

MSM at Grady

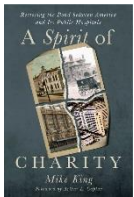
ASSOCIATE DEAN'S MESSAGE



The “Just Culture” training was awesome! I encourage everyone to participate in the trainings in the future. As we continue to embark on this journey of providing excellent and safe patient care, I would like to announce that Dr. Lori Singleton will be providing a Patient Safety/Quality Improvement column in the newsletter. We look forward to keeping you informed as a MSM community at Grady. Until next time, BE SAFE and BE WELL.

[~ Yolanda H. Wimberly, MD, MSc, FAAP](#)

NEWS



[Mike King's A Spirit of Charity: Restoring the Bond Between America and its Public Hospitals.](#)

Journalist, Mike King concentrates on Atlanta's Grady Hospital in order to reveal major problems within public hospitals and how they can be restored.

AANE NOMINATIONS OPEN



The 11th Annual Academy Awards for Nursing Excellence nominations are open. Submit your nominations for outstanding nurses who go above and beyond the call of duty

for patients, families, Grady, the medical staff, and the profession of nursing. The nominations will close Friday, August 26th at 5:00pm. Also, plan to attend the leading Nursing Awards Gala on Saturday, November 12th.

AMBULATORY NEWS

Grady Works to Increase Skill Level

Grady is pleased to announce the transition of their current Clinic Assistants to Certified Medical Assistants is underway.

Moving from Clinic Assistants to Certified Medical Assistants will:

- Raise the skill level of the staff.
- Provide higher level of service to providers, staff, and patients.
- Invest in the education of current CA staff.
- Support increased efficiency in clinic throughout to include:
 - Greater Epic access, thus enabling more info entered in the record which will reduce the number of “clicks” a provider needs to make during a visit.
 - In-basket/pool coverage—scrubbing of messages to ensure providers are routed only the messages that require action.
 - Assist providers with patient exams and/or minor office procedures.
 - Conduct blood glucose testing and lab specimen collection.
 - Complete insurance forms.
 - Record patients' medical history, vitals, and test results in the medical record.
 - Prepare and administer medications and vaccines as directed by a physician.
 - Document current medications. (Medication reconciliation)

Grady currently has 17 Certified Medical Assistants working throughout the clinics and NHC's, and

AMBULATORY NEWS (CONT.)

more are being recruited. Whenever there is a vacancy, they will assess the skill mix and recruit for CMA's where appropriate.



There are over 30 current Clinic Assistants who have registered for school to become a Certified Medical Assistant. This process will take 9-12 months; upon successful completion of school and the certification exam, the current CA's will be CMA's and function at this new skill level.

In-basket/Pool Revamp

Grady's Ambulatory Operations Improvement (AOI) Clinic Ops workgroup has been busy streamlining how messages are routed and handled via in-basket and pools. Retraining will begin for all staff and physicians on how in-baskets and pools function and how to appropriately route messages so that both sender and receiver are working with the same understanding.

Benefits of this work will be:

- Pool names standardized
- Pools easily identified
- Improved routing on in-basket messages
- Correct users are assigned to each pool
- Practice managers are attached to each pool for which they are responsible
- Reduction in the total number of pools by clinic thus easier to manage
- Reduction in the number of unanswered messages
- Improved response time
- Better utilization of in-basket management
- Improved routing of in-basket messages
- Staff assigned to work the pools throughout the day every day

This is targeted to be complete by the 4th quarter of 2016.



GRADY STANDARDS OF SERVICE EXCELLENCE

Grady's Standards of Service make up the framework of the quality care they provide. Each month, a new standard of behavior is highlighted and promoted among the employees throughout the health system. August's standard of behavior is **Communication**.

Grady employees are expected to always communicate the right information to the right person at the right time and to always live up to these standards while on duty. This includes:

- Use "words that work" such as please, thank you, it's my pleasure, and consider it done.
- Promptly answer call lights, telephones, and pages.
- Use easily understood and appropriate language when giving information to patients and families. Engage interpretative services as needed. Avoid technical or professional jargon.
- Use SBAR (Situation, Background, Assessment, Recommendation) when giving "hand-off," during shift report at the bedside, or anytime care is being transferred from one provider to another. Use a trip slip when transporting to procedures.
- Never discuss information about patients or hospital business in public places.
- Escalate patient care issues and concerns to the appropriate person as needed.
- Use AIDET: Acknowledge, Introduction, Duration, Explanation, Thank You

It takes all of us. We are Grady.



WELCOME TO MSM



Please join GME in welcoming Ms. Anita "Tia" Adams to the Department of Surgery as the new Program Manager. She is from Savannah, Georgia and

received her Bachelor's degree in Healthcare Management from Albany State University. She also received her Master's degree in Health Services Administration from Strayer University. Ms. Adams has previously served as the Program Administrator for University of Florida College of Medicine Emergency Medicine Residency Program.



Join us in welcoming Tiffany Donald to the GME office. She will be serving as the Software and Database Manager.

FAREWELL AND BEST WISHES



MSM Residents say goodbye to their charge nurse, Nurse Creary on her last day at Grady.



Djana Harp, MD
Assistant Professor
Obstetrics & Gynecology

FACULTY SPOTLIGHT



John W. Hunter, Jr., M.D.
**Department of Community Health
and Preventive Medicine**

Dr. John W. Hunter currently serves as Assistant Professor in the Department of Community Health and Preventive Medicine at Morehouse School of Medicine.

He joined the department in December of 2014 as a primary care physician at the Grady East Point Health Center. In an interview with Dr. Hunter, he expressed excitement over the opportunity to return to MSM and serve in this very important capacity at the Grady East Point location. He enjoys working with the medical students and residents as well as the patients at the site.

After graduating from Grambling State University with a major in Biology, he completed his medical degree at the Morehouse School of Medicine in 1987. Dr. Hunter later completed the Family Medicine residency program at MSM in 1990 and became board certified in Family Medicine the same year.

Dr. Hunter has an extensive career as a primary care physician in various organizations, including Kaiser Permanente, the Cobb County Board of Health, and Southside Medical Center.

RESIDENT ASSOCIATION CORNER



What is "Just Culture"

Kevin M. Simon, M.D.

What comes to mind when you think about the phrase "Just Culture"? Is it simply the new catch phrase of the moment, perhaps it relates to health disparities? These are some of the ideas I had prior to participating in the Grady Just Culture training a few weeks ago.

Consider the following dilemmas:

- An experienced surgeon sees a new piece of equipment at a conference. Back at the hospital, a sales representative persuades him/her to use the equipment for a procedure. S/He has never used the equipment before and accidentally punctures the patient's bowel. The surgeon repairs the bowel and the patient fully recovers. The OR had a policy that says new equipment will be officially approved and training will be conducted prior to its use. Does the outcome make a difference?
- A Psychiatric and Anesthesia team defends skipping the pre-ECT timeout on the basis that no adverse event occurred during the previous treatment. Do we condone this violation?
- An attending physician tells a resident physician to obtain a specific blood test. The resident forgets. Fearing the wrath of the supervising physician, the resident reports that the result is normal. How do we deal with this breach?

These are just a few examples of dilemmas that may be addressed with the philosophy of a just culture. Just culture refers to a values-supportive model of shared accountability. A just culture is one in which personnel, all hospital employees, feel free to report errors and conditions – even their own errors – without fear of the bounce back upon themselves or their coworkers. Just culture requires a change in focus from errors and outcomes to system design and management of the behavioral choices of all employees.¹ A just culture recognizes that many individual or active errors represent predictable interactions

between human operators and the system in which they work. However, in contrast to a culture that flaunts no blame as its guiding principle, a just culture does not tolerate conscious disregard of clear risks to patients or gross misconduct, such as falsifying a record, performing professional duties while inebriated, etc.

Dr. Lucian Leape, thought leader in the field of Patient Safety and Professor of Health Policy - Harvard School of Public Health, testified before Congress on Health Care Quality Improvement a suggested the single greatest impediment to error prevention in the medical industry is "we punish people for making mistakes."² Leape is credited with identifying six major changes required in most hospitals that begin the journey to a culture of safety:

1. We need to move from looking at errors as individual failures to realizing they are caused by system failures
2. We must move from a punitive environment to a just culture
3. We must move from secrecy to transparency
4. Care must change from being provider-centered to being patient-centered
5. We must move our models of care from reliance on independent, individual performance excellence to interdependent, collaborative, interprofessional teamwork
6. Accountability must be universal and reciprocal, not top-down

The fact is people make errors, which lead to accidents. Accidents lead to deaths, and based on an analysis by researchers at Johns Hopkins Medicine study estimates that more than 250,000 Americans die each year from medical errors.³ On the CDC's official list, that would rank just behind heart disease and cancer, which each took about 600,000 lives in 2014, and in front of respiratory disease, which caused about 150,000 deaths.⁴ Unfortunately, the typical solution for many of these cases is to blame the people involved. But if we find out who made the errors and punish them, have we really solved the problem? No! Why not? Because the problem

RESIDENT ASSOCIATION CORNER (CONT.)

is seldom the fault of an individual; it is the fault of the system. Changing the people without changing the system will with certainty preserve the problems.

Now, how does an organization like Grady get started with a just culture initiative and ensure that all staff members feel free to report errors? First, the just culture philosophy will not take root without the understanding and support of everyone in the organization. Second, we need to communicate, remind and emphasize the just culture to everyone. Lastly, there needs to be organizational leadership that fully supports the concepts of a just culture and regularly encourages staff to report errors without judgement. The type of leadership that not only encourages but participates in just culture training sessions, which has occurred.

A fair and just culture improves patient safety by empowering employees to proactively monitor the workplace and participate in safety efforts in the work environment. Improving patient safety reduces risk by its focus on managing human behavior (or helping others to manage their own behavior) and redesigning systems. In a just culture, employees are not only accountable for their actions and choices, but they are also accountable to each other, which may help some overcome the inherent resistance to dealing with impaired or incompetent colleagues.⁵ Secondary benefits of a just culture include the ability to develop a positive patient safety profile to respond to outside auditors such as The Joint Commission.⁶ When implemented, a just culture fosters innovation and cross-departmental communication.

We're on our way with systems in place such as online incident reporting. I am proud to be training in an environment fostering a just culture, while striving to improve the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent and ethically responsible manner.

References:

1. Boysen, P. G. (2013). Just Culture: A Foundation for Balanced Accountability and Patient Safety. *The Ochsner Journal*, 13(3), 400–406.
2. Leape, L. (January 25, 2000). Testimony, United States Congress, United States Senate Subcommittee on Labor, Health and Human Services, and Education.
3. Makary MA, Daniel M. Medical Error: The Third Leading Cause of Death in the United States. *BMJ*. May 4, 2016.
4. Deaths: Final Data for 2013. *National Vital Statistics Report*. [Internet]. 2016 Mar; Available from: <http://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>
5. Wachter R. Personal Accountability in Healthcare: Searching for the Right Balance. *The Health Foundation*. 2013 May 2012.
6. The Joint Commission. *Leadership Committed to Safety*. 2013

AUGUST AND SEPTEMBER 2016 EVENTS

Friday, August 19—Fundamentals of Healthcare Leadership Session: “Building and Maintaining Effective Teams” at 12pm in FOB 101

Thursday, August 25—Faculty Development Seminar Series at 9am in NCPC Boardroom

Friday, September 16—32nd Fall Convocation, White Coat & Pinning Ceremony at 10am in NCPC Auditorium

Saturday, September 17—Community Engagement Day at 9am in NCPC Atrium

Wednesday, September 21—Annual MSM Community Preceptor Appreciation Dinner in NCPC Atrium



To submit news, email Paulette Neal-Parham at pneal-parham@msm.edu, subject line “MSM at Grady News.”