

[MUSIC PLAYING]

TAMI MINNIER: I am the most proud of my son and most proud of being a mom. And being here with all of you this morning is really a gift. I can't thank you enough for sharing your story, because those stories are what touch the heart of all of us that work in health care. And it's why most of us got into the business that we're in. And it's not business, it's life, it's people, it's helping people get better. I think most everybody that works in health care believes that.

And so in my mind, you're the heroes of health care. You really are, because you're the folks that wake up every day with a void in your life because of good people trying to do the right things and still being human. And how do we fix that today? how do we make that difference?

This is a hard journey. If it was easy, I often will say in my life, it would have been fixed already. And it's hard because no one has the mal-intent, really. Nobody got up that day in August and came to work and said, I'm going to make a mistake today.

In fact, so many times we know in this space that when those things happen, people are equally devastated on the caregiver side. They are heartbroken to know that they were a part of it. And We know today even in health care, that'll lead to suicide. People will take their life because they feel so devastated about the mistakes they made.

I had the privilege about the same time that you lot folks were experiencing your horrific loss to also meet another hero of health care, Sorrel King. So that's her daughter, Josie. Josie is up there along with your daughter, the two young women of true heroes of health care whose parents and families were courageous enough to say, I'm going to give back. I hurt so bad, I am so broken, but I've got to make it better for the next round of people. This can't happen to somebody else, this can't.

And you were fortunate enough to be here at Children's with wonderful physicians, wonderful nurses who, when this devastating event happened, came forth and said, oh my god, and were honest and were transparent and all the things that you said, Michelle. And so was Cyril. She was at Hopkins, as some of you know, same types of events.

Probably the difference in this scenario is that you sit here today knowing you would do anything in the world to stop that event from happening. And Cyril's story's a little different in that she felt like something wasn't right the day Josie died. She and I had the opportunity to meet in a room probably 10 times the size. And I was sitting in the audience. And my son was born the month Josie died.

And this was several years later, Seth was a little boy. And we were talking about rapid response teams. We all have them-- condition A's, condition C's, condition whatever. And Cyril standing in the middle of the stage said, well, if I'd have been able to call for help, somebody-- maybe this would have not happened to my daughter. But no one would listen to me.

You get into health care because you're really smart. It's hard to go to nursing school. It's a lot of hard work. It's hard to become a physician. It's hard to become a therapist. It's hard to become everything. So you are super smart, and thank god we're super smart. It's what has saved health when there's been a lack of systems, a lack of structure, a lack of process that makes it successful, because it was dependent upon you as an individual to catalyze your experiences together to make the best decisions.

But it's not enough. Being smart isn't enough. Being super smart isn't enough. You have to work within structure and process and systems that are consistent, that are aligned, that work every time, because the one time they don't, that's what happens. That's what happened.

In that conversation was with Sorrel standing up on stage saying, if i could have called for help, maybe Josie'd be alive right now. I thought, well, what the heck? She's right. She's absolutely right. And I can remember coming back home to Pittsburgh being full of enthusiasm, because I was at a big meeting somewhere.

And I said, we need to let families and patients call rapid response teams and promptly got laughed out of the room, have you lost your mind, Tami? Usually, because I'm comfortable enough with that fact, I said, yeah, probably have. You got to know your own weaknesses. You've got to know when you're really pushing the limit of what people are comfortable with. And oh, I took a lot of-- you can imagine, crazy.

But you know what? I knew I was right. I can sit on my couch today at home and I can call 911 for help. I can sit in a hospital and turn on a call bell and no one shows up. And I can sit in a hospital and I know something's not right with my family member, who I know better than all of you-- no disrespect-- and can't get help and can't get anyone to listen to me.

So I thought to myself, so what am I going to do? How am I going to get these people to believe that I'm not crazy, even if I am? I called Cyril, just like we called you. And I said, hey, you don't know me. I was in that audience, them 5,000 people. But I heard what you said about calling for help. Would you come to Pittsburgh?

And she was like, sure, I'll come to Pittsburgh. And she came. She came here, she came to Shadyside, she came to many places. So who convinced my organization that Condition H was right? It wasn't me, I'm still crazy. It was Sorrel. Who convinced Children's that there were changes that needed to be made in the processes because of this sweet baby girl? It was this family.

This family went beyond their hurt to help us look in the mirror. Until we start looking in the mirror, we're convinced we're right, we are convinced for right. And then we get really down in the weeds, man. Because you're smart, you can, remember? All goes back to how bright and capable health care is. And up until, really, not too long ago, we kept it as a secret.

There are many places and many people in this room right now still that aren't quite convinced telling everybody everything is the right answer. I kind of got this. I'm going to tell you what I think you need to know based on what I think is right from my lens, maybe not your lens. And oh by the way, it doesn't meet the criteria of a serious event. It doesn't check that box.

I don't care. Did something bad happen to somebody in the eyes of the patient or family? Then it's an event. Call it whatever you want, call it pink bubblegum, I don't care. The point is is we have to start looking at everything that goes wrong within our world along with everything that goes right-- I'll get to that in a minute-- through that lens.

It's not a regulatory issue, it's not a box to check, it's not a templated letter to send. It's somebody's life. And what if we didn't have that Act? Are you all telling me that if in Pennsylvania they didn't force us to be transparent, we wouldn't be? Really? And is that what you would want?

I get up every day still at this mature age, and I think about what I want. What I want from my family? What I want from my son? And we're all blessed. We are all 100% blessed in this room, because every single one of you understand the medical health system, maybe in varying degrees of stages of your career. Folks in school, folks that have practiced for 40 years, you're all in this room.

You know what to do. You know what question. You even know who to call. And it's hard for us. Can you imagine how hard it is for a family like this who was born into the challenges that we threw at them? So what is this? What do we do?

I get very basic about this work really quickly. Maybe some of you thought I might get up here and start talking about all the safety systems and the checklists and all of those kinds of things that we know they're out there. Some of you agree with them, some of you disagree. But the real thing that I see that we're starting to miss in this next generation of how do we achieve zero, how do we prevent the next thing from happening is more in our minds and our heart.

Yes technology will help. Yes this will help, yes that will help. But the fundamental thing that we're still struggling with, which is why now 20 years after the Institute of Medicine Report was published, is we don't all really believe it. We don't believe maybe we can get to zero. We don't believe that maybe that experience is the way that it is.

We haven't embraced the fact. Go back a little bit, it's a lot like the four minute mile. Everybody thought that was never going to happen until it happened. And then it happened again and again and again and again. So believing is such a big part of why I believe our patient safety cultures in the United States and here at UPMC need to go to the next level. We really have to believe we can do that.

And we have to belong. one of the things that I struggle with the most today still in health care-- and I'm sure you're seeing it as a young nurse-- we really don't got a good team sport going on. We don't. Notice it's the girls team. For Isabelle, just so you know, it's all girls. She'd be right in the middle of it.

It's not a team sport. You don't talk to each other. You all run in, I'm the x, I'm the y, I'm the z. I'm this specialist, I'm that specialist. And at the end of the day, the family's head spinning trying to figure out, what the heck did they say? And could they not just talk to each other and somebody tell us? And you all believe you're too busy to do it, or you need 17 more people to do it, or you have whatever barrier is in your mind about why you can't communicate.

You can do it if you believe you can. You choose how you spend your time. You choose what matters to you. You choose how it works. And this work is hard work. It's really hard work. It's hard work for me to sit down with Andrew and say, let's really talk about what we're doing here for this patient. I'm seeing this, you're seeing this, what are we really going to do here and then have that same conversation with a family member.

It's much easier to go to my computer, check a box, put it in an order, and pray to God somebody does that. That's easy. Getting to zero is hard, because you got to believe it. And you've got to have a team. And no one-- there's always a captain of the team, right? That's a leader. A leader's really important in fostering the believing and assuring the belonging and making sure that the team all believes they're respected and valued.

So let me talk about believing. I have to give you some really positive, good things that when you work, when you believe, and you work together, you can accomplish. It was a tough year last year for Children's when the US News and World Report rankings came out. There were a lot of people in this room that went, oh, what happened?

Now I choose not to evaluate anything on a single metric, a single dashboard, a single report, a single this, a single that. If it was that easy, again, it's a complex situation. And I always look within those complex situations. But where was the real opportunity? What could we do better? What do we need to do different? How are we having to make a difference for our patients and families?

So we had a little issue with central line infections here. We did. Parts of the country don't have them. They don't. They're at zero. And everybody owns that, everybody, everybody. Nobody doesn't. From the housekeeping staff to the nursing staff to the physicians staff to the pharmacist, everybody owns it.

And so look what happened-- holy cow-- starting in October with leadership, with teamwork, with collaboration, with discussion, and with believing. Look at that number on its way to zero. Wow. What's the current mortality rate from a central line infection? 30, 40% maybe, nationally in the literature.

AUDIENCE: [INAUDIBLE]

TAMI MINNIER: Right. But look. Here's my point. I challenge all of you. As I go through a couple of these other successes, what role can patients and families help with preventing central line infections? In the story that we've heard today, we hear from Sorrel. In all of these stories, I believe we have this huge untapped resource.

There is no one more motivated than an engaged parent. And I understand, not all parents are engaged. I get it. But for those that are who want to make sure their kid doesn't get an infection, no one. But we still, at times, most times, haven't figured out how to invite them in.

I was in a meeting earlier this week about hospice. And we're trying to make some changes in the processes in hospice. And it was my first time that I was invited to this discussion. And everybody's talking about how awful broken the process was. And I sat in the middle of the meeting. And there had been 16 patients that had gone through this discussion.

I said, so did any of you talk to the patients? You're sitting here tell me how god awful it is because there was this here and this there and this there. Did any of you pick up the phone and call a patient and say, so you went through this process, how'd it go? It's probably take two or three minutes. And if it was great, what are we fussing about versus what the patient and family needs? So again, what role?

There's another one, huge opportunity for patients and families to help us. I was on a panel back in January with a mom who lost her daughter who was newly diagnosed with leukemia, admitted for her induction, chemo, placed in a room where there had been C. diff patients prior, caught C. diff, died, missed it. They were so thinking all of her symptoms and problems were because of the leukemia, weren't thinking about the fact that she caught C. diff.

Wow. You know what the mom said to me sitting there? God if I'd know that wound needed clean, I'd scrubbed with bleach myself. Silly answer, don't misinterpret my point. The point being there's so much more of that folks can do there.

So this is about these connections, and it is about believing, and it's about inviting patients and families in to be our partners. Now Isabel's situation, different situation in details. But I see situations every day that come across my desk or my phone rings where there's huge opportunities for patients and families to be a part of our team, to be included in our team and to help, because they come in trusting us.

They form connections with us. That's where I get my joy in work. I do what I do because of the people I work with, the patients and families I get to interact with. If I didn't have that I wouldn't be here. I wouldn't be here. Patients and families are no different.

We all have this innate sense of meaning to believe and needing to belong. And we have these micro-moments of connection that, really, when we talk about health care burnout today, we talk about the stress, we talk about how hard our worlds are to work in. My goodness, those micro-moments save my soul. They are my juice, they are my energy, they are my passion, they are the things that let me get up tomorrow and fight the fight.

We cannot lose that in where health care is today. And it's that connection not only with our patients, but our patients and families for most of us why we got into health care. And that belonging is really important too, believing and belonging. We're a team. Patients and families can help. They want to help.

Here's the challenge. Not all of you want them to help. It's easier if I do it myself, quicker. Got it down. Yep. Besides, they don't know what they're doing anyway. By the time I teach them, it'd take too much time. Can you imagine if you created systems within an organization where made it easy, made it easy for mom to give her kids their meds? Who says we can't? Nobody. We say we can't.

And then we send them home out the door, many times, only to have him come back or to call 17 times to the practice to say, I don't really understand what you told me to do. We have yet to design, I've yet to find a hospital, I've yet to find a health care organization that has accepted the challenge of figuring out how to make patients and families equal partners in caregiving while they're in an inpatient setting. Mostly because we're not comfortable with it.

Believing, what do you believe, what's in your core? But when you do that and you get to those points, what can families bring to the field of patient safety? First of all, you feel better. I'm all about feeling better. But patients and families can force the pause. That's all we need.

Everybody sits and fusses about how much more time it's going to take, I can't do, oh my god. It's not about that. It takes seconds. On average, if you give a patient 40 seconds to talk to you, you're good. We give them usually 20, so we give them half. Can you give them 20 more seconds? Can you give them 20 more seconds?

I dare any of you to tell me you can't give somebody 20 seconds. That's all it takes to be heard. That's all it takes to listen. Because, again, those pauses and those moments are things where, really, the top issues come to the surface, because if you get down to it, what is a checklist? What is a surgical pause? What is a timeout?

Think about all of those things together. They're a pause. They're a pause. And because-- I'm going to go back to the first point-- you're brilliant, you're some of the best of the best. You don't need an hour to read an article. You don't need more than a second usually to figure it out. But if you don't take that pause, that's what happens and even when you double check and triple check.

What does that mean? You just got to pause for a second. Is patient safety not worth a second? Because you got to believe it, it goes back to believing. Because it's really not that big of a time. But again, that's why we need people to engage the families.

So we've got hurdles. These are the things, Michelle and family, as we go forward and as your daughter begins her career and all of you that continue to practice here and join us to practice here, have to help us overcome. Leadership is a hurdle. I'm quite disappointed with leadership in patient safety in the United States. I am.

I think it's driven because of the fact that many of the leaders in the United States don't have a clinical background. When you haven't held the lives of a patient in your hands, it's really hard to understand the decision you make that trickle down. It's a big responsibility. Leading health care is an enormous personal, social, psychological responsibility. And you really got to believe, because the only thing that makes things happen in an organization at the top is what your leaders believe in.

If they don't believe it, they don't walk it, they don't talk it. It's not going to happen. We know here the core basics of that belief exist. We got to build upon it. We got to grow. We've got to push it. We've got to constantly have the courage, because this is all about courage.

It's easy for me to sit in a corner and hear people tell me stories and keep my mouth shut. It's really hard for me to open my mouth all the time. And some of you know I do. But that's what leadership requires.

We still struggle with defensiveness. Oh my god, I can't tell you how many times I've got to say like, stop, really. This is not bad people. You don't have to defend yourself. Let's talk about what we're really trying to solve. But I think we all own the years of history and health care where we blamed the person.

Some of you have heard me say this before-- I'm a nurse. I'm frankly an old nurse when you get down to it. When I started as a staff nurse, if I made a medication error, I was going to get fired. That was the policy of my hospital. And I'm not quite that old, but think about that. Think about that compared to just culture.

The only way to change those things-- sometimes they're generational or really strong forceful leadership that says, no, it's OK, it's safe. I've got you, I've got your back, I've got your front, I've got your side. You're going to be fine. But it's a heck of a lot easier to blame someone.

And psychological evidence-- if I ever need behavioral scientists in the room-- psychological evidence will tell you, I actually feel better. I get a little endorphin rush when I tell somebody, it's your fault. I do. And it obviates me being held accountable for what that is.

We've talked about processes. We do love to hide behind the rules. Oh, it's not a serious event, it didn't meet the criteria. I'm not going to send a letter. Well, did you talk to anybody? Well, I don't know.

So the best thing about today, though, the best thing about today is that the gift of this family, the gift of Sorrel King, because even though they didn't have that voice in the middle of those awful situations that have changed their life forever, they have chosen to have a voice today.

And we at this organization have chosen to hear their voice and welcome them with open arms and say, what else can we do, and how else can we be better? And we have chosen to accept the challenges of the clinical problems that we have. We didn't run away from central line infections and say, oh, there's 17 reasons why that happened.

We're doing our best. We tried. We didn't run away from C. diff. And we are poised to continue to be an organization that believes zero is possible and wants to belong and wants to belong to each other and wants to invite our patients and families in.

I've been on this journey for a long time. You're never a prophet in your own yard right, you know that one. And so I sit on some national boards that-- and one of the boards that I sit on that I care the most about is the Patient Safety Movement. And I only agreed to do that, I only agreed to participate on that because it's about patients and families. And every meeting and every discussion and in fact that board is full of patients and families who have either been affected themselves or lost someone.

And so I just want to end with a little video that just kind of puts together this story. I apologize that I'm in the video when I'm here in person, but it's a piece that I think can be used going forward with other parts of education and training. And they're folks that take these stories, like Isabelle's story, like Josie's story, and get them out there, because there's not a person in this room when you hear those stories that doesn't have a pit their stomach, because that's not why we got into health care. That's not why we come to work every day, it's not what we are proud of when we hear those things. So with that, I think I know what I'm doing. But it could be dangerous.

[VIDEO PLAYBACK]

When I think about patient safety in the United States, it is one of the biggest leadership failures out there. When bad things happen, you really need to have that leadership endorsement, leadership courage to say, OK, let's understand what happened here. And the other part about it is that you have to go to your real true ethical and moral core that says, well, I have to do the right thing.

And I believe my organization, my peers, my colleagues want to do the right thing. Our senior leadership and our risk management leadership, we meet, we review cases, we talk about what we did and did not do right with that case. I think it's changed the dynamic of the whole team as far as being courtroom driven versus conversation driven.

And so it's all about the talk, it's all about the conversation. And allowing people to have conversation with individuals that represent the organization that are thoughtful, really good people, and also empowered to make the right decisions, if that's what we should be doing, they really are superb.

When you're that honest and you're that transparent and you think about doing what's right, not everybody is going to be proud of you. You subject yourself to criticism, you subject yourself in today's social media world to thousands of posts. You got to suit up for that every day.

You have to not overreact, not panic, not do what you might want to in that situation. You have to seek to understand quickly. And the more you understand and the more transparent you are, the more time you'll be given by the family and the patient to solve the problem, to resolve the issue, to engage them in the solution, and to actually make it better for the next person.

[END PLAYBACK]

It's about believing and belonging. It's about including the people who we are intended to take care of safely. And it really only takes seconds. And so I'm asking all of you to give me a few seconds. Just give me a few seconds. And we can believe and belong. And we can continue to get to zero in many places.

So thank you, every one of you, for being here. My heart is extremely touched by the privilege of being able to talk in honor of Isabel. And I thank you for all you've done and look forward to all you'll do to help us even make it better. So thanks.

[APPLAUSE]