

Texas Association for Clinical Laboratory Science

TACLS News

Creating a Culture of Patient Safety

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This is the third in a series of articles by Dr. Mike Astion, on laboratory errors and strategies to reduce them.

“Culture: the set of shared attitudes, values, goals, and practices that characterizes a company or corporation.”¹

Ask me what I drink and I’ll tell you fruit juice and spring water. But, looking in my refrigerator, you would see a wedding’s worth of Diet Coke, ginger ale, beer, and wine. Behind the chocolate milk, toward the back where it won’t remind me of my sin, lie a box of fruit juice and a thimble of spring water. Perception differs from behavior.

Ask a clinical laboratory director or supervisor if their laboratory has a culture of patient safety, and many would answer affirmatively. But observing activity in the laboratory, you would find a culture of error reduction, not a culture of patient safety. Thus, the laboratory leadership tracks many of the laboratory’s errors, but does not routinely determine the patient outcomes associated with those errors. The leadership has a hazy view of which errors are most harmful to patients, and therefore cannot easily prioritize



error reduction projects based on optimizing patient safety. Perception differs from reality.

The difference between an error reduction and a patient safety culture is that, in a patient safety culture, laboratory leadership and staff are focused on patient outcomes. This orientation gives a sense of urgency to error reduction efforts since laboratory staff understand how errors lead to suboptimal patient care, and even to adverse events, defined as injuries due to medical care rather than the patient’s underlying condition.

Laboratory leadership orients toward error, not patient outcomes, to avoid consequences that include liability, damage to reputation, and extra effort. There is a perception among laboratory leadership, and physicians and administrators more broadly, that once patient harm is discussed

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and documented, an army of lawyers with discovery requests will descend and paint hospital workers as careless at best, and criminals at worst. This fear exists in most healthcare organizations, especially in those that have paid large patient injury settlements, and those in states with limited or no legal protection for quality improvement documents. This fear manifests itself clearly in laboratories. We are comfortable exchanging email about errors, but not the suffering associated with these errors. A discussion of blood gas instrument errors? YES. A discussion of ventilator mismanagement related to these errors? NO. Mislabeling of coagulation specimens? YES. Mislabeling leading to excessive bleeding? NO.

Laboratory leaders seldom determine how frequently errors lead to harm. Not only do we fear what might be found, we also realize that collecting outcomes data is difficult and time consuming since it involves reviewing medical records that usually under report adverse events, and interviewing physicians and nurses. These providers are often reluctant to describe patient harm, especially if they may have contributed to the error.

Laboratory leaders can inculcate a culture of patient safety in three important ways:

- Quality improvement projects that include patient outcomes data (This has been the topic of the previous two articles in this series.)
- Patient safety training
- Periodic feedback to staff regarding the status of all patient safety endeavors

In general, laboratories have abundant teaching resources on quality improvement and assurance, but little that directly addresses patient safety and adverse events. Therefore, laboratory leadership will need to develop materials in-

house or identify useful materials from outside the field of laboratory medicine. Suitable works include the Institute of Medicine Report, *To Err is Human*², which summarizes decades of research regarding the nature and frequency of adverse events. This report was popularized by international news media and sparked renewed interest in adverse events. In addition, the Agency for Healthcare Research and Quality (AHRQ) has a variety of useful patient safety materials online (<http://www.ahrq.gov/qual/errorsix.htm>) and in print. For example, *Making Health Care Safer: A Critical Analysis of Patient Safety Practices*³, is an exhaustive review of methods, both successful and unsuccessful, that have been employed to reduce adverse events. It includes a number of topics that will be of interest to the laboratory community including a critical analysis of the problems associated with detecting adverse events using incident reports. The AHRQ also has a thought-provoking online journal and forum on patient safety (<http://webmm.ahrq.gov/>) that contains a large archive of cases and expert commentary.

The development of in-house materials allows institutions to address both general and institution-specific patient safety issues. Our efforts in the University of Washington Department of Laboratory Medicine include a mandatory, case-based patient safety workshop for pathology residents and an online patient safety tutorial and exam for technical staff. Parts of this tutorial have been presented previously in *LabVoice*. In addition, we deliver presentations on patient safety as part of laboratory staff meetings, grand rounds, and research rounds.

Periodic feedback to staff can take a variety of forms and can involve either individuals or groups. For example, I know of a laboratory in which cases of laboratory errors are submitted by staff to the pathologist for investigation of patient outcomes, and the results are reported to the involved staff via email. As staff learn the

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relationship between errors and adverse events, a sense of urgency is created regarding quality improvement.

A group meeting is another useful setting for providing feedback on results of patient safety quality improvement projects. Frequent and open discussion of results, accompanied by case studies, reduces the fear surrounding adverse events and leads to less inhibited discussion of solutions to patient safety problems. Open discussion is foundational to a culture of patient safety.

In conclusion, laboratory leaders can help create a culture of patient safety through education, quality improvement focused on patient outcomes, and open feedback with staff. The end result will be laboratory workers that are connected to the patient's experience and committed to improving patient safety.

References

1. Merriam-Webster Online Dictionary, <http://www.m-w.com/cgi-bin/dictionary>; accessed 12/26/03
2. Kohn L, Corrigan J, Donaldson M, eds. *To Err Is Human: Building a Safer Health System*. Washington, D.C.: Committee on Quality of Health Care in America, Institute of Medicine. National Academy Press; 2000.
3. Shojania KG, Duncan BW, McDonald KM, Wachter RM, eds. *Making health care safer: a critical analysis of patient safety practices*. Evidence Report/Technology Assessment No. 43 from the Agency for Healthcare Research and Quality: AHRQ Publication No. 01-E058; 2001.

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This is the third in a series of four articles by Dr. Astion about reducing laboratory errors. The fourth article will appear in the March issue of the *TACLS News*. Return next month for Part IV: *Errors and Interventions*.

Silent Auction to Benefit Childrens' Miracle Network and TACSL Scholarship Fund

Karen Chandler, TACLS Silent Auction Coordinator

For the last several years, TACLS has held a silent auction as part of the annual meeting. Individuals attending the meeting are being asked to bring an item for the silent auction. Proceeds from the silent auction will be divided between the TACLS Student Scholarship Fund and the Childrens' Miracle Network. This year the silent auction will be held as part of the state meeting in Houston on April 1 and 2. Please bring an auction item or make a donation to this worthy cause. If you are unable to attend or would like to send a contribution ahead of time, you may send contributions to Becky See at Gulf Coast Regional Blood Center, 1400 La Concha, Houston, Texas, 77054.

The Children's Miracle Network or CMN is a non-profit organization that raises funds to benefit children treated at 170 hospitals throughout North America. One hundred percent of the locally generated donations remain in the community to benefit children at participating CMN hospitals. By joining forces with CMN and supporting their efforts to help children, we as laboratory professionals can help the children who most need us in our local communities. Won't you help us support CMN and our students?

Nominees for Member-of-the-Year

TACLS Members will be receiving a ballot in a few weeks which includes the nominees for officers, board members, and Member-of-the-Year. This year there are two nominees, Thomasine Newby and John Wentz. Biographical information about both of these nominees is included below. Please take the time to return your ballot.

Thomasine Newby

Nominated by District V

District V nominates Thomasine Newby for the prestigious award, TACLS Member of the Year. Our nomination is based on her consistent history of highly significant contributions to the clinical laboratory science community in the state of Texas, and nationally. Thomasine made one of the fastest advances into leadership in the history of TACLS. Having been an active member for only a few years, Thomasine's potential as a leader was recognized by the leadership of TACLS in the early 1990s. She was mentored and after a short time was nominated to serve on the TACLS Board where she served from 1993-96. Following this term she was elected as President-Elect in 1996-97. Thomasine then served as President in 1997-98 and Past President in 1998-99. Additional service to the TACLS includes chair of TACLS Strategic Planning Committee, District 11 President, and active member of the local society. Her contributions at the Region VII and national level include Region VII secretary from 96-98, ASCLS Nominations committee member from 1999-01, Chair of ASCLS Nominations Committee and ASCLS Liaison to JCAHO. She received the Omicron Sigma National Honor Award from 1993-02, Key to the Future in 1993, and TACLS H.A. Bardwell Award in 1999.

Thomasine continues to be an active ASCLS member in the position she currently holds in the

industrial sector of health care. She gives numerous presentations on quality control/assurance throughout the country and always encourages participants to become members of ASCLS. Her history of ASCLS membership is highlighted in the brochure that promotes the seminars. I guess you could call her a "traveling saleswoman" for the organization. She was one of the first in industry to sponsor the new social at ASCLS, "The TnT Boot Scootin' Boogie" which is cosponsored by TACLS and the TSCLS.

John Wentz

Nominated by district IX

John has represented the Great State of Texas in many areas. John has been one of the Texas representatives to the annual Legislative Day held in Washington DC in the spring. The Senators and Representatives both nationally and in the state recognize John as an avid supporter of the Clinical Laboratory Profession and a great resource for the state of Texas.

John has served the state as President, President Elect and Board member. He has also been the contact of governance and also a trustee for ASCLS Political Action Committee. No matter what you need done on a national, regional, state or district level, John is there to volunteer. When TACLS did not have a venue for 2 annual meetings, John volunteered to be the chair and also has volunteered at other annual meetings. What is a member of the Year? A member of the year is a member you can count on, who volunteers without being asked. A person who suggests new projects and works on the projects for promoting the clinical laboratory profession. If member of the year was in an encyclopedia, John's picture would be there. He is definitely

Legislative Update

Duncan Samo, Region VII PAC Representative

The TACLS members who attended the ASCLS Legislative Symposium in March 2003 can be justifiably proud of ASCLS's advocacy efforts this past Summer and Fall. As a result of all the attendees from the various states, the House and Senate worked on the massive Medicare Reform Bill, now known as the Prescription Drug and Modernization Act of 2003(HR1). ASCLS worked very hard, in collaboration with other laboratory organizations that are part of the Laboratory Coalition, to ensure that the proposed 20% co-pay for laboratory tests was removed from the version that eventually passed.

The alternative provision was a 10-year freeze in the Medicare Clinical Laboratory Fee Schedule. Even though this is undesirable to say the least, it is less of an administrative and financial burden than administering the 20% co-pay would have been. Through further lobbying, the freeze was reduced to 7 years, and finally to 5 years in the version that passed.

Don Lavanty, our ASCLS lobbyist, said in a Washington G-2 national audio conference on December 17, that he had never seen the laboratory community come together on an issue as it did on this one. Getting the attention of the House and Senate conferees on one item in such a large complex bill was a real challenge. ASCLS members called, wrote, emailed, attended town meetings, and made visits to their members of Congress on the issues. This is a real example of how we can work together to effect legislation.

OIG Activity

In the Federal Register of 9/15/03, the Office of Inspector General published a proposal to examine billing practices. Laboratories may be guilty of fraud and abuse if their charges to the

Medicare program are more than 120% of their charges to other payers.

In this proposal, charges are interpreted to mean "payment accepted", so if a laboratory has HMO contracts with deep discounts, this could be a problem. One of the concerns about this proposal is the difficulty for many laboratories to get accurate information about what reimbursement is on a test-by-test basis, in order to compare it to the Medicare fee schedule.

ASCLS drafted comments which were submitted by the November 14 deadline. If you would like a copy, contact Kathy Hansen, Chair of the ASCLS Government Affairs Committee.

2004 Legislative Symposium

Planning for the 2004 Leg Day to be held March 22 and 23, is well underway. CLMA will collaborate on the meeting again, although we do not expect a large number of attendees since the CLMA/ASCP national meeting is very close to the dates for Leg Day.

The issues which will be the focus areas are:

1. Bills relating to the personnel shortage and funding for education:
 - a. Title VII or Title VIII
 - b. The Shimkus/Jackson bill specifically for funding of clinical laboratory education will be reintroduced.
 - c. Should we (instead or also) support the Allied Health Reinvestment Act as the better vehicle for funding of laboratory education programs among the allied health disciplines?
 - d. Again urge appropriation of the funding which was included in bioterrorism legislation passed in 2001 to address personnel shortages in the laboratory.

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Legislative Update

2. Depending upon the deliberations of the Clinical Laboratory Coalition, we will determine whether now is the time to ask for relief from the 5-year freeze in the Medicare Fee Schedule which is part of the newly passed Medicare legislation.
3. The Medicare legislation also provides for competitive bidding demonstration for Medicare outpatient laboratory services. ASCLS has opposed this adamantly over the years, and the ASCLS leadership will take our past position papers to the CLC which met in February.

We hope to see a great turn out in Washington on March 22 and 23. Registration is \$230.

Hotel: Key Bridge Marriott Hotel in Arlington, Virginia. \$140 single, with the block being held until February 25th. Call 1-800-228-9290 for reservations.

Schedule: **Monday, March 22:**

Registration 7:30
Sessions 8:00 am-5:00 pm,
Dinner 6:00 pm

Tuesday, March 23:

Social Breakfast 8:00 am
Capital Hill appointments 9:00-12:00
Departure 12:30 pm

Going to the Hill

Becky See, TACLS President

On March 22nd and 23rd, members of TACLS will be representing you and other laboratory professionals in Washington at the annual ASCLS Legislative Days. We meet with the staff of our senators and representatives and discuss issues that affect laboratories and other healthcare institutions.

It is important that our opinions are heard because we are the voice of laboratory professionals throughout the Great State of Texas. We would love to have YOU as a part of this exciting team.

Last year was the first year I attended Legislative Days and what an experience it was! We were able to influence decisions that our senators and representatives were facing. They very much appreciated our visit and were willing to take our concerns and comments back to their leadership.

If you are interested in being a part of this group or want to send your thoughts or comments on a particular issue, please contact myself at bsee@giveblood.org or John Wentz at jwentz@utsouthwestern.edu.



UTMB Has Faculty Position Open

Vicki Freeman

The University of Texas Medical Branch at Galveston School of Allied Health Sciences, the most experienced allied health school in the Southwest, invites applications for a full time 12 month tenure track position now available in the Department of Clinical Laboratory Sciences! For over 100 years, this university has dedicated its efforts toward improving the health of Texans, and we in the School of Allied Health Sciences have helped carry on this tradition since 1968. We have produced well over 5,000 professionals for the nation's healthcare workforce. Major responsibilities shall include developing web-based courses, teaching biochemistry, organic chemistry, clinical chemistry, and molecular biology courses to on-campus and distance students. Other duties shall include teaching laboratories, participation in scholarly activities, professional and other service activities, and some administrative activities.

Applicants must hold a national laboratory certification such as CLS(NCA) or MT(ASCP). Additional minimum qualifications include a doctorate degree, 5 years teaching experience in a Clinical Laboratory Sciences program, and experience developing and teaching distance web-based courses.

Salary and benefits are competitive; academic rank depending on qualifications and experience. Nominations and applications will be accepted and reviewed until the position is filled.

Credit Card Payment for TACLS Meeting

John Wentz

By popular demand, it will now be possible to use a credit card to pay for registration for the **2004 TACLS Annual Convention**. If you have ever purchased anything on e-Bay' you are already familiar with **Pay Pal**. Pay Pal is a very secure method of paying for on-line purchases, as well as a secure and inexpensive means for small businesses and non-profit organizations, like TACLS, to accept plastic.

Pay Pal accepts payment using a MasterCard, Visa, or American Express credit card. Go to the TACLS website [www.tacls.org] and click on the last button on the left "Pay for Registration." This will link you to a page where you can select which type of registration, and click on the appropriate "PAY NOW" button. You will be linked to the Pay Pal site. If you have never used Pay Pal then you will have to choose a user ID and password. If you already use Pay Pal, just enter your existing user ID and password.

Remember: If you pay with a credit card you will still need to send your registration form by mail, just as in previous years.



TACLS Board Meeting, February 7, 2004

Dave Falleur

The Winter Board Meeting and CE program was held on Saturday morning, February 7, at the School of Allied Health Sciences in San Antonio, Texas. Dr. George Kudolo, Associate Professor in the UT Health Science Center Department of Clinical Laboratory Science presented a one-hour program titled the “Dietary Supplement Health and Education Act of 1994-Blessing or Curse.” Dr. Kudolo discussed the toxic effects of phytoestrogens and risks associated with nutritional supplements. The federal law is probably a blessing if education is emphasized. Herbal research is needed to increase



Dr. George Kudolo



understanding of the mechanisms of action of these powerful agents which are taken by millions of Americans. Dr. Kudolo emphasized that “natural” is not necessarily safe.

After Dr. Kudolo’s presentation, there was a business meeting led by TACLS President, Becky See. There was discussion about the Legislative Symposium coming up in March. The budget for 2004 was discussed and approved, and the 2004 Convention Committee reported on the TACLS annual meeting, which will be held in Houston on April 1-3, at the Westchase Hilton Hotel. A copy of the preliminary program was distributed. Christina Thompson reported on plans to hold the 2005 TACLS conference in Corpus Christi at the Omni Hotel on March 30-April 1, 2005.

Dave Falleur asked members to send articles for publication in the TACLS News newsletter. Dave would like to have case studies, photos from national medical laboratory week celebrations, information about laboratory activities, and upcoming events.

Phil Kostroun, Nomination Chair, reported on the nominations for officers in 2004. The nominees are:

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TACLS Business Meeting



President-elect: Karen McClure.
Secretary: Melissa Bowen.
Board Member at Large: Judy Baughman
Nomination Committee: Sandra Cabrera and Sandy Tijerina
Member of the Year: Thomasine Newby and John Wentz
Ballots will be mailed in March.

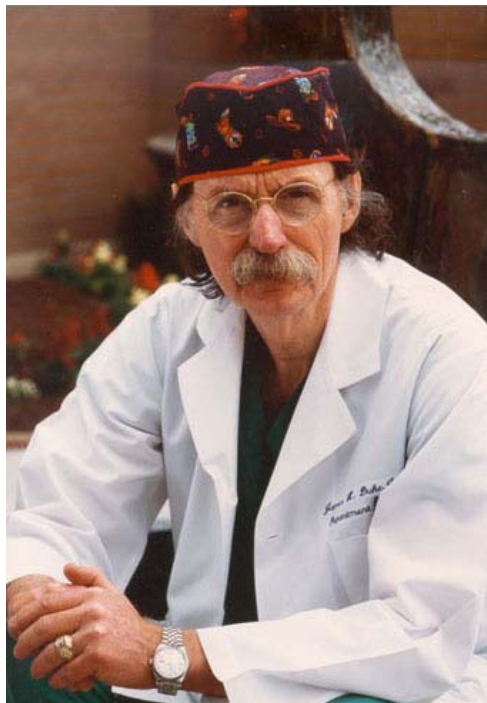
Karen McClure and Christina Thompson discussed the career ladder task force, which is developing a career ladder that will be presented to the ASCLS conference in July. The career ladder has different levels based on education and experience. There will be more discussion about the career ladder at the TACLS meeting in April. There will be another silent auction at the TACLS meeting. The silent auction will benefit the Children's Miracle Network. Melissa Leaver, Membership Chair, has drafted a letter to be distributed to laboratories encouraging them to join ASCLS and TACLS.

Shirlyn McKenzie, Region VII, Director, reported on plans for the ASCLS annual meeting this year in Los Angeles and the 2005 meeting at Orlando. There will be a "Boot N Scoot" party at the annual meeting hosted by members from

Texas and Tennessee. The 2004 Legislative Symposium will be held March 22 and 23 in Washington, DC. TACLS member and former president, Debbie Faubion, will be on the ballot for Region VII Director in an upcoming ASCLS election.

There was discussion about the problem of ASCLS annual membership starting and ending in July. With the current system if a member joins in December, they only receive six months of membership benefits. This has created problems in recruiting new members. The only time the member receives a full year of benefits is when he joins in July. The board will present a recommendation to the ASCLS Membership and Retention Committee to resolve this problem.

Becky See recommended that TACLS present a special award to Dr. Duke and Dr. Stern who were featured on the PSA. These awards would be presented at the Awards Ceremony on April 2



at the TACLS Conference. Christina Thompson discussed plans for another PSA featuring quality and issues regarding quality in laboratory testing.

Bylaws Changes

Joan Aldrich, Bylaws Committee

The Bylaws Committee recommended the following changes in the Bylaws. These changes have been approved by the American Society for Clinical Laboratory Science Bylaws Committee.

Amend

Article 8 – Committees/Commissions, Section 1:

Delete subsections 1 and 2 and substitute the following:

Elective Committees may be elected from time to time upon revision of these Bylaws.

Amend Article 8 – Committees/Commissions, Section 2 to read:

There shall be the following Appointive Committees: Bylaws, Finance and Nominations. The composition, method of appointment, duties, and responsibilities of the Bylaws and Finance Committees shall be as defined by the Standard Operating Procedures of the Association. The Nominations Committee shall be composed of five (5) Professional and/or emeritus members of the Association, none of whom shall be a current Officer or Board Member in the Association. Qualifications for Nominations Committee members, the manner of the committee's nomination, selection of chairman, and duties of the committee shall be as defined by the Standard Operating Procedures of the Association.

Term of Office of the Nominations Committee

1. On odd numbered years, three (3) members shall be appointed for a two (2) year term.
2. On even numbered years, two (2) members shall be appointed for a two (2) year term.

Other Appointive Committees may be appointed from time to time by the Board upon revision of these Bylaws. Ad hoc committees may be appointed by the Board of Directors at any time.

Welcome New Members!

Essam Alyamani, Houston

Nadara Bishop-Reed, Lake Jackson

Brenda Cruz, Galveston

Erica Daniel, Galveston

Mirtha de la Fuente, McAllen

Ami Desai, Galveston

Carolina Fernandez, Galveston

Brandy Greenhill, Houston

Kellie Kramer, Houston

Melissa McConnell, Rockwall

Shweta Pathak, Galveston

Clara Pearse, Katy

Melissa Perez, Edinburg

Rudiric Rizon, Houston

David Welch, Dallas

Jaydine Zachry, Fair Oaks Ranch

Carlos Bonaparte, San Antonio





THE TIME IS NOW

Membership Offer

If you join the American Society for Clinical Laboratory Sciences during the Annual Meeting, you will receive 16 months membership for the price of 12. Applications can be found at ascls.org

Please send your ASCLS membership application and payment by 4/3/04 to:

TACLS 2004 Convention
8325 Broadway
Suite 202 Box 24
Pearland, TX 77584

Membership payment must be separate from your Convention payment.

Please come join in the fun!

Questions? Please contact Melissa Nedry at mnedry@hotmail.com or Becky See at bsee@giveblood.org



Mark your calendar now

Legislative Symposium, Washington DC, March 22-23
TACLS Annual Meeting, Houston, April 1-3
National Medical Laboratory Week, April 18-24
ASCLS/AACC Annual Meeting, Los Angeles, July 27-31



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