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## Taking a Deeper Look at the Care Environment

*Adjunct risk evaluation helps acquiring organizations assess the patient-safety climate.*

As Massachusetts General Hospital considered the benefits of adding a well-respected community hospital to its clinical family, it approached the process in a similar way to its previous acquisitions—by conducting a thorough due-diligence assessment of the organization’s overall health. The Mass General team examined the small hospital’s volume and performance data, financial documents, regulatory reviews, medical staff bylaws, malpractice risks and other information typically surveyed before planned mergers and acquisitions.

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But the preacquisition process included something more: Mass General commissioned an adjunct evaluation to look more closely at the quality and patient-safety climate of the community hospital. Mass

General had used this approach both internally and with other members of its clinical family and found it provided important information that is difficult to assess through traditional document reviews and standard one-on-one interviews.

Even when due-diligence assessment results are extraordinarily strong, experience had taught us that there might still be gaps in the hospital’s ability to deliver the safest care possible.

The additional risk evaluation helped us identify these gaps, and better understand the hospital, through three unique features: (1) It examined the organization’s safety culture and climate and how they were affected by its leadership at all levels; (2) it yielded an in-depth qualitative analysis; and (3) it was conducted by a third party, which in this case was Mass General’s medical professional liability insurer.

The adjunct review’s main assessment method was interviews: intimate conversations and focus groups with about 75 people across the hospital. The interviewees represented a broad cross-section of staff, including senior executive and

clinical leaders, mid-level managers, nurses and physicians, and nonclinical support staff. In an objective and nonthreatening way, the two-member evaluation team teased out key elements of the hospital’s patient-safety structure, culture and leadership approach.

The interviews provided rich insights into daily practices at the small hospital, how psychologically safe employees felt to raise safety concerns, how they learned from each others’ experiences and how leadership’s role in patient safety was perceived across the organization. By comparing what management was saying about quality and safety with what front-line staff and providers were experiencing, the assessment revealed both strengths and opportunities for improvement related to the hospital’s patient-safety performance. The reviewers shared their findings and recommended strategies for addressing the key challenges identified.

### Findings and Suggested Improvements

The third-party assessors cited several exemplary areas at the small hospital, along with a few areas showing room for improvement. For example, the team learned that the organization had energized leaders, a clear strategy for growth and a commitment to patient safety, with resources and tools to promote it.

At the same time, the review found opportunities to:

- Enhance board-to-bedside communication around the hospital's aspirations for a safety culture
- Improve staff morale by encouraging leaders to visit the front lines

and take visible steps to acknowledge caregivers' heroic efforts

Having conducted risk assessments for similarly sized and positioned hospitals in its captive insurance network and for other clients across the country, the evaluation team enabled Mass General and the community hospital to understand where the latter stood on its patient-safety journey and to consider strategies for success. Both hospitals were responsible for implementing the strategies.

From the initial conversation to the final presentation, the process took about three months and was highly collaborative, with the evaluators working closely with Mass General leadership throughout.

### Inspired by Earlier Review

Mass General pursued this extra layer of review because of a positive experience it had a few years earlier, when its medical professional liability insurer provided a similar assessment of the organization and also examined aspects of quality and safety in several of its affiliated institutions. The results were so revealing that Mass General folded the extra risk assessment into its evaluation process for all planned acquisitions and affiliations going forward, believing it would make the due-diligence process even more robust.

The earlier review endorsed Mass General's patient-safety model, in which every clinical service has a designated physician leader who is responsible for quality and safety—and who has the skills, resources, visibility and accountability to bring about change where needed; however, the assessment also identified several areas for improvement at Mass General and across member hospitals. For example, the assessment:

- Affirmed the need to continue clarifying expectations and procedures around professional conduct to promote a culture of safety
- Recommended limiting the number of patient-safety goals so front-line staff can more easily follow them
- Advised that the hospitals amplify their leadership-to-bedside communications around quality and safety by convening safety huddles, for example
- Suggested various institutions expand their board education on patient safety

- Revealed opportunities to harmonize quality and safety across Mass General’s clinical network, helping the organization prioritize its patient-safety efforts

Generally speaking, the review underscored the value of cascading information in an authentic, compassionate and ongoing way to ensure that everyone, from the front lines to senior leadership, is on board with the hospital’s patient-safety goals.

The adjunct patient-safety assessment has the full support of Peter L. Slavin, MD, president, Mass General. He notes, “This is a powerful method that adds depth and breadth to our assessment process and helps us to ensure a safety-oriented focus during a time of network growth.”

### Lessons Learned

Engaging front-line staff in quality and safety efforts is critical for success in today’s changing healthcare environment; however, engagement can be difficult to gauge in a traditional document review.

Our experience with this complementary risk appraisal has yielded several lessons. First, being able to assess whether staff appreciate their role in patient safety—as well as how they view our efforts as leaders—is extremely useful. While gaps often exist between our intentions and the experience of our clinical and nonclinical colleagues, this approach reveals the key barriers to creating and maintaining engagement in patient-safety efforts at all levels of the organization.

Second, a third-party evaluation provides an important external perspective. The acquisition process can be both challenging and awkward for an institution to simultaneously conduct its due diligence and develop a relationship with the new planned partner. This review allows the acquiring organization to uncover insights—beyond the due-diligence methods—that all parties will find valuable moving forward, and it provides another set of observations to weigh, and actions to consider, before or after a merger or an acquisition.

Lastly, don’t expect perfection when assessing your organization or that of a planned partner, but remain open-minded and look for opportunities to learn best practices and innovations from prospective partners. Together, you can build a stronger alliance and a safer environment for your patients, your providers and the organization. ▲

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