Innovation & Compliance

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OVERVIEW

About us
Innovation & Compliance
Design Thinking
Q&A
ABOUT US

The Risk Authority Stanford

ISO 31000

Value Protected & Value Created
Mitigate
Evaluate
Assess
Identify

Frame
Alternatives
Information
Values

Logic & Reasoning
Commitment

Outcome

PEARL
The Process for Early Assessment and Resolution of Loss

INSPIRE
GENERATE
IMPLEMENT
THE NEED FOR INNOVATION

210,000 to 400,000 patients who go to the hospital for care each year suffer some type of preventable harm that contributes to their death.

Subcommittee on Primary Health and Aging, 113th Cong, 2nd session (July 17, 2014).

THE NEED FOR INNOVATION

Risk Management has not delivered on its promise.
PROVING THE NEGATIVE

A good compliance officer will keep leadership informed when they find a problem and that they’ve fixed it. Really good ones will sit down every once in a while and say, ‘What if we hadn’t found this, we could have been like others who waited several years until the government found it.”

Roy Snell, Chief Executive
Society of Corporate Compliance and Ethics

THE NEED FOR INNOVATION

We can improve the patient experience through empathy, expertise and technology.
THE VALUE OF COMPLIANCE

83% of compliance professionals say their program prevented misconduct at least once in the last two years.

46% said their program stopped problems before they happened on six or more occasions in that time span.

Society of Corporate Compliance and Ethics
THE CHALLENGES OF INNOVATION

- Solving the wrong problems
- Not enough resources or incentives
- Choosing the wrong solutions
- Failing to sustain change
- Not proving impact in human and financial terms
WHAT IS DESIGN THINKING?

Design thinking a adopting the mindsets of designers for solving problems outside the traditional fields of design.

The designer’s mindset.

- Creative confidence
- Deep empathy
- Radical collaboration
- Data & People
- Go wide to go narrow
- Rapid prototyping
WHAT IS DESIGN THINKING?

Design thinking is a proven methodology for problem-solving and innovation.

Risk strategy  People-centered design  Improvement science
PROJECT EXAMPLE

How might we prevent pediatric medication administration errors?

EMPATHY

We spent a couple of hours building empathy with nurses, patients, and families on the ward.
DATA

Our data indicated significant losses due to medication administration errors.

SYNTHESIS

We unpacked our notes, making sense of what we had learned.
INSIGHTS

Nurses have been trained in safety, but are often distracted by patients and families.

Patients and families care a great deal about safety but don’t always know what to look out for. Whether something is going seriously wrong or not, often looks exactly the same to them.

Some patients and families try and be alert and protective all the time (which is exhausting), and some focus on what they are familiar with.

“I don’t know what I should be watching out for. I guess I watch whether a nurse washes her hands – that tells me if she’s diligent. That’s not very sophisticated, but that’s all I understand.

- Father of a three year old.

“Sometimes the silence during meds time feels awkward. Often, I think the patient or family says something to make it less so – which distracts me as well.”

- Nurse.
MEDPREF

A communication tool that invites patient and family to indicate their level of comfort in participating during medication administration and to share their preferences and knowledge of what works best. Knowing these important details about their patients, nurses can better plan for and administer the meds.

“Med pref makes the hospital feel like a luxury hotel while allowing the nurse to save time, energy and repetitive conversations understanding the family’s desires.

– Nurse

“When you feel so anxious about everything going on with your child, this makes you feel you are a little bit in control. I love it.”

– Patient’s Mother

“This is great. It usually takes time before nurses get to know me. Here we have it all on the same page. I want this during admissions.”

– Patient
EARLY RESULTS

Pre/post survey

- 40% Increase in patient/family awareness of medication safety
- 55% reduction in recalled medication administration interruptions from patients and families after using the tools.
- 100% of participating nurses stated they are more likely to participate in improvement projects as a result of this project.
FEEDBACK ON THE PROCESS

“We should do more projects like this. This is fun.”
– Nurse

“These concepts could change people’s lives.”
– Nurse

“Improvement work angers me. It always fails. These people are telling me to do my job when they don’t know how to do it. But, when we do include the frontliners in the process, and get feedback from the nurses in an ongoing basis, it works. This is real empowerment.”
– Nurse Manager

“This is the first time that we’ve had MORE nurses participate in the second meeting. Unbelievable.”
– Nurse Educator

“This is exactly the kind of work we need to be doing. What can I do to support?”
– CNO

DESIGN THINKING AND RISK INNOVATION

- Helps you find the right problems to solve
- Is good use of resources
- Identifies the best solutions
- Gives you the best chance of sustained change
- Proves its impact in satisfaction and outcomes
DESIGN THINKING AND RISK INNOVATION

**DESIGN VALUE INDEX**

In 10 years, a $10,000 investment in design-centric companies would have yielded returns 228% greater than the same investment in the S&P.

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**DESIGN THINKING RESOURCES**

- Design Thinking, HBR – Tim Brown
- Stanford School of Professional Development
- IDEO University
- Acumen+ IDEO Design Kit.
ACKNOWLEDGEMENTS

Our colleagues at The Risk Authority Stanford
The Board of SUMIT Insurance Company
CQCE, Stanford Children’s Health
Patient Advisory Council, Stanford Children’s Health
Local Improvement Team, PCU 374 Stanford Children’s Health

Thank you.

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