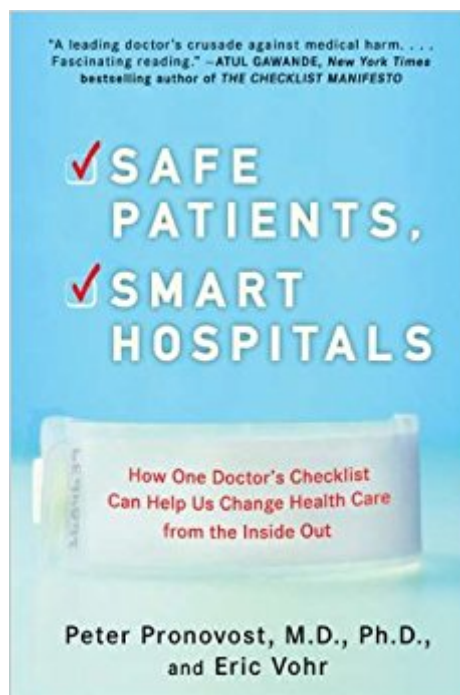


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# Safe Patients, Smart Hospitals: How One Doctor's Checklist Can Help Us Change Health Care From The Inside Out



## Synopsis

"The tough-minded and revealing story of a leading doctor's crusade against medical harm...Fascinating reading." -Atul Gawande, author of *The Checklist Manifesto*. First, do no harm. Doctors, nurses, and clinicians swear by this code of conduct. Yet, medical errors are made every single day-avoidable mistakes that often cost lives. Inspired by two such mistakes, Dr. Peter Pronovost made it his personal mission to improve patient safety and make preventable deaths a thing of the past, one hospital at a time. *Safe Patients, Smart Hospitals* shows how Dr. Pronovost started a revolution by creating a simple checklist that standardized a common ICU procedure. His reforms are being implemented in all fifty states and have saved hundreds of lives by cutting hospital-acquired infection rates by 70%. Atul Gawande profiled Dr. Pronovost's reforms in a *New Yorker* article and his bestselling book *The Checklist Manifesto* is based upon Dr. Pronovost's success in patient safety. But *Safe Patients, Smart Hospitals* is the real story: an inspiring, thought-provoking, accessible insider's narrative about how doctors and nurses are improving patient care for all Americans, today.

## Book Information

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## Customer Reviews

Having already read Dr. Atul Gawande's popular book, *The Checklist Manifesto*, I wondered whether or not *Safe Patients, Smart Hospitals*, by Peter Pronovost, M.D., Ph.D., would capture and hold my attention. After one chapter, I had no doubts. As hard as it may be to believe in a country as advanced as the United States, thousands of people die each year from preventable medical mistakes. This book addresses why this happens and what can be done to save many of these people. Dr. Pronovost begins with the tragic story of 18-month-old Josie King, who was accidentally

scalded at home and developed second degree burns. She acquired an all-too-common bacterial infection from a central line catheter while in the hospital, and then she got a secondary infection when the antibiotics administered to control the original infection killed helpful bacteria in her digestive system. Then there was sepsis and dehydration, but even all of this would not have killed the young girl were it not for lack of sufficient coordination and cooperation among the medical staff treating her. Just one chapter into this book you are already grieving, and you want to know more. By the way, if the term "central line catheter infection" sounds familiar, Dr. Gawande writes extensively about this problem in his book (and he characterizes Dr. Pronovost's book as a "tough-minded and revealing story of a leading doctor's crusade against medical harm"). It turns out that Dr. Pronovost's own father died in part because his cancer was not correctly characterized early enough--so Dr. P. finally enlists in the army of reformers.

Peter Pronovost's father died early, primarily due to medical error; the 'good news' is that it galvanized Peter to ensure his own life made a contribution. He continued his education, becoming an M.D. and then carried on to become a researcher as well. Pronovost's PhD. dissertation summarized research on the value of intensivists (specially-trained ICU physicians) in hospital intensive-care units (ICUs) and found they reduced mortality by one-third, and length-of-stay as well. Soon after publishing his findings, providing ICU care via intensivists became medicine's 'gold standard' and spread across the nation. In 2008, Time magazine named him one of the 100 most influential people on earth, and that same year he won a MacArthur ('genius grant') Fellowship. Not bad for someone only 43-years old. But there's more! Overall it is estimated that patients receive barely 50% of recommended therapies and only about 30% of those are administered as recommended. This despite the U.S. spending more on health care than any other developed nation, while leaving some 40 million uncovered by insurance, and medical costs being a major cause of personal bankruptcy. The result of medical errors, Dr. Pronovost estimates, is that hundreds of thousands needlessly die each year. He became focused on quality improvement after a young patient died in his hospital due to a catheter-caused infection. Pronovost then led a team effort that first created a five-step checklist distilled from a 120-page CDC set of catheter placement guidelines and underlying rationale. This improved protocol compliance to 38%. Compliance was limited partly due to difficulty finding needed supplies.

As a book, it was a bit disappointing. Someone did a very poor job of editing; there were too many word, grammar, and punctuation errors to satisfy me. In addition, it is a prime example of a current

fad in nonfiction that overemphasizes the "human" element in whatever subject is being discussed. The book opens, for example, with an extended recount of the admittedly very sad story of a little girl who died unnecessarily at Hopkins due to several shortcomings. This type of narrative continues throughout the book, including long discussions of Pronovost's experiences trying to get his ideas adopted. (How much of this was a literary technique and how much was ego I would not say without knowing the man.). There was way too much of this kind of thing at the expense of CONTENT. That being said, there is a lot of good stuff here that applies equally well to safety, efficiency, and/or customer satisfaction in most fields, not just hospital care. The principles are the same, although different people express them differently. Pronovost's program has two aspects, TRIP and CUSP. Translating Research into Practice (TRIP) is the problem-solving part. It involves the checklists and other changes to practices, such as the simple idea of storing items often used together in the same cabinet and putting them close to the places where they are used, thereby both saving time and making it less likely that a busy provider will "not bother" with a particular safety item because it is too much trouble to go get it. Although the checklists are the item that grabbed attention, the other aspect, looking at an organization's specific procedures and making improvements, is also a component of CUSP.

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