

Are Hospitals Really Serious About Patient Safety? 6 Things We Can Learn from Other Industries

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With more than 400,000 Americans dying each year from preventable medical harm and errors, the question remains whether patient safety is really a priority in healthcare.

While some hospitals are making great strides, there has been little overall improvement (6.3 percent) in hospital performance since 2012, according to the Leapfrog Group's spring 2014 Hospital Safety Scores. Many industries, such as mining and manufacturing, involve inherently dangerous lines of work, but the best companies attack safety with a vengeance and nearly eliminate preventable errors and accidents. Organizations in these industries put employee safety first at all times, and the same focus should be put on patient safety in healthcare.

1. Patient safety must be part of hospital culture. Putting patient safety first requires healthcare organizations to commit time, resources and energy. Hospitals should not have to put their daily operations on hold while they address patient safety issues. Rather, this focus should be part of their daily operations and an inherent part of their culture.

The rate at which patients are put at risk would be unacceptable in other industries. The best companies create a culture where every meeting starts off with a safety topic. Leaders and front-line staff hold each other accountable for even simple safety behaviors and everyone is focused on reaching the goal of zero incidents. They do this even though providing their products and services, and thereby making a profit, is the real organizational purpose.

In healthcare, patient outcomes and safety *are* the organization's purpose. The goal of keeping patients safe needs to be built into every interaction, thought and process at our hospitals. Every physician, administrator, nurse and front-line staff member should make patient safety their number one priority.

2. Allow clinicians to speak freely about medical errors. Particularly in manufacturing, facilities that embrace Lean and Toyota Production, errors are seen as opportunities to improve processes and performance.

Many times, clinicians will not identify or discuss medical errors because they fear retribution. Allowing clinicians to report medical errors without fear is essential to patient safety, and hospital leadership is responsible for establishing a solution-oriented culture that values open communication.

To implement an effective system for change concerning patient safety, hospital leadership must engage clinicians and all staff and encourage them to speak honestly. Through discussion, clinicians can learn from mistakes and the conversations can inspire change in staff. By reducing individuals' inhibitions to speak up, hospital leaders can also learn of safety issues or near misses that result from systemic problems and demand organization-wide solutions.

3. Mandating protocols is not enough. When healthcare adopts Lean and other manufacturing solutions, they often focus on process at the expense of the role of people. Toyota will tell you that Lean is about two pillars — "process" and "people." The process won't work without engaging people.

The Joint Commission Universal Surgical Protocol is a checklist endorsed by 50 national groups that was mandated for use in every hospital in 2004. The goal was for hospital staff and clinicians to use the checklist to standardize processes and eliminate errors in the operating room. Checklists are widely used with great success in other industries, but many hospitals originally had little success with OR checklists. In fact, some actually saw an increase in reportable events.

The OR checklist did not work, and here's why: Merely mandating that surgical teams implement the protocol was not enough. After their initial failure, some hospitals "re-implemented" surgical checklists, engaging staff in a larger OR approach focused on patient safety.

The takeaway for any patient safety program? It's not about the checklist. The checklist is only one tool in a larger, staff-driven patient safety initiative. Checklists don't change cultures.

4. Collaboration is key. By taking a step back, many hospitals realized success with an OR checklist requires a high degree of teamwork and collaboration — and that these qualities and behaviors cannot be assumed. The whole team, including technicians, anesthesiologist, surgeons, support personnel, surgical assistants, nurses and nurse anesthetists, had to work together to make the checklist effective.

Collaboration is a relatively new concept in healthcare, an industry that has traditionally valued professional autonomy. Certainly there are areas where collaboration is the norm — think of a well coordinated trauma team. But when it comes to broader challeng



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es that require integrated solutions, though, we need new levels of collaboration.

Traditional healthcare training does little to identify people with the “collaboration gene” or develop specific teamwork skills. In other industries, collaboration is expected. It is an established behavioral prerequisite to join an organization and is evaluated as a core performance metric. It’s about time hospitals start placing a similar emphasis on this vital trait. Your patients will thank you for it.

5. Engage staff. Front-line staff “own” safety in a manufacturing facility. The solutions need to meet their needs and goals. The same is true in healthcare.

For instance, the experience of the operating room team had to be considered for the successful implementation of the surgical checklist. Many times, staff struggle to adopt mandated approaches when they question the organization’s performance and patient outcomes or the true intent of their leadership team. If staff can see their leaders committed to patient safety, it is more likely that a new process, such as a surgical checklist, will lead to meaningful change.

In other industries, staff engagement is real — everyone is critical to the team and their voices are heard. Too often in healthcare, “engagement” means a survey of staff and superficial programming intended to get them to care. What they care about is simple: patient care and patient safety. Staff need to feel that they have a substantial role in achieving both.

The Agency for Healthcare Research and Quality’s *Hospital Survey on Patient Safety Culture: 2014 User Comparative Database Report* found many hospitals (76 percent) have supervisors who do a good job emphasizing safety and safety improvement. While 76 percent might seem reasonable, given hospital’s primary purpose, how is it acceptable that *any* hospital struggles to motivate its supervisors to adequately emphasize safety?

6. Build talent strategies around patient safety goals. Hospitals and health systems need to have a clearly defined organizational purpose, or a “true north,” and improving patient safety should be the heart of this.

Hospitals need to specifically define behaviors that support this goal. For example, in the case of the surgical checklist, a flexible leadership style, sense of ownership among staff and teamwork are critical. The best hospitals include behavioral skills like collaboration in the performance evaluation of everyone on the team, including physicians.

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Talent acquisition and development is an important part of creating a real safety culture. In top manufacturing or mining companies, employees are selected with safety behaviors in mind. Employees are then provided tools and training to further develop these behaviors. Critical thinking, a sense of accountability, attention to detail, conscientiousness and a focus on the patient have been shown to directly impact patient care and safety. Hospitals need to take a deliberate approach to integrating these behavioral competencies, and others, into their talent strategies.

Conclusion

Certainly, hospitals care about patient safety. It’s core to their mission. The challenge is that they may not know what it takes to actually create a “safety culture” like other industries do. Hospitals often try to pick and choose specific practices (like checklists) from other industries that they can adopt to improve patient safety. This doesn’t work.

If hospitals are serious about reducing harm to patients, they’ll invest the time, money and energy into making safety the top priority, every day. This commitment won’t be seen as an added task on the to-do list or another program. Spend a few minutes in one of the types of companies we’ve been discussing and you’ll immediately see and feel the safety culture. Compare this with the unacceptable number of times that hospital staff fail to wash their hands, follow universal precautions or make other simple errors that harm patients. Those mistakes happen every day in hospitals all around the country.

A real safety culture simply wouldn’t allow it. ■



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patient safety =

process + technology + people

- ➔ Behaviors matter
- ➔ Does your hiring system target the right behavioral skills?
- ➔ Are you taking advantage of healthcare-specific tools and expertise?



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