

**MEMORANDUM**

**To:** Donna E. Shalala, President

**From:** Mary Coombs *MC*  
Chair, Faculty Senate

**Date:** February 3, 2004

**Subject:** Faculty Senate Legislation #2003-12(B) – Establishment of the University of Miami/JMH Center for Patient Safety

\*\*\*\*\*

The Faculty Senate, at its January 28, 2004 meeting, voted unanimously to approve the attached proposal to establish the University of Miami/JMH Center for Patient Safety. The Senate agreed to waive, in this case, the naming provisions of section C18.1 of the Faculty.

This legislation is now forwarded to you for your action.

MC/kl

**cc:** Luis Glaser, Executive Vice President and Provost  
✓ David Lubarsky, Professor and Chair, Department of Anesthesiology

Faculty Senate  
1252 Memorial Drive, 325 Ashe Admin. Bldg.  
Coral Gables, Florida 33124  
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CAPSULE: Faculty Senate Legislation #2003-12(B) – Establishment of the University of Miami/JMH Center for Patient Safety

**PRESIDENT'S RESPONSE**

APPROVED:  DATE: 2/11/04  
(President's Signature)

OFFICE OR INDIVIDUAL TO IMPLEMENT: Provost

EFFECTIVE DATE OF LEGISLATION: \_\_\_\_\_  
(if other than June 1 next following)

NOT APPROVED AND REFERRED TO: \_\_\_\_\_

REMARKS (IF NOT APPROVED): \_\_\_\_\_

## MEMORANDUM

**TO:** Faculty Senate

**FROM:** David Lubarsky, M.D., M.B.A.  
Professor and Chair  
Department of Anesthesiology; Perioperative Medicine, and Pain  
Management

**SUBJECT:** A Proposal for the Establishment of the University of Miami School of  
Medicine, Department of Anesthesiology, Center for Patient Safety

**DATE:** November 4, 2003

The purpose of this memorandum is to request approval of creation of the Center for Patient Safety ("CPS") at the University of Miami School of Medicine as a sponsored center under the Department of Anesthesiology. This memorandum provides the Faculty Senate background information in connection with this request. Plans for the center have been developed in consultation with U.M. faculty, deans, and the provost.

## THE PURPOSE OF CPS

The mission of the proposed center is twofold. The primary element is the reduction of hazard to patients at the University of Miami School of Medicine/Jackson Memorial Medical Center, with consequent reduction in costs borne by the department and the school of medicine as a consequence of patient injury or death. The second part of the mission is to identify problems to which solutions remain presently unknown and to conduct research programs aimed at solving these problems. The Department of Anesthesiology or the school of medicine may fund such programs internally, particularly when they stem directly from events occurring locally. Other research may be of a broader nature and funded by federal agencies and the state patient safety authority. We shall in particular submit proposals for research support from the State of Florida Patient safety authority (newly established, 2003) and from the Agency for Healthcare Research and Quality, from the National Institutes of Health, and the National Science Foundation. It is possible that additional support on specific research issues will be obtained from private sources.

The vision of the CPS is *to lead innovation in health services delivery, research, and health professional education to reach exceptional levels of quality and value.* Patient safety has been identified as a critical clinical and research endeavor supported by

the federal government, accrediting bodies, regulatory agencies, and patient advocacy groups. The purpose of this proposal is to create a center at the University of Miami that will provide needed infrastructure to support collaborative research at the interface of health, education, and the social sciences. This new center will provide key infrastructure in terms of safety and simulation expertise. These faculty and staff, despite having primary appointments in the Anesthesiology Department will reach out to colleagues in many other departments across schools in order to promote interdisciplinary collaboration in research, education, training, and clinical improvement, that will add to the intellectual and financial vigor of the University. The Center will also serve as a springboard for related activities – for example, a safety medical product safety testing and design lab is currently being investigated.

## RESOURCES

The institute will collect its primary library in the form of selected volumes and journals. Immediate access is available to virtually all of the journals of interest through the university library. The initial stocking of the safety library will contain approximately three hundred volumes. In addition to this, the personal collections of staff members will be accessed and maintained by the center library. Safety software, reporting systems, and other computer based resources will also be collected and made available to other investigators at the University as required. Simulation devices will be arrayed and office space provided in 5500 sq ft of newly renovated Department of Anesthesiology space. Given the multiple external funding sources and rapid growth of personnel and projects, there was an an additional 2000 sq ft (contiguous) provided by JMH to allow the Center enough space to meet its needs.

## SEMINARS, COLLOQUIA, AND OUTREACH PROGRAMS

The center will bring to the University safety experts from the U.S. and other countries to interact with students, medical residents, and faculty as visiting scholars from academia or practice. Each year CPS will present small seminars and large colloquia, including an international conference, bringing together experts who are pursuing similar projects in the U.S. and abroad, to discuss common interests and exchange lessons learned. We hope to find ways for faculty and students to work on programs to expand public awareness and understanding regarding patient safety.

## CENTER GOVERNANCE AND ORGANIZATION

The Center for Patient Safety currently consists of seventeen people. The Center is led by the Medical Director, Paul Barach, MD, MPH, followed by the Director of Operations, Roberto Chavez. Other team members include John Senders, PhD, Director of the Human Factors division; Captain William Rutherford, MD, Director of the Simulation Science Division; Ilya Shekhter, Simulation Manager; Mandy Mills, Financial Coordinator; Roxanna Araya, Executive Assistant; and Ruth Kamar, multimedia expert, two Senior Research Associates, two Research Associates, two Safety Fellows, and four administrative assistants. The Center seeks to incorporate additional Director positions in

the areas of Clinical Effectiveness and QI, Health Services Research, and Education. Projects within the Center will pose broad staffing requirements including that of a statistician, Learning Educator-PhD, an RN, computer programmer, education course designer, simulator physician, simulator engineer, simulation secretary, medical students and a bioengineer-computer expert. Some positions are provided through JMH while the University of Miami employs others.

The Center's personnel plan involves an impressive array of team members. The personnel team will work together to plan, apply for, perform, analyze and disseminate research studies and conclusions. Each member is key to the development of this important sequence of events. The Medical Director and Director of Operations will be instrumental in maintaining the cohesion and focus of the Center as well as acting as liaisons with outside collaborators. Our PhD-Directors will add insight, knowledge and merit to our research efforts and steer our path toward patient safety improvement. The simulation environment is essential to our research and education efforts creating an important setting for our Director of Simulation Science, Simulator Faculty Physician and Simulator Engineer. Our Human Factors Division Director will lead efforts in the simulation environment to analyze how and why errors occur, as well as add insight and experience into our research efforts.

The Financial Coordinator will oversee all budgetary aspects of grant applications, as well as managing funding from UM, JMH, and any grants that get awarded. The Coordinator will track all expenses, including purchases and personnel costs. The Statistician, Computer Programmer, Multi-Media Expert, Course Designer, Bioengineer-computer expert, medical students, Faculty/Administrative Assistants and Financial Coordinator will act as the work-support structure for the Center. Ultimately, the Chairman and Assistant Chairman of the Department of Anesthesiology have final oversight responsibility for faculty productivity and HR issues, and all activities/expenditures require their concurrence.

#### PROPOSED COURSES IN MEDICAL SAFETY

A planned four-year curriculum for the medical students will present an overview of the problem. Students will be introduced to the statistics and the details of injuries to patients that could have been prevented. Idiosyncratic injuries and responses leading to adverse events will also be discussed so that students will understand the need for careful differentiation between true accidents and events caused by human failure. The psychology of human error will be discussed. The history of the investigation of the nature and source of error will be covered. It is anticipated that individual diaries will be kept by all students through the course to reveal to individuals their own propensities for error. Finally, methods will be proposed to assist students to recognize and possibly to interdict errors before injuries are caused. Appended is a copy of a preliminary medical student and resident physician safety curriculum.

## THE USE OF MEDICAL SIMULATION IN EDUCATION AND TRAINING

Simulation has become an essential and integral component of training and research in hazardous, complex domains such as aviation and nuclear power generation. Medical simulation devices are being marketed, but have not yet attained status of established supplement or replacement for traditional medical qualification processes, though the experience in related fields suggests great potential. The MCPS will pilot simulation curricula within the residency programs aimed initially at assuring residents have demonstrated basic skills in the simulated environment prior to their initial patient interventions. Research will be directed toward defining both "best practices" for anesthesia medicine in the operating room, and the optimal team training curricula, which will facilitate the most effective operating theater team performance.

### BUDGET

A detailed budget is appended. In brief the University of Miami School of Medicine, the Department of Anesthesiology, and Jackson Memorial Hospital have allocated a sum of approximately \$8.2 MM for four years of operation. This sum will in all likelihood be supplemented or supplanted by grants received from the sources earlier named for the performance of the research function implicit in the mission of the center.

Miami Center for Patient Safety, Simulation, and Clinical Improvement ---Proposal and 3.5 year Implementation Plan

F U N D I N G	COMPONENT	10:02 to	4:03 to	10:03 to	4:04 to	10:04 to	4:05 to	10:05 to	4 YEAR
		3:03	9:03	3:04	9:04	3:05	9:05	3:06	Cost
D	Director	60,000	115,000	115,000	130,000	130,000	130,000	140,000	\$ 1,010,000
CB	Assistant Director	100,000	100,000	100,000	100,000	100,000	100,000	100,000	\$ 1,000,000
CB	Administrative Support Personnel	100,000	100,000	100,000	100,000	100,000	100,000	100,000	\$ 1,000,000
J	PhD. Educator Learning expert		\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 195,000
MS	* Masters Trained RN quality consult @ 50k x4		\$ 45,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 545,000
D	Simulation		\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 180,000
CB	Simulation		25,000	25,000	25,000	25,000	25,000	25,000	150,000
CB	Simulation		25,000	25,000	25,000	25,000	25,000	25,000	150,000
CB	Simulation		15,000	15,000	15,000	15,000	15,000	15,000	90,000
CB	Simulation		10,000	10,000	10,000	10,000	10,000	10,000	60,000
J	Computers and Software		\$ 10,000	\$ 10,000					\$ 20,000
CB	Simulation		20,000	20,000	20,000	20,000	20,000	20,000	100,000
CB	Simulation		25,000	25,000	25,000	25,000	25,000	25,000	125,000
J	Administrative Support Personnel			\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 195,000
J	Faculty Assistants 2 people @ 35k Admin Assitant Director @ 55k	\$ 10,000	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 175,000
	Fringe benefits for Personnel	\$ 24,240	\$ 128,018	\$ 178,013	\$ 182,558	\$ 182,558	\$ 182,558	\$ 185,508	\$ 1,063,530
	Center Developmental Expenses								
CB	Simulation								
CB	Simulation								
CB	Simulation								
CB	Simulation								
	Simulation and Training Laboratory								
D	⊙ Simulator director physician 0.25 FTE	\$ 12,600	\$ 25,000	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 178,000
D	⊙ Simulator faculty physician 1 FTE	\$ 60,000	\$ 100,000	\$ 110,000	\$ 110,000	\$ 110,000	\$ 110,000	\$ 110,000	\$ 700,000
J	Simulator engineer, Technician		\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 150,000
J	Simulator Safety Engineers @ 50k x2		\$ 15,000	\$ 25,000	\$ 40,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 230,000
D	*** Simulators	\$ 400,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 30,000	\$ 580,000
J	**** Simulator center outfitting		\$ 100,000						\$ 100,000
J	Aud ev scial budget		\$ 10,000	\$ 40,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 90,000
J	Secretary		\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 105,000
	Fringe benefits for Personnel	\$18,937.50	\$55,297.50	\$62,115.00	\$66,660.00	\$69,690.00	\$69,690.00	\$69,690.00	\$ 412,000
	Human Performance Ergonomics Laboratory								
CB	Simulation		20,000	20,000	20,000	20,000	20,000	20,000	100,000
CB	Simulation		10,000	10,000	10,000	10,000	10,000	10,000	50,000
CB	Simulation		10,000	10,000	10,000	10,000	10,000	10,000	50,000
	Fringe benefits for Personnel		\$ 9,030	\$ 19,695	\$ 19,695	\$ 19,695	\$ 19,695	\$ 19,695	\$ 107,565
	Medical School								
CB	Simulation		20,000	20,000	20,000	20,000	20,000	20,000	100,000
CB	Simulation		10,000	10,000	10,000	10,000	10,000	10,000	50,000
	Total	\$ 639,170	\$ 1,644,609	\$ 1,822,823	\$ 1,278,013	\$ 1,163,443	\$ 1,121,340	\$ 1,279,973	\$ 9,619,678
	COLOM CODE								
	Fringe benefit rate 30.3%								
MS	Medical School (W/Fringes)	\$ -	\$ 58,635	\$ 130,300	\$ 130,300	\$ 130,300	\$ 130,300	\$ 130,300	\$ 710,135
D	Department (W/Fringes)	\$ 546,588	\$ 381,810	\$ 398,098	\$ 417,843	\$ 417,843	\$ 417,843	\$ 430,673	\$ 3,010,998
J	JMH (W/Fringes)	\$ 13,030	\$ 282,875	\$ 264,995	\$ 244,540	\$ 267,570	\$ 267,570	\$ 257,570	\$ 1,578,160
CB	Department (W/Fringes)	\$ 769,560	\$ 931,685	\$ 2,486,430	\$ 2,067,430	\$ 1,117,890	\$ 746,140	\$ 461,480	\$ 7,288,285
	Total	\$ 1,368,178	\$ 1,654,995	\$ 4,229,823	\$ 3,278,013	\$ 2,969,743	\$ 2,545,940	\$ 2,797,973	\$ 13,697,678

- \* RN's dedicated to 1. Medication safety; 2. Perioperative safety; 3. Training and supervision of housestaff safety - funding allocated
- \*\* Staff support for grant writing, processing, library research, data collection and analysis, grants management
- \*\*\* Simulators include: METI Adult -- 200,000; METI Pediatric--50,000 Laerdal Simman-- 30,000; HT Bronchoscopy 30,000; Medsim Ultrasound/TEE --30,000 ; Microsimulators, task trainers--30,000. Paid for by Department of Anesthesia budget.
- \*\*\*\* Estimate for special adjustments above and beyond that already budgeted for Institute space
- % Simulation lab outfitting including workstations, office hardware, procedure training room, changing room, conference room
- # Sponsor an international annual meeting on Patient Safety and Simulation at University of Miami, to be self supported after 2 years
- ⊙ Department will fund remainder of FTE to make position viable
- S To be transferred to Center control from position already within JMHS, otherwise to be hired.

**NOTES**

In addition; if at all possible, all Direct Grant monies will be divided among the supporting entities in proportion to ongoing program funding JMHS commits to providing at least 5000 sq ft fully outfitted (office furniture, AV conference facilities, simulated OR/ICU environments) for the Center within one year as planned

**New Employee Set-up**

E-mail Accounts (4114)	\$ 72	\$ 72	\$ 144
ID Badges (4232)	\$ 39	\$ 47	\$ 86
Drug & Background testing (4234)	\$ 126	\$ 378	\$ 504
<b>TOTAL EMPL SET-UP COST</b>	<b>\$ 237</b>	<b>\$ 497</b>	<b>\$ 734</b>

**Letter Head & Business Cards (3918)**

Letter Head	\$ -	\$ 440	\$ 440
Business Cards	\$ 282	\$ 282	\$ 564
<b>TOTAL LETTER HEAD &amp; BUS. CARDS</b>	<b>\$ 282</b>	<b>\$ 722</b>	<b>\$ 1,004</b>

**Equip. and Furniture (3235)**

Cubicle Walls	\$ 1,500		\$ 1,500
Conference Chairs	\$ 2,650		\$ 2,650
Conference Table	\$ 570		\$ 570
Filing Cabinets	\$ 1,830	\$ 2,400	\$ 4,230
Printers	\$ -	\$ 5,000	\$ 5,000
Computers	\$ -	\$ 20,000	\$ 20,000
<b>TOTAL 3235</b>	<b>\$ 6,550</b>	<b>\$ 27,400</b>	<b>\$ 33,950</b>

**Subsistence**

Weekly MCPS Meeting Subsistence (3619)	\$ 500	\$ 3,000	\$ 3,500
Other Employee Food-Lounge (3623)	\$ 385	\$ 3,000	\$ 3,385
<b>TOTAL SUBSISTENCE</b>	<b>\$ 885</b>	<b>\$ 6,000</b>	<b>\$ 6,885</b>

**Organizational Dues/Fees**

Dues and Memberships (3803)	\$ -	\$ 1,000	\$ 1,000
Registration- Conferences/ Seminars, etc.(3801)	\$ -	\$ 7,200	\$ 7,200
Additional Organizations/Conferences (3801)	\$ -	\$ 1,000	\$ 1,000
<b>TOTAL ORG. DUES/ FEES</b>	<b>\$ -</b>	<b>\$ 9,200</b>	<b>\$ 9,200</b>

**TOTAL** \$ 11,655 \$ 75,254 \$ 99,999



**New Employee Set-up**

E-mail Accounts (4114)	\$ 72	\$ 72	\$ 144
ID Badges (4232)	\$ 39	\$ 47	\$ 86
Drug & Background testing (4234)	\$ 126	\$ 378	\$ 504

TOTAL EMPL SET-UP COST \$ 237 \$ 497 **\$ 731**

**Letter Head & Business Cards (3818)**

Letter Head	\$ -	\$ 440	\$ 440
Business Cards	\$ 282	\$ 282	\$ 564

TOTAL LETTER HEAD & BUS. CARDS \$ 282 \$ 722 **\$ 1,004**

**Equip. and Furniture (3235)**

Cubicle Walls	\$ 1,500	\$ 1,500	
Conference Chairs	\$ 2,650	\$ 2,650	
Conference Table	\$ 570	\$ 570	
Filing Cabinets	\$ 1,830	\$ 2,400	\$ 4,230
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TOTAL 3235 \$ 6,550 \$ 27,400 **\$ 33,950**

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Weekly MCPS Meeting Subsistence (3619)	\$ 500	\$ 3,000	\$ 3,500
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TOTAL SUBSISTENCE \$ 885 \$ 6,000 **\$ 6,885**

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Additional Organizatons/Conferences (3801)	\$ -	\$ 1,000	\$ 1,000

\$450 fee\*(1/mo+4 more)

TOTAL ORG. DUES/ FEES \$ - \$ 9,200 **\$ 9,200**

TOTAL \$ 11,655 \$ 75,254 \$ 99,999

## OVERALL GOALS OF A CURRICULUM FOR MEDICAL STUDENTS

### KNOWLEDGE

- Definition of a Medical Error
- Epidemiology of Medical Errors
- Major sources of error
- Ethical and professional issues
- Medico-Legal Issues

### SKILLS

- Communication
  - Disclosure to Patient/Family
  - Disclosure among Colleagues
  - Disclosure to the Public
- Management of Errors
  - Voluntary and/or mandated reporting
- Analysis of Incident reports/errors/near misses
  - Root Cause Analysis
  - Improved Systems
  - Human Factors Engineering
- Use of Technology to Reduce Potential Error
- Communication among health professionals and Teamwork Training
- Learning to work as part of a multidisciplinary team

### ATTITUTDES

- Honesty as a Guiding Principle of Medicine
- Affects on the Physician
- Role Modeling by Attendings
- Systems Error vs. "Bad Apple" Theories
- Shift in the Culture of Medicine

## RECOMMENDED GOAL AND OBJECTIVES FOR RESIDENTS ON PATIENT SAFETY AND MEDICAL ERROR

### GOAL:

It is clear that errors in medicine are a frequent and, unfortunately, inevitable Occurrence in a human system; however, the outcome can be a huge tragedy for the patient, the family, and the physician.

The overall goal training on Error in Medicine and Patient Safety is to give future physicians the attitudes, knowledge and skills to work with other professionals within the health care system to make it safer and to be prepared to identify and manage errors when they do occur.

Or as Lucian Leape, M.D., one of the leaders in Patient Safety, has said: training for health professionals should address:

- Training for safety
- Training for teamwork
- Training for errors

### OBJECTIVES:

#### I. ATTITUDES

The learner should develop attitudes that support:

- A. Honesty as a guiding principle of medicine,
- B. Professionalism and altruism (putting the patient ahead of one's self),
- C. Accepting fallibility in self and others
- D. Patient-centeredness
- E. The value of other health professionals as Team members and the lessening of hierarchies in medicine,
- F. The Tavistock principles and especially the commitment to constantly strive to improve quality of healthcare

- G. An awareness that most errors are the result of problems in systems and not due to incompetence,
- H. Appreciation of the devastating effects of errors on patients/families and on physicians
- I. The value of research /evidence to guide improvement in quality and safety, and
- J. The importance of self-awareness for physicians.

## II. KNOWLEDGE

### IIA. Introductory Material, Definitions, History, Theory

1. Definitions of
  - Medical Error
  - Near Miss/Near Hit
  - Adverse events
  - Types of quality problems:
    - Overuse
    - Underuse
    - Misuse
  - Types of errors:
    - Slips
    - Lapses
    - Mistakes
2. Epidemiology of Medical Errors
  - Data on which IOM (Institute of Medicine) report was based
  - Common Cause of Errors
  - Common Types of Errors (e.g., medication errors)
  - Common Sites of Errors (e.g., Surgery, Pediatric ICU, ER)
3. History of the Patient Safety Movement at the end of the 20<sup>th</sup> century
4. Major Organizations and Reports
  - IOM-Institute of Medicine
  - AHRQ-Agency for Healthcare Research and Quality
  - NQF-National Quality Forum
5. Driving forces of the Patient Safety Movement
6. Comparison to high reliability organizations with emphasis on
  - Aviation Report System

- Team Training
- Crew Resource Management
- Six Sigma Quality

#### IIB. Ethical, Legal, Professional Issues and “Culture of Medicine”

1. Ethical Principles including:
  - Honesty
  - Non-maleficence
  - AMA Code of Ethics
2. Legal and malpractice issues
3. “Culture of Medicine”
  - Expectations of perfection/infallibility
  - Intolerance of error
  - Hierarchies and power

#### IIC. Management of Errors

1. Recommended steps in handling an error
2. Reporting, Mandatory vs. Voluntary
3. Methods for analysis of error, injury, near miss
  - Root Cause Analysis
4. Disclosure principles

#### IID. Prevention of Medical Errors

- A. Design of systems and redundancy
  - “Swiss Cheese” model of James Reason
- B. Information from “Safety Sciences”
  - Human Factors Engineering
- C. Effects of communication on risk for error
- D. Uses of Technology
  - POE (Physician Order Entry)
  - Physician Decision Support
  - Automated prescription services
  - Bar coding of drug packaging
- E. Overlap with Quality Improvement
- F. Prevention Analysis
  - FMEA (Failure Mode and Effects Analysis)
- G. Medication errors.
  - Handwriting
  - Use of confusing abbreviations
  - Dose calculations
  - Drug-drug and drug-food interaction
  - Role of nurses and pharmacists
- H. Effects of overwork, sleep, deprivation, and understaffing on performance

### III. SKILLS

- A. Communication
  - With colleagues and other health care workers especially to decrease miscommunication
  - With patients and families especially around discussion of risk and disclosure of errors and/or injury
- B. Team-work
  - With other health professionals especially in critical situations.
- C. Management of an error or near miss including voluntary and mandatory reporting, documenting, disclosing.
- D. Analysis of an error, near miss or potential for error using tools including:
  - Root Cause Analysis
  - FMEA (failure mode and effects analysis)
- E. How to keep up with patient safety literature.

**From:** Lubarsky, David [DLubarsky@med.miami.edu]  
**Sent:** Tuesday, January 20, 2004 2:10 PM  
**To:** Faculty Senate Office  
**Cc:** Chavez, Robert  
**Subject:** RE: center for patient safety

In reference to the request for a memo delineating the discussions/approvals for the UM/JMH Center for Patient Safety: The proposal for the Center for Patient Safety was reviewed and endorsed by the executive committee of the Dept at an executive committee meeting and by the general faculty at a separate faculty meeting more than a year ago, prior to recruiting Dr. Barach. The proposal was similarly reviewed and approved approximately a year ago at a Clinical Chair Meeting where the Dean, leaders of the UMMG, and all of the clinical chairs of the University of Miami Medical School participated. The proposal was also endorsed by the CEO (Ira Clark) and Gerard Kaiser (COO, CMO) of JMH. Finally, the leadership of the University, specifically President Shalala and Provost Glaser and Vice -Provost Ullman are fully aware of the Center proposal and have indicated their firm support.

David Lubarsky MD MBA  
Professor and Chair  
Department of Anesthesiology, Perioperative Medicine, and Pain Management  
University of Miami/Jackson Memorial Medical Center  
and  
Professor  
Department of Management  
University of Miami School of Business

IN/OUT KL RH F C



**MEMORANDUM**

**TO:** Faculty Senate  
**FROM:** John Clarkson, M.D. *(Signature)*  
Senior Vice President for Medical Affairs and Dean  
**SUBJECT:** Approval for establishment of the Center for Patient Safety  
**DATE:** January 20, 2004

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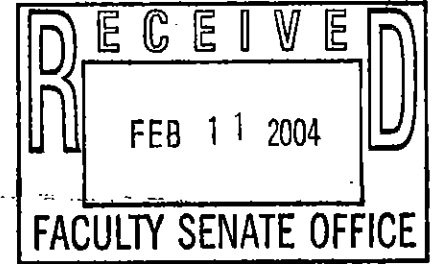
The purpose of this memorandum is to request approval of creation of the Center for Patient Safety ("CPS") at the University of Miami School of Medicine as a sponsored center under the Department of Anesthesiology. The Faculty of the School of Medicine wholeheartedly supports the establishment of the center. I have reviewed and approved the proposed budget.

Senior Vice President for Medical Affairs and Dean  
P.O. Box 016099 (R-699)  
Miami, Florida 33101  
Location: 1600 N.W. 10th Avenue, RMSB 1143A  
Miami, Florida 33136  
305-243-6545 Fax: 305-243-4888





Rec'd via fax



MEMORANDUM

TO: KIMBERLY LITMAN/FACULTY SENATE OFFICE  
FROM: DAVID A. LUBARSKY, M.D., M.B.A. *Dga*  
PROFESSOR AND CHAIR/ DEPT. OF ANESTHESIOLOGY,  
PERIOPERATIVE MEDICINE AND PAIN MANAGEMENT  
SUBJECT: CENTER FOR PATIENT SAFETY  
DATE: 1/28/2004

The proposal and budget for the Center for Patient Safety was reviewed and endorsed by the Executive Committee of the Anesthesia Department and by the general faculty at a separate faculty meeting more than a year ago, prior to recruiting Dr. Barach.

The proposal was similarly reviewed and approved approximately a year ago at a Clinical Chair Meeting where the Dean, leaders of the UMMG, and all of the clinical chairs of the University of Miami Medical School participated. Furthermore, the proposal was also endorsed by the preceding CEO (Ira Clark) and Gerard Kaiser (COO and CMO) of Jackson Health System.

Finally, the leadership of the University, specifically President Shalala, Provost Glaser and Vice-Provost Ullman are fully aware of the Center proposal and have indicated their firm support.

Department of Anesthesiology (R-370)  
P.O. Box 016370  
Miami, Florida 33101  
305-585-6970  
Fax: 305-545-6501

from that. If we owned our own hospital, we could invest the money generated from those private beds back into faculty and research. We need a community hospital for teaching purposes but we also need to benefit from the bottom line that our private patients generate.

The University has received an anonymous gift of \$1.5 million to the Richter Library to digitize our collections. This is a major step forward for the University. These will have a great impact on our teaching and will be managed by our new Head Librarian.

The City of Coral Gables has signed off on the new buildings for the Schools of Nursing and Architecture and we will be moving ahead with the construction of those buildings. The Business School has hired a world class architect, Michael Graves, to design its new building which we hope will be the first of a series of buildings with space for student apartments above the academic floors.

New Trustees have been appointed. In the last three rounds of appointments, we have diversified and appointed more African Americans and women to the Board of Trustees.

Our overall total retention rates are going to be very close to 90%.

In both 2001 and 2002, the pass rate for the Physical Therapy Program was significantly above the Florida pass rate (96.1%) and significantly above the U.S. pass rate (89%). Our Physical Therapy Program is nationally ranked.

Part of the Film Festival will be held on the Gables campus.

#### **APPROVAL OF AGENDA**

The Chair asked that, due to a scheduling conflict for a required speaker, we briefly move into Executive Session to discuss the Distinguished Faculty Scholar Award recommendation which is currently scheduled as item D immediately after agenda item B1-Center for Patient Safety. She also asked that an additional agenda item (B8) be added to elect a General Welfare representative from the School of Music. *The meeting agenda as amended passed unanimously.*

#### **APPROVAL OF MINUTES OF NOVEMBER 19, 2003**

The minutes of November 19, 2003 *passed unanimously.*



#### **CENTER FOR PATIENT SAFETY**

David Lubarsky, Professor and Chair, Department of Anesthesiology; Perioperative Medicine, and Pain Management, presented a proposal for the Establishment of the University of Miami/JMH Center for Patient Safety. After discussion, *a motion was made* to accept the proposal. *An amendment to the motion was introduced* to exempt this Center from the naming provisions of section C18.1 of the Faculty Manual. *The motion, as amended, passed unanimously.*

#### **CREATION OF A DEPARTMENT OF CLASSICS IN THE COLLEGE OF ARTS AND SCIENCES**

John Paul Russo, Classical Antiquity Interim Director, presented a proposal for the establishment of a Department of Classics in the College of Arts and Sciences. After discussion, *a motion was made* to accept the proposal. *The motion passed unanimously. A subsequent motion was made* to waive the second reading. *The motion passed unanimously.*

#### **NAME CHANGE FOR THE DEPARTMENT OF MECHANICAL ENGINEERING**

Singiresu Rao, Chair, Department of Mechanical Engineering, presented a proposal to change the name of the Department of Mechanical Engineering to the Department of Mechanical and

**Faculty Senate Office**

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**From:** Markowitz, Elizabeth Paz  
**Sent:** Thursday, March 25, 2004 5:07 PM  
**To:** Clarkson, John G.; Lynch, Dennis O.; Edward Pfister; Elizabeth Plater-Zyberk; James Hipp; James Wyche; M. Temares; Nilda Peragallo; Otis Brown; Paul Sugrue; Samuel Yarger; Steven Ullmann  
**Cc:** Robitaille, Magaly; Stadmire, Dawn Renee; Faculty Senate Office; Amy De La Cruz-Ramirez; Blanca Ripoll; Cecilia Garcia; Edna Schwab; Lynne Brenner; Martha Lopez; Reba Buckley; Sarah Goff-Tlemsani; Tracy Helenbrook; Yvette Carpintero  
**Subject:** Approved Faculty Legislation

For your information, the following is a list of approved Faculty Legislation:

2003-09(B) Revision of the General Education Requirements regarding Writing Requirements

➤ 2003-12(B) Establishment of the University of Miami/JMH Center for Patient Safety

2003-13(B) Establishment of a Department of Classics in the College of Arts and Sciences

2003-14(B) Clarification of section C5.5(e) in the Faculty Manual regarding extension of probationary period

2003-15(B) Clarification of the Committee on Rank, Salary, and Conditions of Employment membership

2003-16(B) General Education Requirement waiver for the College of Engineering

2003-17(B) Name change for the Department of Mechanical Engineering

2003-18(B) Degree name change for the Ph.D. in Romance Languages in the Department of Foreign Languages and Literatures

Elizabeth Markowitz  
Executive Assistant to the Provost  
305-284-3356  
[emarkowitz@miami.edu](mailto:emarkowitz@miami.edu)

## Faculty Senate Office

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**From:** Faculty Listserv Administrator  
**Sent:** Tuesday, June 15, 2004 8:10 AM  
**To:** DL - Faculty - All Campuses  
**Subject:** Approved Faculty Senate legislation for the 2003-2004 term

As required by the Faculty Manual, the Secretary of the Senate is to notify faculty of all approved legislation.

Attached is a list of and links to the legislation as approved by the Faculty Senate and the President for the 2003-2004 term. Please note that you will need to have Adobe Acrobat Reader to access the attachment and the links within the attachment. If you do not, for a free download, visit: <http://www.adobe.com/products/acrobat/readstep.html>.



Notification-faculty-  
re-approv...

Please contact the Senate office at your convenience if you need assistance accessing the information or have any questions.

Thank you,

Kimberly Litman  
Secretary of the Faculty Senate  
325 Ashe Admin. Bldg.  
Loc 4634  
(305)284-3721 (office)  
(305)284-5515 (fax)  
<http://www.miami.edu/FacultySenate>

**LEGISLATION APPROVED BY THE FACULTY SENATE AND THE PRESIDENT  
FOR THE 2003-2004 TERM**

- **PARENTAL LEAVE POLICY FOR UNIVERSITY OF MIAMI MEDICAL GROUP (UMMG)**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-01-PresCap.pdf>

- **REVISION OF THE GENERAL EDUCATION REQUIREMENT REGARDING AREAS OF KNOWLEDGE**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-02-PresCaps.pdf>

- **REVISION TO THE REGULAR MBA PROGRAM**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-03-PresCaps.pdf>

- **REVISIONS TO VARIOUS SENATE STANDING COMMITTEE CHARGES**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-04-PresCaps.pdf>

- **ESTABLISHMENT OF AN UNDERGRADUATE PROGRAM IN ECOSYSTEM SCIENCE AND POLICY**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-05-PresCaps.pdf>

- **PROVISIONAL ESTABLISHMENT OF THE EVELYN MCKNIGHT CENTER FOR AGE-RELATED MEMORY LOSS**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-06-PresCaps.pdf>

- **DISESTABLISHMENT OF THE CENTER FOR MARINE AND ENVIRONMENTAL ANALYSES (CMEA); THE INSTITUTE FOR COASTAL STUDIES (ICS); AND THE OCEAN POLLUTION RESEARCH CENTER (OPRC)**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-07-PresCaps.pdf>

- **VARIOUS CHANGES TO THE FACULTY MANUAL TO EITHER CLARIFY OR REFLECT CURRENT PRACTICE**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-08-PresCaps.pdf>

- **REVISION OF THE GENERAL EDUCATION REQUIREMENT - REGARDING WRITING ACROSS THE CURRICULUM**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-09-PresCaps.pdf>

- **NOMINATION CRITERIA FOR THE JAMES W. MCLAMORE OUTSTANDING SERVICE AWARD**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-11-PendPres.pdf>

- **ESTABLISHMENT OF THE UNIVERSITY OF MIAMI/JMH CENTER FOR PATIENT SAFETY**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-12-PresCaps.pdf>

- **ESTABLISHMENT OF A DEPARTMENT OF CLASSICS IN THE COLLEGE OF ARTS AND SCIENCES**

<https://www.miami.edu/faculty-senate/2003-legislation/2003-13-PresCaps.pdf>

(continued)

# FACULTY SENATE



## FACULTY SENATE MEETING January 28, 2004 - 3:15 P.M. Rosenstiel Campus, Seminar Room

[\\*Click here to review/print a complete agenda packet](#)

### AGENDA

<b>A.</b>	<b><u>Introductory Matters</u></b>	<b>Approx. Time</b>
A1.	*#Chair's remarks	3:15
A2.	President's remarks	3:20
A3.	Approval of today's agenda	3:35
A4.	*#Approval of minutes of November 19, 2003	3:37
A5.	Other announcements	3:40
<b>B.</b>	<b><u>General Matters</u></b>	
B1.	*#Center for Patient Safety – D. Lubarsky	3:45
B2.	*#Creation of a Department of Classics in the College of Arts and Sciences – J.P. Russo	3:55
B3.	*#Name change for the Department of Mechanical Engineering – S. Rao	4:05
B4.	*#Clarification of section C5.5 in the Faculty Manual regarding extension of probationary period	4:15
B5.	*#Clarification of Committee on Rank, Salary, and Conditions of Employment membership	4:20
B6.	*#College of Engineering continuation GER waiver – K. Yacoub	4:25
B7.	*#Response from the administration to the 2002-2003 Administrative Services Committee annual report and recommendations – (Information Item)	

1/28/04 FS agenda item B1

**MEMORANDUM**

**TO:** Faculty Senate

**FROM:** David Lubarsky, M.D., M.B.A.  
Professor and Chair  
Department of Anesthesiology; Perioperative Medicine, and Pain  
Management

**SUBJECT:** A Proposal for the Establishment of the University of Miami School of  
Medicine, Department of Anesthesiology, Center for Patient Safety

**DATE:** November 4, 2003

The purpose of this memorandum is to request approval of creation of the Center for Patient Safety ("CPS") at the University of Miami School of Medicine as a sponsored center under the Department of Anesthesiology. This memorandum provides the Faculty Senate background information in connection with this request. Plans for the center have been developed in consultation with U.M. faculty, deans, and the provost.

**THE PURPOSE OF CPS**

The mission of the proposed center is twofold. The primary element is the reduction of hazard to patients at the University of Miami School of Medicine/Jackson Memorial Medical Center, with consequent reduction in costs borne by the department and the school of medicine as a consequence of patient injury or death. The second part of the mission is to identify problems to which solutions remain presently unknown and to conduct research programs aimed at solving these problems. The Department of Anesthesiology or the school of medicine may fund such programs internally, particularly when they stem directly from events occurring locally. Other research may be of a broader nature and funded by federal agencies and the state patient safety authority. We shall in particular submit proposals for research support from the State of Florida Patient safety authority (newly established, 2003) and from the Agency for Healthcare Research and Quality, from the National Institutes of Health, and the National Science Foundation. It is possible that additional support on specific research issues will be obtained from private sources.

The vision of the CPS is *to lead innovation in health services delivery, research, and health professional education to reach exceptional levels of quality and value.* Patient safety has been identified as a critical clinical and research endeavor supported by

the federal government, accrediting bodies, regulatory agencies, and patient advocacy groups. The purpose of this proposal is to create a center at the University of Miami that will provide needed infrastructure to support collaborative research at the interface of health, education, and the social sciences. This new center will provide key infrastructure in terms of safety and simulation expertise. These faculty and staff, despite having primary appointments in the Anesthesiology Department will reach out to colleagues in many other departments across schools in order to promote interdisciplinary collaboration in research, education, training, and clinical improvement, that will add to the intellectual and financial vigor of the University. The Center will also serve as a springboard for related activities – for example, a safety medical product safety testing and design lab is currently being investigated.

## RESOURCES

The institute will collect its primary library in the form of selected volumes and journals. Immediate access is available to virtually all of the journals of interest through the university library. The initial stocking of the safety library will contain approximately three hundred volumes. In addition to this, the personal collections of staff members will be accessed and maintained by the center library. Safety software, reporting systems, and other computer based resources will also be collected and made available to other investigators at the University as required. Simulation devices will be arrayed and office space provided in 5500 sq ft of newly renovated Department of Anesthesiology space. Given the multiple external funding sources and rapid growth of personnel and projects, there was an additional 2000 sq ft (contiguous) provided by JMH to allow the Center enough space to meet its needs.

## SEMINARS, COLLOQUIA, AND OUTREACH PROGRAMS

The center will bring to the University safety experts from the U.S. and other countries to interact with students, medical residents, and faculty as visiting scholars from academia or practice. Each year CPS will present small seminars and large colloquia, including an international conference, bringing together experts who are pursuing similar projects in the U.S. and abroad, to discuss common interests and exchange lessons learned. We hope to find ways for faculty and students to work on programs to expand public awareness and understanding regarding patient safety.

## CENTER GOVERNANCE AND ORGANIZATION

The Center for Patient Safety currently consists of seventeen people. The Center is led by the Medical Director, Paul Barach, MD, MPH, followed by the Director of Operations, Roberto Chavez. Other team members include John Senders, PhD, Director of the Human Factors division; Captain William Rutherford, MD, Director of the Simulation Science Division; Ilya Shekhter, Simulation Manager; Mandy Mills, Financial Coordinator; Roxanna Araya, Executive Assistant; and Ruth Kamar, multimedia expert, two Senior Research Associates, two Research Associates, two Safety Fellows, and four administrative assistants. The Center seeks to incorporate additional Director positions in



the areas of Clinical Effectiveness and QI, Health Services Research, and Education. Projects within the Center will pose broad staffing requirements including that of a statistician, Learning Educator-PhD, an RN, computer programmer, education course designer, simulator physician, simulator engineer, simulation secretary, medical students and a bioengineer-computer expert. Some positions are provided through JMH while the University of Miami employs others.

The Center's personnel plan involves an impressive array of team members. The personnel team will work together to plan, apply for, perform, analyze and disseminate research studies and conclusions. Each member is key to the development of this important sequence of events. The Medical Director and Director of Operations will be instrumental in maintaining the cohesion and focus of the Center as well as acting as liaisons with outside collaborators. Our PhD-Directors will add insight, knowledge and merit to our research efforts and steer our path toward patient safety improvement. The simulation environment is essential to our research and education efforts creating an important setting for our Director of Simulation Science, Simulator Faculty Physician and Simulator Engineer. Our Human Factors Division Director will lead efforts in the simulation environment to analyze how and why errors occur, as well as add insight and experience into our research efforts.

The Financial Coordinator will oversee all budgetary aspects of grant applications, as well as managing funding from UM, JMH, and any grants that get awarded. The Coordinator will track all expenses, including purchases and personnel costs. The Statistician, Computer Programmer, Multi-Media Expert, Course Designer, Bioengineer-computer expert, medical students, Faculty/Administrative Assistants and Financial Coordinator will act as the work-support structure for the Center. Ultimately, the Chairman and Assistant Chairman of the Department of Anesthesiology have final oversight responsibility for faculty productivity and HR issues, and all activities/expenditures require their concurrence.

#### PROPOSED COURSES IN MEDICAL SAFETY

A planned four-year curriculum for the medical students will present an overview of the problem. Students will be introduced to the statistics and the details of injuries to patients that could have been prevented. Idiosyncratic injuries and responses leading to adverse events will also be discussed so that students will understand the need for careful differentiation between true accidents and events caused by human failure. The psychology of human error will be discussed. The history of the investigation of the nature and source of error will be covered. It is anticipated that individual diaries will be kept by all students through the course to reveal to individuals their own propensities for error. Finally, methods will be proposed to assist students to recognize and possibly to interdict errors before injuries are caused. Appended is a copy of a preliminary medical student and resident physician safety curriculum.

## THE USE OF MEDICAL SIMULATION IN EDUCATION AND TRAINING

Simulation has become an essential and integral component of training and research in hazardous, complex domains such as aviation and nuclear power generation. Medical simulation devices are being marketed, but have not yet attained status of established supplement or replacement for traditional medical qualification processes, though the experience in related fields suggests great potential. The MCPS will pilot simulation curricula within the residency programs aimed initially at assuring residents have demonstrated basic skills in the simulated environment prior to their initial patient interventions. Research will be directed toward defining both "best practices" for anesthesia medicine in the operating room, and the optimal team training curricula, which will facilitate the most effective operating theater team performance.

### BUDGET

A detailed budget is appended. In brief the University of Miami School of Medicine, the Department of Anesthesiology, and Jackson Memorial Hospital have allocated a sum of approximately \$8.2 MM for four years of operation. This sum will in all likelihood be supplemented or supplanted by grants received from the sources earlier named for the performance of the research function implicit in the mission of the center.

CENTER TOTAL COSTS

Miami Center for Patient Safety, Simulation, and Clinical Improvement -- Proposal and 3.5 year Implementation Plan

FUNDING	COMPONENT	10/02 to 3/03	4/03 to 9/03	10/03 to 3/04	4/04 to 9/04	10/04 to 3/05	4/05 to 9/05	10/05 to 3/06	4 YEAR Cost
DCB									
JMS	PhD, Educator, Learning expert		\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 195,000
JMS	Masters Trained RN quality consult @ 50k x4		\$ 45,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 645,000
CB									
CB									
CB	Computers and Software		\$ 10,000	\$ 10,000					\$ 20,000
J	<b>Administrative Support Personnel</b>								
J	Faculty Assistants: 2 people @ 35k		\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 195,000
J	Admin Assistant, Director @ 65k	\$ 10,000	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 176,000
J	Fringe benefits for Personnel	\$ 24,240	\$ 128,018	\$ 178,013	\$ 182,558	\$ 182,558	\$ 182,558	\$ 185,588	\$ 1,083,530
CB	<b>Center Developmental Expenses</b>								
CB									
CB									
DD	<b>Simulation and Training Laboratory</b>								
J	Simulator engineer, Technician		\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 150,000
J	Simulator Safety Fellows @ 60k x2		\$ 15,000	\$ 25,000	\$ 40,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 230,000
J	**** Simulator center outfitting		\$ 100,000						\$ 100,000
J	Audiovisual budget		\$ 10,000	\$ 40,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 90,000
J	Secretary		\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 105,000
J	Fringe benefits for Personnel	\$18,937.60	\$55,297.50	\$62,115.00	\$66,660.00	\$69,690.00	\$69,690.00	\$69,690.00	\$ 412,080
CB	<b>Human Performance Ergonomics Laboratory</b>								
CB									
CB	Fringe benefits for Personnel		\$ 9,090	\$ 19,695	\$ 19,695	\$ 19,695	\$ 19,695	\$ 19,695	\$ 107,565
CB	<b>Medical School</b>								
MS	<b>COLOR CODE</b>								
J	Medical School (w/ Fringes)	\$ -	\$ 88,858	\$ 130,300	\$ 130,300	\$ 130,300	\$ 130,300	\$ 130,300	\$ 710,138
CB	JMH (w/ Fringes)	\$ 13,020	\$ 287,878	\$ 284,966	\$ 244,840	\$ 287,570	\$ 287,870	\$ 287,870	\$ 1,976,110

- \* IIN's dedicated to 1. Medication safety; 2. Perioperative safety; 3. Training and supervision of housestaff safety - funding allocated
- \*\* Staff support for grant writing, processing, library research, data collection and analysis, grants management
- \*\*\* Simulators include: METI Adult -- 200,000; METI Pediatric--50,000; Laerdal Simman-- 30,000; HT Bronchoscopy 30,000; ModSim Ultrasound/TEE --30,000; Microsimulators, task trainers--30,000. Paid for by Department of Anesthesia budget.
- \*\*\*\* Estimate for special adjustments above and beyond that already budgeted for Institute space
- % Simulation lab outfitting including workstations, office hardware, procedure training room, changing room, conference room
- # Sponsor an international annual meeting on Patient Safety and Simulation at University of Miami, to be self supported after 2 years
- @ Department will fund remainder of FTE to make position viable
- \$ To be transferred to Center control from position already within JMH, otherwise to be hired

**NOTES**  
 In addition; if at all possible, all Direct Grant monies will be divided among the supporting entities in proportion to ongoing program funding  
 JMH commits to providing at least 5000 sq ft fully outfitted (office furniture, AV conference facilities, simulated OR/ICU environments)  
 for the Center within one year as planned

**Miami Center for Patient Safety**  
**Itemized Supplies and Equipment Expenses**  
**FY 03-04**

<u>Travel</u>	Add'l By			
	To Date	FY End	Total	
Per Diem	\$ -	\$ 4,500	\$ 4,500	2ppr 11/10mo 3days/11/10mo \$10 pers/day
Airfare	\$ -	\$ 10,149	\$ 10,149	2ppr 11/10mo 11/10months \$300/11
Ground Transportation	\$ -	\$ 5,000	\$ 5,000	2ppr 3days/11/10mo 10mo \$50 pers/day
Lodging	\$ -	\$ 9,000	\$ 9,000	2ppr 3nites/11/10mo 10mo \$100 pers/day
Other	\$ -	\$ 1,500	\$ 1,500	Parking, etc.
<b>TOTAL TRAVEL</b>	<b>\$ -</b>	<b>\$ 30,149</b>	<b>\$ 30,149</b>	
<b>Office Supplies (3218)</b>				
File Folders	\$ 90	\$ 30	\$ 120	
Hanging Files	\$ 150	\$ 30	\$ 180	
Hanging File Frames	\$ 60	\$ 60	\$ 120	
Pens	\$ 50	\$ 50	\$ 100	
Highlighters	\$ 20	\$ 20	\$ 40	
Legal Pads	\$ 20	\$ 20	\$ 40	
Post-Its	\$ 75	\$ 30	\$ 105	
Binders, Dividers, Clips	\$ 170	\$ 50	\$ 220	
Label Tape	\$ 30		\$ 30	
Journal Display Racks	\$ 330		\$ 330	
Literature Mail Sorters	\$ 150	\$ 100	\$ 250	
Library Stamp	\$ 30		\$ 30	
Cork Boards	\$ 260	\$ 130	\$ 390	
Classification Folders	\$ 100		\$ 100	
Bound Sheet Protectors	\$ 670		\$ 670	
Staplers, Hole Punch	\$ 75	\$ 50	\$ 125	
Flip Chart Easel	\$ 600		\$ 600	
Flip Chart Pads	\$ 75		\$ 75	
Mouse and Wrist Guards	\$ 50		\$ 50	
Tape Dispensers	\$ 35	\$ 35	\$ 70	
Desk Organizers	\$ 370	\$ 200	\$ 570	
Wall Calendar	\$ 50	\$ 50	\$ 100	
Safe	\$ 560		\$ 560	
Miscellaneous	\$ 200	\$ 500	\$ 700	
Printer Paper		\$ 850	\$ 850	
Printer Cartridges/Copier Toner		\$ 300	\$ 300	
<b>TOTAL 3218</b>	<b>\$ 4,220</b>	<b>\$ 2,505</b>	<b>\$ 6,725</b>	
<b>Library Purchases (3219)</b>				
Library Books/ Journals	\$ -	\$ 7,000	\$ 7,000	
<b>Tele Communications</b>				
Tele Commun. Equipment (3064)	\$ 380	\$ -	\$ 380	
Tele Commun. Other (3843) mo. Charges	\$ 662	\$ 3,310	\$ 3,972	
<b>TOTAL COMMUNICATIONS</b>	<b>\$ 1,042</b>	<b>\$ 3,310</b>	<b>\$ 4,352</b>	

**New Employee Set-up**

E-mail Accounts (4114)	\$ 72	\$ 72	\$ 144
ID Badges (4232)	\$ 39	\$ 17	\$ 88
Drug & Background testing (4234)	\$ 126	\$ 378	\$ 504

TOTAL EMPL. SET-UP COST \$ 237 \$ 497 ~~504~~

**Letter Head & Business Cards (3010)**

Letter Head	\$ -	\$ 440	\$ 440
Business Cards	\$ 282	\$ 282	\$ 564

TOTAL LETTER HEAD & BUS. CARDS \$ 282 \$ 722 ~~1004~~

**Equip. and Furniture (3235)**

Cubicle Walls	\$ 1,500		\$ 1,500
Conference Chairs	\$ 2,650		\$ 2,650
Conference Table	\$ 570		\$ 570
Filing Cabinets	\$ 1,830	\$ 2,400	\$ 4,230
Printers	\$ -	\$ 5,000	\$ 5,000
Computers	\$ -	\$ 20,000	\$ 20,000

TOTAL 3235 \$ 6,550 \$ 27,400 ~~35,750~~

**Subsistence**

Weekly MCPS Meeting Subsistence (3619)	\$ 500	\$ 3,000	\$ 3,500
Other Employee Food-Lounge (3623)	\$ 385	\$ 3,000	\$ 3,385

TOTAL SUBSISTENCE \$ 885 \$ 6,000 ~~9,885~~

**Organizational Dues/Fees**

Dues and Memberships (3803)	\$ -	\$ 1,000	\$ 1,000
Registration- Conferences/ Seminars, etc.(3801)	\$ -	\$ 7,200	\$ 7,200
Additional Organizations/Conferences (3801)	\$ -	\$ 1,000	\$ 1,000

\$450 fee\*(1/mo+4 more)

TOTAL ORG. DUES/ FEES \$ - \$ 9,200 ~~9,200~~

TOTAL \$ 11,655 \$ 75,254 \$ 99,999

## **OVERALL GOALS OF A CURRICULUM FOR MEDICAL STUDENTS**

### **KNOWLEDGE**

- Definition of a Medical Error
- Epidemiology of Medical Errors
- Major sources of error
- Ethical and professional issues
- Medico-Legal Issues

### **SKILLS**

- Communication
  - Disclosure to Patient/Family
  - Disclosure among Colleagues
  - Disclosure to the Public
- Management of Errors
  - Voluntary and/or mandated reporting
- Analysis of Incident reports/errors/near misses
  - Root Cause Analysis
  - Improved Systems
  - Human Factors Engineering
- Use of Technology to Reduce Potential Error
- Communication among health professionals and Teamwork Training
- Learning to work as part of a multidisciplinary team

### **ATTITUTDES**

- Honesty as a Guiding Principle of Medicine
- Affects on the Physician
- Role Modeling by Attendings
- Systems Error vs. "Bad Apple" Theories
- Shift in the Culture of Medicine

## **RECOMMENDED GOAL AND OBJECTIVES FOR RESIDENTS ON PATIENT SAFETY AND MEDICAL ERROR**

### **GOAL:**

It is clear that errors in medicine are a frequent and, unfortunately, inevitable Occurrence in a human system; however, the outcome can be a huge tragedy for the patient, the family, and the physician.

The overall goal training on Error in Medicine and Patient Safety is to give future physicians the attitudes, knowledge and skills to work with other professionals within the health care system to make it safer and to be prepared to identify and manage errors when they do occur.

Or as Lucian Leape, M.D., one of the leaders in Patient Safety, has said: training for health professionals should address:

- Training for safety
- Training for teamwork
- Training for errors

### **OBJECTIVES:**

#### **I. ATTITUDES**

The learner should develop attitudes that support:

- A. Honesty as a guiding principle of medicine,
- B. Professionalism and altruism (putting the patient ahead of one's self),
- C. Accepting fallibility in self and others
- D. Patient-centeredness
- E. The value of other health professionals as Team members and the lessening of hierarchies in medicine,
- F. The Tavistock principles and especially the commitment to constantly strive to improve quality of healthcare

- G. An awareness that most errors are the result of problems in systems and not due to incompetence,
- H. Appreciation of the devastating effects of errors on patients/families and on physicians
- I. The value of research /evidence to guide improvement in quality and safety, and
- J. The importance of self-awareness for physicians.

## II. KNOWLEDGE

### IIA. Introductory Material, Definitions, History, Theory

#### 1. Definitions of

- Medical Error
- Near Miss/Near Hit
- Adverse events
- Types of quality problems:
  - Overuse
  - Underuse
  - Misuse
- Types of errors:
  - Slips
  - Lapses
  - Mistakes

#### 2. Epidemiology of Medical Errors

Data on which IOM (Institute of Medicine) report was based  
 Common Cause of Errors  
 Common Types of Errors (e.g., medication errors)  
 Common Sites of Errors (e.g., Surgery, Pediatric ICU, ER)

#### 3. History of the Patient Safety Movement at the end of the 20<sup>th</sup> century

#### 4. Major Organizations and Reports

- IOM-Institute of Medicine
- AHRQ-Agency for Healthcare Research and Quality
- NQF-National Quality Forum

#### 5. Driving forces of the Patient Safety Movement

- #### 6. Comparison to high reliability organizations with emphasis on
- Aviation Report System



- Team Training
- Crew Resource Management
- Six Sigma Quality

## IIB. Ethical, Legal, Professional Issues and “Culture of Medicine”

1. Ethical Principles including:
  - Honesty
  - Non-maleficence
  - AMA Code of Ethics
2. Legal and malpractice issues
3. “Culture of Medicine”
  - Expectations of perfection/infallibility
  - Intolerance of error
  - Hierarchies and power

## IIC. Management of Errors

1. Recommended steps in handling an error
2. Reporting, Mandatory vs. Voluntary
3. Methods for analysis of error, injury, near miss
  - Root Cause Analysis
4. Disclosure principles

## IID. Prevention of Medical Errors

- A. Design of systems and redundancy
  - “Swiss Cheese” model of James Reason
- B. Information from “Safety Sciences”
  - Human Factors Engineering
- C. Effects of communication on risk for error
- D. Uses of Technology
  - POE (Physician Order Entry)
  - Physician Decision Support
  - Automated prescription services
  - Bar coding of drug packaging
- E. Overlap with Quality Improvement
- F. Prevention Analysis
  - FMEA (Failure Mode and Effects Analysis)
- G. Medication errors.
  - Handwriting
  - Use of confusing abbreviations
  - Dose calculations
  - Drug-drug and drug-food interaction
  - Role of nurses and pharmacists
- H. Effects of overwork, sleep, deprivation, and understaffing on performance

### **III. SKILLS**

- A. Communication
  - With colleagues and other health care workers especially to decrease miscommunication
  - With patients and families especially around discussion of risk and disclosure of errors and/or injury
- B. Team-work
  - With other health professionals especially in critical situations.
- C. Management of an error or near miss including voluntary and mandatory reporting, documenting, disclosing.
- D. Analysis of an error, near miss or potential for error using tools including:
  - Root Cause Analysis
  - FMEA (failure mode and effects analysis)
- E. How to keep up with patient safety literature.

**From:** Lubarsky, David [DLubarsky@med.miami.edu]  
**Sent:** Tuesday, January 20, 2004 2:10 PM  
**To:** Faculty Senate Office  
**Cc:** Chavez, Robert  
**Subject:** RE: center for patient safety

In reference to the request for a memo delineating the discussions/approvals for the UM/JMH Center for Patient Safety: The proposal for the Center for Patient Safety was reviewed and endorsed by the executive committee of the Dept at an executive committee meeting and by the general faculty at a separate faculty meeting more than a year ago, prior to recruiting Dr. Barach. The proposal was similarly reviewed and approved approximately a year ago at a Clinical Chair Meeting where the Dean, leaders of the UMMG, and all of the clinical chairs of the University of Miami Medical School participated. The proposal was also endorsed by the CEO (Ira Clark) and Gerard Kaiser (COO, CMO) of JMH. Finally, the leadership of the University, specifically President Shalala and Provost Glaser and Vice –Provost Ullman are fully aware of the Center proposal and have indicated their firm support.

David Lubarsky MD MBA  
Professor and Chair  
Department of Anesthesiology, Perioperative Medicine, and Pain Management  
University of Miami/Jackson Memorial Medical Center  
and  
Professor  
Department of Management  
University of Miami School of Business



**MEMORANDUM**

**TO:** Faculty Senate  
**FROM:** John Clarkson, M.D. *J. Clarkson*  
Senior Vice President for Medical Affairs and Dean  
**SUBJECT:** Approval for establishment of the Center for Patient Safety  
**DATE:** January 20, 2004

---

The purpose of this memorandum is to request approval of creation of the Center for Patient Safety ("CPS") at the University of Miami School of Medicine as a sponsored center under the Department of Anesthesiology. The Faculty of the School of Medicine wholeheartedly supports the establishment of the center. I have reviewed and approved the proposed budget.

---

Senior Vice President for Medical Affairs and Dean  
P.O. Box 016099 (R-699)  
Miami, Florida 33101  
Location: 1600 N.W. 10th Avenue, RMSB 1143A  
Miami, Florida 33136  
305-243-6545 Fax: 305-243-4888

# FACULTY SENATE



## General Welfare Committee

January 21, 2004

3:15 p.m.

Law Library, 4<sup>th</sup> floor conference room



- 1.) Chair's remarks
- 2.) Center for Patient Safety - D. Lubarsky
- 3.) Development of a Department of Classics in the College of Arts and Sciences - J.P. Russo and J. Connolly
- 4.) Name change for the Department of Mechanical Engineering - S. Rao
- 5.) Ad hoc Committee report on procedures for the establishment of centers and institutes - R. Thurer
- 6.) Clarification of section C5.5 in the Faculty Manual regarding extension of probationary period
- 7.) Clarification of Committee on Rank, Salary, and Conditions of Employment specifying that only tenured faculty members may serve on the Committee
- 8.) Distinguished Faculty Scholar Award recommendation - R. Myerburg
- 9.) Response from the administration to the 2002-2003 Administrative Services Committee annual report and recommendations - (Information Item)

*Content Last Modified on January 15, 2004*



University of Miami  
 Faculty Senate  
 P.O. Box 248106  
 Coral Gables, FL 33124-4634  
 Telephone: 305-284-3721

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# Tracking Sheet

**Subject: Center for Patient Safety**

Page 1 of 2

## History of action taken

DATE	ACTION TAKEN
09-29-03(1)	Dr. Thurer advised me that Roberto Chavez would be contacting me regarding procedures for submitting a proposal for the establishment for the Center for Patient Safety.
09-29-03(2)	R. Chavez contacted me and I review the process and gave him deadlines for submission to the GWC/Faculty Senate for October & November. I also e-mailed him a copy of the guidelines and sent him a couple of previously approved reports for his reference.
09-30-03	Received a call from Dr. M. Lewis and R. Chavez stating that their proposal falls under section B6.6 in the Faculty Manual, and therefore does not require approval from the ADPC. He stated that they should have the report to the Senate Office by October 8 <sup>th</sup> , with plans for it to be included on the October 15 <sup>th</sup> GWC agenda. Dr. Barach will be presenting at both meetings.
10-07-03	Called R. Chavez to ask if this was going to be ready for the October agendas. He said that yes it would be ready for October, and that he would be sending it shortly.
10-08-03	Met R. Chavez at the Medical School before Faculty Senate meeting and he gave me the proposal and asked that I give him feedback.
10-09-03	I called R. Chavez and informed him that there were no approval memos, and informed him that since this Center is interdisciplinary, it will need to be approved by the ADPC. This was removed from the October agenda and will be slated for the November meeting to give them time for approvals.
11-04-03	M. Coombs met with Officers, and asked that I give her the phone number for Dr. Lubarsky, (585-7037) and Dr. Barach (585-6102) which I did, so that she could clarify with them what type of Center it is.
11-06-03	M. Coombs informed me that she spoke with Dr. Lubarsky who said that he would be submitting a report though it may not be in final form.
	I sent Dr. Lubarsky a confirming e-mail stating my understanding of his conversation with M. Coombs and giving him the time and date that this item is stated for on the GWC agenda and advised that I needed a copy of the report even if it is in draft form.
	He responded stating that he plan on attending and advised that he may not be able to get all of the recommendations plans together for this in time
11-10-03	I followed up with Dr. Lubarsky asking for a copy of the report to send to the GWC for review before the meeting. He responded that Dr. Barach had been out of town and did not think that they could get a plan together in time for the meeting. He said that he is tentative.

# Tracking Sheet

**Subject:** Center for Patient Safety

Page 2 of 2

## History of action taken

DATE	ACTION TAKEN
11-10-03	I forwarded e-mail to M. Coombs telling her that I did not think this would be coming forward and asked her how she wanted to proceed. She forwarded e-mail to R. Thurer asking for this thoughts.
Cont...	
11-11-03	M. Coombs informed me that Dr. Lubarsky sent a draft of his proposal to L. Glaser who shared it with her & R. Thurer. She said that was the proposal that should be forwarded to the GWC. I informed her that on each page of the proposal was a heading "Confidential-Not for Distribution". She called and asked the provost if it was OK to distribute. Before it was sent Dr. Lubarsky e-mailed stating that the report would not be ready in time for the No GWC/Faculty Senate meeting. He asked if he could present it at the December meetings. M. Coombs informed him that we generally do not have December meetings and said that this item will be scheduled for the January meeting and asked that we have the proposal significantly in advance of the January 21 <sup>st</sup> GWC meeting so that he could get input from some or all of the Senate leadership. He replied that he "certainly will".
	M. Coombs informed me that the plan was to try to get the current proposal approved on a three year review and see what happens in the next couple of years.
01-08-04(1)	E-mailed M. Coombs to ask if she had received any information since the last correspondence and asked if she would like me to contact him or if she preferred to do it.
01-08-04(2)	M. Coombs sent e-mail to Dr. Lubarsky asking for a follow up.
01-09-04	Received response from Dr. Lubarsky stating that he would be presenting the proposal at the January GWC and would have the proposal in the Senate office by January 14 <sup>th</sup> .
01-16-04	Received proposal from R. Chavez and advised him that the support memos were still needed.
01-21-04	Dr. Lubarsky presented to GWC and will present to Faculty Senate on January 28 <sup>th</sup> .
01-28-04	Dr. Lubarsky submitted proposal to the Faculty Senate where it was approved, waiving the naming provisions of Section C 18.1 of the Faculty Manual.
02-03-04	Legislation #2003-12(B) sent to the President.
02-11-04	Received approved legislation from the President.
	FILE CLOSED

**Faculty Senate Office**

---

**From:** Lubarsky, David [DLubarsky@med.miami.edu]  
**Sent:** Tuesday, January 20, 2004 2:10 PM  
**To:** Faculty Senate Office  
**Cc:** Chavez, Robert  
**Subject:** RE: center for patient safety

In reference to the request for a memo delineating the discussions/approvals for the UM/JMH Center for Patient Safety: The proposal for the Center for Patient Safety was reviewed and endorsed by the executive committee of the Dept at an executive committee meeting and by the general faculty at a separate faculty meeting more than a year ago, prior to recruiting Dr. Barach. The proposal was similarly reviewed and approved approximately a year ago at a Clinical Chair Meeting where the Dean, leaders of the UMMG, and all of the clinical chairs of the University of Miami Medical School participated. The proposal was also endorsed by the CEO (Ira Clark) and Gerard Kaiser (COO, CMO) of JMH. Finally, the leadership of the University, specifically President Shalala and Provost Glaser and Vice –Provost Ullman are fully aware of the Center proposal and have indicated their firm support.

David Lubarsky MD MBA  
Professor and Chair  
Department of Anesthesiology, Perioperative Medicine, and Pain Management  
University of Miami/Jackson Memorial Medical Center  
and  
Professor  
Department of Management  
University of Miami School of Business



## Faculty Senate Office

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**From:** Mary I. Coombs [mcoombs@law.miami.edu]  
**Sent:** Tuesday, January 20, 2004 6:27 PM  
**To:** Faculty Senate Office  
**Cc:** Thurer, Richard J  
**Subject:** RE: center for patient safety

As I read this it has dept faculty (which it would, given Lubarsky's positino) but not Med school council (which can, I think, speak for the med faculty). Let's leave this as a question at the meeting. We should also probably have better documentation in the files than this email, but that can be done later. Mary

-----Original Message-----

**From:** Faculty Senate Office [mailto:facsen@miami.edu]  
**Sent:** Tuesday, January 20, 2004 3:40 PM  
**To:** Coombs, Mary I.  
**Subject:** FW: center for patient safety

Mary: Question regarding e-mail from Lubarsky copied below. My understanding is that approval is needed from dept faculty as well as school faculty. Do you see it any differently as it reads in the guidelines document. Visit: [http://www.miami.edu/UMH/CDA/UMH\\_Main/0,1770,2460-1;18328-3,00.html](http://www.miami.edu/UMH/CDA/UMH_Main/0,1770,2460-1;18328-3,00.html) to view the guidelines.

Let me know.

Thanks, Kim

-----Original Message-----

**From:** Lubarsky, David [mailto:DLubarsky@med.miami.edu]  
**Sent:** Tuesday, January 20, 2004 1:59 PM  
**To:** Faculty Senate Office  
**Cc:** Chavez, Robert  
**Subject:** RE: center for patient safety

For a sponsored Center , it is only the faculty of that dept. correct? Please verify. It makes no sense otherwise.

David Lubarsky MD MBA  
Professor and Chair  
Department of Anesthesiology, Perioperative Medicine, and Pain Management University of Miami/Jackson Memorial Medical Center and Professor Department of Management University of Miami School of Business

-----Original Message-----

**From:** Faculty Senate Office  
**Sent:** Tuesday, January 20, 2004 10:27 AM  
**To:** Chavez, Robert  
**Cc:** Lubarsky, David  
**Subject:** RE: center for patient safety

The proposal that you submitted has been forwarded to the General Welfare Committee (GWC) for their review for the meeting on 1/21/04. Please note that we are still in need of some of supporting memos. Copied below is a description of the required memos taken from the "Guidelines for submission of proposals for new departments, programs, degrees, independent and sponsored centers, and institutes" document.

- \* Approval by the Faculty of the appropriate department(s). The proposal must include a memo from the department chair(s) signifying this approval.
- \* Approval by the Faculty of the appropriate School(s)/College(s). The proposal must include a memo from the dean(s) signifying this approval.
- \* Approval of the proposed budget by the appropriate Dean(s) and/or the Provost. The proposal must include a memo from the Dean(s) and/or Provost indicating approval of

budget.

Your proposal does indicate that the center has been developed in "consultation" with U.M. faculty, deans, and the provost but it does not indicate that the department and school faculty have approved. I want to avoid any possible delays and history has shown that lack of these items usually end in deferring the item until the information is obtained.

Please let me know your timeframe for supplying these memos and contact me at your convenience if you have any questions.

Thank you, Kim Litman  
Faculty Senate Office  
325 Ashe Admin. Bldg.  
Loc 4634  
(305)284-3721 (office)  
(305)284-5515 (fax)  
<http://www.miami.edu/FacultySenate>

-----Original Message-----

From: Chavez, Robert [mailto:RChavez@med.miami.edu]  
Sent: Friday, January 16, 2004 1:35 PM  
To: Faculty Senate Office  
Cc: Lubarsky, David  
Subject: RE: center for patient safety  
Kim,

Please find attached the proposal to the faculty senate for the establishment of the Center for Patient Safety. Please reply with confirmation of receipt.

Robert C.

Robert Chavez  
Director of Operations  
Miami Center for Patient Safety  
Jackson Memorial Hospital/ U of M  
Ph : (305) 585-8364  
Fax: (305) 585-8359  
mailto: rchavez@med.miami.edu

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From: Lubarsky, David  
Sent: Thursday, January 15, 2004 1:30 PM  
To: Mary I. Coombs; r.chavez@umiami.edu  
Cc: Faculty Senate Office  
Subject: RE: center for patient safety

As far as I know, the document was complete and should have been forwarded to you.

David Lubarsky MD MBA  
Professor and Chair  
Department of Anesthesiology, Perioperative Medicine, and Pain Management University of Miami/Jackson Memorial Medical Center and Professor Department of Management University of Miami School of Business

-----Original Message-----

From: Mary I. Coombs [mailto:mcoombs@law.miami.edu]  
Sent: Thursday, January 15, 2004 12:14 PM  
To: Lubarsky, David; r.chavez@umiami.edu  
Cc: Faculty Senate Office  
Subject: center for patient safety

My office has not yet received a copy of the proposal. The agenda for the 1/21 meeting has

to go out today, including attachments. Please let us know asap 1.

1. the document has been sent today to the senate office,

2. the document is slightly delayed, but you still plan to present it in January. We could send the document separately to the committee members Monday morning, though this increases the risk that it will not be carefully reviewed beforehand, making the meeting discussion somewhat less productive; or

3. defer this still another month. (which does not mean delaying until mid February to prepare this. The longer it is deferred the higher the risk that some Senators will be unhappy about what they will see as foot dragging in following established University procedures.

I await word from you.

Mary Coombs

Chair, Faculty Senate

**Faculty Senate Office**

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**From:** Sapp, Stephen  
**Sent:** Wednesday, December 10, 2003 9:23 AM  
**To:** Mary I. Coombs; Faculty Senate Office; Thurer, Richard J  
**Subject:** RE: center for patient safety

I saw that article also and had some of the same (though much more inchoate) thoughts.

I really have nothing to suggest here. I fear I find myself becoming much more teleological and less deontological as I "mature," which seems counterintuitive to me for some reason. So my contribution is to ask simply what the real purpose of the FS "oversight" of centers is. Does it require excruciatingly detailed rules to cover every possibility, or might we handle the whole matter in a way that accomplishes out legitimate purpose without building unnecessary "hedges around the law"?

-----Original Message-----

**From:** Mary I. Coombs [mailto:mcoombs@law.miami.edu]  
**Sent:** Wednesday, December 10, 2003 8:54 AM  
**To:** Faculty Senate Office; Sapp, Stephen; Thurer, Richard J  
**Subject:** center for patient safety

I noted in today's Herald the announcement of a near-million dollar grant to the Center from the State of Florida. This is terrific news. I also noted, however, that it was referred to as the "University of Miami/Jackson Memorial Hospital Center for Patient Safety." This is sounding less and less like a sponsored center under current rules. Even under the proposed new rules from the "Thurer committee" I'm not sure we have a provision for the approval of a "dual-sponsor" UM/non-UM center.

This may require tweaking the proposal. It also indicates that we have an odd timing question. The CPS is in effect up and running and has to be dealt with under the old rules. But it fits better under the new ones. Any thoughts?  
Mary

## Faculty Senate Office

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**From:** Mary I. Coombs [mcoombs@law.miami.edu]  
**Sent:** Thursday, January 08, 2004 5:32 PM  
**To:** Faculty Senate Office  
**Subject:** FW: center for patient safety

fyi

-----Original Message-----

**From:** Lubarsky, David [mailto:DLubarsky@med.miami.edu]  
**Sent:** Thursday, January 08, 2004 2:24 PM  
**To:** Mary I. Coombs  
**Subject:** RE: center for patient safety

Sorry – success makes more work. Yes- we are doing well, and we plan to come present in January. 1/21 at what time? And I will work to get this to you before 1/14.

David Lubarsky MD MBA  
Professor and Chair  
Department of Anesthesiology, Perioperative Medicine, and Pain Management  
University of Miami/Jackson Memorial Medical Center  
and  
Professor  
Department of Management  
University of Miami School of Business

-----Original Message-----

**From:** Mary I. Coombs [mailto:mcoombs@law.miami.edu]  
**Sent:** Thursday, January 08, 2004 11:38 AM  
**To:** Lubarsky, David  
**Cc:** Faculty Senate Office  
**Subject:** center for patient safety

I've been reading about the Center in the papers. It all seems excellent. However, we do need to get the Senate approval.

Can you give me a specific date when I can expect the proposal?

The GWC meeting is on 1/21 and the agenda is generally made available to them a week previously. If you can get it to the Senate office earlier than that, my intrepid assistant, Kimberly Litman, can check it over to make sure all the technical criteria are met, thereby reducing the likelihood of any glitches in the process.

I look forward to hearing from you

Mary Coombs

CONFIDENTIAL

**MEMORANDUM**

**TO:** Faculty Senate

**FROM:** David Lubarsky, M.D., M.B.A.  
Professor and Chair  
Department of Anesthesiology; Perioperative Medicine, and Pain  
Management

Dean John G. Clarkson, M.D.  
School of Medicine

**SUBJECT:** A Proposal for the Establishment of the University of Miami School of  
Medicine, Department of Anesthesiology, Miami Center for Patient Safety

**DATE:** October 7, 2003

The purpose of this memorandum is to request approval of creation of the Center for Patient Safety ("CPS") at the University of Miami School of Medicine as a sponsored center under the Department of Anesthesiology. This memorandum provides the Faculty Senate background information in connection with this request. (Plans for the center have been developed in consultation with U.M. faculty, deans, and the provost.)

The Purpose of CPS

The mission of the proposed center is twofold. The primary element is the reduction of hazard to patients at the University of Miami School of Medicine/Jackson Memorial Medical Center, with consequent reduction in costs borne by the department and the school of medicine as a consequence of patient injury or death. The second part of the mission is to identify problems to which solutions remain presently unknown and to conduct research programs aimed at solving these problems. The Department of Anesthesiology or the school of medicine may fund such programs internally, particularly when they stem directly from events occurring locally. Other research may be of a broader nature and funded by federal agencies and the state patient safety authority. We shall in particular submit proposals for research support from the State of Florida Patient safety authority (newly established, 2003) and from the Agency for Healthcare Research and Quality, from the National Institutes of Health, and the National Science Foundation. It is possible that additional support on specific research issues will be obtained from private sources.

The vision of the CPS is *to lead innovation in health services delivery, research, and health professional education to reach exceptional levels of quality and value.* Patient safety has been identified as a critical clinical and research endeavor supported by the federal government, accrediting bodies, regulatory agencies, and patient advocacy groups. Despite our best intentions, preventable errors and patient harm are occurring in our healthcare system. The University of Miami has clinical strength in medicine, social sciences, education and simulation, with faculty performing research in health and social sciences. These faculty are dispersed across multiple academic units that often lack or duplicate infrastructure or do not have the critical mass to best support research and training at this interface of these disciplines. As a result many valuable opportunities for research, training, and clinical improvement at the University's hospitals are lost. The purpose of this proposal is to create a center at the University of Miami that will provide needed infrastructure to support collaborative research at the interface of health, education, and the social sciences. Such infrastructure will include shared space, data and computer support, and grants support. This new venue would promote interdisciplinary collaboration for research, education, training, clinical improvement, and provide key infrastructure that will add to the intellectual and financial vigor of the University.

The Center will foster synergy among departments and programs in interdisciplinary innovation and research in the improvement of health care delivery and health professional education. The goal is to position the University of Miami to be nationally and internationally recognized for health services research, health professional education, simulation, and safety of care. Core competencies of the center include outcomes measurement and process improvement, leadership and change processes, decision support and knowledge-based systems, patient safety, and educational innovation and simulation.

The interdisciplinary nature of the center will draw on faculty and other centers throughout UM. A major benefit of the interdisciplinary focus of the center will be to assist the clinical chairs at UM in advancing high quality care by creating more research opportunities, lessen malpractice risks and lower premiums, improve operating efficiency, develop research tracks for junior faculty in health services and operational research and assistance with training programs and faculty development programs in meeting ACGME and ABMS requirements. The Center will be supported by the Department of Anesthesia and report to the hospital and to the medical school and will be guided by an internal advisory committee that represents the various stakeholders at UM. With appropriate University start-up support funds, we believe it should be possible to obtain increasing amount of core support for the Center through public center grants, private philanthropy, risk management support, and managing research grants through the Center. The Center will collaborate with other health systems, both in Miami, Florida, Central and South America, and elsewhere.

2/1

## RESOURCES

The institute will collect its primary library in the form of selected volumes and journals. Immediate access is available to virtually all of the journals of interest through the university library. The initial stocking of the safety library will contain approximately three hundred volumes. The initial list is appended as attachment one. In addition to this, the personal collections of staff members will be accessed and maintained by the center library.

## SEMINARS, COLLOQUIA, AND OUTREACH PROGRAMS

The center will bring to the University safety experts from the U.S. and other countries to interact with students, medical residents, and faculty as visiting scholars from academia or practice. Each year CPS will present small seminars and large colloquia, including an international conference, bringing together experts who are pursuing similar projects in the U.S. and abroad, to discuss common interests and exchange lessons learned. We hope to find ways for faculty and students to work on programs to expand public awareness and understanding regarding patient safety.

## CENTER GOVERNANCE AND ORGANIZATION

The Miami Center for Patient Safety currently consists of seven people. The Center is lead by the Medical Director, Paul Barach, MD, MPH, followed by the Director of Operations, Roberto Chavez. Other team members include John Senders, PhD, Director of the Human Factors division; Captain William Rutherford, MD, Director of the Simulation Science Division; Mandy Mills, Financial Coordinator; Roxanna Araya, Executive Assistant; and Ruth Kamar, multimedia expert. The Center seeks to incorporate additional Director positions in the areas of Clinical Effectiveness and QI, Health Services Research, and Education. Projects within the Center will pose broad staffing requirements including that of a statistician, Learning Educator-PhD, an RN, computer programmer, two research assistants, education course designer, one more faculty assistant, two administrative assistants, simulator physician, simulator engineer, two safety fellows, simulation secretary, medical students and a bioengineer-computer expert. Some positions are provided through JMH while the University of Miami employs others.

The Center's personnel plan involves an impressive array of team members. The personnel team will work together to plan, apply for, perform, analyze and disseminate research studies and conclusions. Each member is key to the development of this important sequence of events. The Medical Director and Director of Operations will be instrumental in maintaining the cohesion and focus of the Center as well as acting as liaisons with outside collaborators. Our PhD-Directors will add insight, knowledge and merit to our research efforts and steer our path toward patient safety improvement. The simulation environment is essential to our research and education efforts creating an important setting for our Director of Simulation Science, Simulator Faculty Physician and Simulator Engineer. Our Human Factors Division Director will lead efforts in the



simulation environment to analyze how and why errors occur, as well as add insight and experience into our research efforts.

The Financial Coordinator will oversee all budgetary aspects of grant applications, as well as managing funding from UM, JMHI, and any grants that get awarded. The Coordinator will track all expenses, including purchases and personnel costs. The Statistician, Computer Programmer, Multi-Media Expert, Course Designer, Bioengineer-computer expert, medical students, Faculty/Administrative Assistants and Financial Coordinator will act as the work-support structure for the Center.

## PROPOSED COURSES IN MEDICAL SAFETY

A planned four-year curriculum for the medical students will present an overview of the problem. Students will be introduced to the statistics and the details of injuries to patients that could have been prevented. Idiosyncratic injuries and responses leading to adverse events will also be discussed so that students will understand the need for careful differentiation between true accidents and events caused by human failure. The psychology of human error will be discussed. The history of the investigation of the nature and source of error will be covered. It is anticipated that individual diaries will be kept by all students through the course to reveal to individuals their own propensities for error. Finally, methods will be proposed to assist students to recognize and possibly to interdict errors before injuries are caused.

## THE USE OF MEDICAL SIMULATION IN EDUCATION AND TRAINING

Simulation has become an essential and integral component of training and research in hazardous, complex domains such as aviation and nuclear power generation. Medical simulation devices are being marketed, but have not yet attained status of established supplement or replacement for traditional medical qualification processes, though the experience in related fields suggests great potential. The MCPS will pilot simulation curricula within the residency programs aimed initially at assuring residents have demonstrated basic skills in the simulated environment prior to their initial patient interventions. Research will be directed toward defining both "best practices" for anesthesia medicine in the operating room, and the optimal team training curricula, which will facilitate the most effective operating theater team performance.

## BUDGET

A detailed budget is appended as attachment two. In brief the University of Miami School of Medicine, the Department of Anesthesiology, and Jackson Memorial Hospital have allocated a sum of \$8.2 MM for four years of operation. This sum will in all likelihood be supplemented by grants received from the sources earlier named for the performance of the research function implicit in the mission of the center.

CENTER TOTAL COSTS

Miami Center for Patient Safety, Simulation, and Clinical Improvement ---Proposal and 3.5 year Implementation Plan

F U N D I N G	COMPONENT	10/02 to	4/03 to	10/03 to	4/04 to	10/04 to	4/05 to	10/05 to	4 YEAR
		3/03	9/03	3/04	9/04	3/05	9/05	3/06	Cost
CB									
CB									
J	PhD, Educator, Learning expert		\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 195,000
MS	Masters Trained RN quality consult @ 50k x4		\$ 45,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 545,000
CB									
CB									
CB									
J	Computers and Software		\$ 10,000	\$ 10,000					\$ 20,000
UH									
CB									
CB									
J	<b>Administrative Support Personnel</b>								
J	Faculty Assistants: 2 people @ 35k		\$ 20,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 35,000	\$ 195,000
J	Admin Assistant, Director @ 55k	\$ 10,000	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 27,500	\$ 175,000
J	Fringe benefits for Personnel	\$ 24,240	\$ 128,018	\$ 178,013	\$ 182,558	\$ 182,558	\$ 182,558	\$ 185,588	\$ 1,063,530
J	<b>Center Developmental Expenses</b>								
CB									
CB									
CB									
CB									
D	<b>Simulation and Training Laboratory</b>								
D									
J	Simulator engineer, technician		\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 150,000
J	Simulator /Safety Fellows @ 50k x2		\$ 15,000	\$ 25,000	\$ 40,000	\$ 50,000	\$ 50,000	\$ 50,000	\$ 230,000
D									
J	**** Simulator center outfitting		\$ 100,000						\$ 100,000
J	Audiovisual budget		\$ 10,000	\$ 40,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 10,000	\$ 90,000
J	Secretary		\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 17,500	\$ 105,000
J	Fringe benefits for Personnel	\$18,937.50	\$55,297.50	\$62,115.00	\$68,660.00	\$69,690.00	\$69,690.00	\$69,690.00	\$ 412,080
J	<b>Human Performance Ergonomics Laboratory</b>								
CB									
CB									
CB									
J	Fringe benefits for Personnel		\$ 9,090	\$ 19,695	\$ 19,695	\$ 19,695	\$ 19,695	\$ 19,695	\$ 107,565
J	<b>Medical School</b>								
CB									
CB									
MS	<b>COLOR CODE</b>								
MS	Medical School (w/ Fringes)	\$ -	\$ 68,635	\$ 130,300	\$ 130,300	\$ 130,300	\$ 130,300	\$ 130,300	\$ 710,135
D	JMH (w/ Fringes)	\$ 13,030	\$ 282,875	\$ 264,995	\$ 244,640	\$ 267,570	\$ 267,570	\$ 267,570	\$ 1,578,160
J									
CB									

\* RN's dedicated to 1. Medication safety; 2. Perioperative safety; 3. Training and supervision of housestaff safety - funding allocated  
 \*\* Staff support for grant writing, processing, library research, data collection and analysis, grants management  
 \*\*\* Simulators Include: METI Adult -- 200,000; METI Pediatric--50,000; Laerdal Simman-- 30,000; HT Bronchoscopy 30,000; Medsim Ultrasound/TEE --30,000; Microsimulators, task trainers--30,000. Paid for by Department of Anesthesia budget.  
 \*\*\*\* Estimate for special adjustments above and beyond that already budgeted for Institute space  
 % Simulation lab outfitting including workstations, office hardware, procedure training room, changing room, conference room  
 # Sponsor an international annual meeting on Patient Safety and Simulation at University of Miami, to be self supported after 2 years  
 @ Department will fund remainder of FTE to make position viable  
 \$ To be transferred to Center control from position already within JMH, otherwise to be hired.

**NOTES**  
 In addition; If at all possible, all Direct Grant monies will be divided among the supporting entities in proportion to ongoing program funding  
 JMH commits to providing at least 5000 sq ft fully outfitted (office furniture, AV conference facilities, simulated OR/ICU environments)  
 for the Center within one year as planned

**Miami Center for Patient Safety**  
**Itemized Supplies and Equipment Expenses**  
**FY 03-04**

<u>Travel</u>	Add'l By			
	To Date	FY End	Total	
Per Diem	\$ -	\$ 4,500	\$ 4,500	2 ppl 11/mo*3days/11/mo*\$40/pers/day
Airfare	\$ -	\$ 10,149	\$ 10,149	2 ppl 1 RT Fl/month*10months*\$300/Fl
Ground Transportation	\$ -	\$ 5,000	\$ 5,000	2 ppl*3days/11/mo*10mo*\$50/pers/day
Lodging	\$ -	\$ 9,000	\$ 9,000	2 ppl*3nites/11/mo*10mo*\$100/pers/day
Other	\$ -	\$ 1,500	\$ 1,500	Parking, etc.
<b>TOTAL TRAVEL</b>	<b>\$ -</b>	<b>\$ 30,149</b>	<b>\$ 30,149</b>	
<b><u>Office Supplies (3218)</u></b>				
File Folders	\$ 90	\$ 30	\$ 120	
Hanging Files	\$ 150	\$ 30	\$ 180	
Hanging File Frames	\$ 60	\$ 60	\$ 120	
Pens	\$ 50	\$ 50	\$ 100	
Highlighters	\$ 20	\$ 20	\$ 40	
Legal Pads	\$ 20	\$ 20	\$ 40	
Post-Its	\$ 75	\$ 30	\$ 105	
Binders, Dividers, Clips	\$ 170	\$ 50	\$ 220	
Label Tape	\$ 30		\$ 30	
Journal Display Racks	\$ 330		\$ 330	
Literature Mail Sorters	\$ 150	\$ 100	\$ 250	
Library Stamp	\$ 30		\$ 30	
Cork Boards	\$ 260	\$ 130	\$ 390	
Classification Folders	\$ 100		\$ 100	
Bound Sheet Protectors	\$ 670		\$ 670	
Staplers, Hole Punch	\$ 75	\$ 50	\$ 125	
Flip Chart Easel	\$ 600		\$ 600	
Flip Chart Pads	\$ 75		\$ 75	
Mouse and Wrist Guards	\$ 50		\$ 50	
Tape Dispensers	\$ 35	\$ 35	\$ 70	
Desk Organizers	\$ 370	\$ 200	\$ 570	
Wall Calendar	\$ 50	\$ 50	\$ 100	
Safe	\$ 560		\$ 560	
Miscellaneous	\$ 200	\$ 500	\$ 700	
Printer Paper		\$ 850	\$ 850	
Printer Cartridges/Copier Toner		\$ 300	\$ 300	
<b>TOTAL 3218</b>	<b>\$ 4,220</b>	<b>\$ 2,505</b>	<b>\$ 6,725</b>	
<b><u>Library Purchases (3219)</u></b>				
Library Books/ Journals	\$ -	\$ 7,000	\$ 7,000	
<b><u>Tele Communications</u></b>				
Tele Commun. Equipment (3864)	\$ 380	\$ -	\$ 380	
Tele Commun. Other (3843) mo. Charges	\$ 662	\$ 3,310	\$ 3,972	
<b>TOTAL COMMUNICATIONS</b>	<b>\$ 1,042</b>	<b>\$ 3,310</b>	<b>\$ 4,352</b>	

**New Employee Set-up**

E-mail Accounts (4114)	\$ 72	\$ 72	\$ 144
ID Badges (4232)	\$ 39	\$ 47	\$ 86
Drug & Background testing (4234)	\$ 126	\$ 378	\$ 504
<b>TOTAL EMPL SET-UP COST</b>	<b>\$ 237</b>	<b>\$ 497</b>	<b>\$ 724</b>

**Letter Head & Business Cards (3818)**

Letter Head	\$ -	\$ 440	\$ 440
Business Cards	\$ 282	\$ 282	\$ 564
<b>TOTAL LETTER HEAD &amp; BUS. CARDS</b>	<b>\$ 282</b>	<b>\$ 722</b>	<b>\$ 1,004</b>

**Equip. and Furniture (3235)**

Cubicle Walls	\$ 1,500		\$ 1,500
Conference Chairs	\$ 2,650		\$ 2,650
Conference Table	\$ 570		\$ 570
Filing Cabinets	\$ 1,830	\$ 2,400	\$ 4,230
Printers	\$ -	\$ 5,000	\$ 5,000
Computers	\$ -	\$ 20,000	\$ 20,000
<b>TOTAL 3235</b>	<b>\$ 6,550</b>	<b>\$ 27,400</b>	<b>\$ 33,950</b>

**Subsistence**

Weekly MCPS Meeting Subsistence (3619)	\$ 500	\$ 3,000	\$ 3,500
Other Employee Food-Lounge (3623)	\$ 385	\$ 3,000	\$ 3,385
<b>TOTAL SUBSISTENCE</b>	<b>\$ 885</b>	<b>\$ 6,000</b>	<b>\$ 6,885</b>

**Organizational Dues/Fees**

Dues and Memberships (3803)	\$ -	\$ 1,000	\$ 1,000
Registration- Conferences/ Seminars, etc.(3801)	\$ -	\$ 7,200	\$ 7,200 \$450 fee*(1/mo+4 more)
Additional Organizations/Conferences (3801)	\$ -	\$ 1,000	\$ 1,000
<b>TOTAL ORG. DUES/ FEES</b>	<b>\$ -</b>	<b>\$ 9,200</b>	<b>\$ 9,200</b>

<b>TOTAL</b>	<b>\$ 11,655</b>	<b>\$ 75,254</b>	<b>\$ 99,999</b>
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## **OVERALL GOALS OF A CURRICULUM FOR MEDICAL STUDENTS**

### **KNOWLEDGE**

- Definition of a Medical Error
- Epidemiology of Medical Errors
- Major sources of error
- Ethical and professional issues
- Medico-Legal Issues

### **SKILLS**

- Communication
  - Disclosure to Patient/Family
  - Disclosure among Colleagues
  - Disclosure to the Public
- Management of Errors
  - Voluntary and/or mandated reporting
- Analysis of Incident reports/errors/near misses
  - Root Cause Analysis
  - Improved Systems
  - Human Factors Engineering
- Use of Technology to Reduce Potential Error
- Communication among health professionals and Teamwork Training
- Learning to work as part of a multidisciplinary team

### **ATTITUTDES**

- Honesty as a Guiding Principle of Medicine
- Affects on the Physician
- Role Modeling by Attendings
- Systems Error vs. "Bad Apple" Theories
- Shift in the Culture of Medicine

## **RECOMMENDED GOAL AND OBJECTIVES FOR RESIDENTS ON PATIENT SAFETY AND MEDICAL ERROR**

### **GOAL:**

It is clear that errors in medicine are a frequent and, unfortunately, inevitable Occurrence in a human system; however, the outcome can be a huge tragedy for the patient, the family, and the physician.

The overall goal training on Error in Medicine and Patient Safety is to give future physicians the attitudes, knowledge and skills to work with other professionals within the health care system to make it safer and to be prepared to identify and manage errors when they do occur.

Or as Lucian Leape, M.D., one of the leaders in Patient Safety, has said: training for health professionals should address:

- Training for safety
- Training for teamwork
- Training for errors

### **OBJECTIVES:**

#### **I. ATTITUDES**

The learner should develop attitudes that support:

- A. Honesty as a guiding principle of medicine,
- B. Professionalism and altruism (putting the patient ahead of one's self),
- C. Accepting fallibility in self and others
- D. Patient-centeredness
- E. The value of other health professionals as Team members and the lessening of hierarchies in medicine,
- F. The Tavistock principles and especially the commitment to constantly strive to improve quality of healthcare

- G. An awareness that most errors are the result of problems in systems and not due to incompetence,
- H. Appreciation of the devastating effects of errors on patients/families and on physicians
- I. The value of research /evidence to guide improvement in quality and safety, and
- J. The importance of self-awareness for physicians.

## II. KNOWLEDGE

### IIA. Introductory Material, Definitions, History, Theory

#### 1. Definitions of

- Medical Error
- Near Miss/Near Hit
- Adverse events
- Types of quality problems:
  - Overuse
  - Underuse
  - Misuse
- Types of errors:
  - Slips
  - Lapses
  - Mistakes

#### 2. Epidemiology of Medical Errors

Data on which IOM (Institute of Medicine) report was based  
Common Cause of Errors  
Common Types of Errors (e.g., medication errors)  
Common Sites of Errors (e.g., Surgery, Pediatric ICU, ER)

#### 3. History of the Patient Safety Movement at the end of the 20<sup>th</sup> century

#### 4. Major Organizations and Reports

- IOM-Institute of Medicine
- AHRQ-Agency for Healthcare Research and Quality
- NQF-National Quality Forum

#### 5. Driving forces of the Patient Safety Movement

#### 6. Comparison to high reliability organizations with emphasis on

- Aviation Report System
- Team Training
- Crew Resource Management
- Six Sigma Quality

## IIB. Ethical Legal, Professional Issues and “Culture of Medicine”

1. Ethical Principles including:
  - Honesty
  - Non-maleficence
  - AMA Code of Ethics
2. Legal and malpractice issues
3. “Culture of Medicine”
  - Expectations of perfection/infallibility
  - Intolerance of error
  - Hierarchies and power

## IIC. Management of Errors

1. Recommended steps in handling an error
2. Reporting, Mandatory vs. Voluntary
3. Methods for analysis of error, injury, near miss
  - Root Cause Analysis
4. Disclosure principles

## IID. Prevention of Medical Errors

- A. Design of systems and redundancy
  - ”Swiss Cheese” model of James Reason
- B. Information from “Safety Sciences”
  - Human Factors Engineering
- C. Effects of communication on risk for error
- D. Uses of Technology
  - POE (Physician Order Entry)
  - Physician Decision Support
  - Automated prescription services
  - Bar coding of drug packaging
- E. Overlap with Quality Improvement
- F. Prevention Analysis
  - FMEA (Failure Mode and Effects Analysis)
- G. Medication errors.
  - Handwriting
  - Use of confusing abbreviations
  - Dose calculations
  - Drug-drug and drug-food interaction
  - Role of nurses and pharmacists
- H. Effects of overwork, sleep, deprivation, and understaffing on performance



### **III. SKILLS**

- A. Communication
  - With colleagues and other health care workers especially to decrease miscommunication
  - With patients and families especially around discussion of risk and disclosure of errors and/or injury
- B. Team-work
  - With other health professionals especially in critical situations.
- C. Management of an error or near miss including voluntary and mandatory reporting, documenting, disclosing.
- D. Analysis of an error, near miss or potential for error using tools including:
  - Root Cause Analysis
  - FMEA (failure mode and effects analysis)
- E. How to keep up with patient safety literature.

## Faculty Senate Office

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**From:** Faculty Senate Office  
**Sent:** Monday, September 29, 2003 2:50 PM  
**To:** Chavez, Roberto J.  
**Subject:** information re: presentation to the Senate for the Center for Patient Safety

I think that our Global e-mail contacts differ between Gables and Med because I only see one option for me to choose from that includes the initial J. in your name.

Please just send me a quick reply letting me know that you have received this.

Per our conversation, visit [http://www.miami.edu/UMH/CDA/UMH Main/0,1770,2460-1;18328-3,00.html](http://www.miami.edu/UMH/CDA/UMH%20Main/0,1770,2460-1;18328-3,00.html) to view the guidelines for submitting proposals. I believe that Dr. Thurer indicated that this is a multidisciplinary research Center (section B6.5 in the Faculty Manual) which requires the approval of the Academic Dean's Policy Council (ADPC). Reference to that is included in the guidelines linked above. If this is the case, please contact Liz Markowitz (284-3721) Provost Glaser's assistant, since she is the one that handles the agenda for those meetings.

For your reference, linked below are samples of Centers that have already gone before the Senate and have been approved. Remember that we are shooting for October 8th for you to have the information to me. If your Center does fall under the criteria of a multidisciplinary Research Center and does require ADPC approval as well, you probably won't be able to make that deadline. Actually, my records show that the ADPC's next meeting is November 5th so we might have to shoot for the November 12th General Welfare Committee meeting (I will need your material no later than Nov. 5th).

(Note: these centers were approved before we created the guidelines document so these may not include everything that is now required.)

-Center for Ecosystem Science and Policy (fyi..this one is a multidisciplinary center)  
<http://www.miami.edu/faculty-senate/2002-10-EstEcosystemCapsPres.doc>

-Center for Advanced Supply Chain Management  
<http://www.miami.edu/faculty-senate/2002-12-Prescaps.doc>

Once you have had a chance to review the guidelines and determine what type of approval your center needs, please let me know your estimated time frame.

Contact me at your convenience if you have any questions.

Thanks, Kim

Kimberly Litman/Faculty Senate Office  
325 Ashe Admin. Bldg.  
Loc 4634  
(305)284-3721 (office)  
(305)284-5515 (fax)  
<http://www.miami.edu/FacultySenate>

**Faculty Senate Office**

**From:** Lubarsky, David [DLubarsky@med.miami.edu]  
**Sent:** Tuesday, November 11, 2003 6:45 PM  
**To:** 'Mary I. Coombs'; Lubarsky, David; Faculty Senate Office  
**Cc:** Chavez, Roberto J.; Barach, Paul  
**Subject:** RE: Meeting the Faculty Senate General Welfare Committee to discuss the Center for Patient Safety

We certainly will. Sorry for the delay.

David Lubarsky

-----Original Message-----

**From:** Mary I. Coombs [mailto:mcoombs@law.miami.edu]  
**Sent:** Tuesday, November 11, 2003 5:53 PM  
**To:** Lubarsky, David; Faculty Senate Office  
**Cc:** Chavez, Roberto J.; Barach, Paul  
**Subject:** RE: Meeting the Faculty Senate General Welfare Committee to discuss the Center for Patient Safety

David  
We ordinarily do not meet in December. I look forward to having this on our January meetings. You may want to have the packer ready significantly in advance of that meeting (January 21) for input from some or all of the Senate leadership Mary Coombs

-----Original Message-----

**From:** Lubarsky, David [mailto:DLubarsky@med.miami.edu]  
**Sent:** Tuesday, November 11, 2003 4:56 PM  
**To:** Faculty Senate Office; Coombs, Mary I.  
**Cc:** Chavez, Roberto J.; Barach, Paul  
**Subject:** RE: Meeting the Faculty Senate General Welfare Committee to discuss the Center for Patient Safety

Mary - We will not be able to discuss this at the current meeting. I am continuing to discuss issues around Center designation, and, through no lack of trying, have not been able to get answers to all of my questions prior to the meeting. Please remove our Center from the agenda. If we can, I'd certainly like to present at your next meeting in December. I hope this does not inconvenience you.

David Lubarsky

-----Original Message-----

**From:** Faculty Senate Office  
**Sent:** Thursday, November 06, 2003 3:54 PM  
**To:** Lubarsky, David A.  
**Cc:** Chavez, Roberto J.  
**Subject:** Meeting the Faculty Senate General Welfare Committee to discuss the Center for Patient Safety

Dr. Lubarsky:

As I understand it, after your conversation earlier with Mary Coombs, Chair of the Faculty Senate, you will be joining the Faculty Senate General Welfare Committee meeting on Wednesday, November 12, 2003 to discuss the Center for Patient Safety proposal (that you will be submitting to the Senate office on Monday, November 10, 2003). The meeting will be held in the Law Library Conference room, 4th floor. I have this item slated for 3:50. Please let me know if that time is not convenient for you. The meeting begins at 3:15 and generally ends around 5:00. Also, please let me know if you will need a parking pass.

## Faculty Senate Office

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**From:** Mary I. Coombs [mcoombs@law.miami.edu]  
**Sent:** Thursday, January 08, 2004 11:38 AM  
**To:** DLubarsky@med.miami.edu  
**Cc:** Faculty Senate Office  
**Subject:** center for patient safety

I've been reading about the Center in the papers. It all seems excellent. However, we do need to get the Senate approval.

Can you give me a specific date when I can expect the proposal?

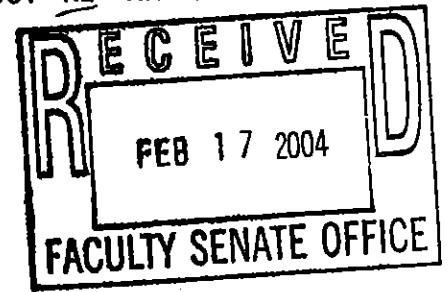
The GWC meeting is on 1/21 and the agenda is generally made available to them a week previously. If you can get it to the Senate office earlier than that, my intrepid assistant, Kimberly Litman, can check it over to make sure all the technical criteria are met, thereby reducing the likelihood of any glitches in the process.

I look forward to hearing from you

Mary Coombs



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MEMORANDUM

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TO: KIMBERLY LITMAN/FACULTY SENATE OFFICE  
FROM: DAVID A. LUBARSKY, M.D., M.B.A. *dyn*  
PROFESSOR AND CHAIR/ DEPT. OF ANESTHESIOLOGY,  
PERIOPERATIVE MEDICINE AND PAIN MANAGEMENT  
SUBJECT: CENTER FOR PATIENT SAFETY  
DATE: 1/28/2004

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The proposal and budget for the Center for Patient Safety was reviewed and endorsed by the Executive Committee of the Anesthesia Department and by the general faculty at a separate faculty meeting more than a year ago, prior to recruiting Dr. Barach.

The proposal was similarly reviewed and approved approximately a year ago at a Clinical Chair Meeting where the Dean, leaders of the UMMG, and all of the clinical chairs of the University of Miami Medical School participated. Furthermore, the proposal was also endorsed by the preceding CEO (Ira Clark) and Gerard Kaiser (COO and CMO) of Jackson Health System.

Finally, the leadership of the University, specifically President Shalala, Provost Glaser and Vice-Provost Ullman are fully aware of the Center proposal and have indicated their firm support.

18 meeting. It involves keeping the same basic plan choices, but there will be both increased costs and some improved benefits. One major initiative will be wellness. There will be financial incentives for those who participate in health assessments and increased costs for smokers. The Medical campus will be going totally smoke-free in the near future. Open enrollment will be from October 19 – November 6.

#### **RETIREMENT PLANS UPDATE- INFORMATION ITEM**

Cristina Elgarresta gave an overview of the Faculty Retirement Committee and Faculty Retirement Review Committee restructuring that will be presented to the Board of Trustees at the September 18 meeting. Henceforth, there will be a single committee with responsibility for investment decisions. The Chair pointed out that as for the mandate of the two oversight committees, any changes will require legislation. Ms. Elgarresta gave an overview of changes mandated by IRS regulations in the Employees Retirement Plan, which became effective August 31, 2009.

#### **VOTE ON CENTERS AND INSTITUTES FROM THE PROVOST'S REPORT LAST APRIL**

The Chair reminded the Senate that special rules apply to Centers and Institutes that are specified under section B6.5 of the *Faculty Manual*, namely University centers/institutes. For them, the Provost recommends the review period, and the Senate decides. On the two centers that the Provost reviewed last year, he has proposed the approval of a five year review period for the Institute for Cuban and Cuban-American Studies [established by 99008(B)], and for the Leonard and Jayne Abess Center for Ecosystem Science and Policy [established by 2002-10(B)]. The General Welfare Committee accepted this recommendation.

*The proposal passed unanimously.*

#### **FORMATION OF AN AD HOC COMMITTEE TO REVIEW THE FACULTY- ADMINISTRATIVE COMMITTEES LISTED IN THE FACULTY MANUAL**

The Chair explained that Norman Altman had pointed out that at least one committee referenced in the Faculty-Administrative Committees section of the Faculty Manual is no longer active. After some preliminary research by the Senate staff, more anomalies were discovered and so it was decided that the list needs to be examined further to determine: 1) whether the committees are all still existing, and whether there are important functions for which there should be a committee, 2) whether the mandates of those committees are up-to-date, and 3) whether the procedures for the designation for faculty on those committees are ones that we are satisfied with. This proposal comes forward with the unanimous recommendation of the General Welfare Committee. The Provost indicated he strongly supports this initiative.

The Senate Chair discussed the functioning of several of these committees. With respect to the Information Technology Advisory Committee, the Chair noted the importance of having that committee headed by a faculty member. He stated that he would be appointing committee members who represented the end-users' perspectives, and would be working with the student leadership, as students are among the most important users.

*The proposal passed unanimously.*