

Internal Bleeding

What Hospitalists Need to Know and Do About Medical Mistakes

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It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm.

Florence Nightingale, *Notes on Hospitals*, 1859





THE TRUTH BEHIND AMERICA'S TERRIFYING
EPIDEMIC OF MEDICAL MISTAKES

INTERNAL BLEEDING

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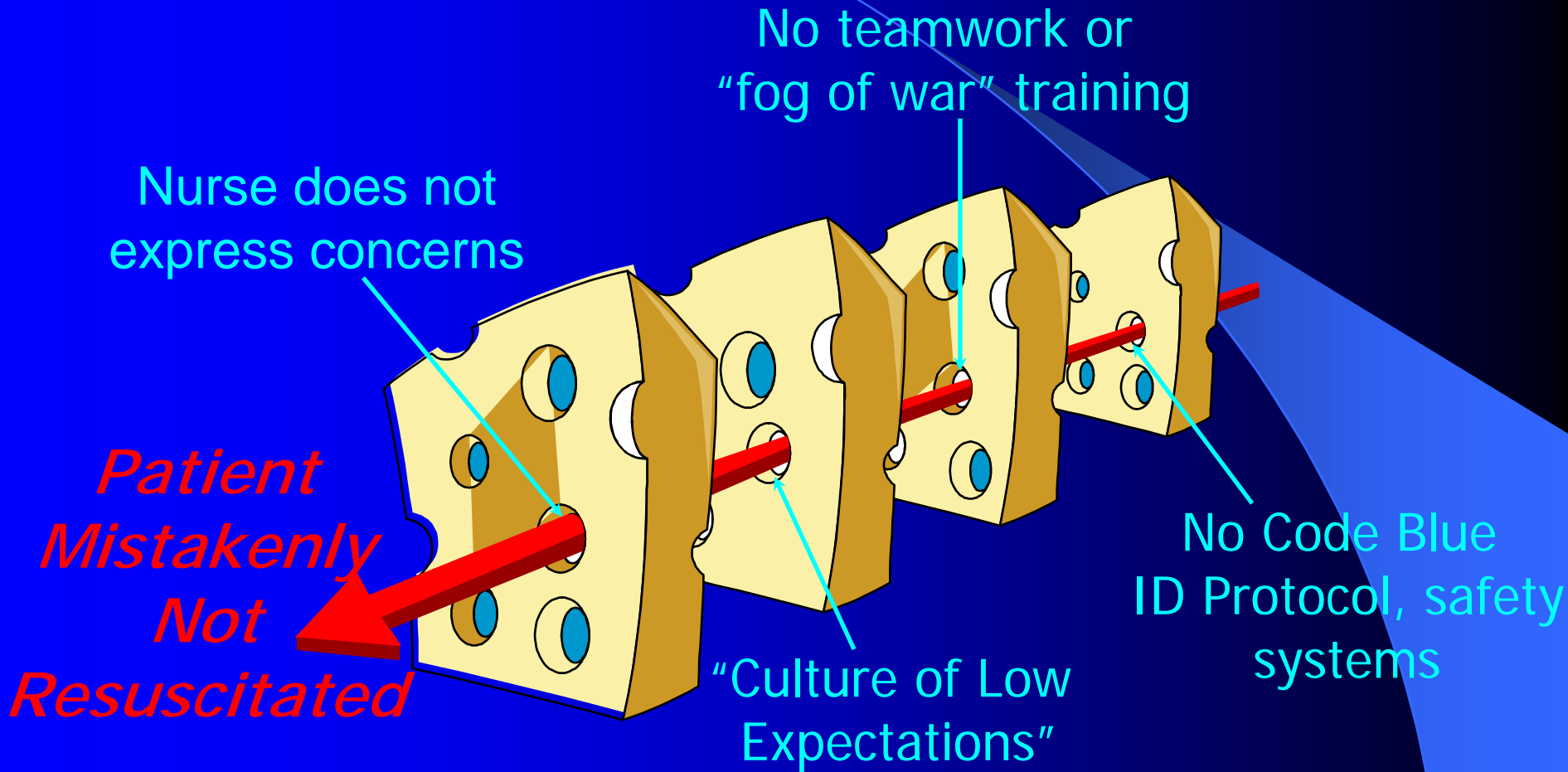
The Case in Room 426

“The mistakes are all there waiting to be made.”

Chessmaster Savielly Tartakower (1887-1956)



The “Swiss Cheese Model” of Major Accidents & Errors



Checklists and Other Systems

“Let me read back your order to you...”



The “Culture of Low Expectations”

“We suspect that these physicians and nurses had become accustomed to poor communication and teamwork. A ‘culture of low expectations’ developed in which participants came to expect a norm of faulty and incomplete exchange of information [which led them to conclude] that these red flags signified not unusual, worrisome harbingers but rather mundane repetitions of the poor communication to which they had become inured.”

Drs. Mark Chassin and Elise Becher
Annals of Internal Medicine, 2002

The Role of Teamwork



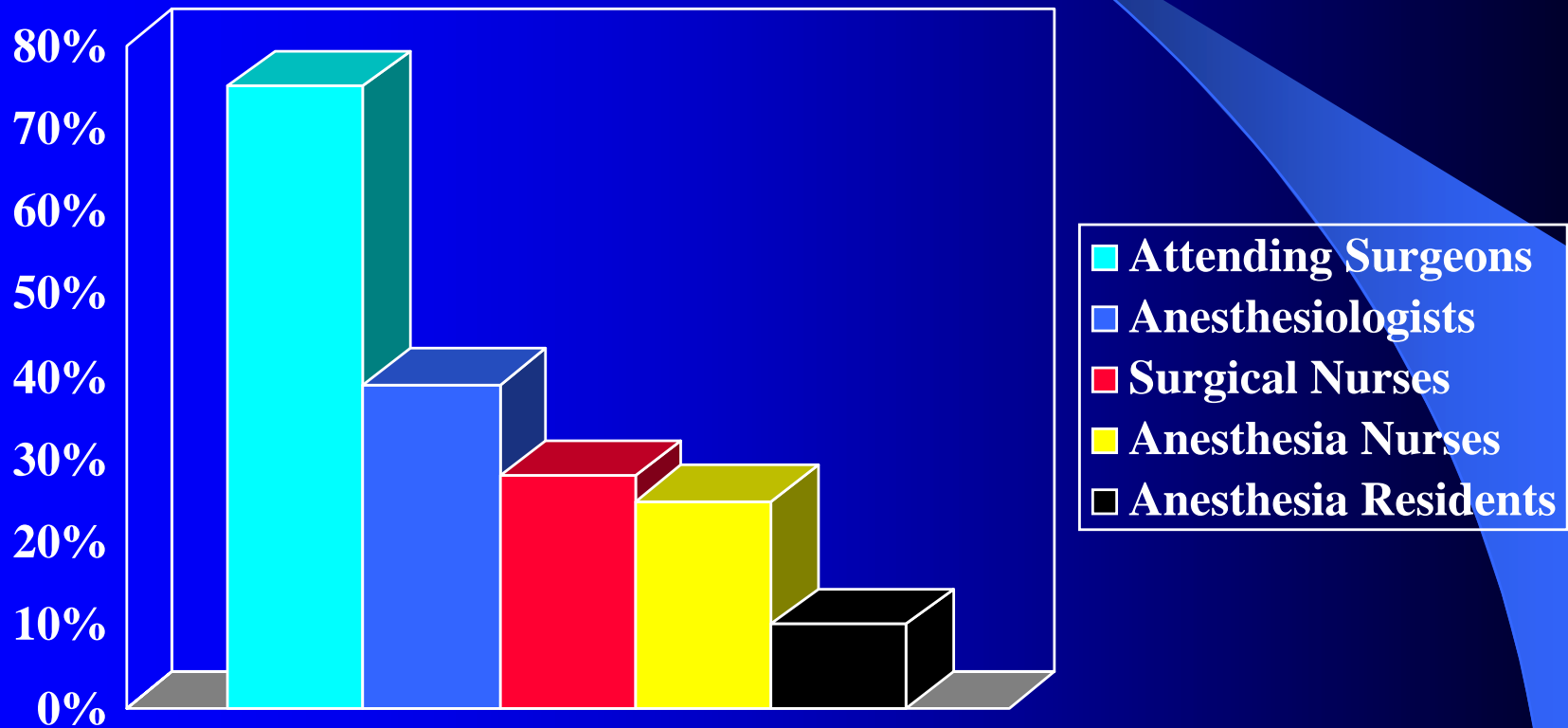
Tenerife, Canary Islands, 1977

On hearing this, the KLM flight engineer asked: “Is he not clear then?” The [KLM] captain didn’t understand him and [the engineer] repeated, “Is he not clear, that Pan American?” The captain replied with an emphatic, “Yes” and, *perhaps, influenced by his great prestige, making it difficult to imagine an error of this magnitude on the part of such an expert pilot, both the co-pilot and flight engineer made no further objections.*

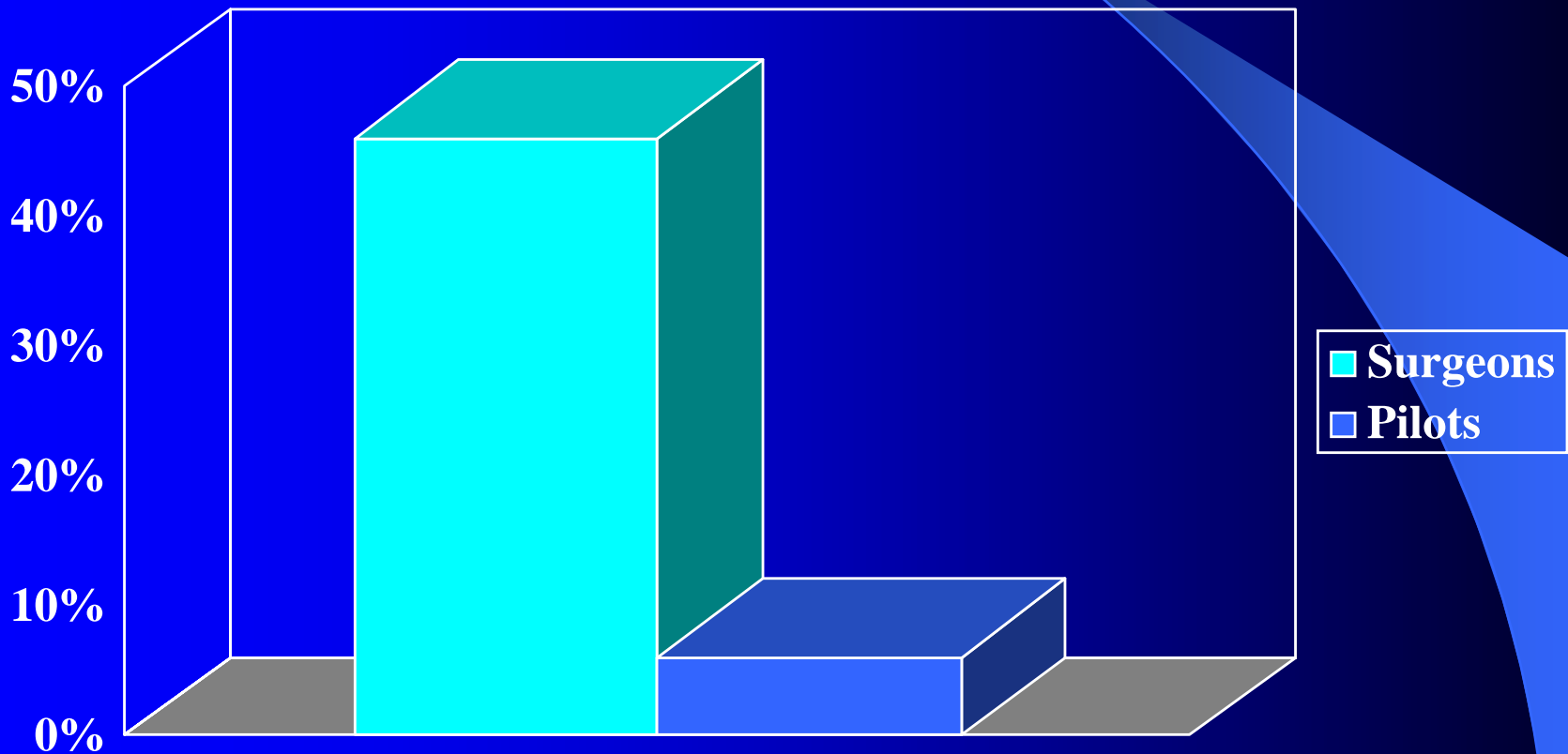


Official report of the Spanish Secretary of Civil Aviation on the Tenerife crash

Teamwork level felt to be “high”



Believe that decisions of the “leader” should *not* be questioned



The View from 35,000 Feet



...our cases are less horror stories of malfeasance or incompetence than cautionary tales about misguided priorities, mixed signals, and mass denial. From Congressional decisions about what kinds of research to fund, to choices by hospitals about where to focus their attention and dollars, to judgments by medical and nursing schools about how to train the healers of tomorrow--safety has always been an afterthought. It is the problem you tackled after all the high-tech, profitable and sexy stuff was taken care of (which, of course, it never was)...

... We have become inured to and paralyzed by our mistakes, coming to think of them as the unavoidable collateral damage of a heroic, high-tech war we otherwise seem to be winning. It's as if we spent the last 30 years building a really souped-up sports car, but barely a dime or a moment making sure it has bumpers, seat belts, and airbags.

From Internal Bleeding

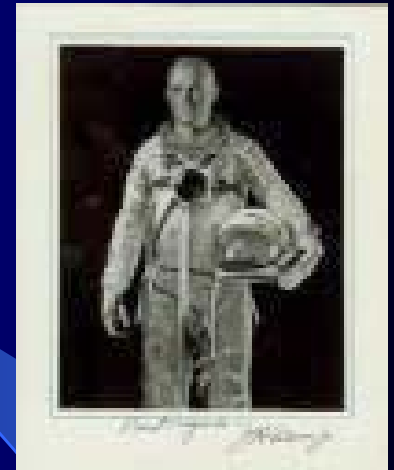
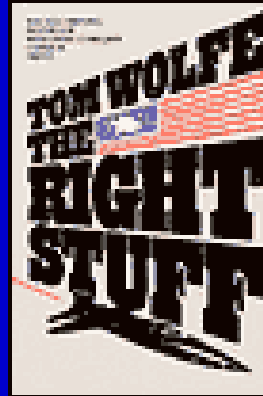
What Can Be Done

- Changes in practice
- Changes in culture
- Changes in funding
- Why is this so damn hard?

Changes in Practice

- Clinical information technology
 - Improve transitions
 - Prevent medication errors
 - Decision support
- Better training models
 - Simulators
 - Crew-Resource Management (CRM)
 - Work-hours changes
- Better oversight of safety
 - Patient safety officers/program
 - Coordinative generalists (HOSPITALISTS!!!)

The Right Stuff



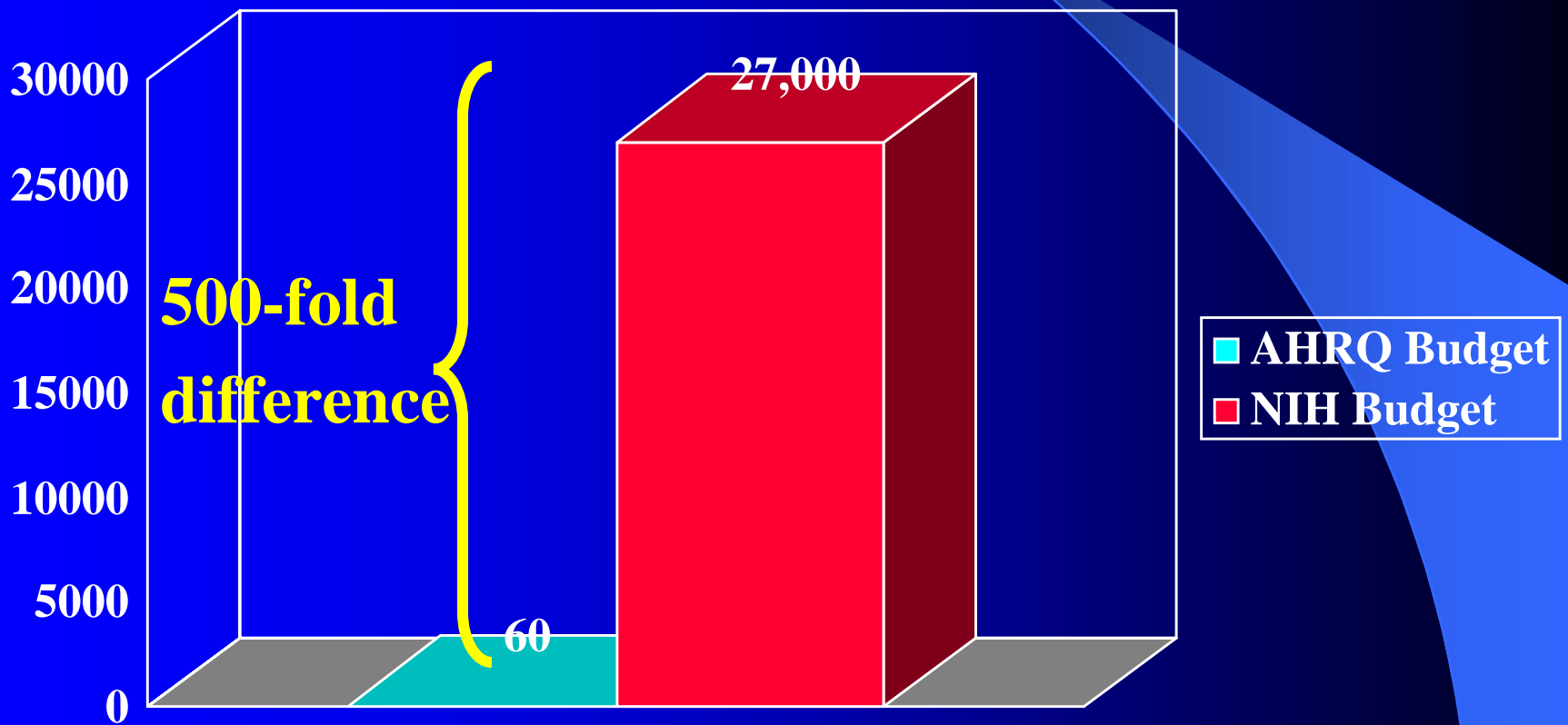
“In fact, considerable attention had been given to a plan to anesthetize or tranquilize the astronauts, not to keep them from panicking but just to make sure they would lie there peacefully with their sensors on and not *do something* that would ruin the flight.”



Tom Wolfe, *The Right Stuff*



Federal Funding: Innovation vs. Safety



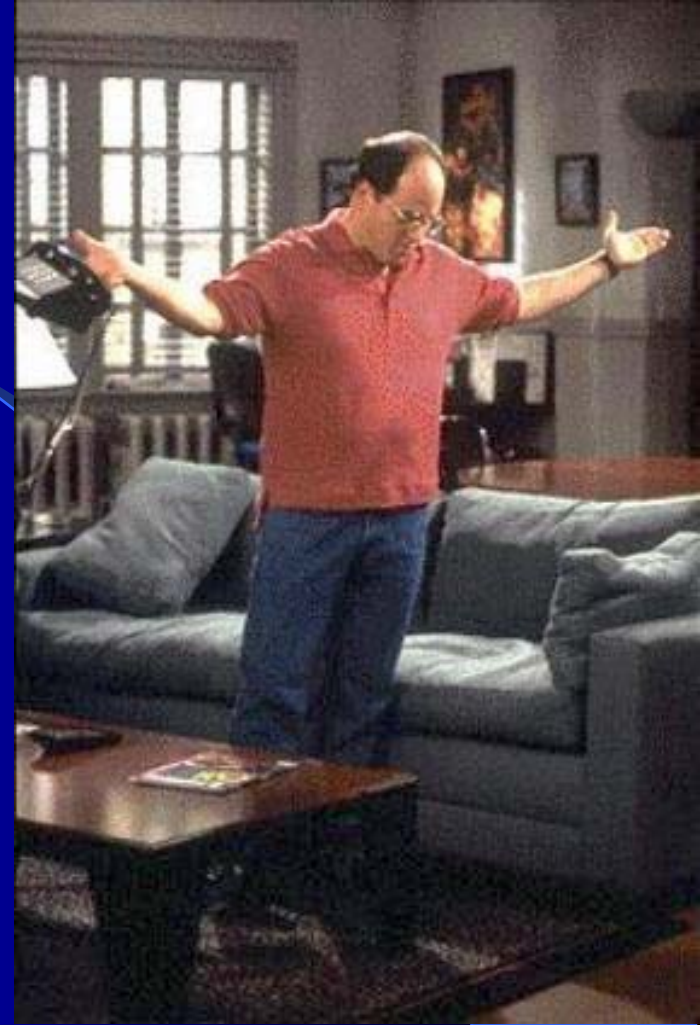
In millions of dollars

AHRQ=Agency for Healthcare Research & Quality

NIH=National Institutes of Health

A Show About Nothing

- Competing resource needs
- No business case
- A quiet epidemic
 - No exploding shuttles, crashing planes
 - Media interest is episodic and sensationalized
 - Malpractice system is the great silencer



The Challenger, 1986

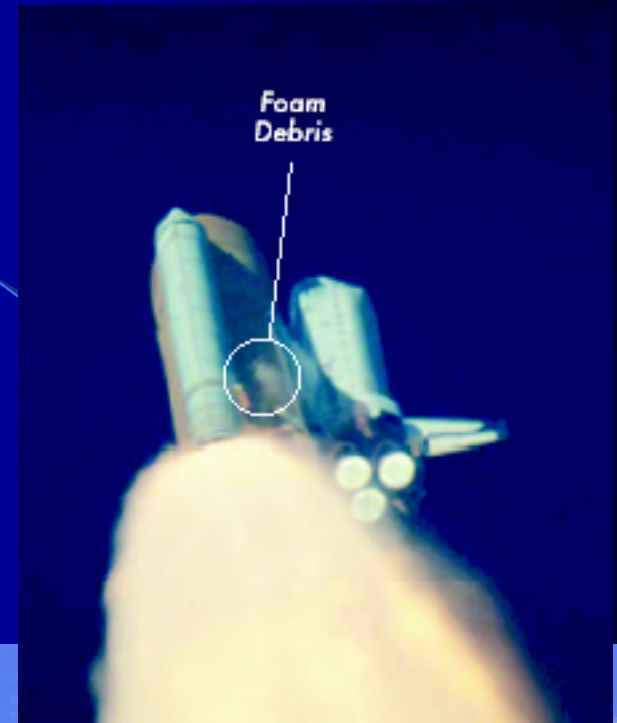


Diana Vaughan, *The Challenger Launch Decision*, 1997

The supportive political environment has changed. NASA is again experiencing the economic strain that prevailed at the time of the [Challenger] disaster. Few of the people in top NASA administrative positions exposed to the lessons of the Challenger tragedy are still there. The new leaders stress safety, but they are fighting for dollars and making budget cuts...

[In the words of one NASA engineer]: “We’ll blow another one, but it won’t be the solid rocket booster that does it.”

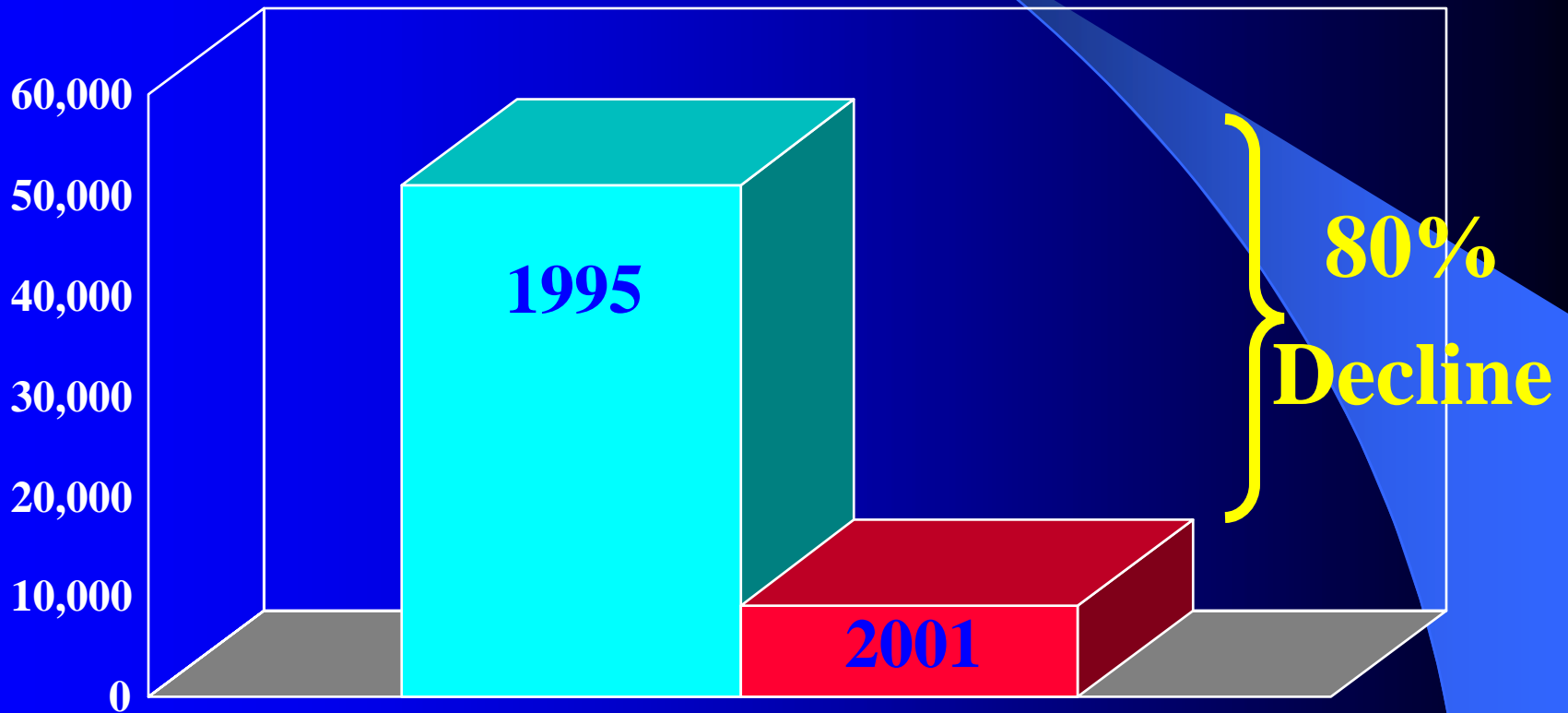
Columbia, February 2003: “History Became Cause”



The Central Role of Hospitalists in Patient Safety and Quality

- Will improve safety/quality through care of individual patients/resident supervision
- Will be natural leaders of safety/QI efforts
 - Comfortable with teamwork
 - Skilled in EBM, data management, IT
 - Aligned incentives with hospital (sometimes)
 - Can survive (?thrive) the John Glenn-ization of medicine
 - Sitting in the lighthouse: a view of everything
- May prove to be our most durable legacy (and justification for support)

U.S. AIDS Deaths



There is Hope

U.S. House rejects homophobia
Hefley amendment to overturn executive order goes down to defeat.
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Banner days
More on the just-completed Gay Games from Amsterdam.
page 22 - 23



Perversely pretty
Photographer Pierre Molinier in Santa Monica.
see Arts section



BAY AREA REPORTER

Vol. 28 • No. 33 • 13 August 1998

Serving the Gay & Lesbian Community for more than 27 years

No obits

by Timothy Rodrigues

Readers of the Bay Area Reporter who regularly scan the obituary page for familiar faces — friends, ex-lovers, former tricks, that gay you used to see at the gym who has not been around for a while — will have to forgo that ritual this week. No obituaries were filed with the paper for this issue, a first since the AIDS epidemic exploded in San Francisco's gay community.

That doesn't mean that there were no AIDS deaths in the past week; next week's issue may have more obits than usual. Nevertheless, after more than 17 years of struggle and death, and some weeks with as many as 31 obituaries printed in the B.A.R., it seems a new reality may be taking hold, and the community may be on the verge of a new era of the epidemic. Perhaps.

"It is certainly refreshing, and I think we deserve a break like that. By the same token, it is hard to imagine that it will last forever," Dana Van Goeder, director of gay and lesbian

health for the Department of Public Health (DPH), told the B.A.R. "We all deserve a little bit of respite," he continued.

Derek Gordon, director of communications for the San Francisco AIDS Foundation (SFAF), who has been living with HIV for many years, talked about scanning the obituary page, looking to see who had died, and feeling "It was just a matter of time before I would see my own face."

"I remember my grandfather said he knew he was getting near death because he used to scan the obits," he told the B.A.R. "I used to think how tragic because I was doing the same thing at 30."

Gordon cautioned that the epidemic is not over, but acknowledged that the decrease in the number of obituaries reflects a parallel trend in his personal experience. He said he no longer feels the same sense of "doom and despair," and added, "I don't have any [recent] obits to personally tell."

Dick Fabich, AIDS policy advisor to Mayor Willie Brown, and someone who has lived with AIDS for many years, has had the opposite personal experience. He has recently had two close friends die of AIDS, something he says he has not

had to deal with for some time.

"I have frankly had a concern that we are seeing a shift in the opposite direction," he said, mentioning an increase in the number of people he knows who have died, gotten infected by HIV, or been diagnosed.

While acknowledging that the lack of obituaries is symbolically very important, Fabich warned that it is important not to overstate the situation and said there should be no lessening of efforts to fight the epidemic.

If current estimates are correct, 10 people may have been infected by HIV in the last week, and it is estimated that 13,000 people living in San Francisco are HIV-positive.

Although scientists, reporters, and government officials have commented that AIDS deaths have been declining since the introduction of new anti-HIV drug regimens, several of those interviewed mentioned that many people cannot obtain, choose not to take, or do not benefit from currently available treatment options. Also, the incidence of HIV/AIDS is increasing among youth, people of color, women, and the bet-

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