CLARITY

To Err is Culture: Redefining Our Approach to Patient Safety

Highlights from Clarity's National Patient Safety Summit

Healthcare organizations have changed, which means priorities, goals and concerns have changed. Whether you are going through a merger, developing an ACO structure, building a culture of safety, or facing a different challenge, it is important to create new strategies and approaches before the dust settles.

As you take on these challenges, there are a multitude of competing priorities that, when left unchecked, can expose your organization to undesired outcomes, including patient harm and potential medical negligence allegations. Clarity Group held a National Patient Safety Summit to give healthcare providers a chance to discuss managing these challenges while never losing sight of patient care. The Summit brought together operational and clinical leadership from across the country to discuss how they can develop new and innovative initiatives within their respective healthcare delivery systems and create cultures of safety in the process.

For new initiatives to work, you need buy-in from the entire organization. This includes everyone from the front-line staff to the Board of Directors. Understanding each perspective is essential to creating and sustaining change. At the Summit we looked at three perspectives: Senior Leadership, Operational Leadership through Enterprise Risk Management and Front-line Leadership. Each brought valuable insight to the table and suggestions for improvements.

Some common themes that surfaced were related to the obstacles that providers are facing both from external and internal forces. The same barriers were echoed throughout the day, telling us that, even though, you may work in a different role, at a different organization and in a different part of the county, we are still in this together and share the same thoughts and concerns. The following are a few of the common barriers that received a lot of discussion and focus:

- **Fear**
    o Staff are still afraid to speak up. This is an age-old problem that never seems to disappear. No one wants to go against the status quo, especially if that means challenging the leadership. There is always that fear of repercussions, or worse, not being heard.

- **Competing Priorities**
    o There are a lot of expectations in healthcare; not only do you have to meet your organization's requirements down to the unit and team level, but you have to worry about laws, regulations and government initiatives (external and internal forces). How

do you know where to focus your attention? Do you follow process A to satisfy one need or do you follow process B to satisfy another, even when it contradicts with A?

- **Indicator Fatigue**
  o The industry's goal right now is to collect data and track and trend "everything." There are an abundance of quality and safety measurements, and organizations can't keep up with the requirements. We want too much data and because we are not ensuring its integrity, it is hard to use it strategically.
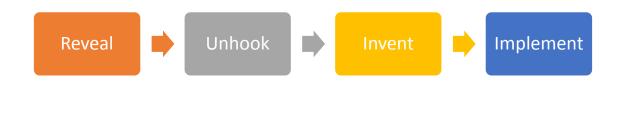
- **Climate**
  o Staff are stressed because of all the changes. Due to many organizations merging, consolidating and forming ACOs, more and more is being asked of providers, and they don't have enough time or resources to accomplish everything. All of these forces are pulling the provider farther away from the patient. Providers went into this field to help people, but instead they are being forced to worry more about metrics and standards and less about health and well-being. We are losing ourselves in this process and therefore we are losing the opportunity to build a culture of safety.

If we truly want to get back to the patients and make them our number one priority, we must get past these barriers and build an effective culture of safety. This includes cleaning the slate and looking at healthcare from all different angles for new and fresh ideas. For this Summit, we considered three viewpoints: Senior Leadership, Operational Leadership and Front-line Leadership. The following are some highlights from each perspective.

The Senior Leadership Perspective
Oftentimes leaders of an organization have to focus a lot of their attention on external forces. It is their job to have a national outlook. These leaders need to bridge the gap between patient care and business operations. It is the job of the Chief Executive Officer (CEO) to be the buffer. He or she must answer to the Board of Directors while making sure that the front-line staff are able to take care of their patients without having to worry about the noise going on around them. A CEO has to be proactive and able to engage the entire organization to make sure everyone is aligned. To this end, our speaker discussed how he, as a CEO, spurred a cultural transformation at his organization and linked organizational culture and patient safety. His strategy incorporated the following steps.*

Reveal → Unhook → Invent → Implement

*Adapted from Insigniam Performance

- **Reveal**
  - o To reveal means to learn—*to really learn*—about your organization, your staff, your patients, your issues. You can do this through surveys, observing, conducting listening sessions and above all, transparency. When working with the Board of Directors and staff lay it on the line and show them where your organization really is versus where it needs to be. Share real patient stories to give data life and make your patients more than just metrics.

- **Unhook**
  - o After you have revealed and identified what is and what is not being talked about, it is time to unhook and let go. If you are not aware of the realities and your current issues, you cannot let go of the past. And if you cannot unhook, you will not be open to moving forward and inventing a new future. This is not always an easy step, but with the new data and information, you can look into the mirror and see what has to be changed.

- **Invent**
  - o To invent a new culture you need to invent new values, new conversations and a new way of leading. Have conversations about accountability, look at the facts versus the interpretations, and take action rather than simply talking about the issues.

- **Implement**
  - o When implementing new initiatives, remind staff why they are making these changes. Share results and data that show improvement. It is also important to provide information regularly and in a manner that is easy to understand. Change can only occur if your staff are taking part, so make sure they are actively involved in the process and held to zero tolerance.

> *"I want to work at an organization where a person challenges the CEO."*
> R. Timothy Rice, CEO Emeritus, Cone Health

Operational Leadership Perspective

We are experiencing a movement from traditional risk management to transformational risk management, or a new kind of Enterprise Risk Management. Historically, Risk Management has been seen as an area that puts out fires and focuses on claims, but over the past decade or so, that focus has steadily shifted toward proactive risk, quality and safety management. Risk is now seen as an asset to the vision of the entire organization. More and more organizations are consolidating and merging, so you need to be able to look at all of the risks across the system and build a foundation where everyone speaks the same language and has a common bond. By doing so, you will have the ability to execute your strategies to increase the value of the entire enterprise.

Enterprise Risk Management involves gaining perspective in the midst of action and looking past the obvious fixes or technical changes. Technical change is the known solution to a problem. Adaptive change, however, is about the human being and requires a person to internalize the necessary change. Solutions to adaptive changes are not found in manuals or books, but through experiments and learning. Both types of changes are important, but to be a leader, you need to be able to distinguish between the two and understand the adaptive issues. The technical issues, which includes the metrics, the standards, and the measures are demanding most of our attention, but they do not get at the roots of our problems; instead, they are the causes of our frustration. The adaptive issues are what are creating some of the new challenges, and they cannot be fixed by technical changes. We need to "adapt" and embrace new ways of thinking to solve the problems. As a leader, you need to interpret what you hear, read behaviors and find out what people are really thinking. Once you do all of these things and understand your organization's real issues, you are able to build a culture that you want and need.

Evolution from Traditional to Transformational Risk Management

Traditional Risk Management

Progressive Risk Management

Strategic Risk Management

Transformational or Enterprise Risk Management

Panelists/Front-line Leadership Perspective

The last perspective we heard from during the Summit was that of the front-line leaders, which was conducted through a panel discussion. During the discussion, the panelists focused entirely on the technical issues and the tangible items such as metrics, quality indicators, and so forth. They never answered questions about the changes in patient demographics and how they developed strategies to manage the changes. In order to break this focus, it is evident that leaders must work to reduce the noise around healthcare providers and help them think about the adaptive changes as well as new strategies. It is difficult to put aside the external forces and recognize the other factors needed to build a culture of safety and enhance patient care. Leaders need to help front-line staff relate to the adaptive changes and see the impact they have on the organization, the patients and themselves.

It was suggested that changes be introduced incrementally so staff can effectively manage their resources and have time to adjust to the changes. This also allows you to test your different strategies and gather feedback from the staff before it is too late. Transparency is going to be key in all of this. Letting people see the facts helps with buy-in and is a great motivator. We are driven by both external and internal motivation, and when people are held accountable for their actions and the results, we can

make changes and sustain them. A culture feeds on accountability as well as a team atmosphere. Staff need to feel supported by the leadership, from the C-suite to the department manager, and it is important leadership understand their plight.

The biggest takeaway from the Summit is that healthcare is a journey and it is not always a smooth one. This journey is like traffic. We start, stop at red lights, turn right, turn left, and even take a few detours, but the point is that we need to continually move. We need to look at the whole journey and not just the next stoplight. The demands of the healthcare industry force us to spend most resources on the short-term, but a wider view is needed in order to build a strong culture of safety and to make sustainable changes. This is the time to take a step back and reveal, unhook and then determine the critical steps needed for cultural transformation. Only then can we become leaders in creating unsurpassed healthcare experiences for our patients.

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