Can lightning strike the same location twice? Apparently so. John Byrnes, this time joined by his colleague Susan Teman, has done it again. Just two years ago, I had the privilege of writing the foreword to his previous book, *The Quality Playbook* (Second River Healthcare, 2015). Now John is back, publishing the companion “playbook” with Susan as coauthor and Health Administration Press as publisher.

Not only has literary lightning struck the same place twice, but this time John and Susan have given us one of the most tightly constructed, useful, and pragmatic texts in the field. I’m confident in this assessment, given the fact that I have written, edited, or contributed to seven such books in the past 30 years and have taught thousands of physicians and other leaders the fundamentals of quality and safety. Today, I’m proud to be the founding dean of the nation’s first College of Population Health, where we offer a master’s degree in healthcare quality and safety. I only wish this book had been available earlier so that previous students could have benefited from using it in our online classroom.

What stands out in my mind about *The Safety Playbook* are the specific, detailed instructions as to what to do immediately to reduce the epidemic of medical error. It’s a playbook of instructions for saving lives. Why haven’t others written comparable playbooks previously? It’s a head scratcher, for sure.

Imagine being introduced to the essential concepts of high reliability without the typical turgid jargon that permeates our
field. This book does just that. In addition, in an era characterized by “measurement madness,” the text cuts right to the critical knowledge necessary for readers to not only grasp the safety field quickly but acquire the wherewithal to make a significant—and urgently needed—reduction in error rates in every sector described in the book.

In particular, two chapters resonate with me: chapter 9, focused on the role of the board in safety, and chapter 17, on simulation.

Having served on the board of two major not-for-profit delivery systems—Mercy Health in Cincinnati and Main Line Health in Philadelphia—in tandem for more than 18 years, I have a visceral appreciation for how important the board’s role is in establishing a culture of safety. This is an often-overlooked area, and John and Susan gives it the kind of emphasis it deserves.

Reading chapter 17, on simulation, made me envious of current and upcoming trainees who have the opportunity to work in a simulation center and test their skills without real clinical consequences on a real patient. I’m convinced that simulation taking place both in situ and in a specialized center is an important tool in the toolkit that enables us to chisel away at the error rate in US healthcare delivery.

Part V, on communication, was my favorite of all seven parts comprising the book. The notion that intimidation in a work setting can kill is important; however, it rarely receives the kind of attention it deserves. Bringing the concept of the sterile cockpit from aviation to the healthcare delivery system was expertly handled by John and Susan. Also presented in part V is the simple safety practice of insisting that everyone on the team call one another by their first name. I wish I could have a nickel for every time I have told a junior colleague, nurse, physical therapist, respiratory therapist, or other team members to please call me “David.”

The challenge brought to light by *The Safety Playbook* is how we, as a profession, will translate this wonderful gift into something that gets widely used on the front lines. Having been on the front lines of our movement for nearly 30 years, I am not sanguine that we...
I have the political will to accomplish this critical goal. I’m heartened by the publication of *The Safety Playbook*, and I’m grateful to John and Susan for their scholarship. That said, I remain only cautiously optimistic that we can fulfill our sworn duty to reduce harm.

I know we will have achieved an important milestone when this outstanding book becomes required reading in every college of medicine and school of nursing throughout the country—I hope I am still around to see this happen. I am grateful to John and Susan for their important contribution, reflecting their own time on the front lines. For those who are coming up behind us, there is an important sense of hope for the future. The intended readers of *The Safety Playbook* have taken a sworn oath to reduce error. Let’s make this book more than an amulet around the neck of our up-and-coming colleagues, and let’s put its guidance into action as soon as we put the book down.

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Foreword

The Safety Playbook. What reaction do those words inspire in you? Boring, humdrum, something for those who work at the bedside? Sigh. Yawn. Ugh. “I doubt this is a page turner. Do I really need to read this? Does it apply to me? Maybe I should just buy one for the members of the quality committee.”

Or maybe this thought: “Hey, we’re already a high-reliability organization (HRO); we don’t need this. We already have it covered.”

Now consider this: Medical errors are the third leading cause of death in the United States. Go ahead and quibble, argue that they are actually fifth or ninth. So what?

Well, so what? They cause death. I have no doubt that anyone who has personally experienced a medical error or near error will find this book convincing. And I have no doubt that the healthcare workers on the line for safety and quality will also find this book very helpful.

But I write this foreword in part not for them but for the “leaders” who do not find this book as compelling as one on finance, engaging physicians, or strategy. My personal interest is leadership—finding it, assessing it, recruiting it, developing it, working with it, and the individuals who practice it. My hope is that many leaders will see this book as an important part of their reading list. Yes, I hope they will buy copies for those on the front lines of patient safety and quality. And even though they may have already implemented HRO principles in their organizations, I hope they will add this to
their body of knowledge. One good application would be to use the book as an audit tool, for example.

I have known John Byrnes for almost 20 years and Susan for about 2 years. Both are passionate about what they do. They are passionate first, and very competent second. Their offering is not a sermon or homily for us to “do better in safety and quality.” They show us how to do it. They speak to the board, to the CEO, to the senior team, to the chief financial officer, to the clinicians. This is a readable book and one that will be used day after day by those at the battle lines, and it will certainly be read by those in the C-suite.

Leaders in our field have answered a calling. We are unique. We serve and we care for those in circumstances where they are at their most vulnerable. This description applies to all leaders, whether they work with clinicians or numbers or software or strategy. The very best leaders possess that internal value of caring—caring that their places of healing do not harm. Leaders: *Primum non nocere*. First, do no harm. Leaders at all levels must be constantly aware of and vigilant about how their actions and examples help or hinder patient safety efforts.

Physician leaders also have a critical stake in this matter. As I work on physician leadership development and physician engagement with many clients, I see how attention to patient safety and quality can gain the attention of physicians. Nonclinical leaders who pay heed to patient safety gain great credibility with their clinical colleagues. As I recruit physician leaders as well, I am often comforted to know that even those physicians who have left clinical practice still have patients in mind as they lead their healthcare organizations. So many physicians tell me in interviews that one of the primary reasons they enter the leadership ranks is the ability to affect patient safety, patient quality, and patient care at a broader level.

I applaud this book and its content. It contains many interesting bits of advice and counsel, numerous specific examples and real-world insights. It is well presented, well written, and compelling.
and it will certainly be useful to all healthcare leaders. It is also a book you can pick up and pick a chapter and read. Each chapter is self-contained and has much for readers to glean.

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