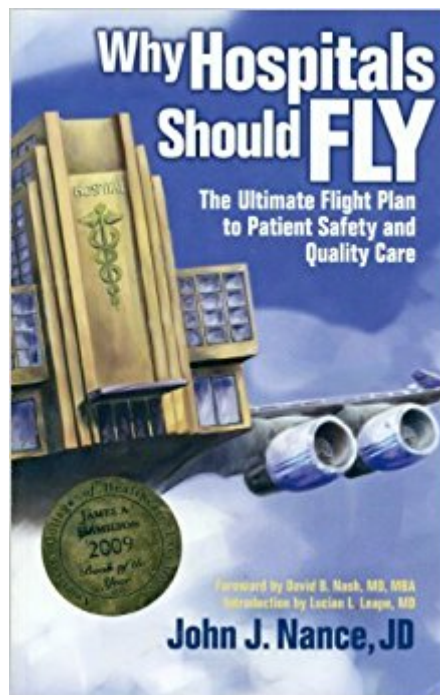




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Why Hospitals Should Fly: The Ultimate Flight Plan To Patient Safety And Quality Care



Synopsis

"This book is a tour de force, and no one but John Nance could have written it. He, alone, masters in one mind the fields of aviation, health care safety, medical malpractice law, organizational sociology, media communication, and, as if that were not enough, the art of fine writing. Only he could have made sophisticated, scientifically disciplined instruction about the nature and roots of safety into a page-turner. Medical care has a ton yet to learn from the decades of progress that have brought aviation to unprecedented levels of safety, and, in instructing us all about those lessons, John Nance is not just a bridge-builder - he is the bridge. This book should be required reading for anyone willing to face the facts about what it will take for health care to be as safe as it truly can be." Donald M. Berwick, MD, MPP President and CEO Institute for Healthcare Improvement (IHI)

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Customer Reviews

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Fantastic book! As a pilot I understand how the author who is a pilot and a doctor relates the complexities of flying safely to his ideas as to how a hospital can function safely at no extra cost to the usual standard of hospitals treating patients today. Whereas the cost of a few extra staff will be offset by the savings in fewer costs incurred by damages to patients who may have had the wrong leg amputated or to babies killed by having been given adult doses of medications. Obviously it is a challenge to a new Manager or CEO appointed with setting up the new system, particularly having to coerse some physicians who feel over-confident in their abilities into believing they need to adapt fully into the new system which assumes that mistakes can occur in the old systems. Accidents do occur in old, or current systems, and the author has explained how when medical operatives are trained similarly to pilots, the number of accidents can decrease to virtually zero, which takes away the costs of damages to those who have suffered from staff errors. In the follow-up book, "Charting the Course" by the same author and his wife, it relates how a newly appointed CEO to a hospital manages to change the systems.

John Nance was invited to our Medstar Hospital at MFSMC, Baltimore, MD to share his wisdom...A short version of key lessons learned, among many follows: Lesson # 1: Humans will always make mistakes regardless of training, experience or determination...Lesson # 2: Collegial interactive teams cannot be effective without mutual human caring, compasion, respect for one another, and support...Lesson # 3: All members of the Team need to achieve barrierless communication (bi/multi-directional) and without hesitation...Lesson # 4: These collegial interactive teams can only achieve the above, if culture permits ideas, suggestions, proffered opinions and even diagnosis. This cannot be (become) a challenge nor be viewed as such, relative to the leader's authority or professional ability...Lesson # 5: Even when a team leader is receptive to ideas and suggestions, a team can never achieve barrierless communication if the surrounding culture successfully discourages subordinates from speaking up...Lesson # 6: A leader whose control of his or her team is based upon snobbery and defensiveness -or whose methods of control include fear, intimidation, ignorance or superiority -can never achieve barrierless communication...Finally, my own thoughts regarding current and forthcoming Health Care challenges: $VALUE = QUALITY/COST$ (where value is often subjective, and not easily quanifiable) This can be likened to Einstein's $E = mc^2$; and, Ok, I

get it, now how do I sustain this Flight Plan!!!

At first I was put off that Nance had produced a work of fiction. Some resentment lingered after finishing the book. It remained till the end of the Afterward when Nance explains that the fictional St. Michaels is a model of what can and must be done to solve the patient safety crisis in our hospitals. The complexity of the reorientation to a patient-centric model is so overwhelming that only a fictional example is possible. The tale relies on supposedly valid research of individual aspects of the problem of hospital safety. It might be useful were Mr. Nance to share a bibliography of the package that Dr. Silverman provided Dr. Jenkins.

Good read. Anecdotal. It does feel dated at points, even just stylistically. I have read about the same topic in more rich and engaging content. Still, if you're looking for an easy read this is pleasant!

I just finished this book...I could not put it down. I have been a nurse for 36 years....why didn't we have this in school, and why aren't med students required to read it? Nance uncovers the fundamental problem with medical errors...we all need to work together and respect what each one of us does. We all have valuable insight as well as a unique perspective into the care of the patient, whether we are a nurse, doctor, respiratory therapist or unit secretary. I teach continuing education for those who provide healthcare in Maternal-Child Health. My target audience is nurses, midwives, doctors (if they choose to attend!) Risk Managers (or, as Nance calls them, Chief Safety Officers!...just about anyone who is involved in patient care. I will recommend this book in my classes from now on. I have the Kindle edition, and I just purchased the hardcover so I can show it to the attendees of my class. I ride public transportation in the 3rd largest city in America. It's motto for safety is "If you see something, say something". Maybe we should adopt that same edict in hospitals.

This book got me interested in QA for my hospital. The first few pages discussing the Tenerife disaster are riveting and a great example of why we should be shadowing the aviation industry. The author makes many fine points. On the downside, the back story (Spoiler Alert!) with the CEO/MD's involvement in his godson's death is a bit contrived. All in all, this book speaks to what everyone in medicine should be doing to make the hospital a safer place.

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