

Building & Sustaining a Culture of Safety

June 27, 2017

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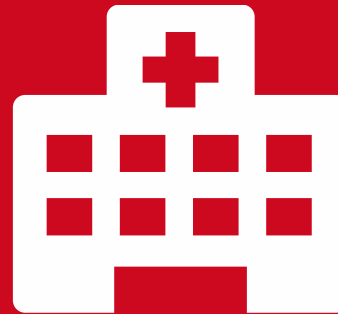
OUR MISSION

“To create a healthier future for children and women throughout our global community by leading in patient care, education and research”

Opened February 1, 1954



**1 location in
Texas Medical
Center**



**Single, 3-story,
224,000 square foot
building**



**106
beds**

Named one of the nation's top children's hospitals

by U.S. News & World Report

10 ranked
sub
specialties

in all eligible U.S. News
& World Report categories



\$62 million invested in
research initiatives yearly



Over
34,000
annual admissions



More than
30,000
surgeries per year



Opened in 1954

750
beds



1 academic partner
Baylor College of Medicine



2,000
faculty,
residents
and fellows



More than
119,000
emergency
visits per year
to our Level 1 Trauma Center



Patients from
50 states
and nearly 70
countries per year



40 pediatric
subspecialties



More than
13,000
employees



(FY2016 DATA)

Texas Children's mission is to create a healthier future for children and women throughout our global community by leading in patient care, education and research.

2006

2007

2008

2009

2010

Getting Started

KEY COMMITMENTS

- Transparency, Accountability, Data
- Vision 2010: Excellence to Eminence
 - Neurological Research Institute
 - Maternity Center
 - Expansion of the Feigin Center (Research)
 - Launch of Texas Children's Hospital West Campus
- Quality Resolution by TCH Board
- Advanced Quality Improvement (AQI)

EARLY CHALLENGES

- Data & Dashboards
- Creating the Quality & Safety Infrastructure Needed for Success
- Operationalizing our commitment
- Identify the most effective way to get the attention of the institution in order to make safety part of our fabric

ORGANIZATIONAL COMMITMENT

2012

Children's Hospitals'
Solutions for
Patient Safety
Every patient. Every day.

- We have committed ourselves to the elimination of preventable harm
 - Serious safety events
 - Hospital acquired conditions
- Our Board expects us to honor that commitment

"THE PLAN"

Culture Plan

- **Decide:** Senior Leaders choose to begin high reliability journey
- Determine **Safety Oversight Group**
- **Choose:** Wave 1 or Wave 2
- **Join PSO**
- Identify **Safety Event Review Team**
- Establish **Baseline SSE Rate**
- Adopt **Cause Analysis Methodology**
- Conduct **Training for All Leaders & All Staff**
- Establish **Safety Coach Program**
- **Continuous Learning**



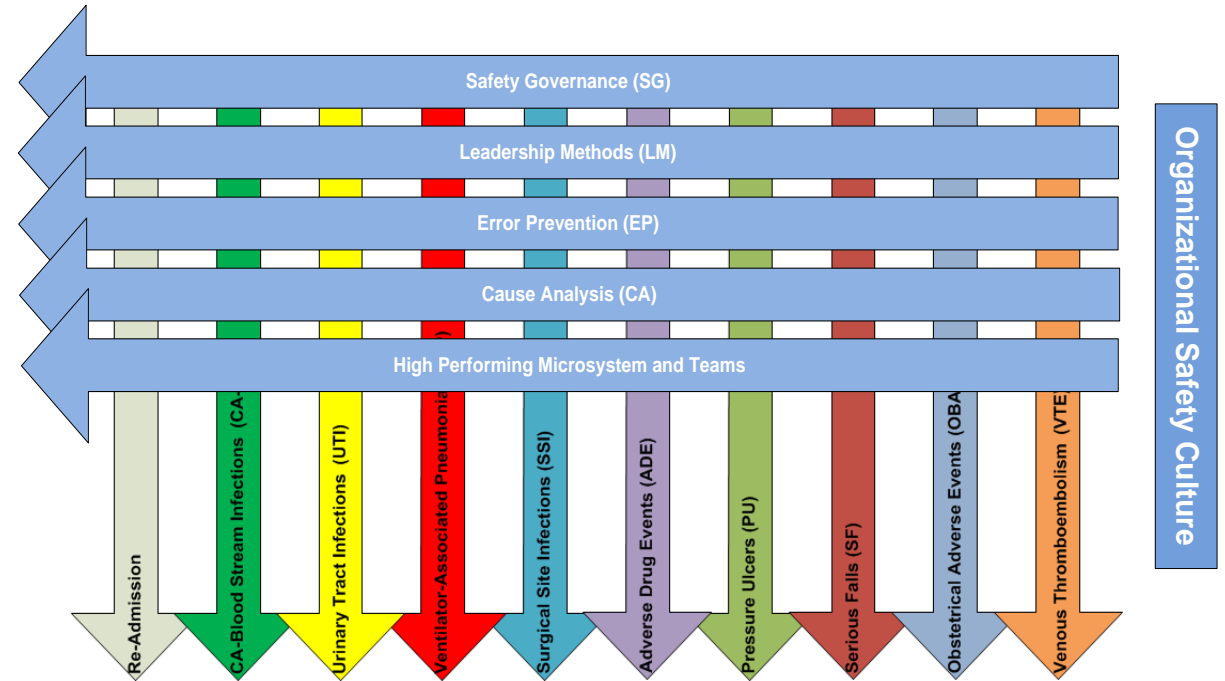
25%
reduction
in SSE

40% reduction
in HACs
&
20% reduction
in Readmits



HAC Plan

- Develop **HAC Oversight Group**
- **Align HAC Reduction with Organization Strategic Goals**
- Identify **HAC Team Leaders & form HAC Teams**
- **HAC Measurement Strategy**
 - Adopt Definition and submit data monthly
- **HAC Bundles** – Identify and Measure
- Achieve **HAC Bundle Reliability (90%)**
- **All Teach/All Learn** to refine bundles



SOLUTIONS FOR PATIENT SAFETY: SPS

- Wave 1 Phase 1 – Sept. 2012
 - Analyzed current state
 - Focused on development of culture of safety: HPI methodology
 - Developed 10 HAC teams
 - Established house-wide quality goals focused on harm reduction
 - Enhanced transparency by collaboration with Risk/Legal

2012: THE BASELINE

- Serious safety event (SSE) every 12 days
- Hospital acquired conditions (HAC) =190/ year
- Root cause analysis (RCA) process cumbersome
- Transparency of event information was limited
- Operational complexity poorly understood

WE CHANGED OUR SAFETY CULTURE

- Elements of cultural change per SPS
 - Safety governance
 - Leadership methods
 - Error prevention
 - High performing microsystems and teams
 - Cause analysis: safety event classification and measuring patient safety
- Metric for Safety Culture: Serious Safety Events

2013

2014

2015

2016

2017

Strategic Partnerships
Error Prevention Training
Developing the DOB
Expanding the EDW
A Focus on HACs

DEVELOPED STRATEGIC PARTNERSHIPS

- Marketing and Public Affairs
- Risk Management and Legal
- Human Resources
- Clinical IT: electronic data warehouse

PARTNERSHIP WITH MARKETING

- Developing an institutional voice
 - Error prevention training
 - Safety Stories on the intranet linking to error prevention tools and techniques
 - Marketing campaign for Safety starting with hand hygiene for CLA-BSI reduction
 - Linkage with Care First initiative – not just the building

QUALITY AND SAFETY INTRANET SITE

Quality and Safety



Texas Children's Hospital: Quality and Safety Vision Statement

Create and maintain a culture of quality and safety at Texas Children's Hospital where clinicians and leaders accept personal responsibility for delivering the highest quality and safety care possible and work with others collaboratively to continuously improve performance and eliminate unsafe practices.

Current Heat Map

| Hospital Acquired Conditions | FY 2016 | | | | | | | | | | | | FY 2017 | | | | | | | | | | | |
|---|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|-----|-----|--|--|--|--|
| | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Q1 | | | Q2 | | | Q3 | | | | | |
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | | | | |
| Surgical Site Infections (SSI) | 0 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 0 | 1 | 0 | 1 | 1 | 2 | 1 | 1 | 2 | 3 | 1 | 3 | | | | |
| C-section Surgical Site Infections | 1 | 0 | 3 | 0 | 0 | 1 | 3 | 0 | 0 | 1 | 1 | 1 | 0 | 3 | 3 | 1 | 1 | 0 | 2 | 0 | | | | |
| Ventilator Associated Pneumonia (VAP) | 1 | 2 | 0 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 2 | 0 | 0 | | | | |
| Central Line Associated Blood Stream Infections (CLABSI)* | 17 | 12 | 7 | 8 | 6 | 6 | 5 | 7 | 4 | 10 | 9 | 7 | 7 | 6 | 11 | 10 | 14 | 13 | 8 | 12 | | | | |
| Catheter Associated Urinary Tract Infections (CAUTI) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | | | | |
| Adverse Drug Events (ADE) | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| Pressure Injuries (PI)* | 1 | 1 | 0 | 2 | 0 | 2 | 0 | 1 | 0 | 3 | 1 | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | | | | |
| Falls | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | | | | |
| Total | 21 | 18 | 14 | 14 | 8 | 12 | 10 | 13 | 5 | 16 | 13 | 12 | 9 | 12 | 17 | 16 | 20 | 18 | 11 | 17 | | | | |
| Year over Year Change | | | | | | | | | | | | | -12 | -6 | 3 | 2 | 12 | 6 | 1 | 4 | | | | |
| Year over Year Cumulative Change | | | | | | | | | | | | | -12 | -18 | -15 | -13 | -1 | 5 | 6 | 10 | | | | |

- Current Heat Map
- Safety Story
- Safety Tool Video Link
- Days between Serious Safety Events
- Links to all Quality & Safety Departments
- Quality Tools



(NEW) [What's a Patient Safety Story?](#) <----(click here for patient story)

[STAR](#) <---- (click here for safety video)

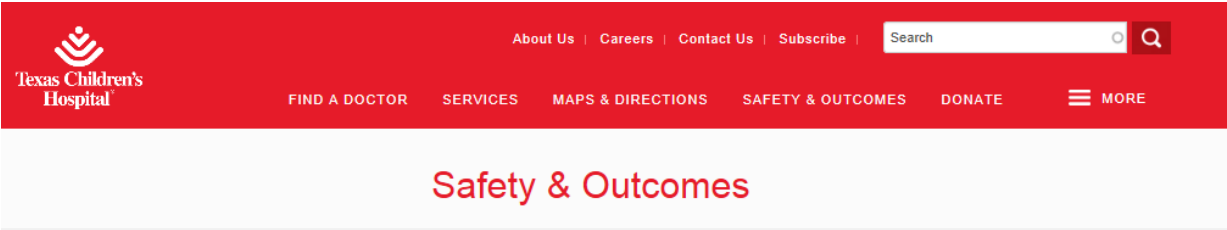
Every day you are a part of a patient's story. Telling our patient stories is an impactful way to share what we learn every day with one another throughout the organization. Each story will help us reinforce the error prevention tools and safety behaviors we are committed to using. Challenge questions allow each of us to apply the lessons we learn to our own environments.

Patient Safety Tracker:

53 days since last serious safety event as of 06/13/2017.

A Safety event is a situation where best or expected practice does not occur. If this is followed by serious harm to a patient it is called a "Serious Safety Event (SSE)"

SAFETY & OUTCOMES INTERNET SITE



Services > Safety & Outcomes

CONTACT US

Texas Medical Center
Wallace Tower (Clinical Care Tower)
tellus@texaschildrens.org

| SAFETY & OUTCOMES |
|---------------------------|
| KEEPING YOU SAFE |
| HEALING YOU |
| TREATING YOU WITH RESPECT |
| SEEING YOU PROMPTLY |
| COORDINATING YOUR CARE |
| OUTCOMES BY SERVICE |
| CLINICAL STANDARDS |

At Texas Children's Hospital, we believe our patients and families deserve the most complete and accurate information possible about how we are doing as a health care system. We want you to feel empowered to ask us questions and be active participants on the care team. We want families to know what you can expect if you come to Texas Children's. As a hospital system, we believe that a critical component to offering outstanding clinical programs is tracking the results of the care delivered through them and doing our best to provide the safest environment possible.



By tracking what we do, we learn about what happens to our patients, and we also learn about our performance as a health care delivery organization. We know we can always do better and must continue to strive toward excellence in health care delivery.

The information on this site is based on nationally recognized categories of quality and safety.

When possible, we show how we compare to other children's hospitals in the United States. Where no good comparisons are available, we illustrate how we compare to our own performance in the past, and how we measure up to our own goals.



Keeping You Safe



Treating You With Respect



Healing You



Seeing You Promptly



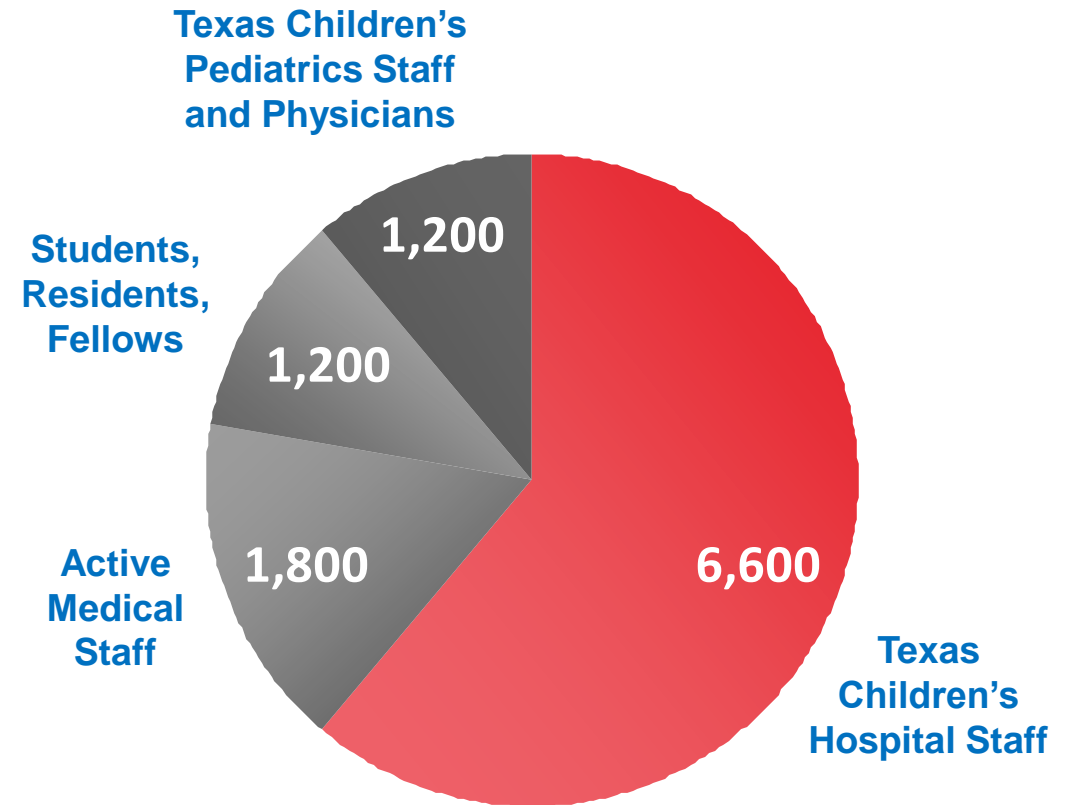
Coordinating Your Care

PARTNERSHIP WITH HUMAN RESOURCES

- Initial Error Prevention Training
 - Institution-wide training model uses HR organizational development (OD) trainers and their tools
 - Dedicated OD educators are paired with clinical experts in the classroom
 - OD tracking progress toward completion of training
 - OD built on line tools for non clinical providers

ERROR PREVENTION TRAINING

- Began with high risk, high volume areas (CV, Perioperative)
- In-tact team training where possible
- On-site, 3-hour courses



EXPECTED SAFETY BEHAVIORS

- Personal commitment to safety
- Clear, complete communication
- Questioning environment
- Culture shift
- Common language



SUSTAINING ERROR PREVENTION TRAINING

- Clinical and Nonclinical audio modules created
- A mandatory part of orientation for all new employees & providers
- Highlight behavioral tools through safety stories
- Development & implementation of Safety Coaches

DAILY OPERATIONAL BRIEFING FOR PATIENT SAFETY “DOB”

- DOB started September 17, 2012
- November 3, 2012 expanded to weekends and holidays
- Over 3000 issues addressed and resolved in first 2 years
- Event reporting increased from 500/mo. to >1000/mo.
- Changed the conversation

EVOLUTION OF DAILY OPERATIONAL BRIEFING

November 1, 2012

DOB expanded to 7 days per week & holidays

Start time changed for weekend & holidays, 9:30am

Host: expanded to include Chief Quality & Safety Officers

Barriers: lack of attendance & accountability

Manual pen and paper process

● ● 2013

2014

2015

● 2016

October 1, 2012

Monday-Friday @ 10:30am

Location: Non-clinical area, Quality & Safety Department

Host: 1

Barriers: lack of attendance & accountability

Manual pen and paper process

November 1, 2015

Location: Moved closer to clinical area

Hosts: expanded to include executive leadership

In person attendance encouraged

Teleconferencing for remote sites

Accountability

Technology utilized

IMPLEMENTATION TEAM

Hosts

Chief Quality Officers

Chief Safety Officers

Executive Vice Presidents

In-Chiefs

Facilitators

Quality Specialists

Safety Specialists

Accreditation & Regulatory
Specialists

Steering Team

Chief Safety Officer

Chief Quality Officer

Quality & Safety AD

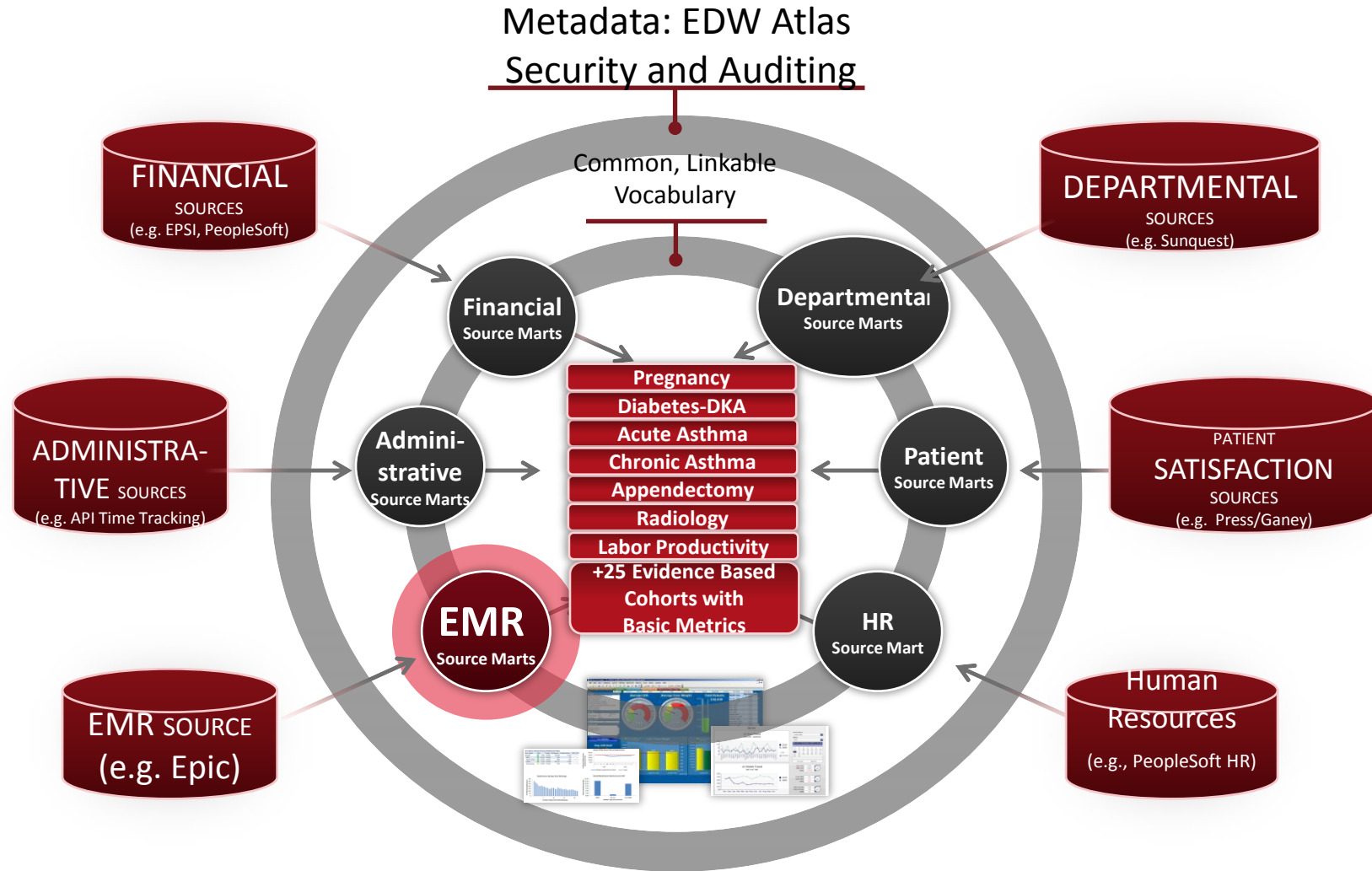
Executive VP for Quality &
Safety

Director of Clinical
Informatics (Nursing)

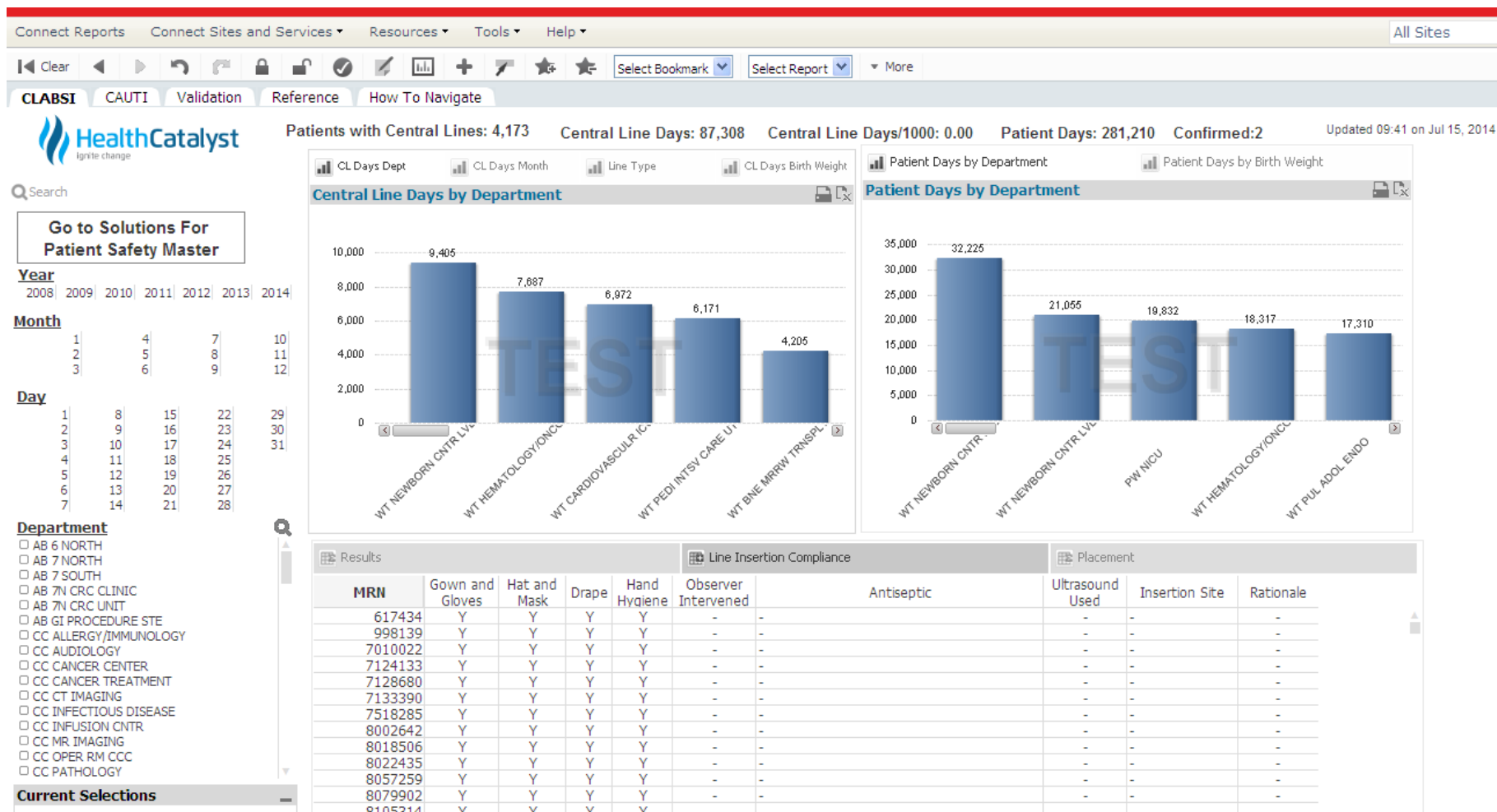
ELECTRONIC DATA WAREHOUSE (EDW)

- Allows for the examination of care nearly real time
 - Used for the development and monitoring of care processes
 - Facilitates the development of order sets and decision support
 - Active areas of use include asthma, diabetes, appendicitis, tracheostomy patients, high-risk OB
 - Very helpful in understanding population health related issues

DATA WAREHOUSE ARCHITECTURE



CLICKVIEW APPLICATION



FOCUS ON HACs

- HACs 2012: 190
- House wide goal 2013: Decrease Harm by 15%
 - We accomplished a 17% reduction in hospital acquired conditions
- House wide goal 2014: Decrease Harm by an additional 20%
 - Cascaded the goal to Directors, teams, staff
 - 12% reduction accomplished
- House wide goal 2015: Decrease Harm by an additional 20%
 - 33% reduction accomplished!
- 3 year goal to decrease preventable harm by 30% by 2018

ROLES OF HAC TEAM MEMBERS

Executive Sponsor

- Establish vision
- Maintain project awareness
- Approve and support findings and recommendations
- Remove barriers to success

Leaders

- Promote and model project participation
- Provide guidance on project direction
- Accountable for implementation and sustainability

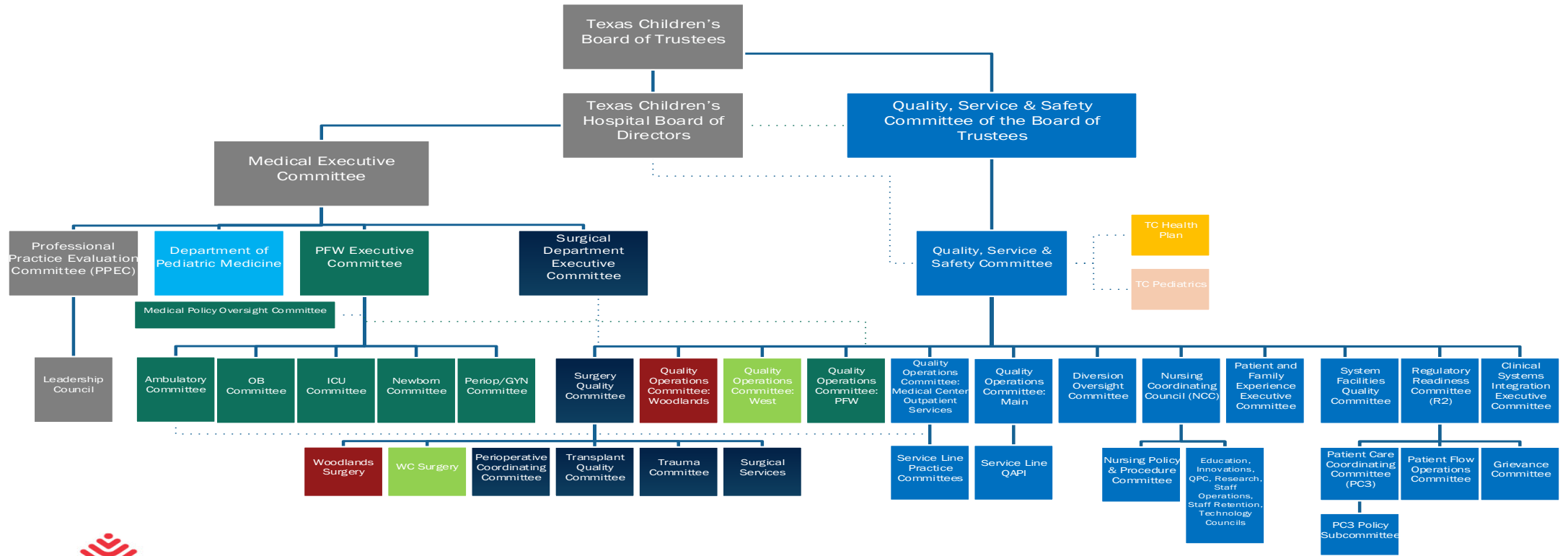
Quality/Infection Control

- Employ improvement tools/methodology to assist teams in initiating improvements
- Facilitate the identification of project opportunities
- Coordinate details of team meetings and execution of project tasks

HAC IMPROVEMENT STRATEGIES

- Quality Specialist education
 - Methodology, Project Management, Key Drivers and Aims
- Transparency
- Performance improvement
 - SPS sponsored activities and education
 - TCH specific interventions – Charters, PDSA, Key Drivers
- Accountability and sustainability

QUALITY & SAFETY REPORTING STRUCTURE



3 YEAR REDUCTION GOAL (2016 – 2018)

- Decrease hospital preventable harm in the following categories of harm
 - Adverse Drug Events
 - Central Line Associated Blood Stream Infections
 - Catheter Associated Urinary Tract Infections
 - Injuries from Falls
 - Pressure Injuries
 - Surgical Site Infections
 - Ventilator Associated Pneumonias

HEAT MAP

| Hospital Acquired Conditions | FY 2015 | | | | | | | | | | | | FY 2016 | | | | | | | | | | | | FY 2017 | | | | | | | | |
|--|---------|-----|-----|-----|-----|-----|-----|-----|------|------|-----|-----|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|-----|-----|-----|-----|-----|-----|-----|-----|
| | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Q1 | | | Q2 | | | Q3 | | |
| | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Surgical Site Infections (SSI) | 1 | 0 | 1 | 1 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 3 | 2 | 1 | 1 | 2 | 2 | 2 | 0 | 1 | 0 | 1 | 1 | 2 | 1 | 1 | 2 | 3 | 1 | 3 | 0 |
| C-section Surgical Site Infections | | | | | | | | | | | | | 1 | 0 | 3 | 0 | 0 | 1 | 3 | 0 | 0 | 1 | 1 | 1 | 0 | 3 | 3 | 1 | 1 | 0 | 2 | 0 | 1 |
| Ventilator Associated Pneumonia (VAP) | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 2 | 0 | 3 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 | 2 | 0 | 0 | 1 |
| Central Line Associated-Blood Stream Infections (CLA-BSI)* | 9 | 5 | 7 | 8 | 5 | 2 | 7 | 3 | 0 | 2 | 4 | 3 | 17 | 12 | 7 | 8 | 6 | 6 | 5 | 7 | 4 | 10 | 9 | 7 | 7 | 6 | 11 | 10 | 14 | 13 | 8 | 12 | 5 |
| Catheter Associated-Urinary Tract Infections (CA-UTI) | 0 | 1 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| Adverse Drug Events (ADE) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pressure Injuries (PI)* | 3 | 2 | 2 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 0 | 1 | 1 | 1 | 0 | 2 | 0 | 2 | 0 | 1 | 0 | 3 | 1 | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 2 | 1 |
| Falls | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 |
| Total | 14 | 9 | 11 | 9 | 8 | 5 | 11 | 5 | 4 | 3 | 5 | 8 | 21 | 18 | 14 | 14 | 8 | 12 | 10 | 13 | 5 | 16 | 13 | 12 | 9 | 12 | 17 | 16 | 20 | 18 | 11 | 17 | 8 |

HEAT MAP – WEEKLY SCRUTINY

| Hospital Acquired Conditions | FY 2015 | | | | | | | | | | | | | | | | | | | Weekly Event Detail (Specify Location of Each Event) | YTD Unit Trends | | | | |
|---|----------|-----------|-----------|---------|----------|----------|----------|-----------|--------|---------|---------|-----------|-----------|-----|-----|-----|------|------|-----|---|-----------------|-----------|-----|--|--|
| | Q1 | | | | | | | Q2 | | | | | | Q3 | | | Q4 | | | | | YTD TOTAL | | | |
| | Oct | Oct Total | Nov Total | Dec | | | | Dec Total | Jan | | | Jan Total | Feb | Mar | Apr | May | June | July | Aug | | | Sep | Oct | | |
| | 10/31/14 | Oct Total | Nov Total | 12/5/14 | 12/12/14 | 12/19/14 | 12/26/14 | Dec Total | 1/9/15 | 1/16/15 | 1/23/15 | 1/30/15 | Jan Total | | | | | | | | | | | | |
| Surgical Site Infections (SSI) | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | | | | | | | | | | | | | | 2 | (1) Spinal Fusion (1) Cardiac | |
| Ventilator Associated Pneumonia (VAP) | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | | | | | | | | | | | | | | 1 | (2) PICU | |
| Central Line Associated-Blood Stream Infections (CLA-BSI) | 2 | 9 | 5 | 0 | 1 | 2 | 4 | 7 | 0 | | | | | | | | | | | | | | 21 | (2) 14WT, (3) CVICU, (7) Hemoc, (2) NICU 4, (2) PFW, (2) PCU, (3) PICU | |
| Catheter Associated-Urinary Tract Infections (CA-UTI) | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | 1 | (1) PICU | |
| Adverse Drug Events (ADE) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | 0 | | |
| Pressure Ulcers (PU) | 3 | 3 | 2 | 0 | 0 | 0 | 2 | 2 | 0 | | | | | | | | | | | | | | 7 | (6) CVICU, (1) PICU | |
| Falls | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | | | | | | | | | | 1 | (1) TS | |
| Total | 6 | 13 | 10 | 0 | 1 | 2 | 6 | 11 | 0 | | | | | | | | | | | | | | 33 | | |

MOST CHALLENGING CONDITIONS

- Hospital Acquired Pressure Injuries (HAPI)
 - HAPI – Skin Champions program, standardization of bundles, real time data, training, audits and
- Central Line Associated Blood Stream Infection (CLA-BSI)
 - CLA-BSI – Champions program, standardization of processes across the system, real time data, training and audits, physician and nursing collaboration, family

MORE STRATEGY

DRAFT

CLABSI – Cascading of Responsibilities

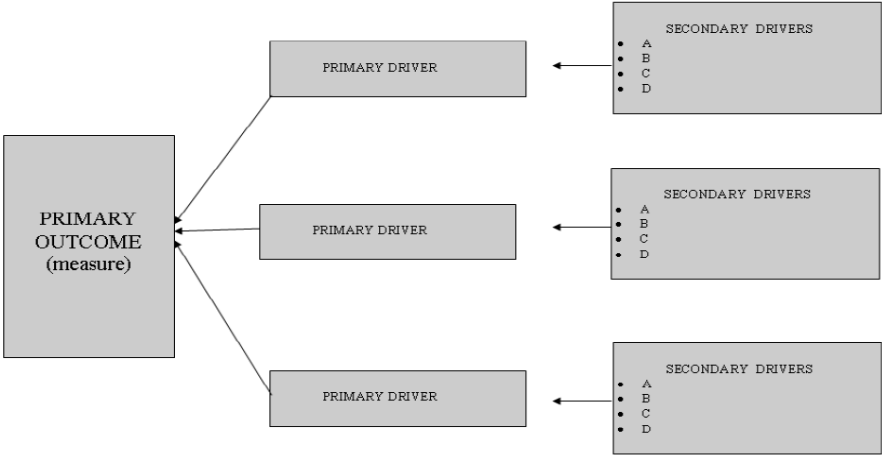
What role do I play in CLABSI prevention?

| SVP | VP/AVP | Director | Frontline Leadership | Bedside provider |
|--|---|--|--|---|
| <ul style="list-style-type: none">• Eliminate CLABSIs• Support the removal of operational barriers experienced by the clinical team to prevent CLABSIs. | <ul style="list-style-type: none">• Eliminate CLABSIs• Promote a culture of safety, accountability and teamwork• Ensure collaboration across all inter-professional teams in support of CLABSI prevention is achieved | <ul style="list-style-type: none">• Eliminate CLABSIs• Ensure standardization of practice within clinical area• Conduct monitoring and surveillance for compliance• Report key quality metrics and compliance on a monthly basis. | <ul style="list-style-type: none">• Eliminate CLABSIs• Monitor and investigate practice and policy variations.• Provide education and training to ensure all staff are deemed competent. | <ul style="list-style-type: none">• Eliminate CLABSIs• Strict adherence to bundle elements and infection control standards• Partner with frontline leadership in identifying barriers for compliance• Provide patient and family education |



Driver diagram template

Definition: A driver diagram is used to conceptualize an issue and determine its system components which will then create a pathway to get to the goal



Primary drivers are system components which will contribute to moving the primary outcome

Secondary drivers are elements of the associated primary driver. They can be used to create projects or change packages that will affect the primary driver.

OUTCOMES

Sustaining Improvement

DAILY OPERATIONAL BRIEFING

Quick Hits

N = 1108

92 / month

Time to resolution:

- Mean 3.38 days
- Range 0-60 days

Complex Issues

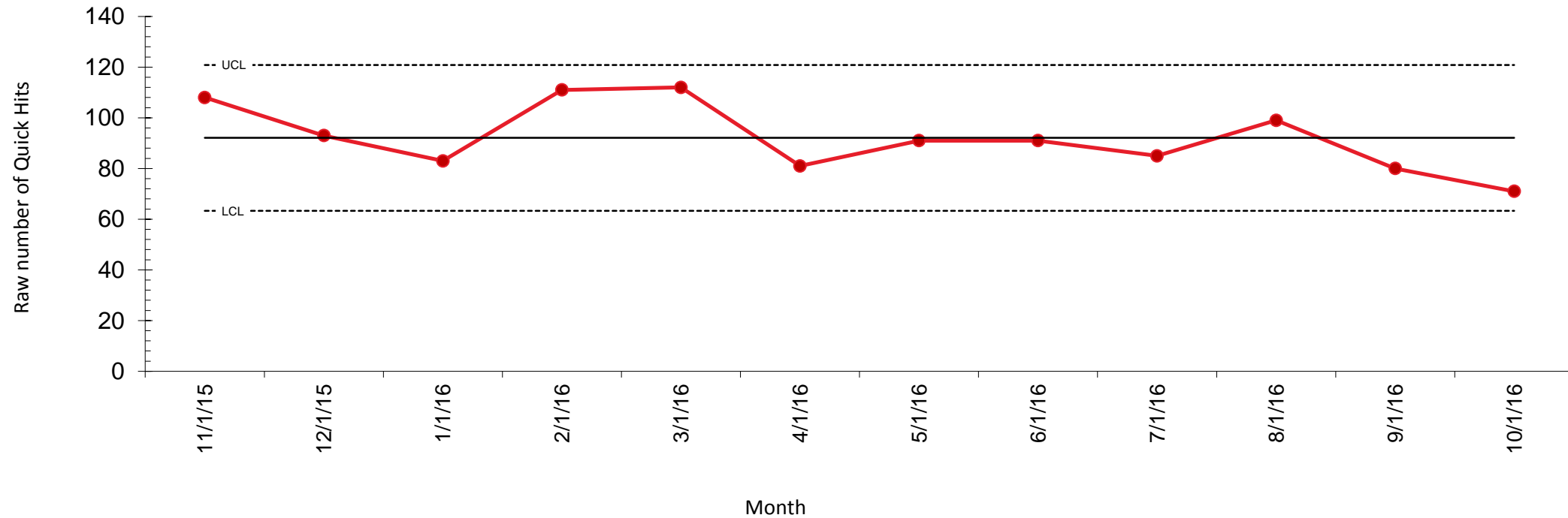
N = 53

4.41 / month

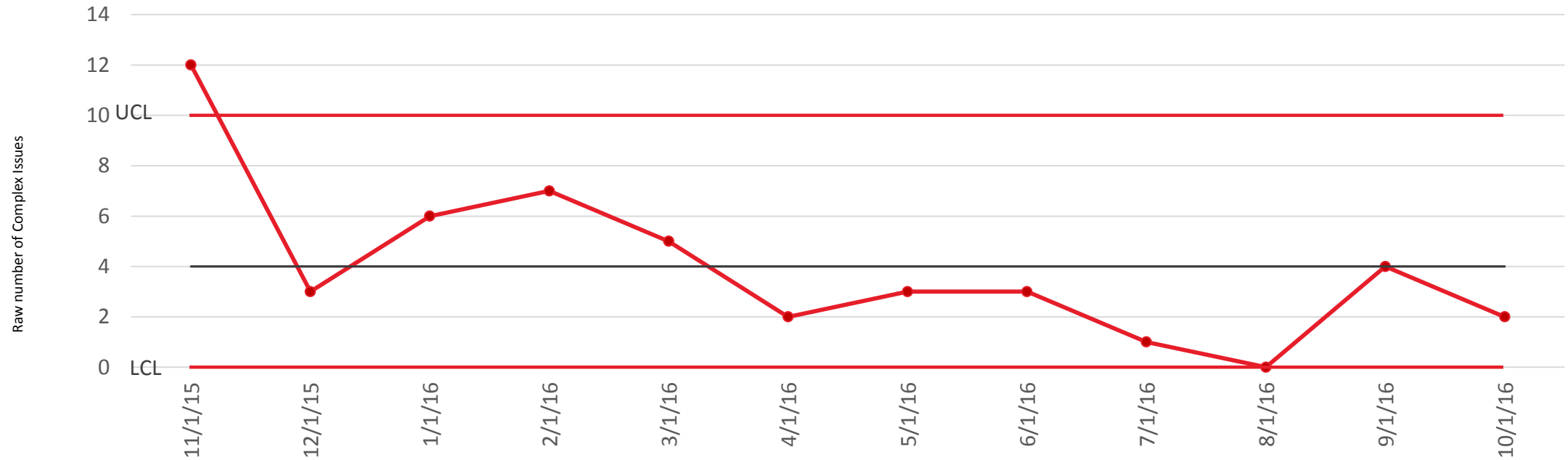
Time to resolution:

- Mean 102.48 days
- Range 18-323 days

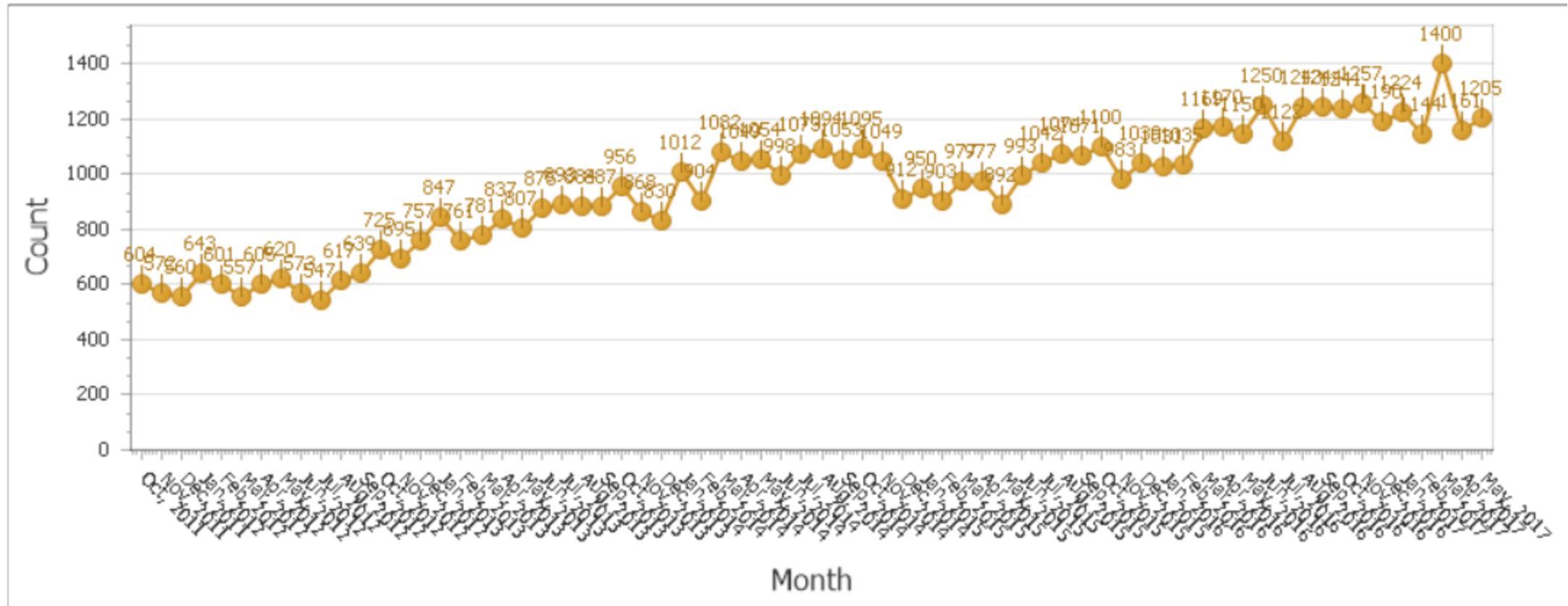
DOB QUICK HITS – TREND / MONTH



DOB COMPLEX ISSUES – TREND / MONTH



SAFETY SCOOP EVENT TOTALS FY12 – FY17 YTD



DOB CONCLUSIONS

- Improvement Observations
 - Successful framework to identify a large number of issues
 - Tracking of solutions to completion
 - Positive effect on organizational coordination
 - Ongoing improvement leads to less issues

ERROR PREVENTION TRAINING: OUTCOMES

- > 14,000 employees and faculty have trained in Error Prevention Training
- Successfully hardwired into the organization
- Established Safety Coach Program

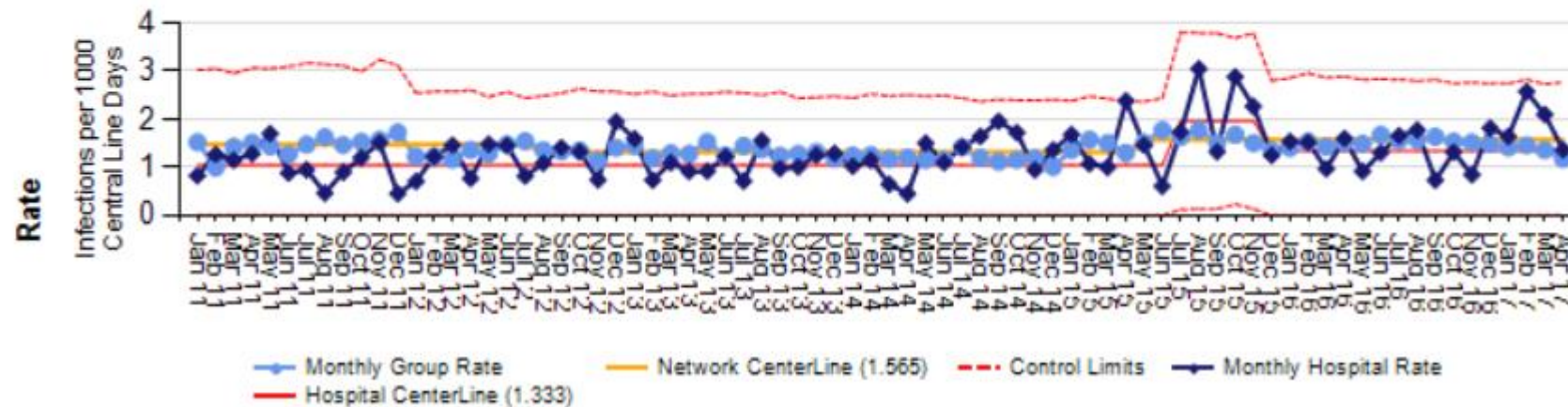
HARM OUTCOMES

Children's Hospitals'
Solutions for
Patient Safety
Every patient. Every day.

Children's Hospitals' Solutions for Patient Safety (SPS) National Network

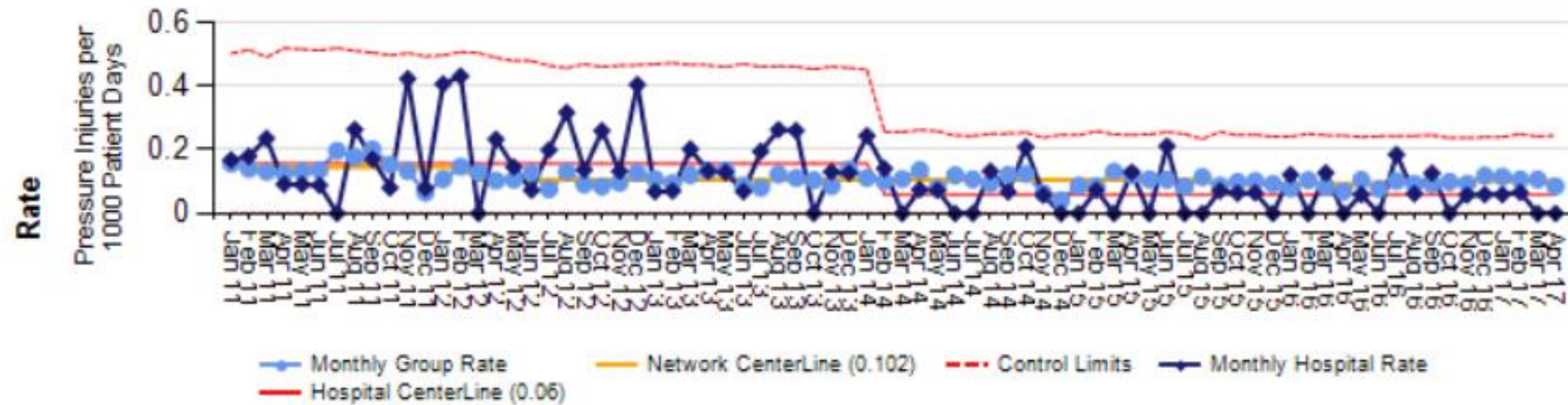
Texas Children's Hospital

Central Line Associated Blood Stream Infections (CLABSI)



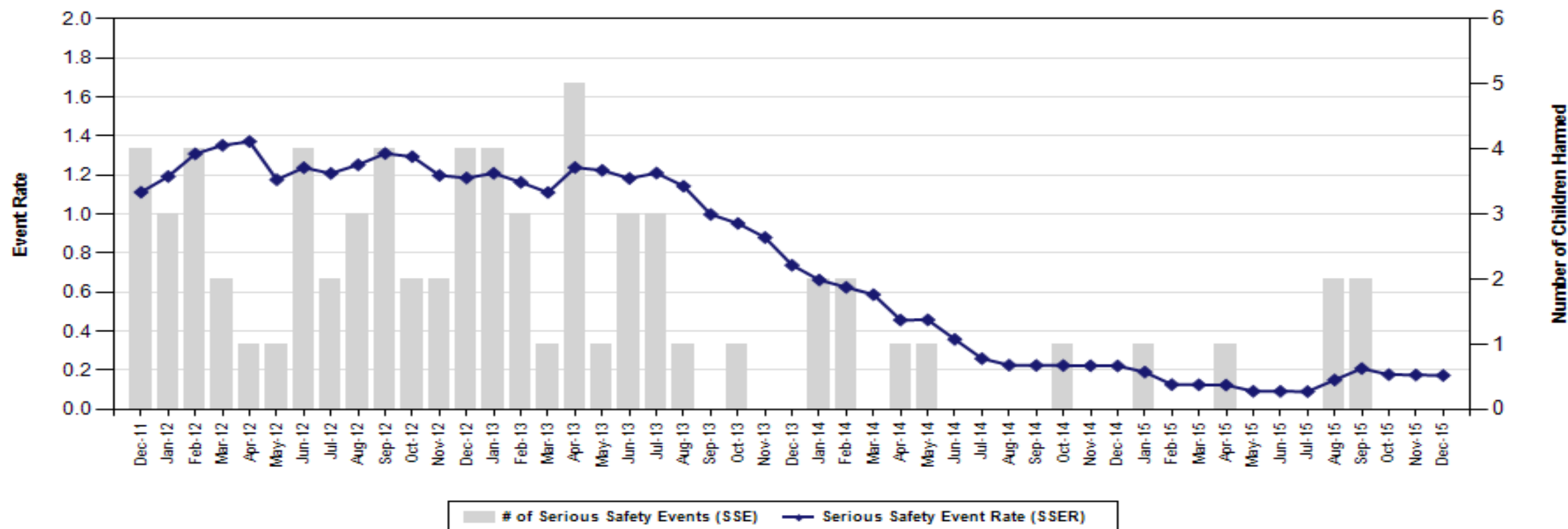
HARM OUTCOMES

Pressure Injuries



Serious Safety Event Rate (SSER)
SSER is Expressed as a Rolling 12 Month Average per 10,000 Adjusted Patient Days (APD)

Texas Children's Hospital (Houston)



| | 12/13 | 01/14 | 02/14 | 03/14 | 04/14 | 05/14 | 06/14 | 07/14 | 08/14 | 09/14 | 10/14 | 11/14 | 12/14 | 01/15 | 02/15 | 03/15 | 04/15 | 05/15 | 06/15 | 07/15 | 08/15 | 09/15 | 10/15 | 11/15 | 12/15 |
|------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| SSE | 0 | 2 | 2 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 2 | 2 | 0 | 0 | 0 |
| 10,000 APD | 2.56 | 2.72 | 2.44 | 2.68 | 2.49 | 2.53 | 2.57 | 2.63 | 2.69 | 2.71 | 2.78 | 2.62 | 2.68 | 2.72 | 2.64 | 2.89 | 2.87 | 2.80 | 2.74 | 2.99 | 2.90 | 2.92 | 3.06 | 2.96 | 3.13 |
| SSER | 0.74 | 0.66 | 0.62 | 0.59 | 0.46 | 0.46 | 0.36 | 0.26 | 0.23 | 0.22 | 0.22 | 0.22 | 0.22 | 0.19 | 0.13 | 0.13 | 0.12 | 0.09 | 0.09 | 0.09 | 0.15 | 0.21 | 0.18 | 0.18 | 0.17 |

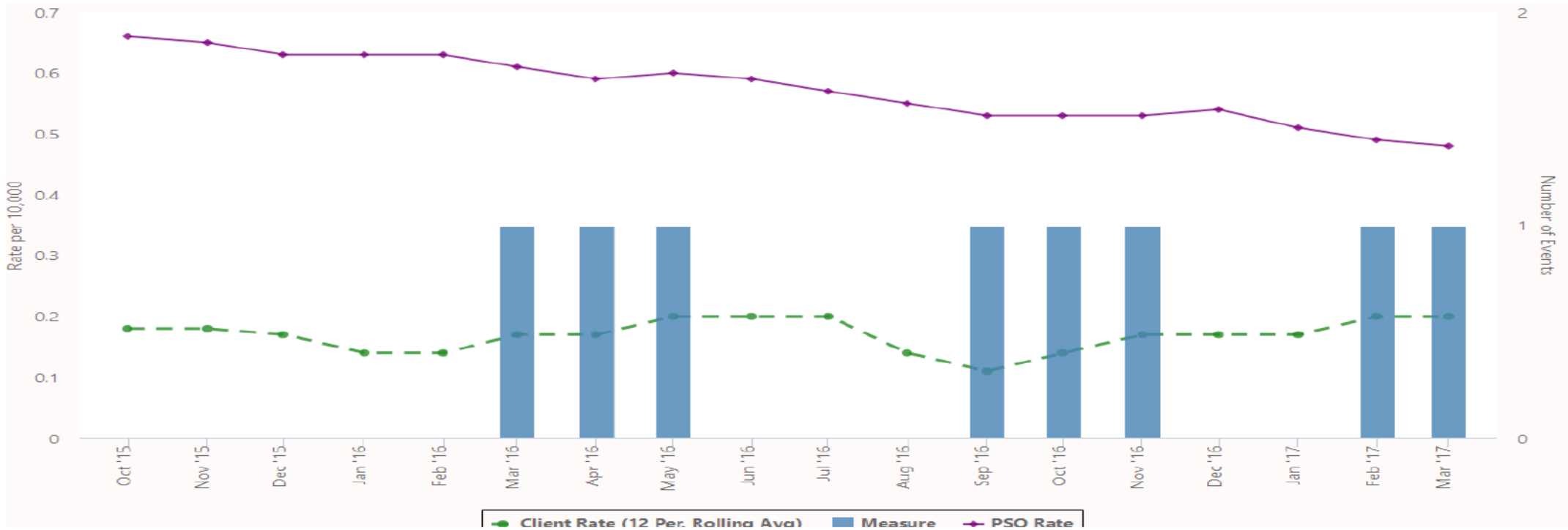
Texas Children's Hospital SSER – 12 Month Rolling Average

March 2017

Texas Childrens Hospital

Serious Safety Event Rate (SSER)

12 Month Rolling Avg



Note: SSER is expressed as a rolling 12-month average per 10,000 adjusted patient days (APD).

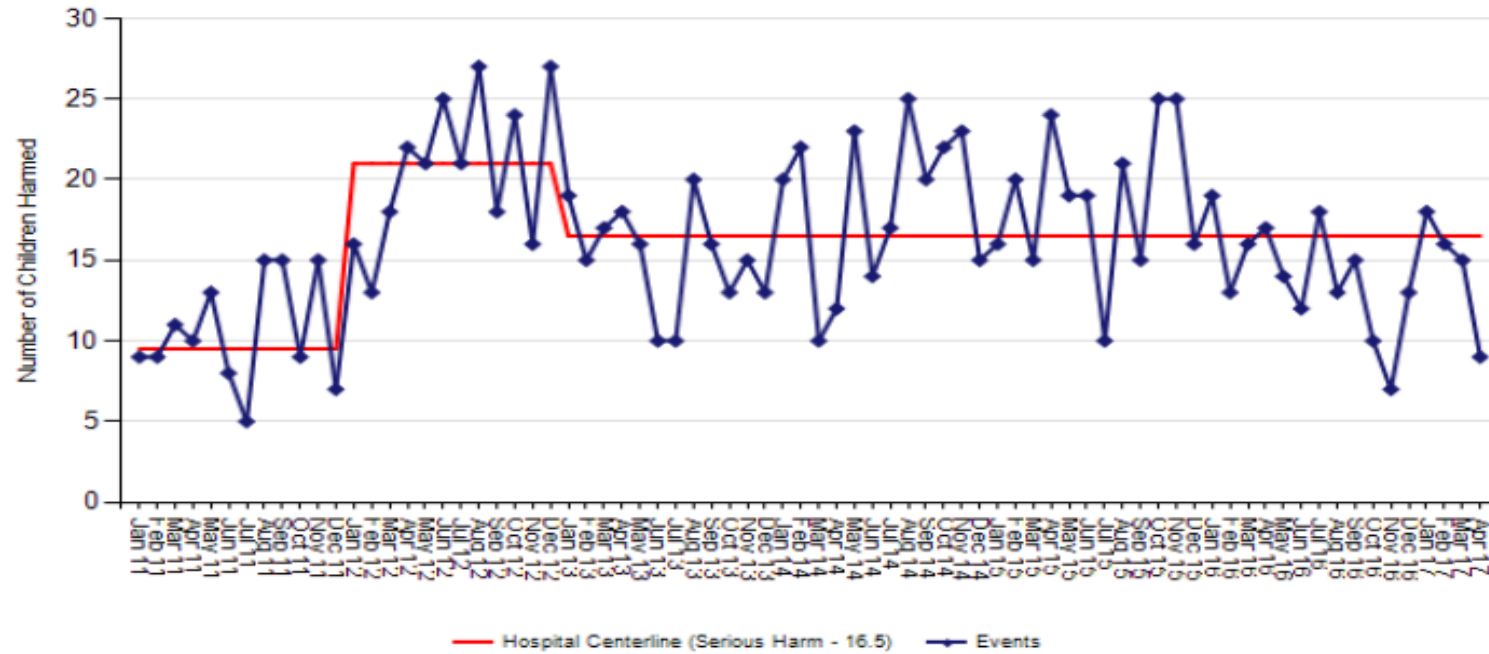
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SERIOUS HARM EVENTS (HACS)

Serious Harm Events Reported

Texas Children's Hospital



Serious Harm Data Includes: CLA-BSI, CA-UTI, VAP, VTE Events, ADE(F-I on MERP scale), Falls of moderate or greater harm, SSI (Cardiothoracic, Neuro Shunts & Spinal Fusions), OB-AE, and PU (Stages 3,4, Unstageable).

| | |
|--------------|----|
| Apr 17 | 9 |
| Mar 17 | 15 |
| Feb 17 | 16 |
| Jan 17 | 18 |
| Dec 16 | 13 |
| Nov 16 | 7 |
| Oct 16 | 10 |
| Sep 16 | 15 |
| Aug 16 | 13 |
| Jul 16 | 18 |
| Jun 16 | 12 |
| May 16 | 14 |
| Apr 16 | 17 |
| Mar 16 | 16 |
| Feb 16 | 13 |
| Jan 16 | 19 |
| Dec 15 | 16 |
| Nov 15 | 25 |
| Oct 15 | 25 |
| Sep 15 | 15 |
| Aug 15 | 21 |
| Jul 15 | 10 |
| Jun 15 | 19 |
| May 15 | 19 |
| Apr 15 | 24 |
| Mar 15 | 15 |
| Feb 15 | 20 |
| Jan 15 | 16 |
| Dec 14 | 15 |
| Serious Harm | |

NEXT STEPS TO GROW & SUSTAIN CULTURE

- Continue to adopt new HAC work
- Push the limits of transparency
- Strengthen partnerships with Medical Staff & Nursing
- Improve engagement of Safety Coaches
- Additional training in HRO principles & problem solving for frontline staff
- Continue to drive to ZERO



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COMMENTS/QUESTIONS?