

The “Hershey Experience”

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PENNSSTATE HERSHEY



Bone & Joint Institute

“Root Cause Analysis”

“ Find the real important reasons for the problem, understand why they exist, and think of ways to change the conditions that create them”

Ask the question “WHY”, not only
“what” and “how”

“Helps to target corrective and preventative
action”

Ask Yourself?

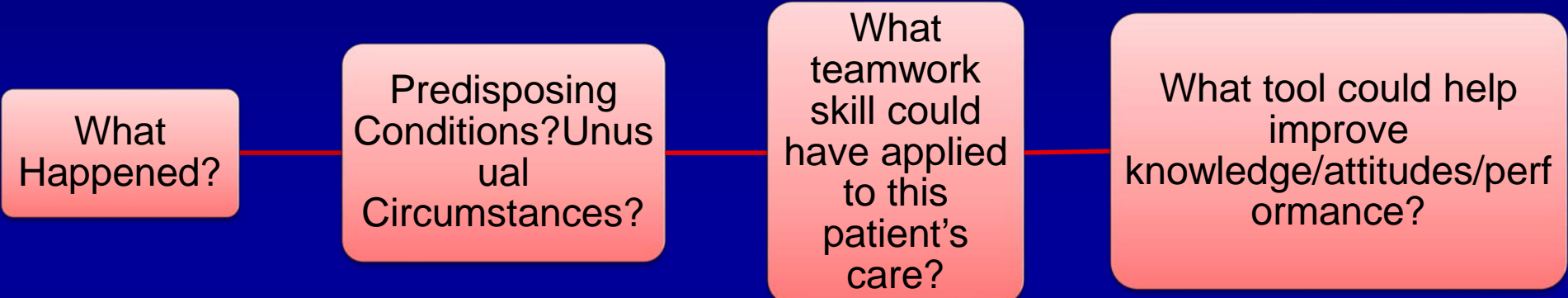
- Why do you think this happened?
- “5 Why Concept”
- What can we learn from this case and how can we prevent this from happening again?

Human Factors

- Encompasses all those factors that can influence people and their behavior. In a work context, human factors are the environmental, organizational and job factors and individual characteristics that influence behaviors at work:
- *mental workload, distractions, physical environment, physical demand, device/product design, teamwork, process design*

- ✓ Situation Monitoring
- ✓ Communication
- ✓ Mutual Support
- ✓ Leadership

- Two challenge rule
- Brief
- Huddle
- Hand Off
- SBAR
- Cross Monitoring
- Check back



- Knowledge**
 - Shared Mental Model
- Attitudes**
 - Mutual Trust
 - Team Orientation
- Performance**
 - Adaptability
 - Accuracy
 - Productivity
 - Efficiency
 - Safety

Mr. “Wrong Site Surgery”

- 70 y.o. male, **right** knee arthroscopy
- Difficult intubation and ENT consulted for help
- One hour later, “time out” performed, surgeon stated **left** knee arthroscopy
- **Left** knee scope performed

Mrs “Who?”

- 65 y.o. female, Revision Total Hip Arthroplasty
- Develops SOB 2:00 am POD#2
- Assessed by nurse, ortho resident, medicine resident who put in orders to investigate
- Decide to transfer to SICU
- 11:00 am: SICU attending sees that patient has not been seen by SICU resident or attending but arrived at 3:00 am

Mr. “Urinary Retention”

- 57 y.o. male, status post lumbar decompression POD #2, seen in ER for urinary retention
- Ortho resident has seen patient but surgeon in the OR and will see patient between cases to assess
- Surgeon goes to ER and discusses plan for admission to medicine service for workup with patient and family
- ER doctor calls surgeon angry that patient has not been seen yet

Mr “Wants Surgery”

- 35 y.o. male, sees ortho doc for foot problem and is undecided about surgery
- July: One month later calls to book surgery
- Aug: Did not get a response, calls again to book surgery
- Sept: Patient calls again upset as he still has not heard from anyone about booking surgery

Mr “Compartment Syndrome”

- 80 y.o. male, admitted with sepsis and rhabdomyolysis related to compartment syndrome of the leg
- Resident that initially saw the patient had to leave due to a family emergency
- New resident takes over, patient taken to OR
- 1 hour into surgery: Patient becomes more unstable and noted to have Hct 20 preoperatively – bld transfusion started
- Dramatic drop in BP – patient dies

Mrs. “Spinal Stenosis”

- 69 y.o. female, surgery for spinal stenosis
- Has PE and admitted to medicine service and heparin started to treat PE by medicine service
- Morning rounds- neurologic exam normal by resident report
- Noon rounds, attending sees patient between OR cases and patient not moving legs
- Stat MRI ordered for concern regarding epidural hematoma which is done 9 hours later
- Evening: patient goes to the OR for decompression of hematoma

Mrs “Not Prepared”

- 40 y.o. female, MVC, intertroch hip fracture
- Chief resident books for TFN middle of the night after discussing with attending
- Patient in OR, intubated
- Attending decides that plate fixation and lateral position instead of supine position is better
- New bed and instruments needed

Miss “Clinic Wound”

- 15 y.o. female, open distal tibial fracture, plate fixation
- 1 week sees PA for wound check – looks OK – resplinted – f/u with attending in 1 week
- 2 weeks later sees attending, overbooked clinic, wound not checked
- 2 weeks later, wound dehisced and requires surgery