

Always Events – Turning Never Events into a Smile



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When the Centers for Medicare and Medicaid Services began to refuse continued coverage for what it termed “Seriously Reportable Adverse Events,” commercial payers also followed suit by declining to pay for what they termed “Never Events.” This caused a major uproar in the medical community, not because doctors were unconcerned about medical errors, but because these broad labels often do not allow for consideration of mitigating factors. It is one thing when a wrong site surgery occurs, but it is another when a patient develops a stage 3 or 4 decubitus ulcer during a hospital stay. Both of these are considered “Never Events,” but one can more easily imagine the explainable circumstances that might result in the decubitus than in the wrong site surgery. Two years ago, Dr. Gordon Tobin wrote a very compelling opinion piece in *Louisville Medicine* about the potential issues with “Never Events.”

The phrase “Never Events” now evokes strong feelings in both medical and consumer circles. The Picker Institute has seized the concept and stood it on its head to come up with the notion of “Always Events.” Picker is looking to identify those elements of the health care experience that should always happen from a humanistic perspective. As physicist/inventor Harvey Picker stated in 2006: “I think we’re all convinced that it is possible to treat patients as human beings, meeting their wants and worries, as defined by them, and not the doctor.”

This group is looking for more than patient-centered care. It wants “patient preference-driven care.” So those events that should always occur should not be doctor-driven as much as determined by patient choice. Further, the concept of “Always Events” implies a system that looks not at what is wrong with medical care today but searches for the elements that are “right,” i.e. those valued by most patients. By identifying the elements that should always occur from the patient perspective, then systems can be re-engineered to ensure that they do, in fact, always happen.

TURNING CONCEPT INTO ACTION

The Picker Institute staff began this process through a series of focus groups. Some were with patients and family advisers at St. Vincent Medical Center in Connecticut and at Vanderbilt Medical Center. Other focus groups worked with the staff at Hennepin County Medical Center in Minneapolis, St. Vincent Medical Center and the University of Pittsburgh. From these focus groups, it became clear to Picker that there were four requirements for a patient preference-driven “Always Event.”

1. Significant – The event must be significant to patients.
2. Evidence-based – There should be literature support to demonstrate that the event has a positive impact on patient care.
3. Measurable – Short of counting smiles, the event needs to be measurable. It is more difficult to change processes if the results cannot be measured.
4. Affordable – While patients may prefer one-on-one nursing or rooms appointed by the Ritz-Carlton chain, neither would be affordable. But many actions that patients would prefer are inexpensive and involve human relationship and respect.

These elements are intuitive but move the concept of “Always Events” from being a cultural phenomenon to one that can employ human engineering to affect changes intended to improve health outcomes and the patient experience with the care process. A health initiative such as increasing hand washing between patients in the hospital is one where the outcome of frequency of hand washing is not easily measured. But the reductions in iatrogenic infections can be. By the same token, Dr. Peter Pronovost’s concept of using a checklist before surgery is a process measure with outcomes measured by reduced surgical mortality. “Always Events” need to be identified so that they can have both process measures and outcome measures.

ENGAGING LEADERS TO GAIN ENERGY

This spring the Picker Institute invited a panel of 25 leaders from health groups, consumer groups and measurement organizations to a meeting in Washington for a one-day session to take the principles defined from the focus groups, turn them into directions and then garner support from those organizations. Key leaders from health care included Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality, Dr. Paul Cleary, dean of the School of Public Health at Yale, and Dr. Modena Wilson from the AMA. Senior leadership from the Joint Commission, NCQA, CMS, Consumers Union, AARP, National Quality Forum, the Institute for Healthcare Improvement, American Hospital Association and AFL-CIO were all present for the discussion.

Based upon the focus groups and from the results of their own

organizational studies, this panel focused on two dominant areas for the development of "Always Events:" communications between patients and physicians and between physicians and consultants, and transitional experiences between hospital and home or hospital and skilled nursing facility. The GLMS Quality Improvement and Patient Safety Committee had previously identified the transition of care as an area where patient safety needs to be tightened. Now the Picker Institute's panel is indicating that this is also an area where patients want to see significant improvement.

Boston Medical Center's Project RED is an example of a patient preference-driven improvement. The name, Project RED, is an acronym for Re-Engineered Discharge. Patients are always given a color-coded, easily interpreted set of instructions at the time of discharge (example at: <https://www.bu.edu/fammed/projectred/publications/AHCP.pdf>). Project RED was developed in collaboration with the AHRQ, which has found that by always providing clear, easily understood discharge materials, Boston Medical Center experienced a 30 percent reduction in readmission and ER visits.

The concept of measuring communication and improved transition of care as accountable patient experiences is being developed to include both the hospital and physicians. Some of the measurement will undoubtedly come from the existing Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys. These surveys can capture patient experience with both doctors and hospitals. The panel felt that both hospitals and doctors had enough measures now, so that creating new tools would not be necessary.

Picker is planning a series of meetings this summer to further flesh out the details. But it is clear that the concept of "Always Events" for hospitals and doctors is the medical measurement equip-

alent of that popular management tool of "Always catch someone doing it right!" Physicians are likely to want to participate in discussions about these positive and important aspects of the care experience. **LM**



THE STARTING POINT FOR "ALWAYS EVENTS" FROM THE PICKER INSTITUTE

Principles of Patient-Centered Care

- Involvement in decisions and respect
- Empathy and emotional support
- Physical comfort and a clean, safe environment
- Involvement of family and friends and support for caregivers
- Effective treatment delivered by staff you can trust
- Clear, comprehensive information and support for self-care
- Continuity of care and smooth transitions
- Fast access to reliable health advice

Note: Dr. James is medical director of Humana's National Network Operations and practices Pediatrics/Internal Medicine at Norton Community Medical Associates-Audubon West.

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