The Role of Behaviors and Talent in Patient Safety and Organizational Culture

Michael Rose, M.D.

- Vice President of Surgical Services, McLeod Health in Florence, S.C. Chairman of the South Carolina Safe Surgery 2015 leadership team. Named as one of 50 “Experts Leading the Field of Patient Safety” by Becker's Hospital Review. Received the 2012 Lewis Blackman Patient Safety Champion Healthcare Executive Award for his role in improving hospital safety.

Ted Kinney, Ph.D.

- Director, Research and Development, Select International. His clients include leading organizations like the United Nations, Toyota and Verizon Wireless. His team works with clients including Beth Israel Deaconess Medical Center, University of Pittsburgh Medical Center, and the University of Texas Southwestern, to build talent systems for success at every level of the organization, including executives and physicians.
Agenda

Safe Surgery: Three Key Principles

- Relationships
- Process
- The caregiver experience

Behaviors and Talent Strategies

- Why is healthcare unique?
- The psychology of organizational culture
- Building a selection system
Safe Surgery Perspectives

Michael R. Rose, M.D.

McLeod Health
“the horror is far from over”
JCAHO Universal Protocol

...checklist endorsed by 50 national groups and mandated for use in every hospital in 2004...a national patient safety goal...and defines a never event

Correct Site Surgery Tool Kit

...building a Safer Tomorrow
A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population

Alex B. Haynes, M.D., M.P.H., Thomas G. Weiser, M.D., M.P.H.,
William R. Berry, M.D., M.P.H., Stuart R. Lipsitz, Sc.D.,
Abdel-Hadi S. Breizat, M.D., Ph.D., E. Patchen Dellinger, M.D.,
Teodoro Herbosa, M.D., Sudhir Joseph, M.S., Pascience L. Kibatala, M.D.,
Marie Carmela M. Lapitan, M.D., Alan F. Merry, M.B., Ch.B., F.A.N.Z.C.A., F.R.C.A.,
Krishna Moorthy, M.D., F.R.C.S., Richard K. Reznick, M.D., M.Ed., Bryce Taylor, M.D.,
and Atul A. Gawande, M.D., M.P.H., for the Safe Surgery Saves Lives Study Group*
International Pilot Study
8 Evaluation Sites - Nearly 8,000 Patients

- Toronto, Canada
- London, UK
- Amman, Jordan
- Manila, Philippines
- Seattle, USA
- Ifakara, Tanzania
- New Delhi, India
- Auckland, NZ
Death and Complication Rates fell by 36%
HEALTH CARE OF THE FUTURE
Ten Innovations That Will Transform Medicine
by Gardiner Morse

From checklists to surgical robots, new approaches to health care are making their way into practice—with some stunning results—though for many the jury is still out. For more, visit the HBR Insight Center on Health Care Innovations and the full text of Gardiner Morse’s 10 health care innovations blog post.

Checklists
Hospitals will require health care providers to follow strict protocols for procedures that benefit from routinization—from preparing a patient for surgery to inserting a central line.
safe surgery 2015: sc
almost 900,000 surgery cases in one year

- 364,000 inpatient surgery cases
- 523,764 outpatient surgery cases

Estimated 8,800 surgical related deaths per year!
McLeod Health Board Retreat

Safe Surgery: Getting to Zero Harm
Complexity

- 70-100 Patients
- A Surgical Team of 4-8 People
- 2,500 Operations and Innumerable Combinations
- 100,000 Surgical Instruments
- 40,000 Unique Surgical Supplies
- 20,000 Implants
- Technology
“Team”

Relationships, Process, Caregiver Experience

- Technician
- Anesthesiologist
- Surgeon
- Support
- First Assistant
- Nurse
- CRNA
- Support
Key Principle One
Relationships
The Discretionary Effort Model

Performance

Discretionary Effort

"Want-To-Do" Curve

"Have-To-Do" Curve

Minimum Requirements

Over Time...
Values Inspire
Action Through
Emotion

Power of Narrative in Change

Marshall Ganz

HARVARD Kennedy School
Key Principle Two
Process
# McLeod Safety Checklist

**Brief**
- Before Induction of Anesthesia
  - **RN Safety Brief Complete**
    - Patient Name and DOB
    - Procedure Plan & Consent
    - Patient Goals & Concerns
    - RiteSite Verified & Site Marked
    - History and Physical Match
    - Allergies
    - Special Positioning Requirements
    - Essential Imaging and Laboratory
    - Nursing Assessment
  - **Anesthesia Safety Brief Complete**
    - Blood Screen + Cross Status
    - Antibiotic Confirm & Ready
    - Specific Anesthesia Concerns
      - RiteSite Verification
      - Airway Assessment
      - Essential Testing
      - Plavix & Anticoagulation
      - Hypothermia Precautions
      - Glucose Control
  - **CST Safety Brief Complete**
    - Technology & Video System Check
    - Instrumentation Confirmed
    - Implants & Devices Confirmed
    - Vendor Representative Available

**Time Out**
- Before Incision/Procedure
  - **RN Verbally Confirms:**
    - Patient Name and DOB
    - Procedure Plan and Consent
    - Patient Goals and Concerns
    - RiteSite Verified and Site Marked
    - Allergies
    - Essential Imaging Display R/L Check
    - Team Learning Brief
  - **Anesthesia Verbally Confirms:**
    - Antibiotic Prophylaxis < 1 Hour
    - Specific Anesthesia Concerns
    - Blood Screen, Crossmatch Status
  - **CST Verbally Confirms:**
    - Technology Operational & Ready
    - Missing or Incomplete Items
    - Implants & Devices Confirmed
  - **Surgeon Verbally Confirms:**
    - Operative Duration if Non-Routine
    - Critical or Non-routine Needs
  - **Surgeon Marks & All Team Match to Patient/Family Site Marking & to RiteSite Document**

**Debrief**
- Before Patient Leaves Suite
  - **RN Quality Debrief Complete**
    - Complete Procedure Name
    - Counts Complete and Confirmed
      - Instrument
      - Sponge
      - Needles/Sharps
    - Specimen Confirmed
      - DVT Prophylaxis Confirmed
      - Read-Back Physician Instructions
  - **Anesthesia Quality Debrief Complete**
    - Blood Loss & Fluids
    - Specific Patient Concerns
  - **CST Quality Debrief Complete**
    - Equipment Issues
    - Technology & Video System
    - Repair/Replacement

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**Lessons Learned >>>>>>>>>>>>**
Lessons Learned & Opportunities

**BRIEF TEAM & MANAGERS**


**LEARN, TEACH, ACT...**

Action Items, Assigned To, F/U Date, Logged

**FOR SURGICAL BRIEF**  
LIMIT 140 CHARACTERS

Key learning from today that we all should know tomorrow
every patient, every case

…what could have been better

…and, what we recommend
• Immediately Actionable Events
• Trends
  …inform the work plan and focus
• Error and Risk Ubiquitous
  …sets an educational and training plan
• November 2010 to Present
• 45,314 Debriefs
• 4,100 Events
• 100 “Critical”
### 2012

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McLeod Regional Medical Center
Adjusted Surgical Mortality

P < 0.01
Behavioral Peer-to-Peer Checklist Performance Observations
Behavioral

Incorporation into Annual Performance Review & Compensation

Phase 1  Anesthesia
Phase 2  Nurses, Technicians
Phase 3  Physicians
Introduction of Surgical Safety Checklists in Ontario, Canada

David R. Urbach, M.D., Anand Govindarajan, M.D., Refik Saskin, M.Sc., Andrew S. Wilton, M.Sc., and Nancy N. Baxter, M.D., Ph.D.
...it is not the act of ticking off a checklist that reduces complications but performance of the action it call for...changing practice is not a technical problem that can be solved by ticking off boxes on a checklist but a social problem of human behavior and interaction...successful system change requires demonstrating the need for change, engaging institutional leadership, collecting data, and most important, providing training in teamwork so that everyone feels respected and accountable.”
Key Principle Three
The Caregiver Experience
Core Values

Behavior & Priorities

Cynicism

Apathy
Care Experience

2005 MRMC Baseline

Safety Climate Across ORs

#7. “All The Necessary Information Is Available Before The Start Of A Procedure.”
Care Experience
2005 MRMC Baseline

#10. “Hospital Administration Supports My Daily Efforts.”

#41. “Morale Is High In The ORs Here.”
Care Experience
2013 MRMC

Activities supporting checklist implementation
Have we persuasively explained why and shown how to use the checklist?

Teamwork
Has using the checklist improved teamwork in our ORs?

Performance of elements on the checklist
Has using the checklist improved performance of safe practices in our ORs?

Perceptions of safety in the OR
Has using the checklist improved people’s perceptions of safety here?
**Activities supporting checklist implementation**

“I was given a strong explanation for why it is important to use the checklist.”

- **82%** Physicians
- **86%** Non-physicians

agree with this item

(higher % is better.)

Q1 on physician follow-up survey; Q1 on non-physician follow-up survey

**Teamwork**

“In the ORs where I work, I feel safe speaking up if I perceive there may be a problem.”

- **96%** Physicians
- **92%** Non-physicians

agree with this item

(higher % is better.)

**Current checklist performance**

“In the ORs where I work, problems or complications have been averted by the checklist.”

- **78%** Physicians
- **86%** Non-physicians

agree with this item

(higher % is better.)

Q2 on physician follow-up survey; Q2 on non-physician follow-up survey

**Perceptions of safety**

“I would feel safe being treated here as a patient.”

- **96%** Physicians
- **88%** Non-physicians

agree with this item

(higher % is better.)
Respectful Behavior

“In the ORs where I work, I am always treated as a valuable member of the surgical team”

93% Physicians
65% Non-physicians

agree with this item
Higher % is better.

Q1 on physician follow-up survey; Q1 on non-physician follow-up survey

Physician Leadership

“In the ORs where I work, physicians maintain a positive tone throughout operations”

85% Physicians
43% Non-physicians

agree with this item
Higher % is better.

Q1 on physician follow-up survey; Q1 on non-physician follow-up survey
• Checklists Work…

• Team Members Participate Actively…

• Mandates Insufficient…

• When 4-8 Members of the Surgical Team Actively Participate

• When Each Member’s Individual Goals are Satisfied

• It is a Choice of Behavior Predicated Upon a Shared Purpose & Understanding
Patient Voices
Day 29
Waiting for a new heart.
The Patient Empathy Project

Top 11 Fears

1. Infection
2. Incompetence
3. Death
4. Cost
5. Medical Mix-up
6. Needles
7. Rude doctors and nurses
8. Germs
9. Diagnosis/prognosis
10. Communication Issues
11. Loneliness

Source: Patient Empathy Project
Next: The Patient and Family Join the Team

- Technician
- Anesthesiologist
- Surgeon
- Support
- First Assistant
- Nurse
- CRNA
- Support

+ 

- Patient
- Family
‘McLeod Extended Team’

- Support
- Anesthesiologist
- Surgeon
- Patient
- CRNA
- Family/Advocate
- Nurse
- First Assistant
- Navigator/Liaison
- Support
- Technician
Convergence

- Patients Have Been Given Voice
- Shared Understanding and Purpose: Value
- Receptivity of Physicians
- High Impact, Scalable Improvement Methods
- Development of the *Human* Resource
Reason for Action:
Achieve High Value Healthcare for Patients

Clinical Excellence

1° Levers
Define
Select
Assess
Develop
Align

1° Drivers

2° Drivers
Standards of Professionalism & Behavior
Expectations for All Physicians
Expectations for Physician Leaders
Recruitment
On-Boarding
Retention
Performance Management
Peer-to-Peer Accountability for Conduct
Personalized Physician Development
Mentoring
Improvement Methodologies & Finance
Alignment Among Physician Leaders
Alignment Physician Leaders & Executives
Shared Alignment with System Board
The Role of Behaviors and Talent
My two take home points from Dr. Rose’s Talk

• The Discretionary Effort Model
  • If you want performance at a significantly better level than your minimum acceptable standard, it takes discretionary effort!

• Checklists
  • “Changing practice is not a technical problem that can be solved by ticking off boxes on a checklist but a social problem of human behavior and interaction”

• Why are these such critical considerations?
  • Answer: Culture and behaviors are what drive success!
Lean-Driven, Value-Based, Patient-Centered Care

People
- Leadership
- Adaptability, Patient-focus, and Collaboration
- Selection and Development

Process
- Lean/Six Sigma
- Care Delivery

Technology
- EMR
- Decision Support
- Patient Engagement
Why is Healthcare Unique?

- Organizational complexity

- Highly trained, but diverse professionals

- Fragmented organizational structure

- De-centralized hiring processes
Lean/CQI in Healthcare

- Our workforce is neither trained nor selected for the competencies that are required for success in a Lean environment.

- In fact, many of the wrong behaviors are reinforced by the traditional professional training and culture.
Consider Lean Cultural Values

**Lean Concepts**
- Respect for colleagues
- Value contributions of others
- Humility
- Empowerment
- Servant leader model
- Drive consensus
- Innovation
- Constant improvement

**Traditional Hospital Culture**
- Silo structure
- Professional autonomy
- Professional hierarchies
- Culture of expertise
- Authoritarian leadership
- Short term solutions
Another Example: The Cultural Hourglass

- Senior leaders recognize the impact of front line employees
- Front line employees value their impact on the patient experience
What is Culture?

• What changed in the McLeod OR?

• Rhonda Larimore (SVP of HR, UPMC) on Culture:

  “We need to examine the behaviors that are the result of the culture. In other words, how do we link culture to behaviors and to outcomes?”

\[
\text{Culture (Values } \times \text{ Behavior } \times \text{ Leadership)} = \text{ Outcomes}
\]
A Talent Approach that Builds a High Performance Culture

Competencies:
What behaviors predict success?

Content:
What tools will predict performance?

Process:
The most efficient, effective and legally defensible system.
An Efficient Behavioral Competency Model

- Collaboration
- Communication
- Customer-focused
- Quality-focused
- Adaptability
- Dependability
- Accountability

[Diagram showing Competencies with related areas: Succession Planning, Selection (Content & Process), Promotion (Content & Process), Performance Management, Organizational Development, Compensation, Individual Career Planning, Organizational Culture]
## Competencies Across Levels *(sample)*

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<td>Professional Individual Contributor</td>
<td>Supervisor &amp; Manager</td>
<td>Director &amp; Executive</td>
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- Accountability
- Teamwork
- Initiative
- Dependability
- Interpersonal Skills/Communication
- Positive Presence
- Compassion
- Quality Focus
- Business Acumen
- Transformational Leadership
- Adaptable and Flexibility
- Implements Vision
- Drives Vision

---
Adaptability & Flexibility
Adjusting behavior and attitude to accommodate changing circumstances. Continuing to function effectively during times of change.

Positive Behaviors
- Adapts quickly and effectively to new situations, environments, and ways of doing things, even when changes are unexpected and/or stressful.
- Willingly accepts change; acts as a change agent.
- Views change as something that should be embraced rather than merely tolerated.
- Maintains poise and level-headedness even in highly stressful situations.

Negative Behaviors
- Shows almost no willingness or ability to adapt to change.
- Views relatively trivial changes as major obstacles to overcome.
- Experiences anxiety and apprehension in the face of change.
- Demonstrates inappropriate behaviors and/or a decline in work performance when under stress.
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<tr>
<td>QUALITY FOCUS</td>
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**Preferences**

- **SHIFT PREFERENCES**
  - [x] Day Shift
  - [x] 12-hr Shifts
  - [x] 2nd Shift
  - [ ] Rotating Shifts
  - [ ] Night Shift
  - [ ] On Call

- **NURSING INDEPENDENCE**
  - Prefers guidance
  - Work independently

- **NURSING CHALLENGES**
  - Desires routine tasks

- **TIME WITH PATIENTS**
  - Enjoys spending more time with fewer patients

- **NURSING ENVIRONMENT**
  - Prefers quiet/calm environment

- **SCHEDULE FLEXIBILITY**
  - Prefers predictable schedule

**Assessment**

- **FIT**
  - Poor Fit
  - Potential Fit
  - Good Fit
  - Very Good Fit

**NurseFit®**

- John Q. Worker
- September 26, 2008
- 412-358-8595
- JWworker@yahoo.com
- 0812 4123588595

- Select International
Select Assessment for Nursing

INSTRUCTIONS:
Ut auctor quam nec nisi pellentesque dapibus. Integer varius sodales enim non sodales.
Suspendisse non fringilla dui. Duis rutrum rhoncus massa, non interdum nulla eget.
Integer varius sodales enim non sodales.

- Heart Rate: 104
- Temperature: 97.3
- Systolic Blood Pressure: 120
- Diastolic Blood Pressure: 80

Quinazien .75ml
Quinazien .50ml
Quinezien .75ml
NO MATCH

Click here to continue
Select Interviewing® for Healthcare

- The foundation of an accurate and consistent hiring process
- Two to three times more accurate than non-structured interviews
- Reduce managers’ time in the hiring process by 50% or better
- Dramatically reduces exposure to litigation
- Hiring managers understand their talent role
Maximizing Prediction – What Works?
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