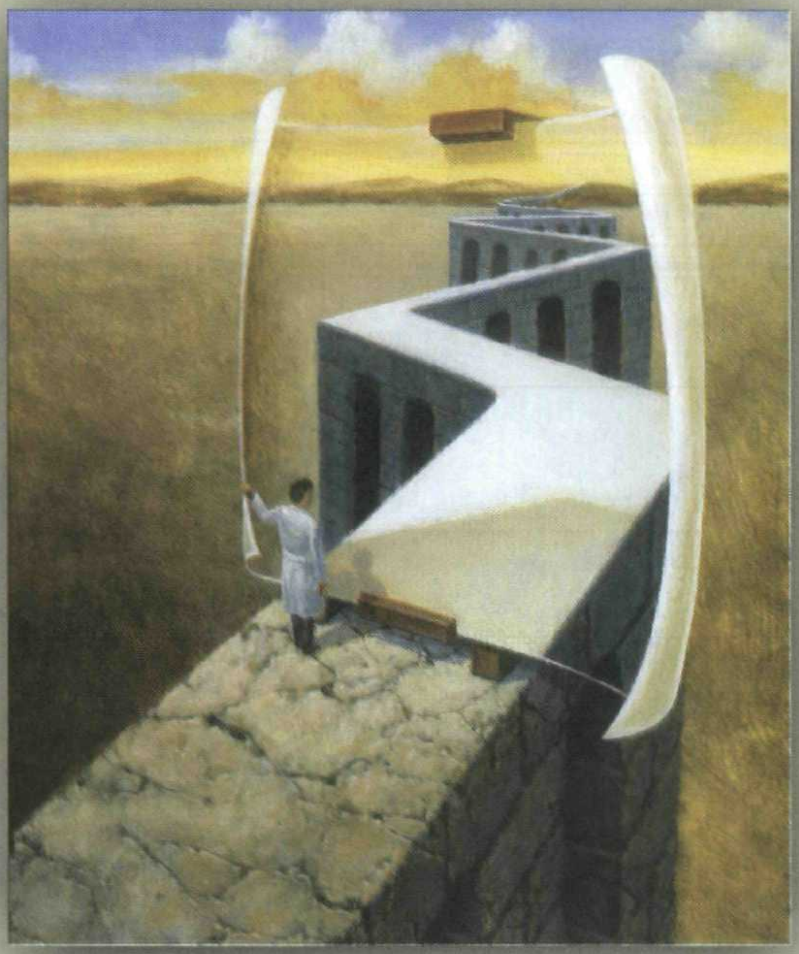
SPECIAL SECTION

*Catholic Health Care Has Committed Itself to Creating a "Culture of Safety"*



**BY SR. PATRICIA TALONE, RSM, PhD**

*Sr. Patricia is vice president, mission services, Catholic Health Association, St. Louis.*

# PATIENT SAFETY AND THE MINISTRY

The adage, "Above all, do no harm," from the Hippocratic oath, is the primary mandate that every physician pledges at the outset of his or her medical career. Hospitals, long-term care facilities, and other caregiving organizations similarly share in the physicians' commitment to nonmaleficence. For those committed to serving within the Catholic healing ministry, the Old and New Testament injunction to "love your neighbor as yourself" (Lv 19:18 and Lk 10:27) offers an even more essential exhortation. We are called to treat the sick with the same devotion and tenderness that we would hope for ourselves. It is not sufficient to minimally avoid harm—we must do good for and to our neighbor.

The Institute of Medicine (IOM) report, *To Err Is Human: Building a Safer Health System,* published five years ago this month, issued an alarming clarion call to physicians, systems, and institutions across the country.[1] Subsequent to the publication of the IOM reports, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in 2002

issued *The Physician's Promise: Protecting Patients from Harm*, and in 2004, *Meeting JCAHO's National Patient Safety Goals*, among others. JCAHO now evaluates and ranks health care facilities according to patient safety benchmarks. CHA's Physician Committee, after reading and reflecting upon the IOM's 1999 report; its subsequent 2001 report, *Crossing the Quality Chasm: a New Health System for the 21st Century*[2], and JCAHO's 2002 text, determined to dedicate its energies to confronting this issue.

The Physician Committee realistically recognized that even broad-based programs to ensure patient safety will not prosper unless everyone involved in patient care recognizes that this avoidance of medical mistakes is necessary not merely to avoid litigation, not merely to conform to JCAHO standards, but because it is the right thing to do. Such recognition arises from the very nature of Catholic health care's identity. It makes tangible Catholic health care's covenant with the sick. Commitment to and excellence in patient safety must arise from the very culture of health care. And so, the Physician Committee determined to dedicate its 2002 Physician Leader Forum to patient safety, inviting David B. Pryor, MD, senior vice president, clinical excellence, Ascension Health, St. Louis, to lead the group in a discussion about fostering a culture of safety, rather than a culture of blame. Pryor's keynote address, "We Have No Choice," led to the brief patient safety survey that CHA sent to its members in November 2003.

## Leading by Example

As physician leaders in Catholic health care analyzed and addressed issues of quality and safety in our health care delivery system, a separate but complementary CHA task force, Envisioning a Future Health Care Delivery System, devoted itself to asking, "Is our health care delivery system as competent and beneficial as it could be, and, if not, what can we, as a ministry engaged, do to ensure that the future health care delivery system is improved?" The task force, made up of clinical, public policy, and administrative leaders, concluded that while our current system is often breathtaking in its accomplishments, rich in technological advances, and practiced by the world's most highly trained and skilled professionals, it fails to meet its potential. The task force advocated concrete steps to contribute to the social movement toward transformed health care delivery. Among these, and relevant to the IOM's studies, is the recommendation that "all Catholic health care facilities lead by example and strengthen the credibility of Catholic health care" by improving and reporting quality indicators in acute and long-term care.

**CHA's Physician Committee dedicated its 2002 Physician Leader Forum to patient safety.**

This issue of *Health Progress* arises from these two corresponding groups, providing a critical resource to boards, sponsors, and administrative and clinical leaders as they work concretely to transform our health care delivery system. Physicians and nurses, as well as theologians and administrators, delve deeper than the "what" of patient safety, analyzing the "why" and the "how" of the challenge before us.

Fr. Michael D. Place, STD, CHA's president and CEO, in "Quality and the 'Efficacious Work of God,'" (p. 21), situates patient safety and quality within both the "how" and the "why" of the Catholic health ministry. To build a sense of trust in our fractured health care system, Fr. Place maintains, we must build on the virtues of beneficence and nonmaleficence, while, at the same time, rooting both in the Catholic notion of the common good. To follow the IOM's summons to "cross the quality chasm," we must likewise ground commitment to excellence and quality in the covenantal human relationship between patient and caregiver.

Embracing the Paschal Mystery leads the faithful person to live a virtuous life. Sr. Juliana Casey, IHM, STD, PhD, executive vice president, mission integration and sponsorship; and Richard Afable, MD, executive vice president and chief medical officer, both of Catholic Health East, Newtown Square, PA, in their "Contract or Covenant," (p. 25), contemplate the profound patient-physician relationship as primary to an organization's response to a medical error. Describing this relationship as more fundamentally covenantal than contractual, they utilize the metaphor of a gift to illustrate the health caregiver's responsibility regarding his or her healing power. The true healer, they argue, is one who recognizes vulnerability (in both the patient and the self) and is therefore compelled to humility and truthfulness.

If covenant, humility, and truthfulness form the foundation of the patient-caregiver relationship, then one's action must flow from this relationship. The virtuous or ethical individual must act out of the best of his or her identity, beliefs, and commitments; the virtuous or ethical organization must do the same. Fr. Kevin O'Rourke, OP, JCD, professor of bioethics at Loyola University Chicago, and no stranger to the readers of *Health Progress*, brings his keen ethical analysis to bear on this topic in his article, "Medical Error: Some Ethical Concerns" (p. 29). Arguing that medicine is both

a science *and* an art, Fr. O'Rourke focuses on the intrinsic motivation of the physician (and by association, other caregivers). Even with its tremendous scientific advances, medicine is still not an exact science; nor can it eradicate death from the human experience. "No matter how excellent and error-free the medical care patients receive, some of them will still die," Fr. O'Rourke reminds us. Echoing the assertion of Sr. Juliana and Afable, he maintains that the "professional's personal responsibility should be presented as a sacred trust." While programs of continuing education should remain mandatory for caregivers, an overreliance on external environmental activities will not sufficiently address the internal attitude necessary for each professional to embrace a culture of safety.

It is precisely the actions of institutions regarding "sentinel events" that the CHA Physician Committee sought to explore through the 2003 survey on the topic. When a medical mistake occurs, committee members wondered, do we, as individuals and organizations, respond from the very core of who we are? Or do we hastily attempt to rectify the situation by changing policies or casting blame? While many systems have made a strong start in this regard, survey results demonstrate there is much that remains to be done. Thomas Hooyman, PhD, and Nancy Hooyman, MD, have examined and analyzed the results of the survey I mentioned earlier. In "The 'Sentinel Events' Study" (p. 33), they note that although every facility that responded to the survey does have a sentinel-event policy, relatively few of them situate their response to these errors squarely within the context of their stated values. The Hooymans propose guidelines for building a safety of culture, basing their guidelines on the principles arising from a culture of safety. Such guidelines can form a foundation for those institutions and systems that seek to improve the quality and effect of their policies and procedures.

Even as CHA's Physician Committee and its Envisioning task force directed their efforts to safety issues, many Catholic health systems simultaneously launched extensive initiatives in this regard. There are far too many such programs to list in this special section of *Health Progress.* But one such program, at Sisters of Mercy Health System, St. Louis, is described in "'Mercy Meds' Boosts Safety," by Kelly Turner, PharmD; Barbara Meyer; and Michele Stewart, BSN, of that organization (p. 37). Devised by clinical caregivers, Mercy Meds is proactive rather than reactive in nature. It employs multidisciplinary teams to develop procedures that concretely illustrate the fact that safety is, as the IOM noted, a system property, demanding buy-in from multiple stakeholders, not the least of whom are those persons closest to the bedside.

**All stakeholders must commit themselves to a culture of safety.**

## Toward a Culture of Safety

If one agrees with the IOM's assertion that establishing a health care delivery system that both prevents errors and learns from them when they occur, then all stakeholders must commit themselves to a culture of safety.

Where do we go from here? First, this special section of *Health Progress* may be used as a resource for those organizations that, in a spirit of performance improvement, seek to root their sentinel-event and patient safety policies in the stated theological and ethical values of Catholic health care. Since patient safety is a systemic issue, leaders in the health care community—trustees, administrators, and managers—would certainly benefit from reflection upon and discussion of this vital topic. Second, the editors of *Catholic Health World,* recognizing the creativity and resourcefulness of those in the ministry, will periodically highlight leading practices from systems. We actively welcome your suggestions and submissions in this regard. Suggested readings on patient safety will be listed on CHA's website, www.chausa.org.

These are only small steps in an enormous task. Still, to quote Pryor, "we have no choice." The IOM, in *Crossing the Quality Chasm,* avowed that "achieving a higher level of safety is an essential first step in improving the quality of care overall."[3] Involvement of all stakeholders—trustees, leaders, and clinicians—can bring about a transformed system. Such a culture will ensure that errors are "tracked, analyzed and interpreted for improvement rather than blame." It will devote extensive research to those factors that lead to injury and institute new systems of care designed to prevent error and minimize harm. In such a way, Catholic health care can indeed demonstrate that it takes seriously the biblical call to "love your neighbor as yourself." □

### NOTES

1. Institute of Medicine, *To Err Is Human: Building a Safer Health Care System,* National Academies Press, Washington DC, 2000.
2. Institute of Medicine, *Crossing the Quality Chasm: A New Health System for the 21st Century,* National Academies Press, Washington DC, 2001.
3. Institute of Medicine, *Crossing the Quality Chasm,* p. 46.