Homeroom: Safety is Job #1: Minimizing Iatrogenic Harm

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Purpose: We propose a two-pronged approach to promoting Patient Safety in the NICU:

1. **Program**: advance development and effectiveness of participating unit safety program; and
2. **Project**: improve unit identification, elimination or control of one or more specific hazards or hazard themes.

**NICU Safety Program** (to be implemented in all participating NICUs, as a foundational strategy)

1. Build a NICU-wide culture of safety.
2. Promote teamwork, communication, leadership and use of human factors engineering.
3. Use reliable methods to identify events and hazards.
4. Learn from events: systems analysis of events and hazards using WHO (Work conditions, Human conditions and Organizational conditions) framework.
6. Implement safety solutions reactively as well as proactively (events and hazards).

**Topic-specific Project** (to be implemented individually by each center based on perceived priorities)

- Apply program elements to specific topics (e.g. central lines, intubation, use of medical devices, medication use, EMR use, sign-out) – selected by each center and linked to discrete measures.
- Apply human factors science (human factors checklists to identify context-specific hazards).
- Advanced safety improvement methods such as hierarchical task analysis, barrier analysis.

**Collaborative Learning:**

**Virtual Safety Rounds** – Monthly web meetings to use a method developed in NICQ 2007 during which teams briefly present hazard situation, facts and information about current control countermeasures and effectiveness. Structured format based on WHO for advice and discussion by faculty and colleagues.

**Peer Review ONSITEs** – Modeled on the approach used by Hudson et al. a variation of the ONSITE meeting is anticipated that focuses on safety and uses structured peer-to-peer process.

**Annual Meeting and Quality Congress:** Presentation to VON community using plenary and/or concurrent sessions.

**References:**