, and patient-centered care. Hospitals and other employers want these skills, but few schools offer them. IHI Open School fills the void.

The IHI Open School concept intrigued Dr. Rick Foster, senior vice president, Quality & Patient Safety, for the South Carolina Hospital Association (SCHA), and he volunteered to help establish IHI Open School chapters in South Carolina. With the help of SCHA Quality and Patient Safety program coordinator Kimberly Hubbard, MHA, Clemson University, the Medical University of South Carolina and the University of South Carolina soon had IHI Open School Chapters. Thus, South Carolina became the first state in the country with a statewide IHI Open School network linked to a hospital association.

According to Hubbard, one of the tremendous values of IHI Open School is that it breaks down the long-standing silos between healthcare disciplines, teaching students in medicine, nursing and pharmacy for example, how to work together. One popular exercise is for university chapters to work with a mentor hospital as a multi-disciplinary team on an issue. In January, Aiken Regional Medical Center hosted the USC Open School to discuss door-to-balloon (heart attack) care. In February, Palmetto Health hosted the group for a discussion on preventing MRSA infections. USC averages more than 100 students per meeting.

Although IHI Open School is new in South Carolina, some exciting additions to the program have already been made. Students in global supply chain and operations management can participate. Roper St. Francis Healthcare in Charleston is home to the first South Carolina hospital-based chapter and has engaged its physicians, nurses, and other staff in the program.

Seventy-eight medical, nursing, pharmacy, public health, social work, and engineering students from Clemson University, the Medical University of South Carolina and the University of South Carolina attended IHI Open School held in conjunction with the Third Annual Patient Safety Symposium in Columbia March 17 and 18, 2010.

IHI OPEN SCHOOL:
Transforming healthcare education

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Q. What makes IHI Open School unique?
A. Traditionally, students in healthcare education were taught separately, then thrown into the professional world and expected to know how to work with the different areas. IHI Open School teaches the students how to work as a system—med students, pharmacy students, nurses, and administration. It gives students the opportunity to begin talking to the different areas of healthcare professions before they step into the real world.

Q. How is USC School of Medicine involved in IHI Open School?
A. We’re working with the South Carolina College of Pharmacy and the USC Arnold School of Public Health, and starting to work with the USC College of Nursing. For 18 months, we’ve implemented the IHI Open School curriculum.

Q. What is the value to medical students?
A. With IHI Open School, students have a better understanding of how the healthcare system works, not just their area of expertise. Knowing how the entire system works will improve the quality of care and help prevent errors in the medical field because students will be thinking more strategically about the other pieces of the puzzle that fit in with the work they are doing.

Q. Why is IHI Open School important?
A. It’s important because it instills a variety of principles in students at a much earlier stage in their careers. We are able to discuss patient safety and quality improvement mechanisms as inter-professional teams, thereby teaching these principles while simultaneously educating the students about the assets and knowledge other health professionals bring to the table. They learn how to function as inter-professional teams for the greater good—to improve patient outcomes.

Q. How is the South Carolina College of Pharmacy involved?
A. We have invited students from all four years of pharmacy school to attend IHI Open School meetings and have been quite pleased with the turnout. Students from all four years attend most meetings. The South Carolina College of Pharmacy is working to incorporate more inter-professional and quality improvement learning experiences in our curriculum.

Q. What is the value to pharmacy students?
A. First, they discover all they have to offer other healthcare professions. They are trained as the medication experts and can bring this knowledge to a variety of situations. Additionally, they learn to think like other healthcare professionals and function as a team to reach the same goal. It teaches them to methodically and efficiently work through a problem and develop a reasonable solution.

Q. How does it benefit their future patients?
A. By learning to work together as a team, healthcare professional students learn how to communicate more effectively and understand each other’s roles. As a result, patient outcomes will improve.
PART OF THE SOLUTION:
BlueCross BlueShield of South Carolina

SCHA’s Every Patient Counts initiative is designed as a statewide collaborative that includes stakeholders from across the healthcare arena. One of its members is BlueCross BlueShield of South Carolina. In 2008, BlueCross named Dr. Laura Long as its first vice president of Clinical Quality and Health Management. She leads the company’s efforts in clinical quality improvement and health and disease management strategies and programs.

Q. BlueCross created a new position for you. Why?
A. Our president, David Dunlap, believed BlueCross had to change the way it did business and work with hospitals and physicians on quality improvement and disease management initiatives. Our members, South Carolina’s employers, want healthy employees who are productive at work. The citizens of our state are plagued with chronic disease, which needs to change. BlueCross wanted to align its insurance policies and benefits with quality and public health improvement. I was fortunate to be chosen to lead the effort.

Q. What are some of the changes BlueCross has made?
A. One important thing that we’re doing is using the same quality metrics as SCHA and its member hospitals. We collect and measure the same data. It helps us know where to invest our money and efforts. When it comes to improving chronic diseases like diabetes, hypertension and heart disease, we’re not in silos, we’re working from the same script and can get results more quickly.

Q. How are you working with SCHA?
A. As a member of Every Patient Counts, we are involved with many of the quality improvement initiatives. One example is GSI-SC, which promotes hand hygiene. We put together “Grime Scene” toolkits for our member employers to use with their employees. BlueCross also is offering incentives to hospitals whose board members and executives participate in SCHA’s Best on Board program, which teaches them about healthcare governance and quality.

ENGAGING
Board Leadership

In 2009, SCHA introduced a new program called “Best on Board” that is designed to advance hospital governance and leadership in South Carolina. The program is the first of its kind for hospital trustees in the nation, offering participants an evidence-based approach to learning about the critical issues facing hospitals today. Best on Board participants earn certification that demonstrates their commitment to safe, high quality hospital care.

Roper St. Francis Healthcare in Charleston was the first hospital/health system in the state to commit its board of trustees to attend the voluntary program. As of May 2010, 29 hospital/health system trustees had completed Level 1:

Essentials of Healthcare Governance. Roper St. Francis President and CEO David L. Dunlap, FACHE, says board engagement and education is essential to making hospitals the best and safest they can be.

“Through the SCHA’s ‘Best on Board’ program, our trustees gain new insight and a common understanding of the challenges facing hospitals and healthcare providers today,” said Dunlap. “This not only provides an opportunity for meaningful interaction between our administration and boards, but also provides a rock solid foundation for us to strengthen our working relationship, effectively lead the organization and stay at the forefront of patient care, quality and safety.”
Dr. Charles Sasser was introduced to death at an early age. His father, a beloved country doctor, died when young Charles was just eleven. The day after his father’s death, his mother offered some profound advice: “Go find your father.” Thus began a journey that lead to a wonderful marriage to a patient woman, three gorgeous daughters, grandchildren, a career as an internal medicine physician, and a unique perspective to patients that helps them embrace the end of life rather than fear it. In this way, Dr. Sasser has changed untold lives for the better with his compassion, innovative thinking, and leadership in the area of palliative care.

For those unfamiliar with palliative care, it is a form of care that seeks to reduce the severity of disease symptoms rather than trying to halt or cure a disease. The goal is to relieve suffering and improve quality of life and is typically rendered at the end of one’s life. In 2003, with the help and leadership of Dr. Sasser, Conway Medical Center introduced South Carolina’s first fully interdisciplinary hospital-based palliative care program to assist patients with potentially life-ending diseases. The new program was a natural progression of Dr. Sasser’s 35-year medical career and the lives of his patients.

“Over the years, many family, friends, and others in the community chose me as their physician, and in the process I have been witness to, cared for, presided over their physical decline. Trying to take care of dying people at home was frustrating—we had no formal system of care. That changed when we started our palliative care program. The end of life became a positive, meaningful experience for everyone,” Dr. Sasser explains.

The secret is a non-hierarchical team approach to care, where the caregivers, patient, and family members work together to transform the process of death. “We all bring our gifts: hospital, doctor, nurse practitioner, social worker, and chaplain. We work with the patient and family to ease the way,” he says.

Having a palliative care program requires a major commitment from hospitals. Only doctors and nurse practitioners can charge for their services. Hospitals must underwrite the care provided by social workers and chaplains. Still, says Dr. Sasser, **not only is it the right thing to do, palliative care helps hospitals provide care more efficiently and avoid costs.**

After seven years with Conway Medical Center’s palliative care program, Dr. Sasser maintains his enthusiasm. “I am proud of the patients who raised me and taught me the importance of providing state-of-the-art care at the end of life. Attending the suffering of remarkable people at the end of life’s journey when the banalities and facades are swept away and the meaning and value of life is discovered anew claims my attention in a powerful way,” he says simply.

Dr. Sasser’s journey of transformation is felt on many levels, at the bedsides of his patients and those of patients across the state. Today, there are 20 hospitals in South Carolina certified in palliative care. It is definitely a blessing and a tribute to one man who went to find his father and ended up finding a new way to care.
Three years ago Dr. Shawn Stinson came to Public Relations for help. Palmetto Health’s vice president for Clinical Quality and Patient Safety had a dilemma. The health system’s hand hygiene performance was abysmal, just 40 percent of its employees were washing their hands. While on par with many hospitals across the country, it wasn’t acceptable to Dr. Stinson, who is the steward for patient safety at one of South Carolina’s largest health systems.

Tim Floyd, who has worked in the public relations departments of Palmetto Health, and before that, Richland Memorial Hospital, for 18 years, knew that to change the behavior of physicians and employees, the communications effort couldn’t be about smiling babies and daisies blooming in a field. No, it had to be something more visceral, edgy; something that reflected the deadly nature of dirty hands.

Floyd explains. “The worst of the worst infections are found in hospitals. Doctors and nurses go from patient room-to-patient room, taking bacteria with them. The best way to combat infections is through proper hand hygiene.”

After brainstorming with the Public Relations team, Floyd brought an idea back to Dr. Stinson and the Palmetto Health Quality team. Before he revealed the posters, screen savers and e-blasts, he warned them that not everyone would like the marketing messages. However, he added, the only way Palmetto Health was going to change its hand washing behavior was to make people uncomfortable. “People can’t see germs so in a sense they don’t exist and people aren’t motivated to wash their hands. I wanted to make germs visible and scary so our people would do the right thing,” Floyd says.

The hand-washing message took the form of movie posters—some would say horror movie posters. In one, a doctor’s raised hands cast a shadow of a snake with dripping fangs. In another, a nurse’s hands cast a shadow of a monster. The copy uses humor to convey the idea of the danger that lurks on dirty hands. The eye-catching visuals also appeared on e-blast messages and as computer screen savers.

Tim Floyd
Graphic Designer, Brand Manager
Palmetto Health

IN-YOUR-FACE MARKETING
Takes HAND HYGIENE To New Heights
The response was immediate. “People either loved it or hated it. Employees were calling Dr. Stinson to complain. Some called our CEO, Chuck Beaman, to complain. Fortunately, they’d been forewarned and had a prepared response, ‘Yes, it’s scary, but infections killing patients are scary, too,’” Floyd says.

The campaign remained “in employees’ faces” for 12 months, says Floyd, and at the end of the year, Palmetto Health’s hand hygiene compliance had more than doubled to 85 percent. Morbidity rates also were down. Dr. Stinson was elated and tapped the Public Relations department for a follow-up hand-washing campaign. This time the veteran marketing man suggested a fuzzier approach that wasn’t particularly the “warm and fuzzy” puppies and kittens images hospital employers typically favor for things like computer screen savers.

“The theme was ‘Wash Your Bare Hands’ and used bears in various care settings in place of doctors and nurses. Again, the response was immediate. An irate physician emailed Public Relations and said the ‘wolf’ in the ad was about to eat a child and couldn’t we use something less scary? The campaign continued,” says Floyd.

Like the first campaign, the second one struck a nerve with Palmetto Health physicians and employees. The rate of hand washing compliance continued to climb. Currently, hand hygiene performance at Palmetto Health is consistently at or above 95 percent, an off-the-charts success rate that is more than double the national average.

How does it feel to have played such a key role in transforming patient safety at Palmetto Health? Floyd is humble and matter-of-fact. “Making people uncomfortable was the only way to make people change their behavior and ultimately save lives.”
When I accepted the position at the South Carolina Hospital Association to lead the quality and patient safety initiative, the state was a blank canvas, open to all possibilities. Today, like Tim Floyd’s inspirational painting, *Edge of Change*, South Carolina’s hospitals are awash with successful programs that are lifting our state to the top of the nation in quality and patient safety. No one is more appreciative of these efforts than the patients and families we serve.

What is satisfying to me is that all of our hospitals and countless other stakeholders have come together under the Every Patient Counts umbrella to bring about transformational change. We are truly working together, collaboratively and collegially, to do what’s best for our state, our communities, and our fellow men and women. At this year’s South Carolina Patient Safety Symposium—our third and best ever despite the challenging economy—best practices were shared during formal presentations and panel discussions and informally during meals and breaks. I am sure these conversations have made their way back to hospitals across the state and are inspiring a new round of involvement and ultimately, more successes.

Thanks to the open minds and willing hands of physicians, hospital leaders and staff, organizations like Health Sciences South Carolina and PHT Services, Ltd., advocates like Mothers Against Medical Error, and individuals like the late Michael Farnsworth, the road to transformational change is becoming well traveled in South Carolina. The results are very clear. Our state’s hospitals are now among the nation’s elite in terms of safety and quality outcomes. Examples are throughout this report. The good news is that we’ve only just begun.

If you were not able to attend this year’s South Carolina Patient Safety Symposium, I would encourage you to join us in The Pinky Promise. Believe me, it works.

If you would like to learn more about Every Patient Counts, we encourage you to visit scha.org.

THE PINKY PROMISE

For our patients,
For our families,
For each other,
We join pinky fingers and pledge:
To lead others to transform.
To encourage others to perform.
To be a champion for reform.
To be a voice to inform.
To first do no harm.

*We Promise!*