

18 DR. SIMMER: The Commission welcomes its
19 fifth participant, James Fischer, RN.

20 MR. FISCHER: Hi, thank you for having me.
21 Members of the State Commission on Patient Safety, my
22 name is Jim Fischer, and I'm a registered nurse and
23 the Vice President of Patient Care Services here at
24 Munson Medical Center here in Traverse City. I've
25 been a registered nurse for 26 years and in my current

1 position of Vice President for five years.

2 I'm here to share with you my thoughts on
3 patient safety from a nursing perspective, which is
4 largely, like I say, a front-line and in-the-trenches
5 viewpoint.

6 The nursing staff, along with other patient
7 care providers at Munson Medical Center, has been
8 explicitly focused on patient safety in an intense
9 manner for really quite a few years now. We are not
10 perfect but we have made significant strides in making
11 the environment a safer one for patients, their
12 families, and staff.

13 I'm going to share with you what we have
14 experienced in our microcosm at Munson because I
15 believe that it could serve as a source for other
16 initiatives that if implemented at the macro or state
17 level would result in fewer deaths and less harm to
18 patients in the state of Michigan.

19 To begin, it is clear what is needed first
20 and foremost is leadership. The top leadership in the
21 organization must recognize the importance of patient
22 safety, make it a top priority, and dedicate resource
23 to it.

24 This top leadership is followed by front-line
25 leadership, which must reinforce the importance of

1 patient safety and tailor it to the unique needs of
2 each clinical setting and patient population being
3 cared for. Without this leadership, patient safety
4 efforts will surely fall flat on its face.

5 The next major ingredient for improving
6 patient safety is to create a learning environment
7 around the errors that are committed. This can also
8 be thought of as creating a culture of patient safety.

9 This involves nonpunitive reporting, following up on
10 errors as soon as they occur, learning why errors
11 happen, and taking the necessary steps to make system
12 changes so that errors are not repeated.

13 We are taking those necessary steps at Munson
14 so that we have a safer environment for our patients.
15 Experiencing early successes is critical here. Staff
16 need to know that it's typically systems that set
17 people up to make mistakes, and we need to know about
18 mistakes so that we can make corrections to our
19 systems of providing care to patients.

20 Within nursing at Munson, we have been able
21 to bring about significant decreases in the incidence
22 of patient falls, the incidence of nosocomial skin
23 breakdown, as well as decreasing the rate of
24 medication errors.

25 We have accomplished this by providing the

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1 necessary leadership on patient safety, implementing
2 the nonpunitive system of reporting, emphasizing to
3 staff the expectation that errors are reported because
4 we want to fix systems that are causing them,
5 benchmarking our results to best practices found in
6 the literature; and then engaging staff in general
7 assessment, planning, implementation, evaluation of
8 solutions to fix our systems of care.

9 Here is a small but simple example of how we
10 are reducing patients falls. We have formed a task
11 force of expert nurses to review the literature,
12 including research, on how to reduce patient falls.
13 This work has prompted changes in data collection that
14 has given us additional information on patient fall
15 occurrences. This has lead to implementing a "Falling
16 Star," what we call it, effort, which is code for a
17 specific patient needing to have additional
18 interventions because of being at risk for falls.

19 This includes having always members on the
20 healthcare team being aware of that heightened risk
21 and keeping a closer eye on the patient.

22 In addition, we have found that the majority
23 of time falls occurred was related to patients getting
24 up to the bathroom. We now proactively help the
25 patient to the bathroom every two hours while they are

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1 awake to keep their bladders empty and, therefore,
2 decrease the likelihood of having a fall happen.

3 Because of these measures we are experiencing
4 one-third fewer falls at Munson. We aren't where we
5 want to be yet but we're heading in the right
6 direction.

7 Sometimes it's seemingly simple efforts that
8 can make big improvements and other times complex
9 efforts are needed. Implementing an electronic
10 medical record is one of these complex, sometimes I
11 would call Herculean efforts that can reduce harm and
12 decrease patient morbidity and mortality.

13 Healthcare is incredibly complex. Providing
14 healthcare across the continuum of care and involving
15 a multitude of providers is a daunting challenge to
16 say the least. Patients present to the emergency room
17 not knowing the medications they are on, other than a
18 little blue pill for my heart, a little yellow pill
19 for my blood pressure.

20 To address these challenges and the gaps that
21 come with complexity, Munson is assuming a lead role
22 in creating a community electronic medical record
23 which is designed to provide relevant clinical
24 information in a shared network from physician
25 offices, outpatient clinics, and the hospital.

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1 The goal is to have specific patient
2 information on patients as soon as it is needed,
3 making for better, safer, and hopefully more efficient
4 care. To do this, Munson has invested millions of
5 capital dollars in information technology. We are at
6 the cutting edge by implementing these systems but
7 resources are very tight during these economic times.

8 The electronic medical record holds great
9 promise and hospitals need help in funding those
10 efforts.

11 Another area of patient safety that is of
12 great interest in nursing is nurse/patient ratios. If
13 a nurse is stretched too far and has too many things
14 to do, they will be more likely to make errors of
15 omission and commission.

16 There is a growing body of evidence and
17 research that hospitals that have better RN to patient
18 staffing ratios have better patient outcomes. At
19 Munson we watch our staffing ratios very carefully,

20 trying to find that right balance of safe, quality
21 nursing care while at the same time being good
22 stewards of resources.
23 A recent study showed that registered nurses
24 catch 86 percent of potential errors. We must
25 recognize that patients in the hospital today are

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1 sicker and in more need of nursing care than they were
2 even just several years ago.
3 There are adverse outcomes that are
4 particularly sensitive to low numbers of registered
5 nurses, including urinary tract infections, pneumonia,
6 shock, upper gastrointestinal bleeding, longer
7 hospital stays, failure to rescue, and 30-day
8 mortality rates. All of these adverse outcomes are
9 higher when fewer nurses are caring for more patients.
10 Hospitals must assure that the level of nurse
11 staffing is appropriate to meet the intensity of care
12 required by their patients. This will lead to less
13 harm and lower patient mortality.
14 Another area that bears close attention is
15 the movement of hospitals to become recognized as
16 magnet facilities. There is a body of research that
17 now supports organizations achieving a high level of
18 nursing excellence in the care provided to their
19 patients and who are recognized as magnet hospitals.
20 They have better outcomes.
21 Currently there are approximately 130
22 facilities in the country that have been so recognized
23 for their high level of excellent nursing care and
24 have achieved magnet status. Munson is now in the
25 process of being so recognized.

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1 Another issue of concern to nursing is the
2 growing shortage of nurses in this country, including
3 the state of Michigan. We need to address this
4 shortage if we are to make significant headway in
5 achieving a safer environment for patients. The
6 nursing population is aging and there is an increasing
7 unwillingness of young people to consider nursing as a
8 profession.
9 However, locally we have a model of
10 partnership between our Community College,
11 Northwestern Michigan College, and Munson Medical

12 Center to increase the overall number of individuals
13 choosing nursing as a profession and increasing the
14 number of students in their nursing program.

15 I am pleased to announce that due to this
16 participation we are now in a position to meet the
17 future need for nurses in our community. This is the
18 result of the local college and Munson working
19 together to meet the growing demand for nurses.

20 We have jointly promoted nursing as a
21 positive career choice, strengthened the clinical
22 experiences for students, created joint appointments
23 for clinical instructors, provided new roles for
24 nursing students, and supported tuition needs.
25 Because of this, Munson has been having better success

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1 at filling nursing vacancies than what has been
2 experienced around the state and nation.

3 Our current vacancy rate is about 2 percent
4 and approaching zero, whereas the rate across the
5 country is about 13 percent. Having an appropriate
6 number of new registered nurses graduating from
7 nursing programs is critical to providing a safe
8 environment for patients.

9 Let me suggest some recommendations for
10 improvements in the areas that I have mentioned here.

11 Leadership. The state of Michigan must
12 assign leadership to the body aimed at improving
13 patient safety and reducing medical errors. The
14 Michigan Health and Safety Coalition is a great
15 starting point. This leadership needs to stress
16 accountability to hospitals and healthcare providers
17 for implementing systems to make it safer for our
18 patients. Be bold and don't hold back. All patients
19 deserve a safe environment.

20 Secondly, mandatory nonpunitive reporting
21 systems. This should be instituted for errors and
22 near misses occurring in healthcare. We must create a
23 learning environment so that care providers are not
24 operating in a vacuum, unaware of errors their
25 colleagues are making. The data elements must have

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1 easily understood definitions that can be
2 operationalized in a consistent manner across
3 settings.

4 In time, I would suggest these results be
5 made public by organization so that informed decisions
6 can be made as to where people choose to receive their
7 healthcare. We should be able to benchmark our
8 results on a multitude of measures, including falls,
9 nosocomial skin breakdown, medication errors causing
10 harm, pneumonia, and shock rates and other patient
11 satisfaction measures. If we measure it, we can
12 understand it and then improve -- create solutions to
13 improve it.

14 Funding. We need support in funding the
15 electronic medical record. It cannot be understated
16 that it takes literally millions of dollars to move
17 forward with these systems. Let's call a spade a
18 spade. Medicare funding is woefully inadequate in the
19 state of Michigan. Munson and other hospitals across
20 the state lose millions of dollars every year caring
21 for the Medicaid population. It is the state of
22 Michigan's moral responsibility to adequately fund the
23 care needed by this population.

24 And lastly, nurse staffing and nursing
25 vacancy rates. We need to create partnerships between

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1 hospitals, colleges and universities to increase the
2 numbers of young women and men entering the nursing
3 profession. This will require increased funding for
4 schools and scholarships.

5 In addition, expecting and supporting
6 hospitals to create positive working environments
7 consistent with magnet standards will go a long way in
8 both attracting and keeping smart bright nurses at the
9 bedside as well as improving patient outcomes and
10 decreasing harm and mortalities.

11 In closing, thank you very much for the
12 opportunity to share my views with you today.

13 DR. SIMMER: Thank you.

14 MR. WAGENKNECHT: Jim, thanks for your
15 testimony. Could you -- you mentioned the cooperative
16 effort that you've made with the Community College,
17 and you identified, you know, some of the pieces.

18 Can you expand a little bit on what the --
19 when you talk about a cooperative effort with the
20 Community College, what that really entailed?

21 The nursing shortage is statewide and we've
22 read a lot about it. There are community colleges all

23 over the state and there are hospitals all over the
24 state, so could you talk a little bit more about that
25 partnership and that effort.

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1 MR. FISCHER: Sure. Okay. To begin with, I
2 would say that there needs to be a commitment from the
3 top leadership, and in our case at Munson Medical
4 Center and NMC, Northwestern Michigan College, to
5 jointly plan and agree to take the necessary steps to
6 ensure that in our case here we've got the necessary
7 number of students graduating to meet our demand.

8 We met -- as the chief nursing officer at
9 Munson, I have met regularly with the point nursing
10 people at NMC, and together we set out and we created
11 some goals that we wanted to achieve.

12 MR. WAGENKNECHT: What is NMC?

13 MR. FISCHER: Northwestern Michigan College.

14 MR. WAGENKNECHT: Thank you.

15 MR. FISCHER: This is the Great Lakes campus
16 and the rest of it is down the street a bit. And we
17 created goals. We identified what the future need for
18 nurses will be here in this area, and what then the
19 graduation rates need to be at Northwestern Michigan
20 College to meet that need.

21 Then we jointly created some metrics on how
22 we're going to measure our success for that, and we
23 have pursued joint recruitment efforts. They've
24 looked on their end what they needed to do in the way
25 of making sure that they've got the necessary classes

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1 that are staged appropriately so that the individuals
2 considering nursing as a career option have easy
3 access to those classes.

4 At Munson, something that we have
5 strengthened is improving the clinical experiences of
6 the students there. Also for our staff that are
7 qualified to be clinical nursing instructors, we have
8 created joint appointments for those people so that
9 they can teach at the college and not have to forego
10 their position at Munson in doing so, so we've got a
11 number of ways on how that can be implemented.

12 We created a nurse tech program, which is
13 essentially a nursing student with one year left in
14 nursing school, and expanded the nursing assistant

15 position at Munson, and put additional resources and
16 energies in those folks so that we're building their
17 skill and knowledge base so that when they do become
18 nurses that they are off and running quicker.

19 We have provided tuition assistance and just
20 doing everything we can possible. The college has
21 increased the number of positions in their nursing
22 program, which, by the way they lose money on every
23 nursing student that they take in.

24 And so something the State can do is help the
25 community colleges with these financial losses that

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1 they do. But Tim Nelson, the president at NMC, has
2 committed to being sure that they are taking qualified
3 applicants and that our nursing program is where it
4 needs to be here to meet the needs of our community.

5 Traverse City has a growing elderly
6 population. In fact, I believe the 65-and-over cohort
7 is the largest growing part of that population, you
8 know, folks downstate moving up here to retire. And
9 of course then they bring with it more healthcare
10 needs, which means more nursing care required.

11 MR. WAGENKNECHT: I have a quick follow-up
12 question. Do you know that the -- are the classes at
13 NMC at maximum or are there openings or vacancies, I
14 guess, in the classes?

15 MR. FISCHER: We started this effort about
16 three years ago, and at the time I want to say their
17 classes were hovering in the area of 20 to 24, and
18 they have since bumped the numbers up to 36 to 40, and
19 so -- and they are filling their positions, so....

20 MR. WAGENKNECHT: Thank you.

21 MS. McDONALD: Is this related to -- no,
22 okay. You talked about nonpunitive reporting, maybe
23 some common reporting down the line. Are you talking
24 about perhaps in time the State having some way -- I
25 think you referenced that if you don't measure it, you

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1 don't understand it, which -- but that we might have a
2 common database in Michigan on incidents and how they
3 have been addressed? Is that what you are
4 recommending?

5 MR. FISCHER: Yes, that's what I was
6 suggesting.

7 MS. McDONALD: Not tomorrow but sometime?

8 MR. FISCHER: At the hospital level here in
9 town we do have a reporting system, as the presenter
10 earlier spoke to, but I believe something like that at
11 the State level --

12 MS. McDONALD: Statewide.

13 MR. FISCHER: -- so we can all learn from
14 each other. We learn inside our four walls at Munson.

15 MS. McDONALD: Right.

16 MR. FISCHER: We can learn -- take that same
17 concept and learn as well throughout the state.

18 MS. McDONALD: Thank you.

19 MR. BISSONNETTE: Jim, thank you for your
20 testimony. Lots of questions I could ask you, but I'm
21 going to focus on one, and that is on your patient
22 fall prevention program. As you are very correctly
23 describing, an aging patient population within the
24 aging population of the community here. What happens
25 with older adults is they fall. And, of course, when

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1 we change their environments, when we move to the
2 hospital, they fall. When we give them medications,
3 they fall. And as they get up to try to go to the
4 bathroom, they fall.

5 Is the goal of the patient falls program to
6 prevent all falls or is it to decrease the harm when
7 somebody does fall?

8 MR. FISCHER: I would say the goal is both.
9 I mean, ideally, it would be to not have any falls
10 happen with patient care, and then, therefore, we
11 would have no harm associated with the falls.

12 Realistically, that might be next to
13 impossible to accomplish. But I think with continued
14 vigilance in the way of understanding that sometimes
15 we're surprised with falls. I mean, falls happen with
16 younger people, say such as yourself, who don't
17 realize, you know, when you've been medicated or you
18 might be hypovolemic. I mean, you may be having some
19 orthostatic hypotension and not realize it, and you
20 get out of bed and you're woozy and black out as well.

21 So it's just teaching patients and helping
22 them understand that they need help and when in the
23 hospital setting, so --

24 MR. BISSONNETTE: Thank you. Just as a very
25 quick follow-up, Jim, has your facility identified the

1 number one strategy either in preventing falls or
2 reducing harm when somebody falls?

3 MR. FISCHER: I guess really it would be this
4 what we're calling is code Falling Star program,
5 identifying patients at high risk for falls and
6 implementing some measures to reduce the likelihood of
7 that happening. Getting them up to the bathroom every
8 two hours while awake to keep their bladders empty.
9 That's probably the single most important thing that
10 we can do for them.

11 MR. BISSONNETTE: So it sounds like staffing
12 is part of that strategy?

13 MR. FISCHER: Sure, yes, but it's being
14 organized and structured, having a focus on that as
15 well.

16 MR. CERNY: Jim, I'd like to ask you to
17 expand on what you're doing to improve the culture of
18 patient safety at Munson.

19 MR. FISCHER: Okay. At Munson we have -- to
20 begin with, we are beginning to measure culture, and
21 culture is kind of one of those things, like those
22 fuzzy, what is this culture thing. But we are
23 measuring culture and our staff's perception, say top
24 management's commitment to creating a culture of
25 patient safety and doing things about it. So we are

1 measuring it.

2 We also have instituted what we're calling
3 leadership walk-arounds where, Ralph, myself, and the
4 new CEO at Munson, Ed Ness, are going from unit to
5 unit talking with front-line staff asking them some
6 very broad questions such as, "What's the next big
7 error or tragedy that's about to happen on this unit?"
8 And staff will know. Staff will tell you it's this or
9 this.

10 And "If you or a loved one were admitted to
11 this unit, what would be your major concerns related
12 to patient safety?" And you'll get an earful and that
13 gives us then material to begin making some changes
14 around that. So that's another one of those items.

15 At Munson as well, and the earlier speaker
16 spoke to the need for nurses to have a voice, and not
17 that that question has been asked of me, but the three

18 things nurses need, you need good nurse/patient
19 ratios, you need a voice in what's happening in the
20 workplace, you need respect for the work that you do
21 from physicians and other healthcare providers,
22 administrators and so on.
23 I believe if those three things are strong in
24 an organization you're going to have a strong nursing
25 staff.

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1 We have at Munson a shared governing
2 structure where it's a structure whereby staff nurses
3 have a voice in what's going on as to clinical
4 practice, operations, standards that are set, and
5 staff nurses lead those efforts. I've got a staff
6 nurse leading the falls prevention effort, and
7 empowering them to understand issues and supporting
8 them in making changes and so on. So, I mean, that's
9 just some additional things that we're doing.
10 MR. CERNY: Thank you.
11 DR. SIMMER: Thank you.
12 MR. FISCHER: Okay. Thanks.