The Journey to Eliminate Harm

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ICU CLABSI Rates per 1000 catheter days in US; 1999 and 2015

Pronovost BMJQS 2015
Improvement Science

• Starts with End (improved outcomes) and works backwards
• Requires partnerships among researchers and providers
• Draws upon theories large and small
• Is informed by transdisciplinary teams from medical and social sciences
• Uses multifaceted interventions
• Evolves overtime
• Employs mixed methods evaluation to answer not just whether something worked, but how and why

Dixon-Woods, what is improvement science the Health foundation 2013
Marshall, Promotion of improvement as a science; Lancet 2013
Why did CLABSI Work at Policy Level

- Used reliable and valid measurement system
- Identified evidence-based practices from clinical and basic research
- Invested in implementation (improvement) science
- Created cascading structures to support peer learning communities and data collection
- Align and synergize efforts around a common goal and measure

Pronovost; 15 years after to err is human: a success story to learn from; BMJQS 2015
Why did this work at a local level

• Declare and communicate goals
• Create enabling infrastructure
• Engage clinicians and connect them in peer learning (clinical) communities
• Report transparently and create accountability system
• Told a new story; CLABSI are preventable and I can do something about it.

Pronovost under review Dixon-Woods; Milbank 2011
BELIEVE
How might we apply these lessons

- Develop valid, reliable, scalable measures for common causes of harm
- Select common goals and measures
- Align multiple stakeholders in fractal model
- Evaluate and learn whether, how, why
- Support transdisciplinary improvement science research
- Build capacity of improvement scientists
- Create performance system that seeks to eliminate all harms rather than one harm