Innovation from Variation

The Future of Obstetric Anesthesia & Analagesia

Obstetrical Anesthesiologists Intensivists Association 2016 Annual Meeting, St. Petersburg, Russia

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Associate Professor of Anaesthesia

Harvard Medical School

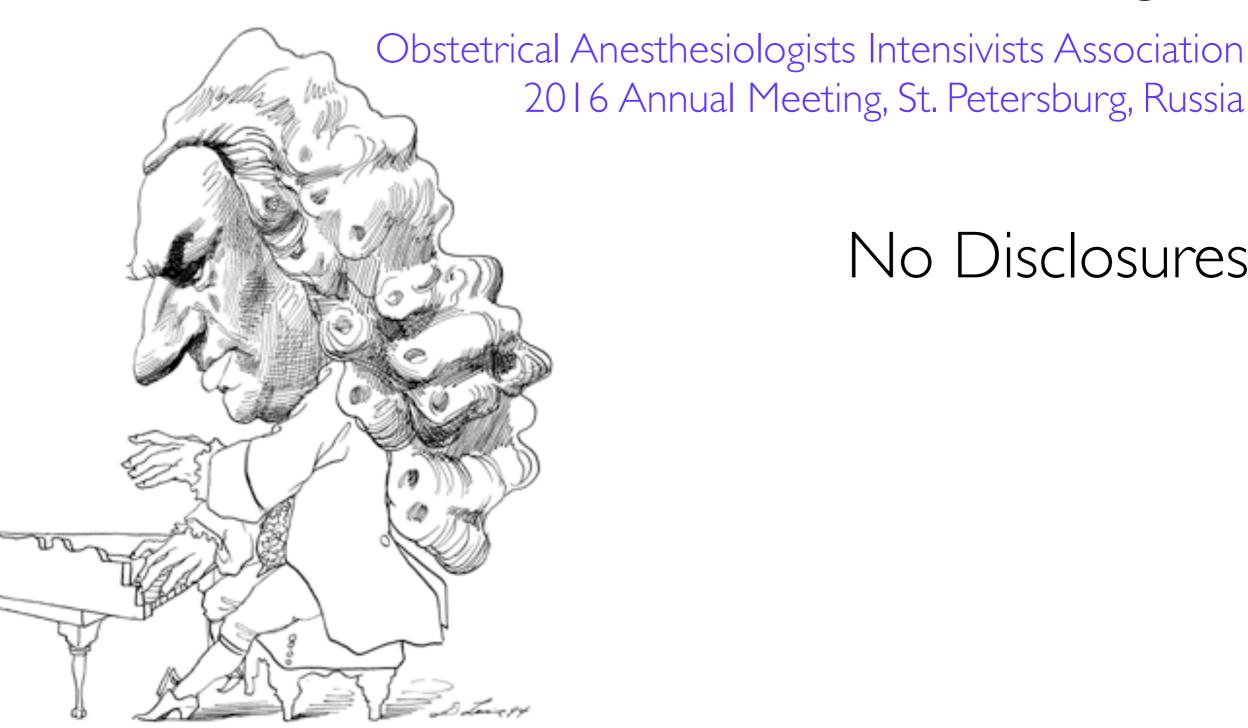
Associate Director, Center for Professionalism and Peer Support, Brigham & Women's Hospital

Vice Chair, Faculty Development & Education

Department of Anesthesiology, Perioperative & Pain Medicine, Brigham & Women's Hospital

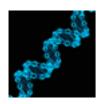
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The Future of Obstetric Anesthesia & Analagesia



No Disclosures

Innovation



The Innovator's DNA

Discovery Skill	Definition	
Associating	Connecting Across Knowledge Areas	
Questioning	Considering New Possibilities	
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Dyer J, Gregersen HB, Christensen CM. The Innovator's DNA: Mastering the Five Skills of Disruptive Innovators. Harvard Business Review Press; 2011



Sanitation (H20 + Sewage) Antibiotics Anaesthesia

Anesthesia Diabetes Bone Marrow



Henry Jacob Bigelow: "It has long been an important problem in medical science to devise some method of mitigating pain of surgical operations. An efficient agent for this purpose has at length been discovered"

BMJ 2007 Medical Milestones since 1840

NEJM 2012 Most Important Articles since 1812

The introduction of a new idea, method or device

Inmamation

A slight difference in a condition, amount, or level

Frederick Augustus III Elector of Saxony

Count Keyserlingk Russian Ambassador

Johann Goldberg Royal Court Composer



Goldberg Variations

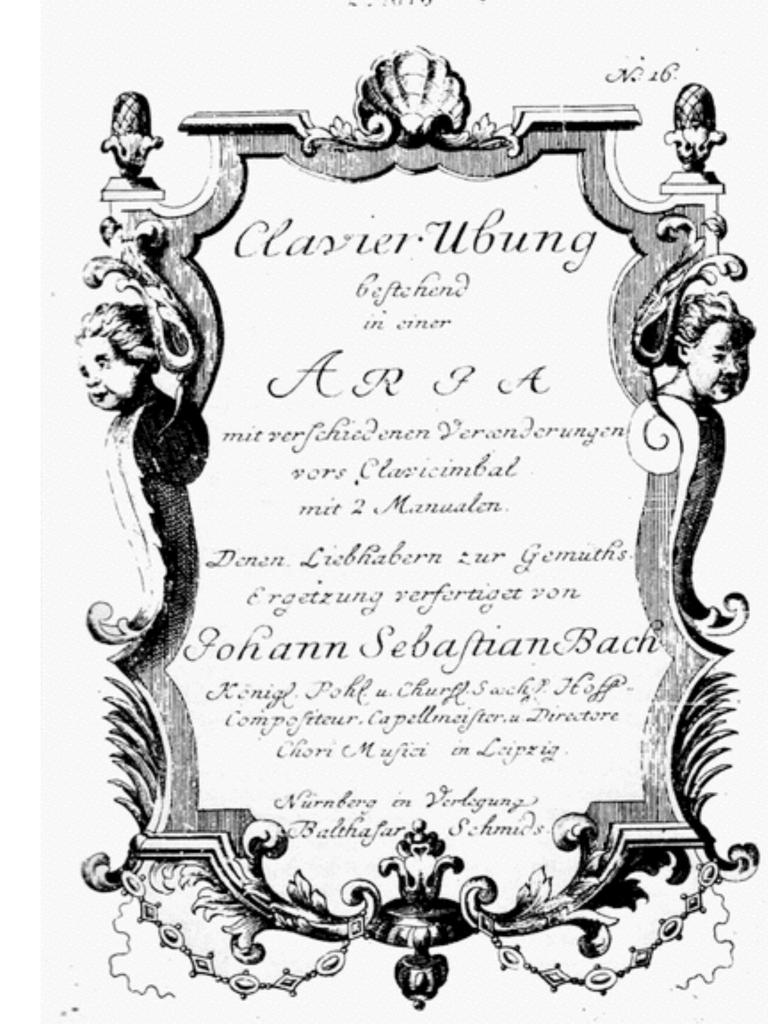
Johann Sebastian Bach

Aria + 30 Variations

Composed 15 yrs, 1741

Harpsichord-2 Manuals

The Model



Goldberg Variations

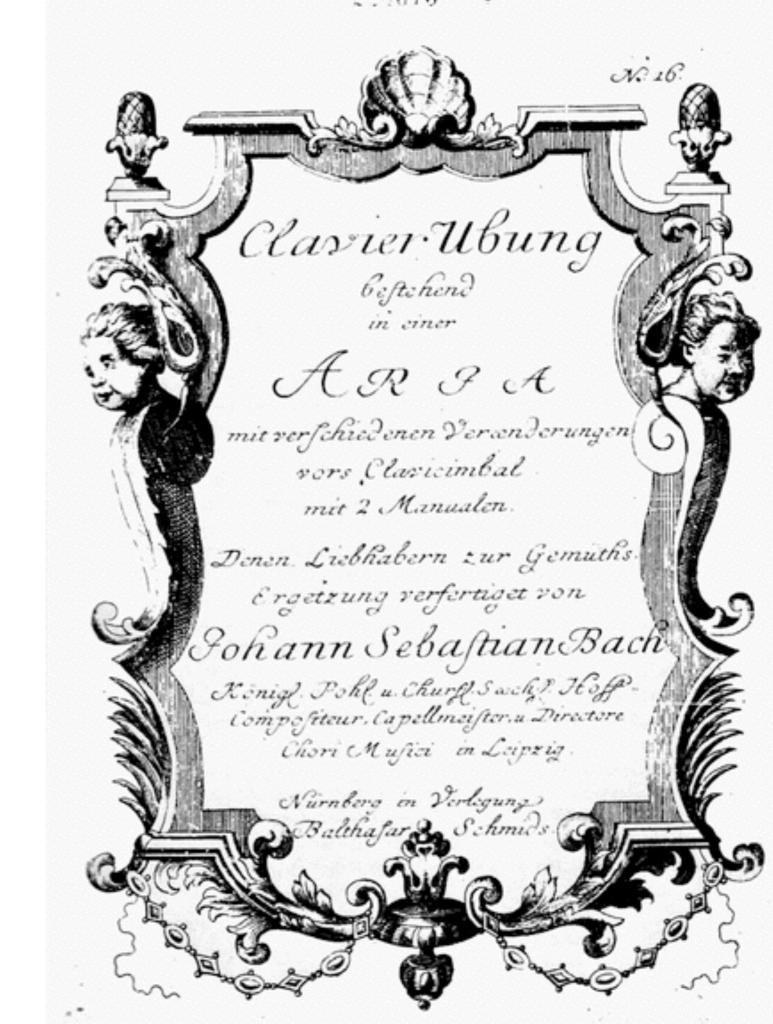
Johann Sebastian Bach

Chromatic Scales

Quasi-Trills

Broken 6th's/3rd's

Chasing Scales



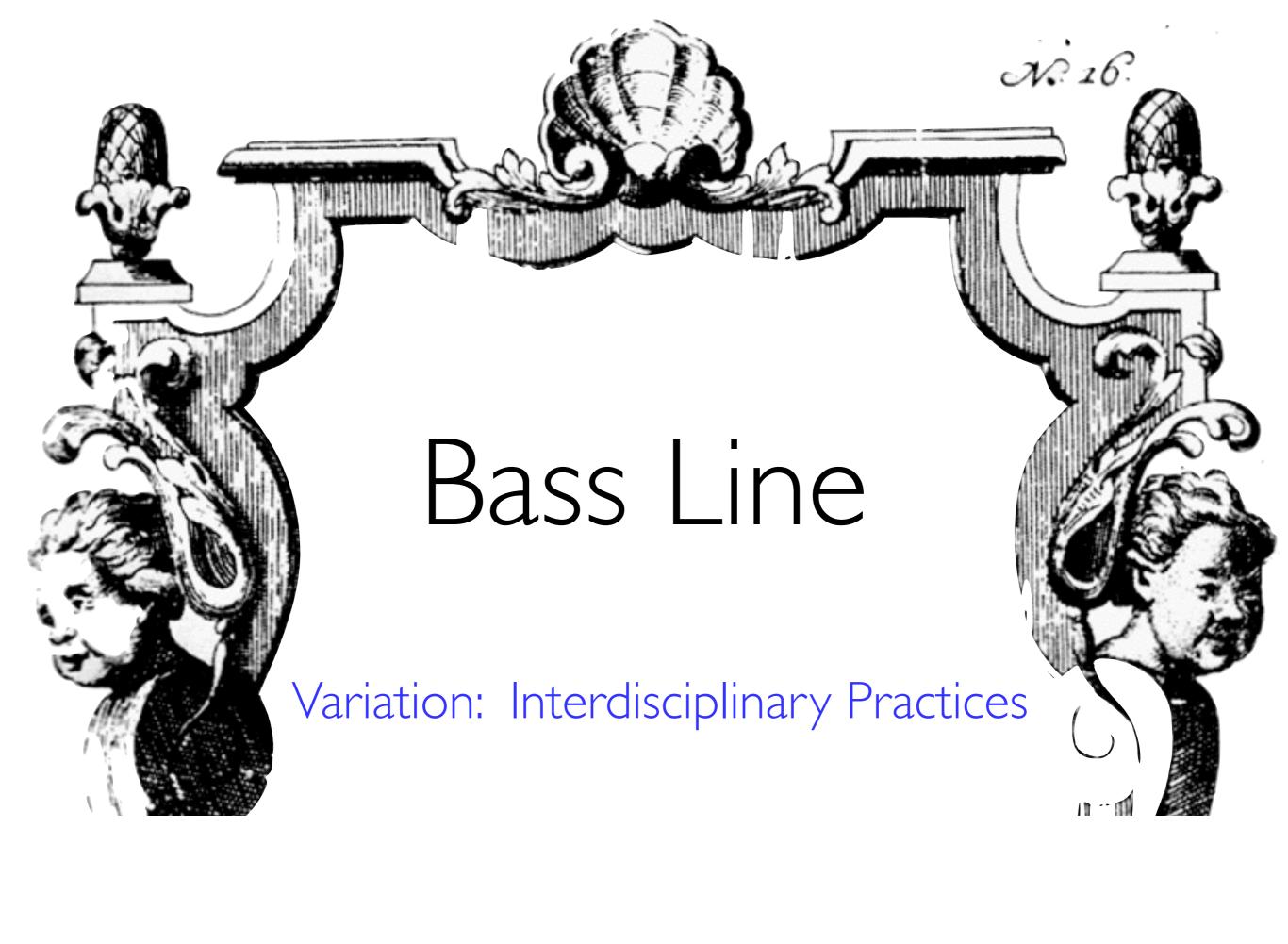


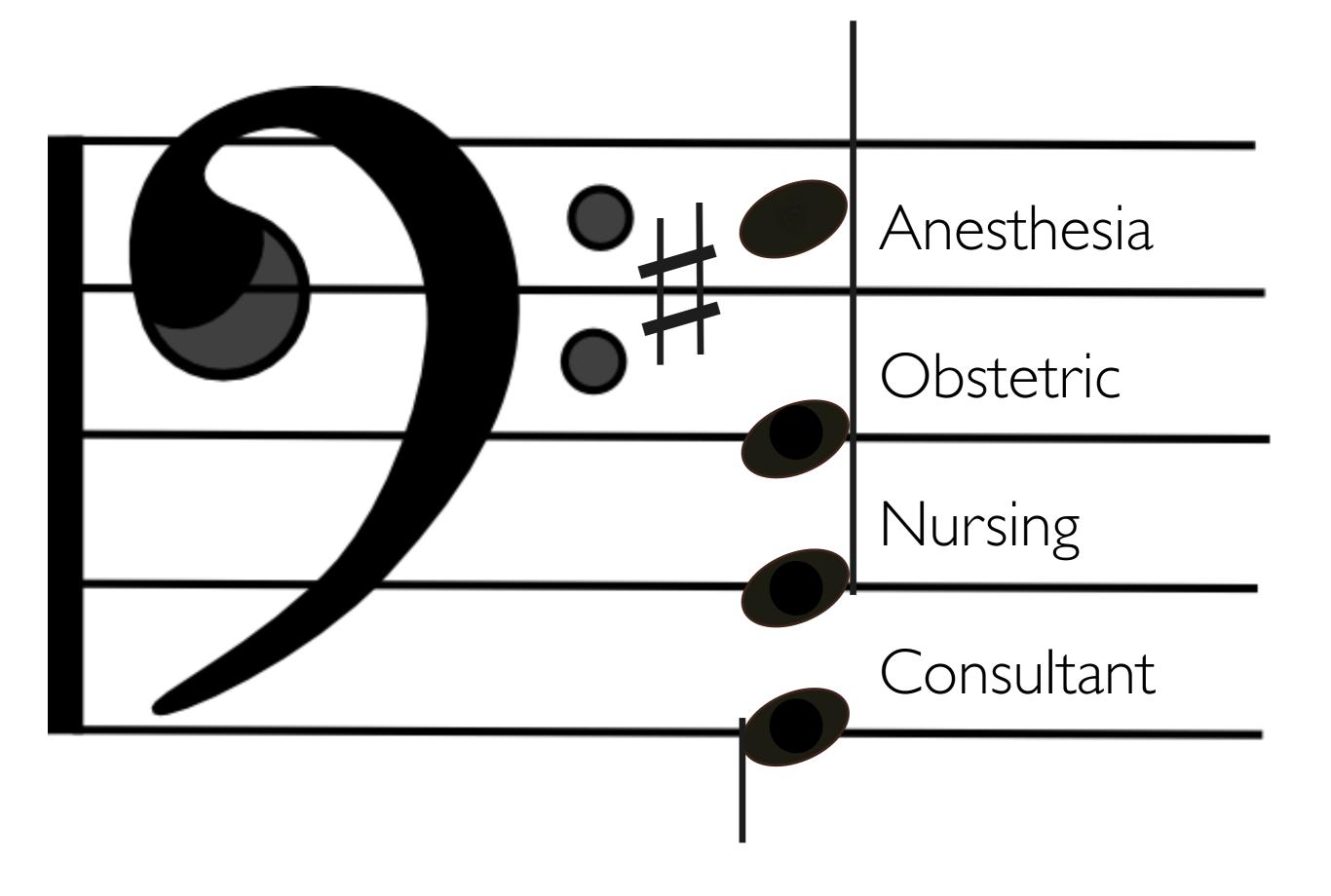
Bass line

Aria

Canon

Harpsichord





Variation-OB Anesthesia

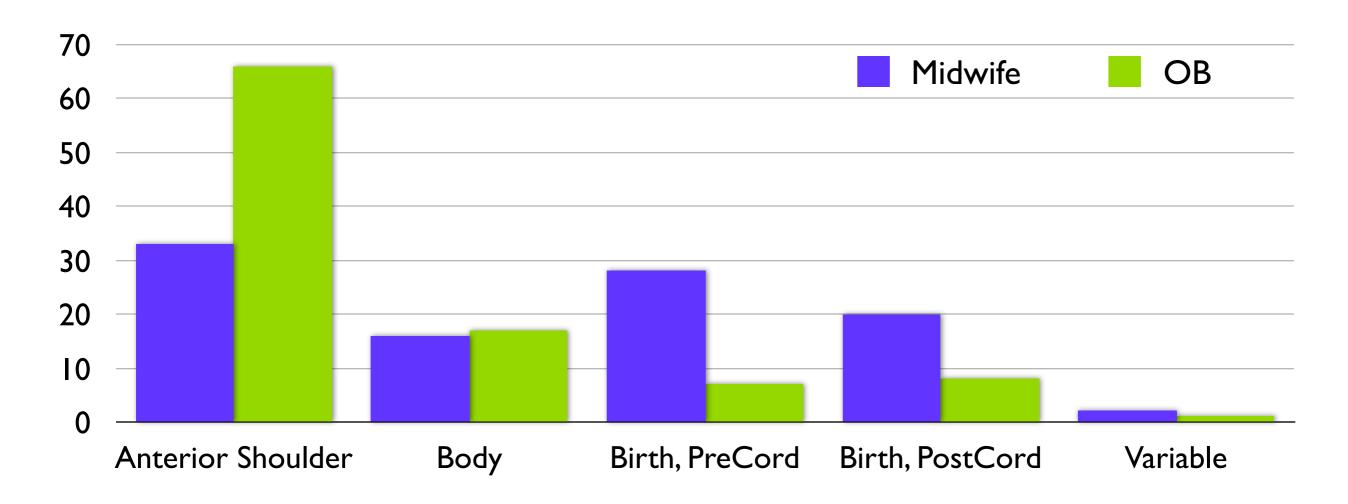
Anesthesia Guidelines

for Cesarean Delivery: American, British, Danish, and German

- Labor Analgesia Conversion
- Hypotension Prophylaxis
- PDPH Management
- Aspiration Prevention
- General Anesthesia
- Failed Intubation
- Postoperative Analgesia

Variation-OB

When do you give uterotonic drug during 3rd stage?



Farrar et al., BMC Pregnancy and Childbirth 2010;10:23

Variation-Nurse

Presence of key evidence-based interventions in obstetric nursing pathway documents, 17 Hospitals

90-100%*

Pulse[‡], temperature[‡], vaginal loss[‡], uterine tone and position[‡], bladder function[‡], bowel function[‡]

50-59%

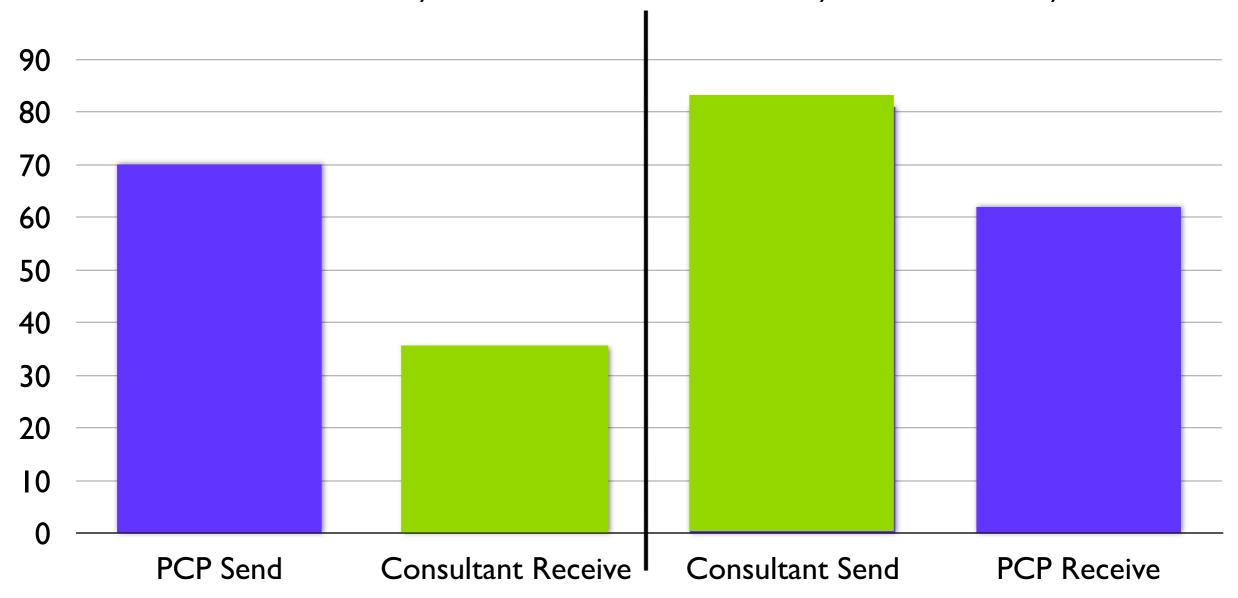
Weight of baby[†], number of infant bowel movements[†], number of infant urinations[†], nipple condition[‡]

0-9%

Rubella screening[‡], postnatal depression[‡], headache[‡], back pain[‡]

Variation-Consultants

Nationwide Survey of Consult Quality: 4720 Physicians



O'Malley AS, et al. Arch Intern Med 2011;171:56-65

Innovation-Joint Rounds

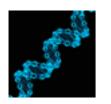
An "uninhibited exchange" of clinical and cultural points of view by professionals who share a common interest in serving in a manner that is safe for the patients and fulfilling for the caregivers. David Acker, MD

- Daily Interdisciplinary Rounds
 10 am, 10 pm
- The Pre-Procedure "Huddle"
- Anesthesiologists, Academic & Private Obstetricians, Midwives, Nurses, Pediatricians, Social Workers, Consultants
- Nurse present patients

Results

- Reduced practice variation
- Improved patient safety
- Increased camaraderie, confidence and respect
- Diminished hierarchy

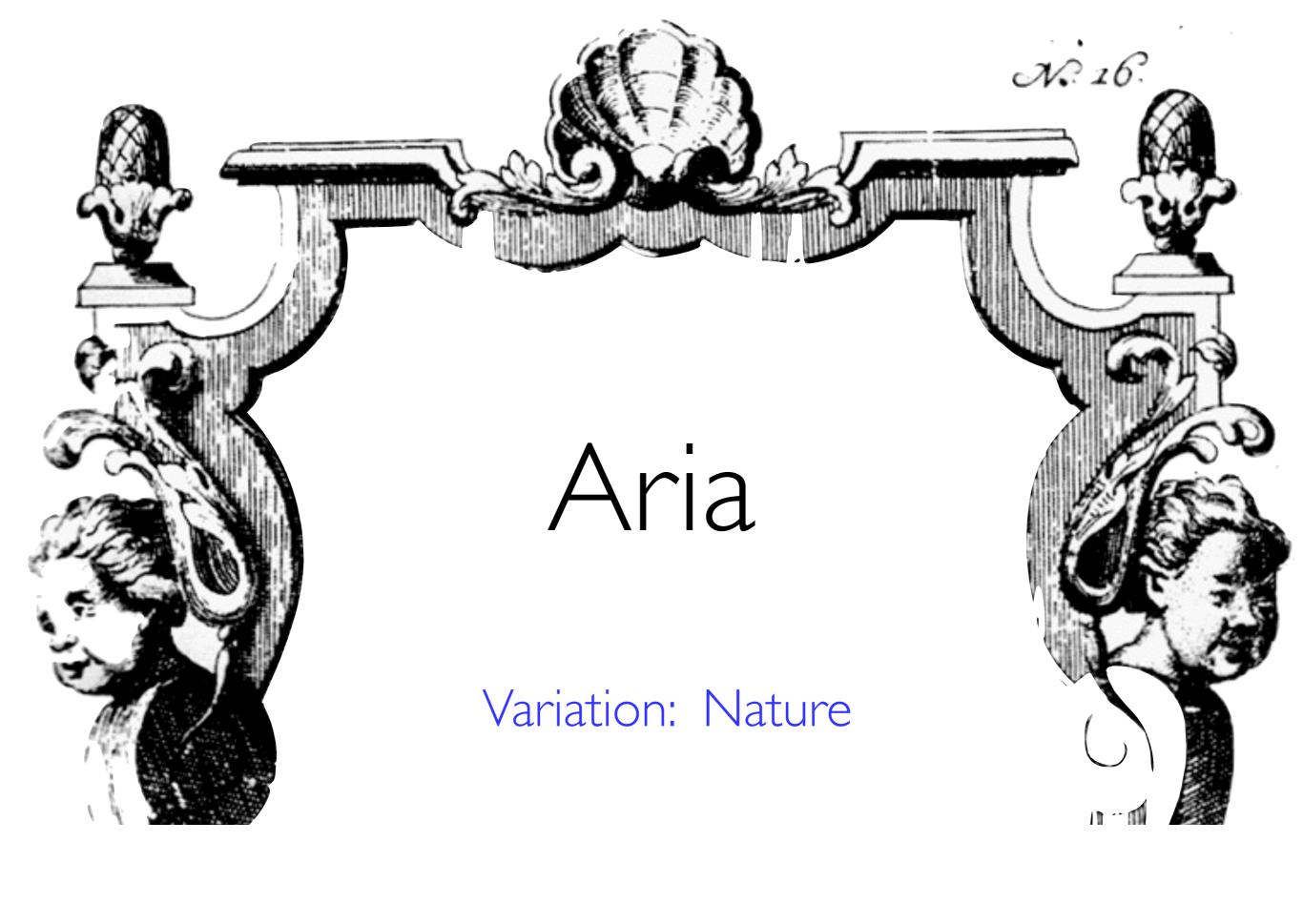
Chau A, Vijjeswarapu A, Hickey M, Acker D, Tsen LC. Interprofessional Rounds. In Press



The Innovator's DNA

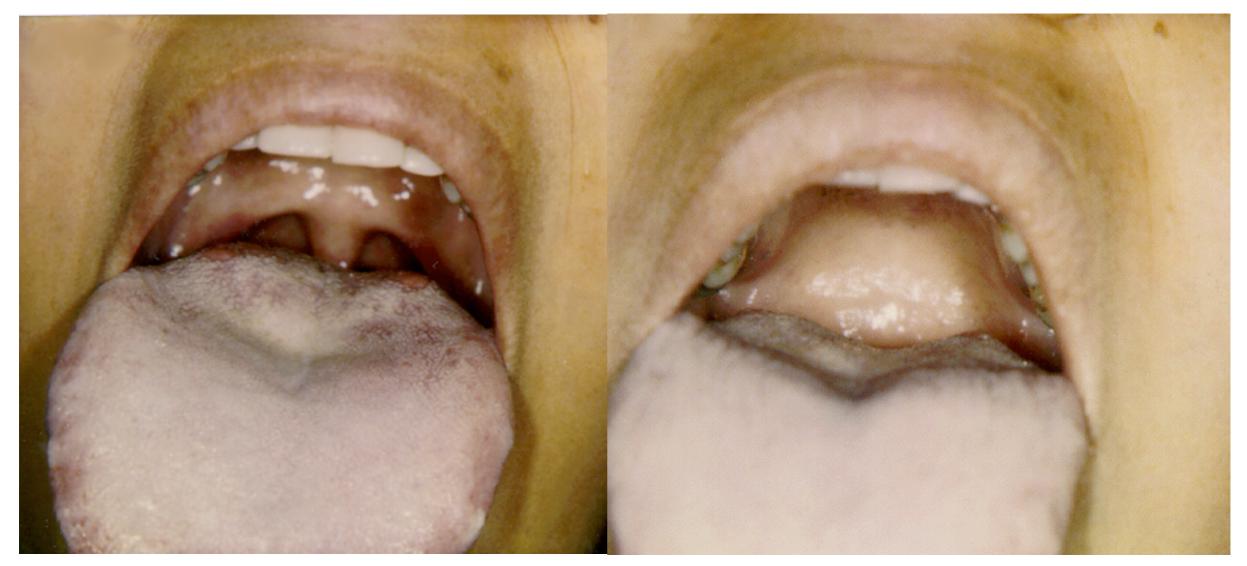
Discovery Skill	Definition	
Associating	Connecting Across Knowledge Areas	
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Aria: A piece for one voice, usually with orchestral accompaniment

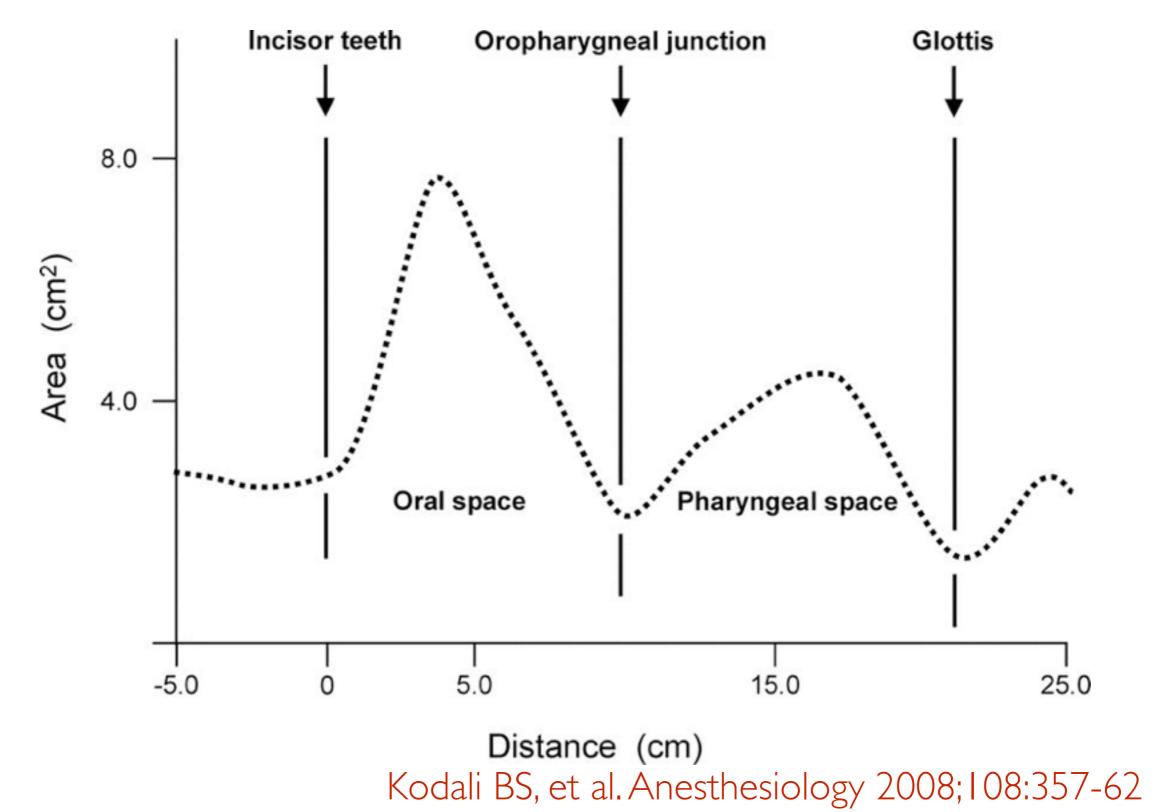


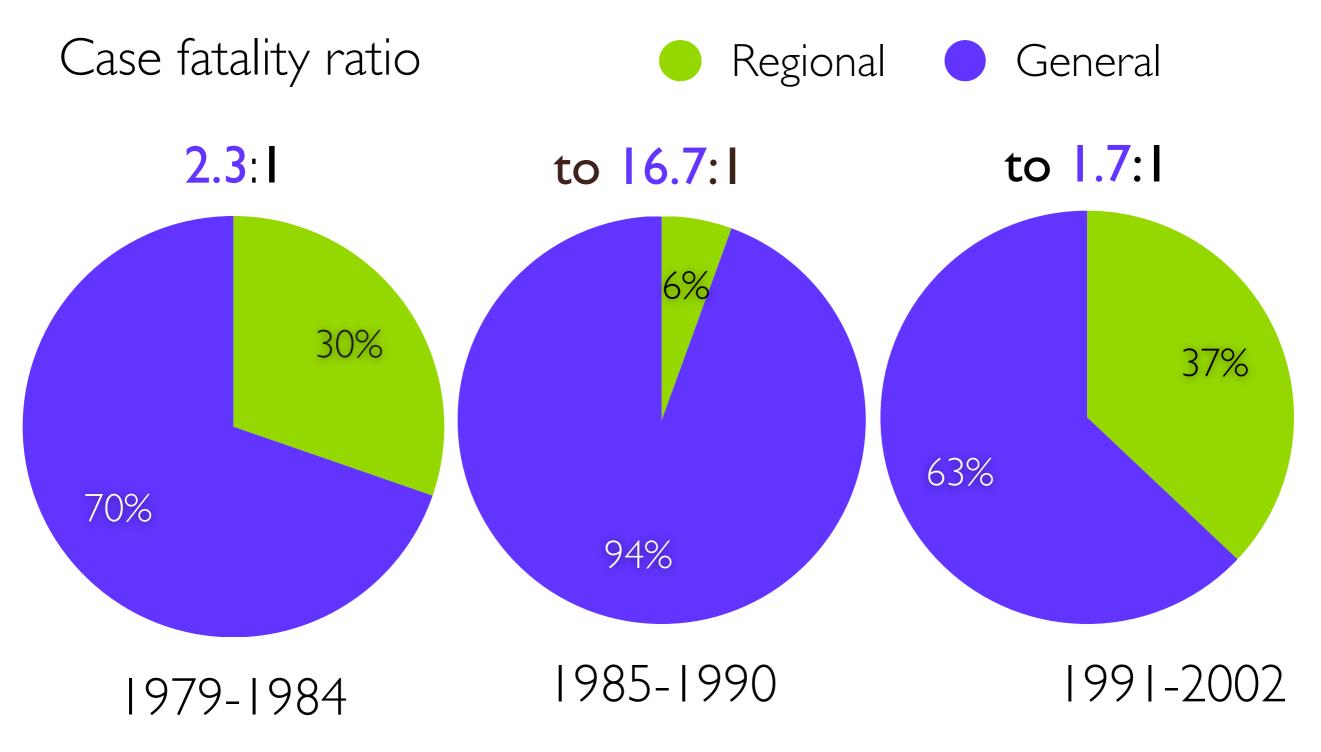


Valsalva, PIH, Fluid Overload, Oxytocin

Classification	Pre Labor	Post Labor
	9	4
2	35	27
3*	17	22
4*	0**	8

n = 61 *P < 0.001; ** Excluded from initial evaluation



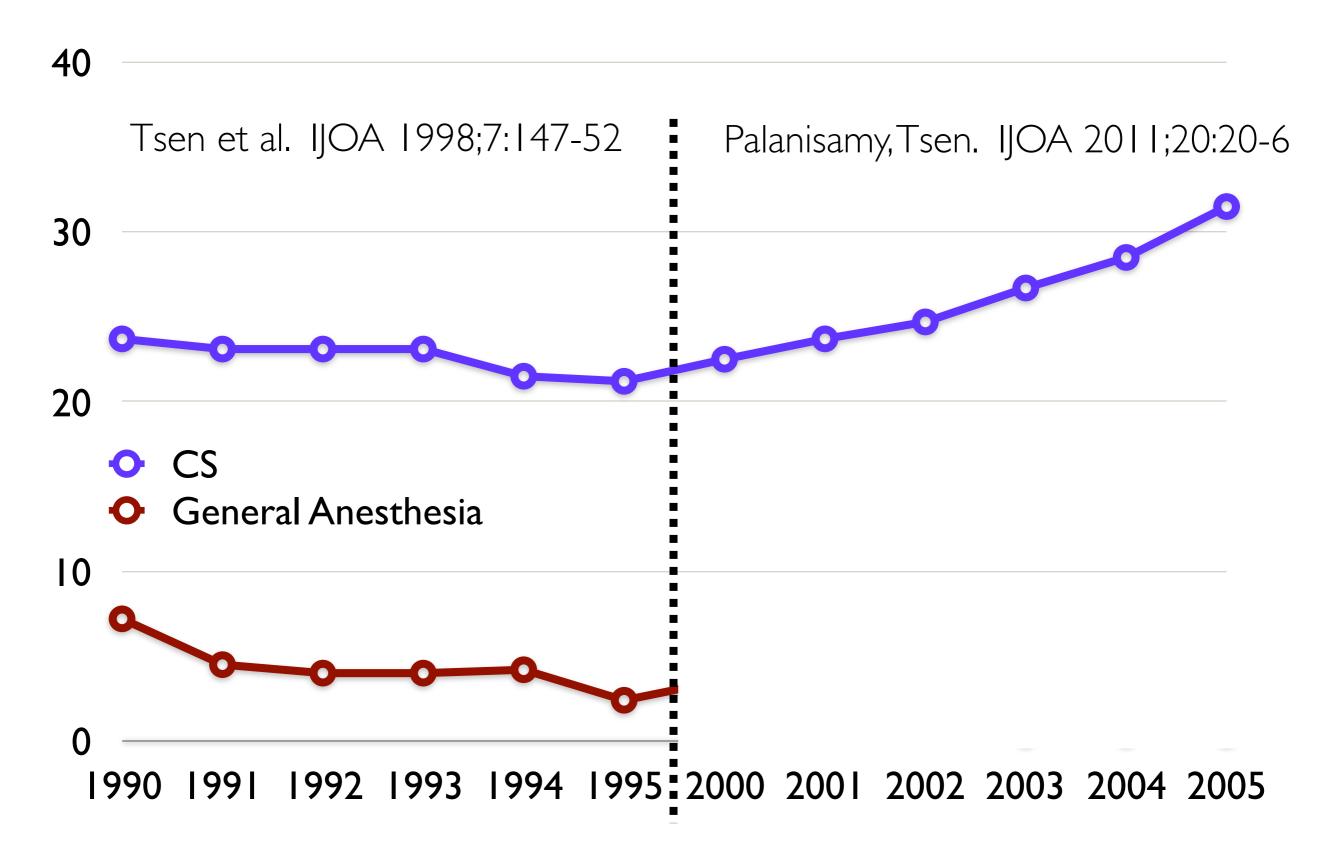


Hawkins, et al. Anesthesiology 1997; Obstet Gyn 2011

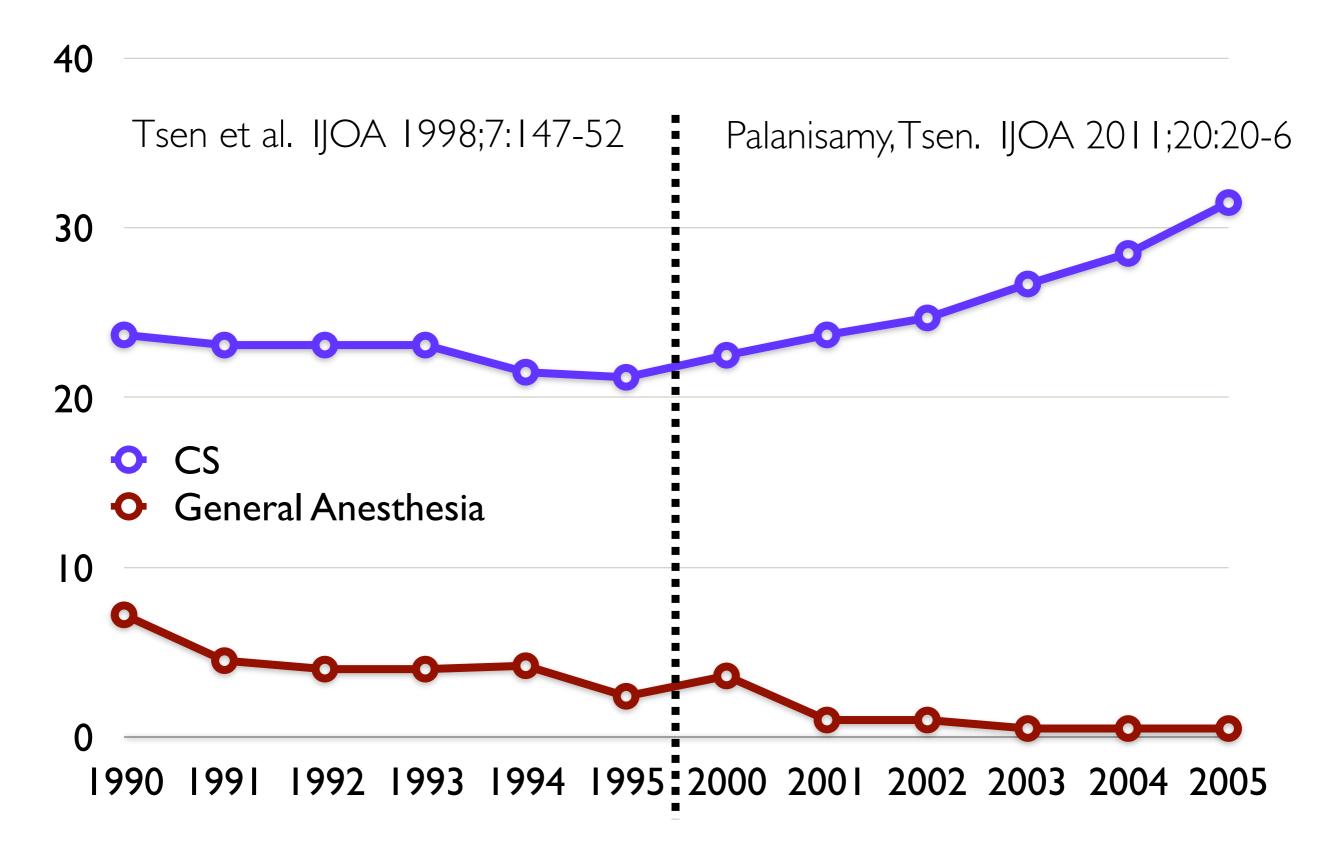
Variation-Cesarean/GA

40 Tsen et al. IJOA 1998;7:147-52 30 20 CS General Anesthesia 10

Innovation-Cesarean/GA



Innovation-Cesarean/GA



Innovation-Neuraxial Commitment

Pre-Op

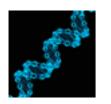
Instituted a "high risk" parturient consult system

Labor and Delivery

- Mandated the ability to see all parturients
- Requested OB's, Nurses: "early warning system"
- Inserted prophylactic or early epidural catheters

Conversion to Cesarean Delivery

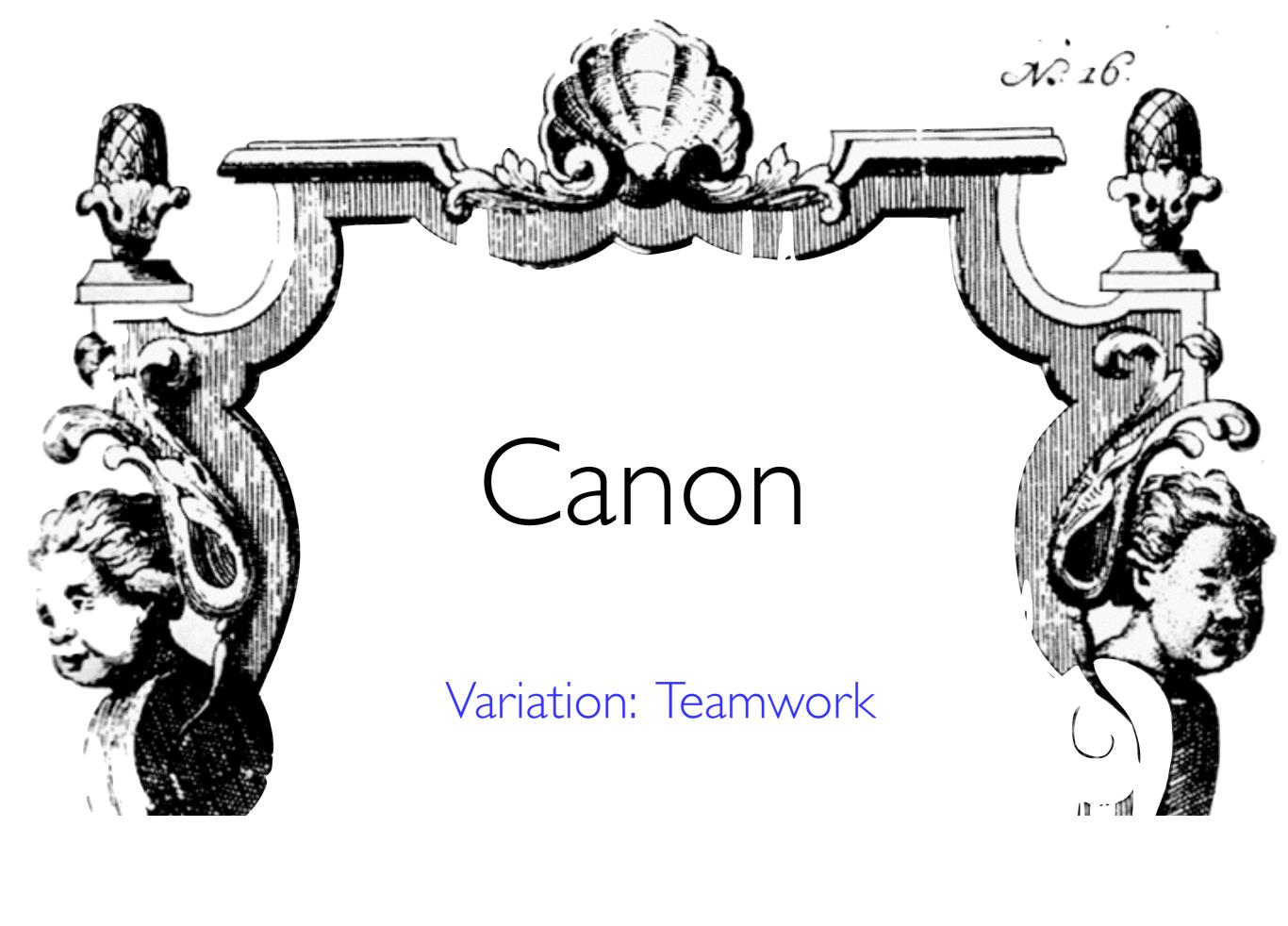
- Implemented fastest anesthetic (chloro + bicarb)
- Explained commitment to neuraxial technique



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Canon: A counterpoint method that duplicates, sometimes alters, and then follows the melody.



When another voice or part comes in, it's harmonious and orchestrated

Variation-Music

Event Response

Variation-Medicine

Critical Event

Low Frequency
High Acuity
(145/10,000 cases)

Response

Variation-Medicine

Air Embolism Anaphylaxis Brady/Tachycardia Cardiac Arrest Failed Airway Fire Hemorrhage Hypotension Hypoxia Malig Hyperthermia

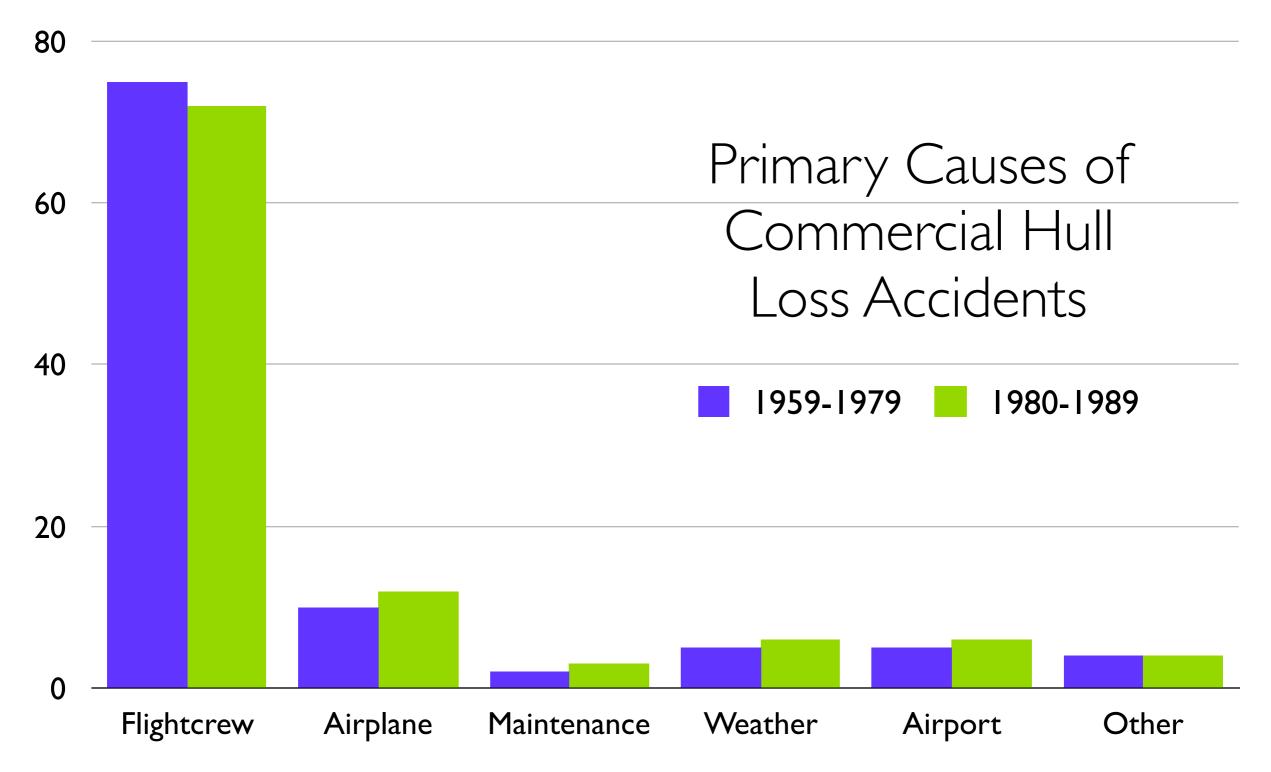
Response

Variation-Medicine

Air Embolism Anaphylaxis Brady/Tachycardia Cardiac Arrest Failed Airway Fire Hemorrhage Hypotension Hypoxia Malig Hyperthermia

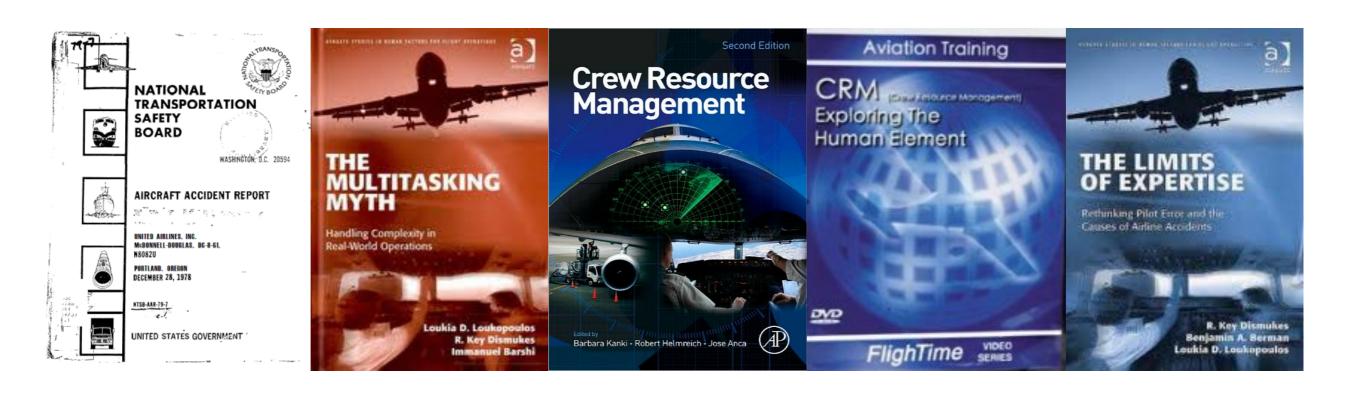
Rapid Team Based Management

Variation-Aviation



Kanki B, et al. Crew Resource Management 2010

Innovation-Aviation



Cockpit/Crew Resource Management:
The process of training crews to reduce error by making better use of human resources

Communication, Decision Making, Checklists



SURGICAL SAFETY CHECKLIST (FIRST EDITION)

Before induction of anaesthesia

Before skin incision

Before patient leaves operating room

SIG	SN IN
	PATIENT HAS CONFIRMED • IDENTITY • SITE • PROCEDURE • CONSENT
	SITE MARKED/NOT APPLICABLE
	ANAESTHESIA SAFETY CHECK COMPLETED
	PULSE OXIMETER ON PATIENT AND FUNCTIONING
00 00 00	COES PATIENT HAVE A: KNOWN ALLERGY? NO YES DIFFICULT AIRWAY/ASPIRATION RISK? NO YES, AND EQUIPMENT/ASSISTANCE AVAILABLE RISK OF >500ML BLOOD LOSS (7ML/KG IN CHILDREN)? NO YES, AND ADEQUATE INTRAVENOUS ACCESS AND FLUIDS PLANNED

TIN	ME OUT
	CONFIRM ALL TEAM MEMBERS HAVE INTRODUCED THEMSELVES BY NAME AND ROLE
	SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE VERBALLY CONFIRM • PATIENT
	• SITE • PROCEDURE
	ANTICIPATED CRITICAL EVENTS
	SURGEON REVIEWS: WHAT ARE THE CRITICAL OR UNEXPECTED STEPS, OPERATIVE DURATION, ANTICIPATED BLOOD LOSS?
	ANAESTHESIA TEAM REVIEWS: ARE THERE ANY PATIENT-SPECIFIC CONCERNS?
	NURSING TEAM REVIEWS: HAS STERILITY (INCLUDING INDICATOR RESULTS) BEEN CONFIRMED? ARE THERE EQUIPMENT ISSUES OR ANY CONCERNS?
	HAS ANTIBIOTIC PROPHYLAXIS BEEN GIVEN WITHIN THE LAST 60 MINUTES?
	YES NOT APPLICABLE
R	IS ESSENTIAL IMAGING DISPLAYED? YES NOT APPLICABLE

SIC	SN OUT
	NURSE VERBALLY CONFIRMS WITH THE TEAM:
	THE NAME OF THE PROCEDURE RECORDED
	THAT INSTRUMENT, SPONGE AND NEEDLE COUNTS ARE CORRECT (OR NOT APPLICABLE)
	HOW THE SPECIMEN IS LABELLED (INCLUDING PATIENT NAME)
	WHETHER THERE ARE ANY EQUIPMENT PROBLEMS TO BE ADDRESSED
	SURGEON, ANAESTHESIA PROFESSIONAL AND NURSE REVIEW THE KEY CONCERNS FOR RECOVERY AND MANAGEMENT OF THIS PATIENT

THIS CHECKLIST IS NOT INTENDED TO BE COMPREHENSIVE. ADDITIONS AND MODIFICATIONS TO FIT LOCAL PRACTICE ARE ENCOURAGED

Innovation-Checklist

Air Embolism

- Call for help
- Increase Fi02 to 100%
- Stop Nitrous Oxide
- Stop Source of Air Entry
- op i viti ous Oxide
- Call for Transesophageal Echo (if available)
- Consider left side down, air aspiration (central line), vasopressors (dobutamine, norepi), chest compressions (100/min; to force air through lock, even if not in cardiac arrest).

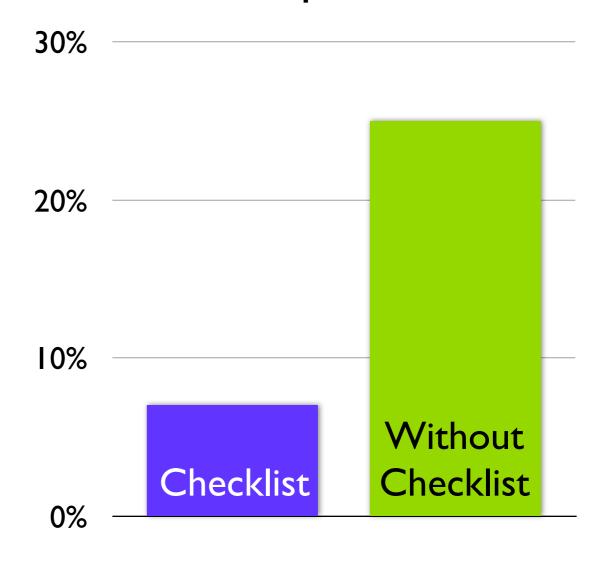
- Condition: Suspected Air Embolism (decreased ETC02 and oxygen saturation)
- Objective: Restore normal oxygen saturation and hemodynamic stability, and stop source of air entry

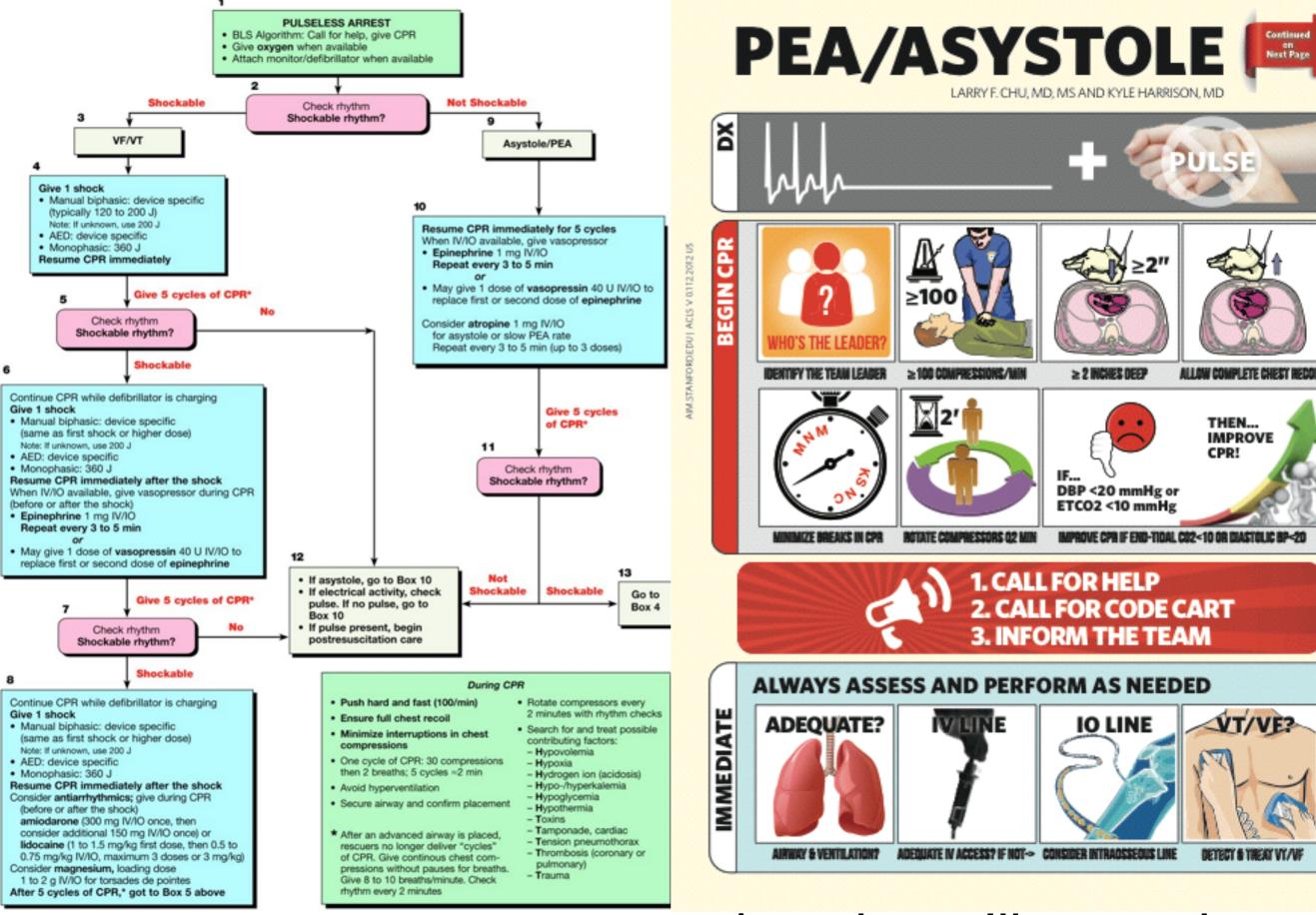
Innovation-Checklist

17 Operating Room Teams

- Each team had 6-8 scenarios
 Checklists for 50%
- Checklist use reduced missed critical steps by 75%
- Every team performed better
- Checklist use desired by 97%

Critical Steps Missed

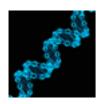




Anesthesia Illustrated.com

THEN...

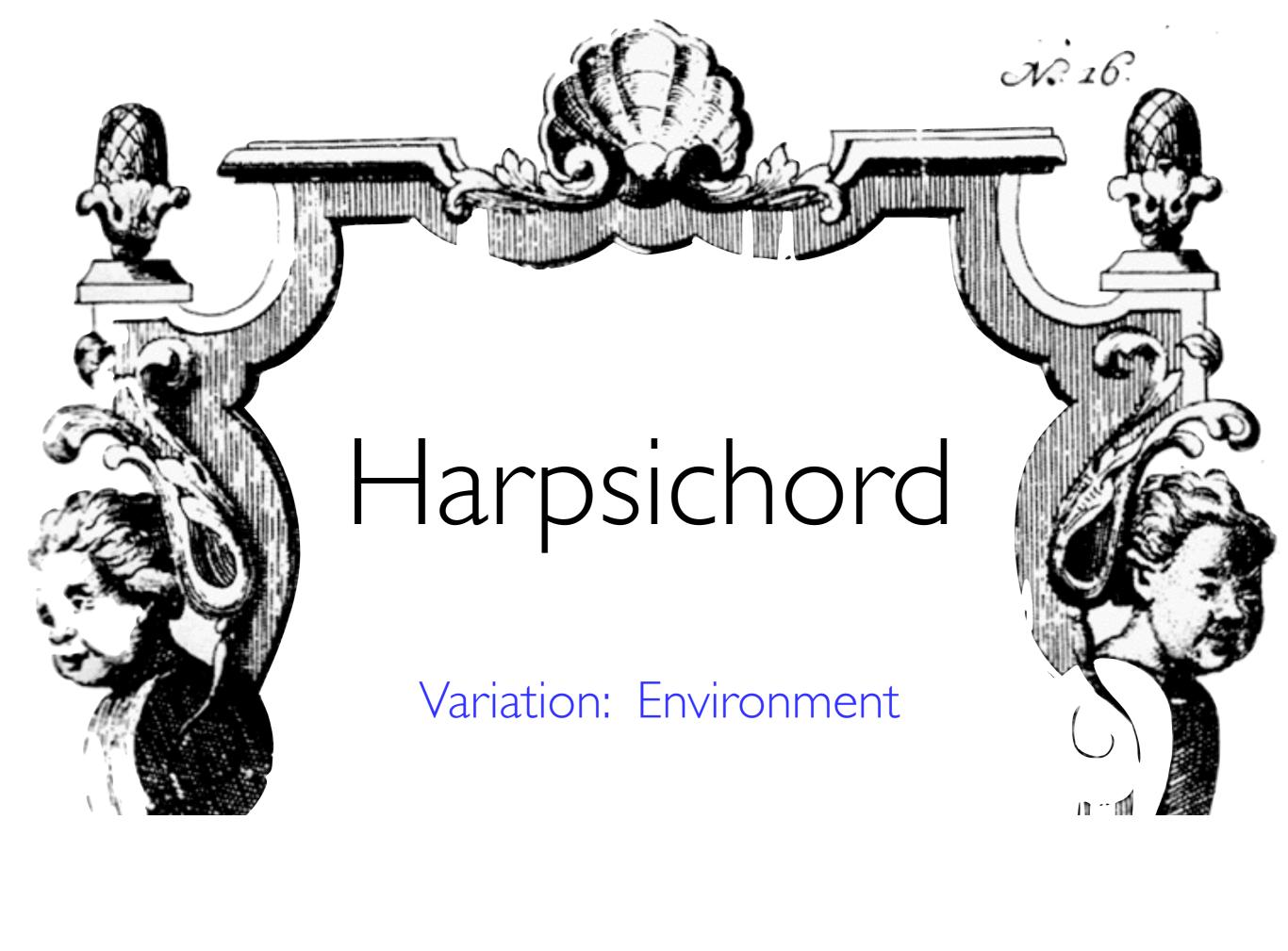
IMPROVE



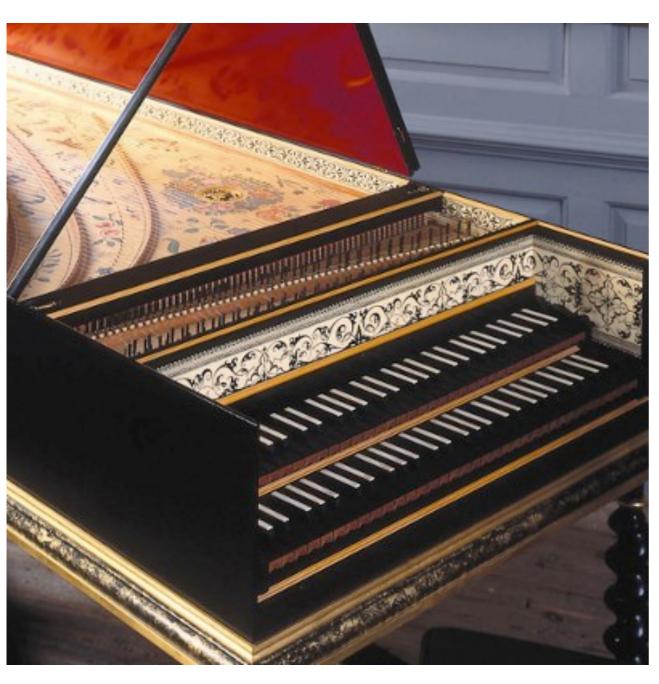
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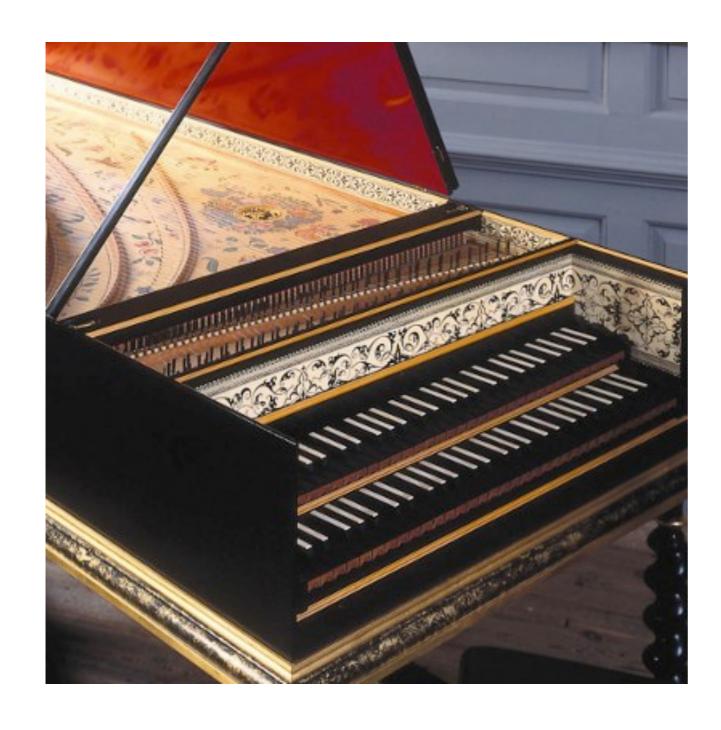


Harpsichord



- 2 Keyboards
- Greater Key Resistance
- Smaller Key Dip
- Slimmer Keys/Short Distance
- White/Black Key "reversed"
- No dynamics (harder does not result in louder)
- Each note played individually

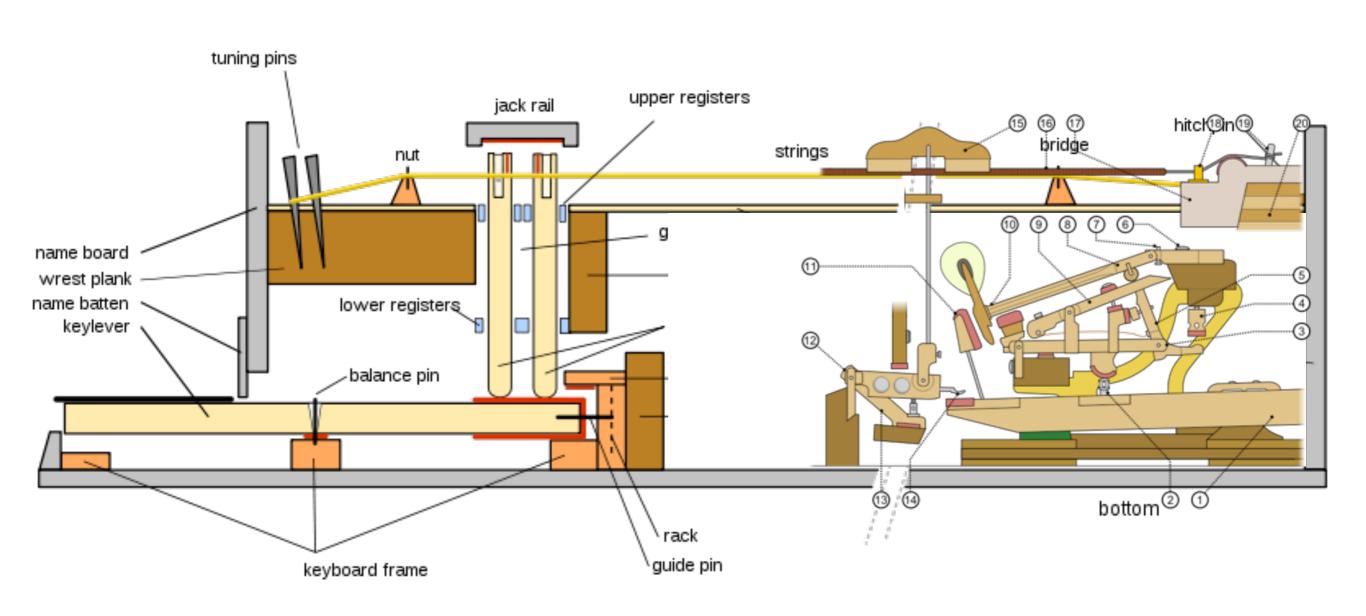
Variation





Hubbard "Three Centuries of Harpsichord Making" Harvard University Press, 1965

Innovation-Piano



What is Disruptive Conduct?

• Conduct that intimidates others to the extent that quality and safety are compromised.

Joint Commission Sentinel Alert 40, 2008

- Conduct that diminishes or destroys relational trust BWH
- Conduct that adversely impacts ability for best work

Disruptive Behaviors

- Using profane or disrespectful language
- Yelling, berating or insulting others
- Throwing instruments, charts, or other objects
- Bullying, demeaning, or intimidating conversations
- Criticizing other providers in front of patients or other staff
- Making sexual comments or innuendo
- Using insidious intimidation, including sarcasm, nonverbal gestures, or passive-aggressive behavior

Disruptive Behavior Frequency

ISMP Medication Safety (2004)

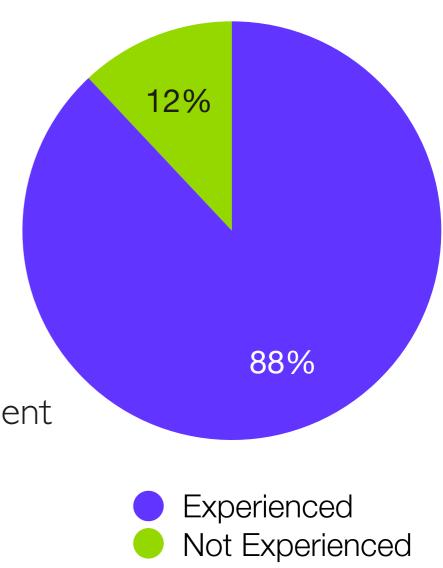
- 48% reported strong **verbal** abuse
- 4% experienced **physical** abuse

1200 physicians, 500 nurses, 50 hospitals (2011)

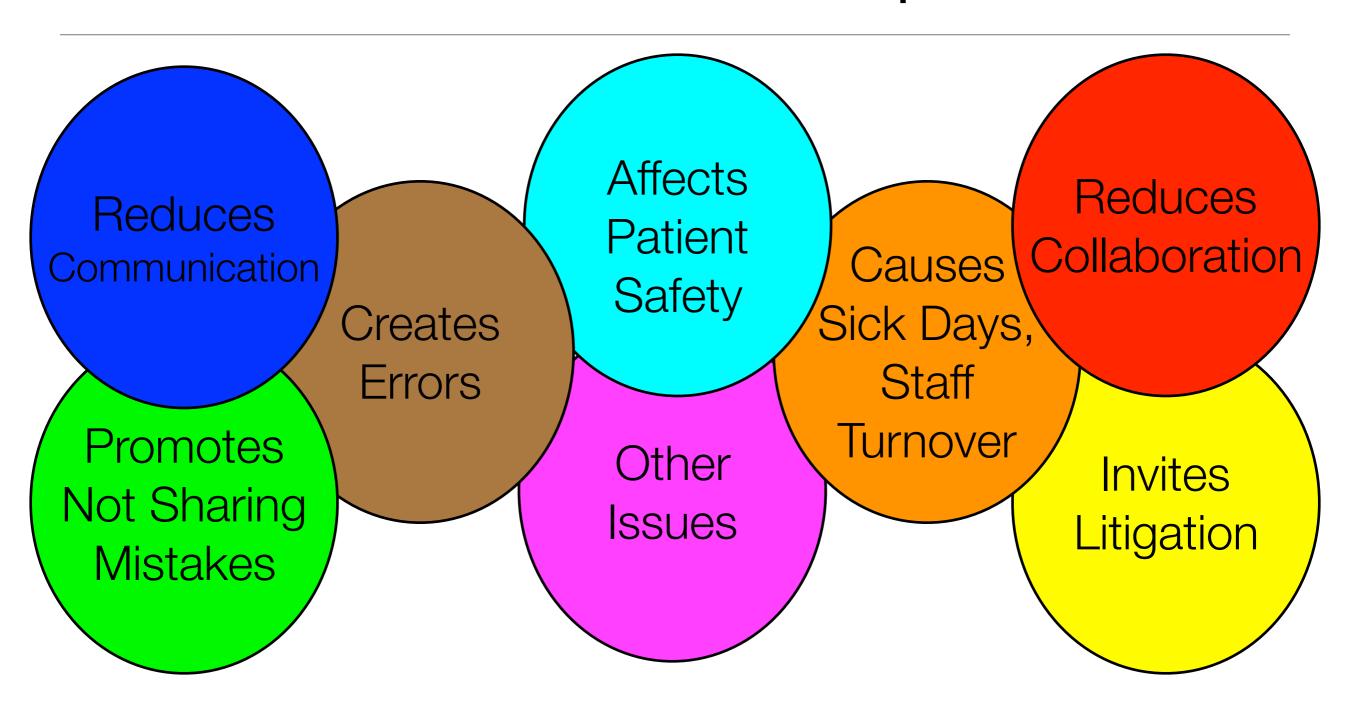
- 42% medical students **experienced** harassment
- 86% nurses witnessed disruptive behavior
- 90% residents **reported** sexual harassment

Operating Room Study (2012)

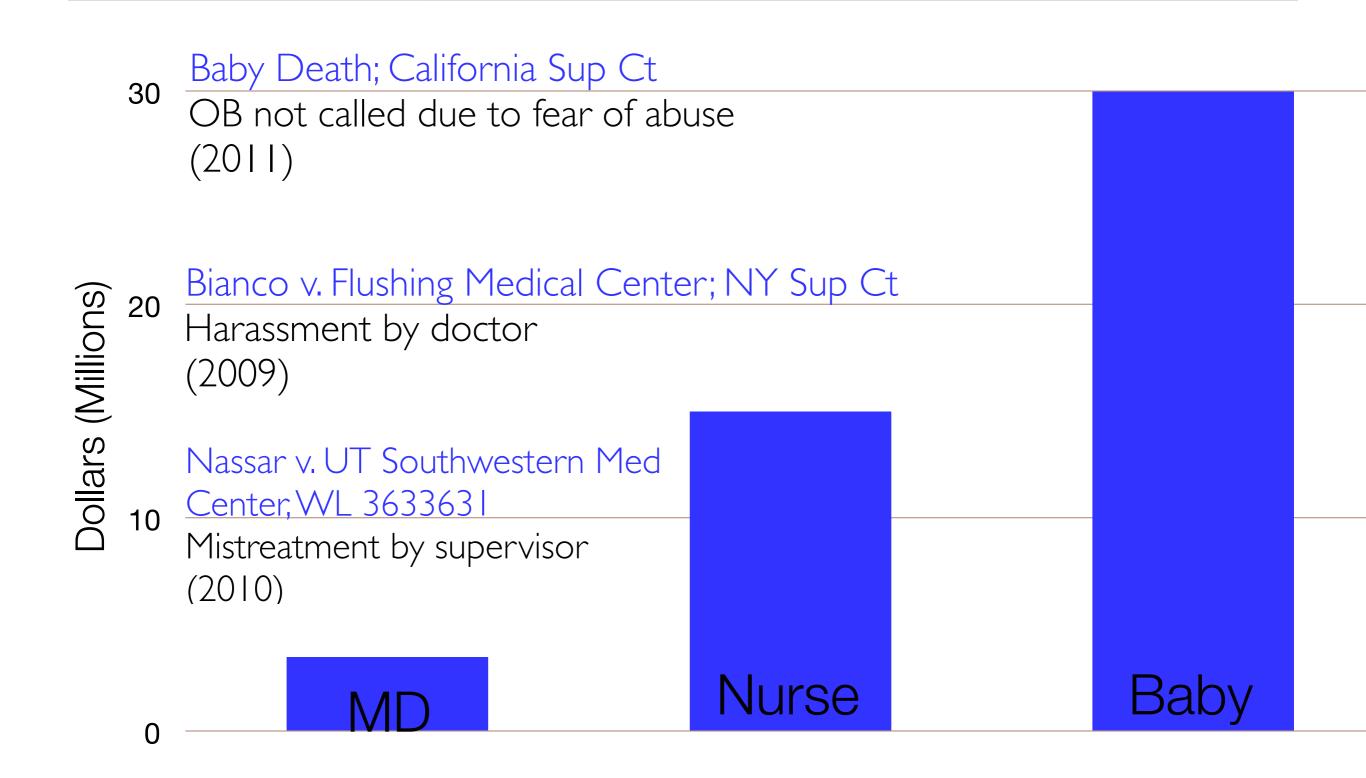
Average of I-4 conflicts/operation



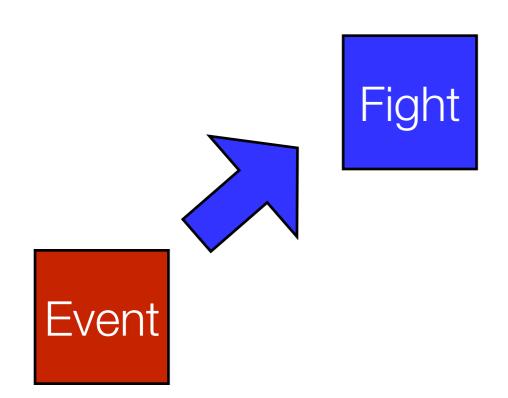
DuPree E, et al., Jt Comm JQPS, 2011; Rosenstein A, et al. AJOG 2011



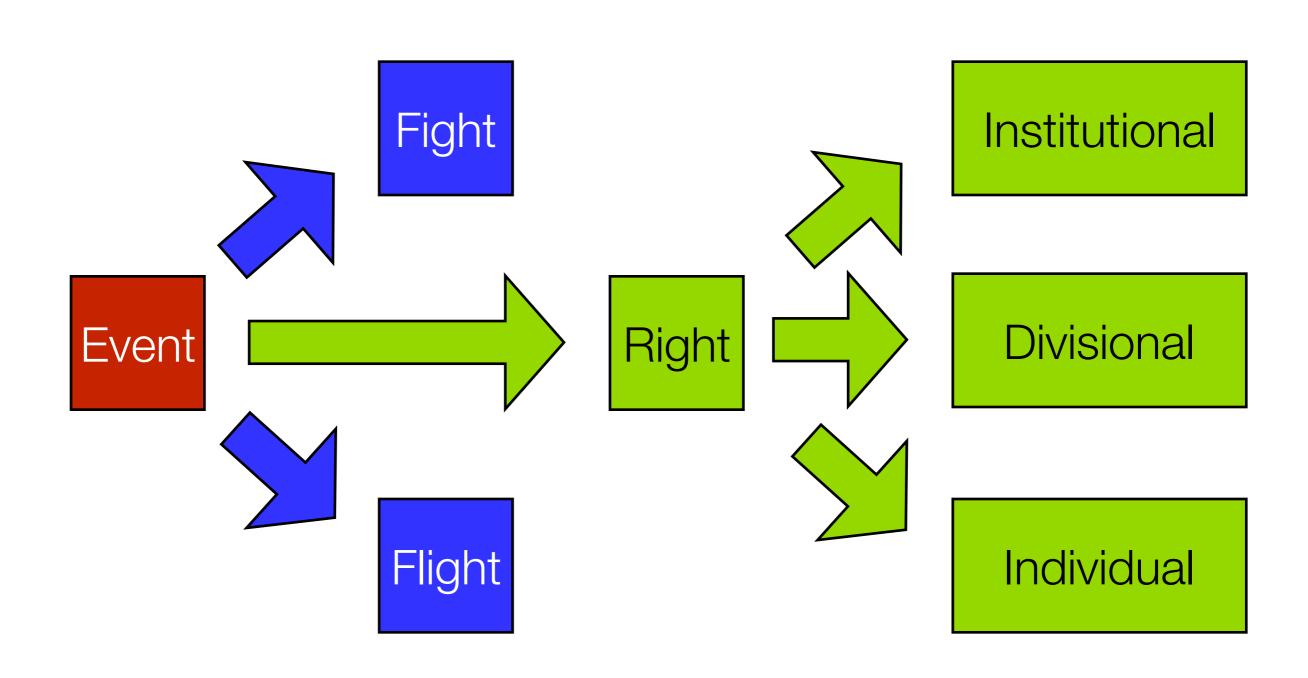
Rosenstein A, Jt Comm J Qual Patient Saf 2008; Simpson K, Jt Comm J Qual Patient Saf 2009; Hickson G, Clin Obstet Gynecol 2008; Clark S, Obstet Gynecol 2008



Variation-Response



Variation-Response



Innovation-Response

President/CMO

Ombudsman

Human Resources

Physician's Org

Code of Conduct

Employee Assistance

Legal Counsel

Reporting System

Investigating

Monitoring

Educating

Center for Wellness

Center for Professionalism & Peer Support

Institutional Response



Take Action

- Immediate Suspension
- 360 Interview

Meet Individual + Authority Figure

- Communicate/Contract
 Expectations
- Provide Assistance (Counseling/Change/Support)
- Non-Retaliation Policy

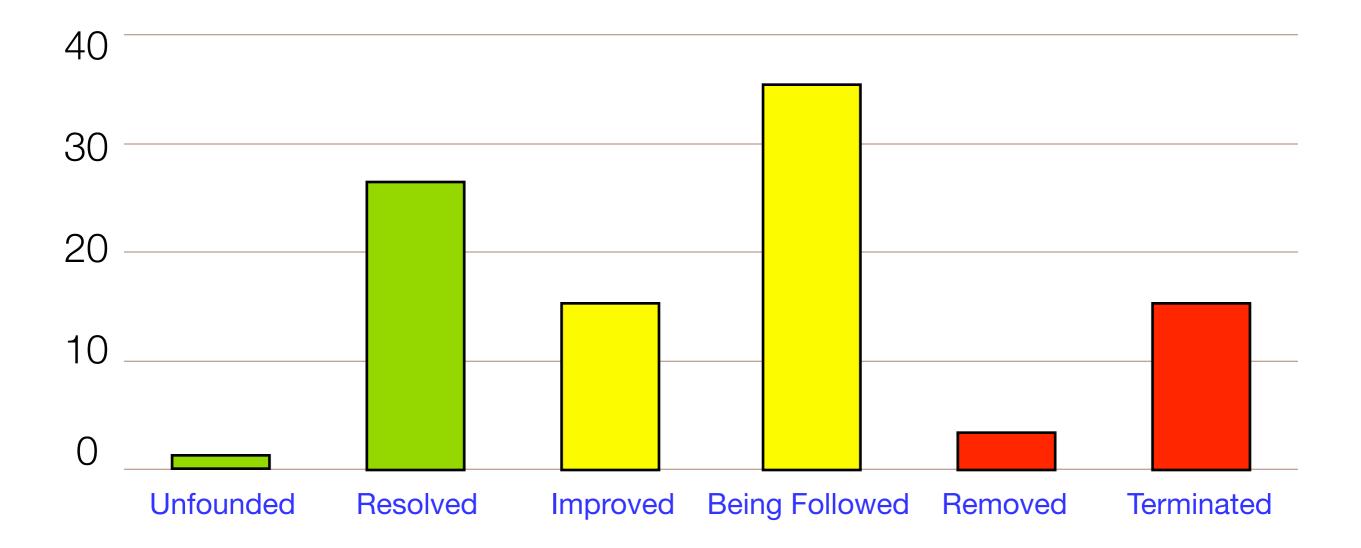
Measure Performance/Give Feedback/Consider Actions

Deep Seated	Situational
Age/	Medical
Generation	Training
Sex	Recent Life Experiences
Culture/	Environmental
Ethnicity	Pressures
Upbringing/	Provoked
Life	Response
Personality	

Rosenstein AH: AJOG 2011:187-92

Institutional

Unprofessional Behavior Reports (2009-12): n = 170



Shapiro J, Whittemore A, Tsen LC. Jt Comm J Qual Patient Saf 2014; in Press

Divisional or Departmental Response

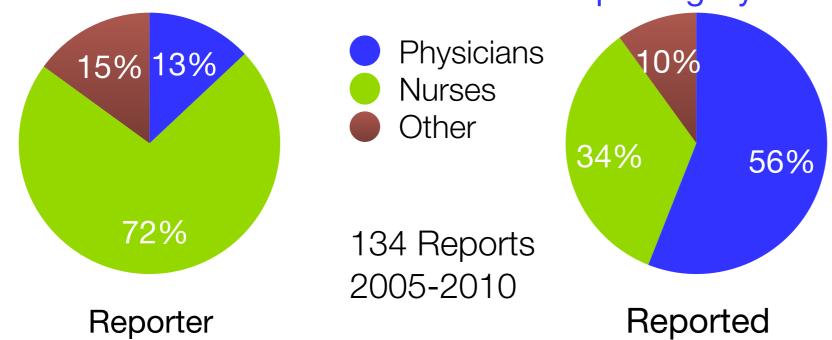
Mount Sinai Medical Center: 1,171 bed, tertiary center, with 6000 deliveries

OB service: 125 physicians, 160 nurses, 50 support staff, 10 midwives

Goal: Improve safety culture by implementing Code of Professionalism

- Q: What gets in the way of you providing excellent, safe care every hour of every shift, of every day?
- A: Verbal abuse, Not Answering Pages, Rudeness

Instituted "Code of Professionalism" Reporting System



DuPree et al. Jt Comm J Qual Patient Saf 2011;37:447-55

Divisional or Departmental Response

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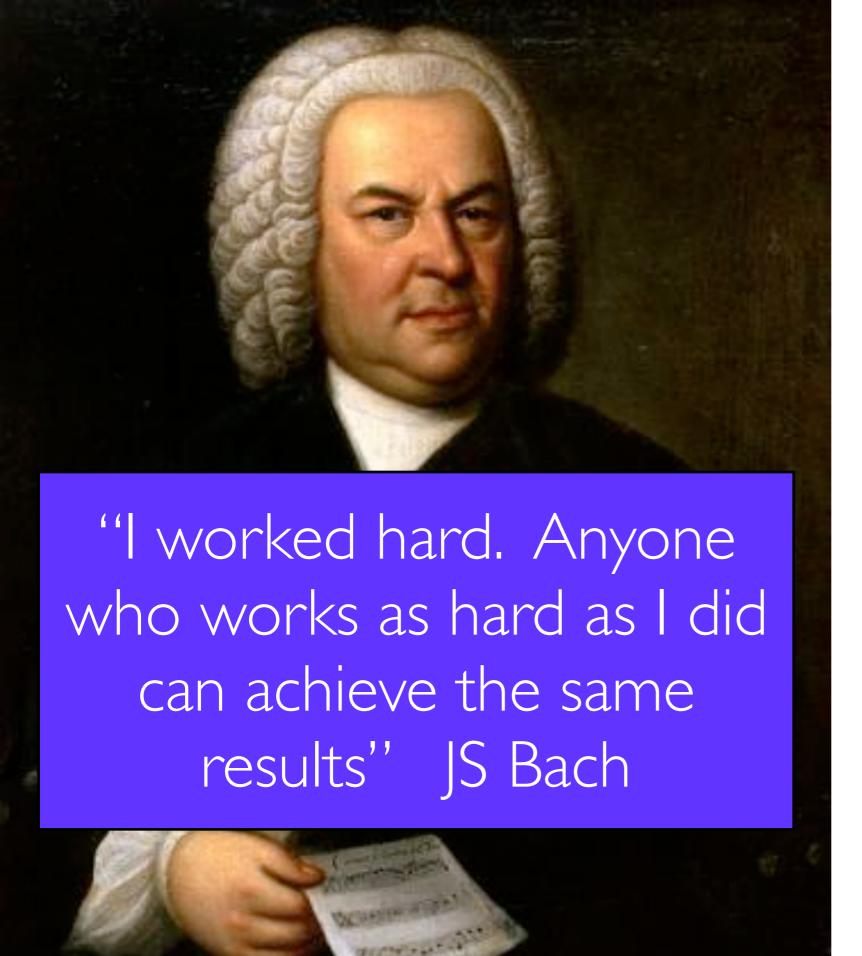
 US Agency for Healthcare Research and Quality (AHRQ) + Institute of Safe Medication Practices (ISMP) Survey on Workplace Intimidation Teamwork within Unit * Management Support Organizational Learning 2005 2008 Frequency of Events 2011 10 20 30 70 40 50 60 % of Positive Responsiveness

Individual Response

Be Mindful Words, Actions, Timing, Place Model Behavior Stay in the "Present" Focus on Behavior Your Experience Document & Report

One of the most powerful tools to enable us to close the gap between the family we want and the family we get... is **culture**.

Clayton Christensen How will you measure your life?



Bass line

V: Interdiscipline

I: Huddle

Aria

V: Nature

I: Avoid Airway

Canon

V:Teamwork

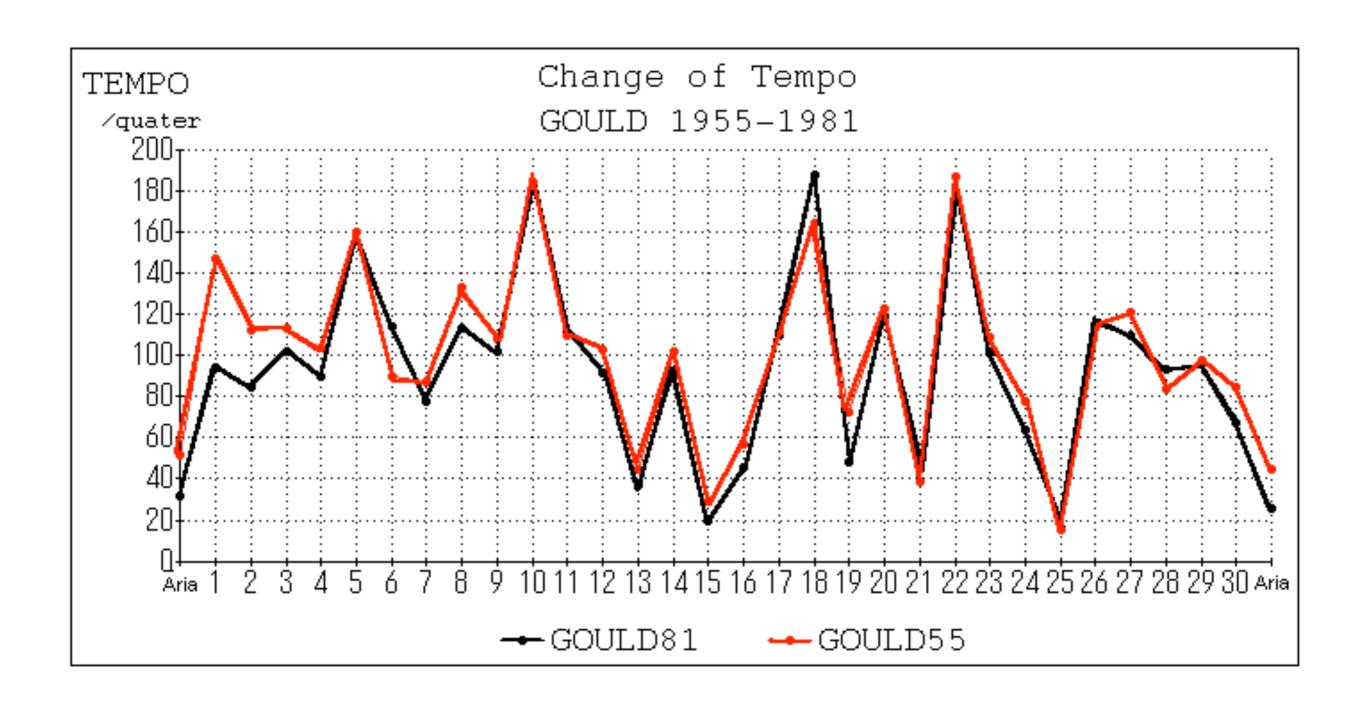
I: Checklists

Harpsichord

V: Environment

I: Culture

Variation-Goldberg





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Questions