



Walk This Way

Key Steps to an Effective
Patient Safety Culture

crico

What's a leader to do?

A nurse leader's perspective
on the implementation of
team-led improvement &
culture change

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Presentation Overview

- The culture of teamwork in health care: A call to action
- Role of clinicians, administration, and patients & family members
- Improving team work and reliability: Nurse's as local & senior leaders bedside to board
- Discussion



Culture of teamwork in healthcare: Heroism at work

“Some people like to climb mountains. I like to build planes, in the air. I grew up wanting to be on a wing. Wanting to be up this high. Sometimes the temperature at that altitude will reach sixty below. It’s crisp. It’s refreshing. You never know what you’re going to come across up here. Canadian geese, mallards, owls. These people back here. That’s why I come to work. That’s why I build airplanes in the sky. We’re not just building planes here. We’re building a dream. I love this job. I don’t get a lot of thanks up here, but I look over there and see that little kid and look in his eyes. That’s all the thanks I need...”

<http://www.youtube.com/watch?v=L2zqTYgcpfg>

EDS Build Plane in the Air



Evolving cultural norms and leadership practices: From Heroism to systems...

Heroic Leadership

- Overcoming risk
- Unilateral, often hierarchical decision-making
- Demonstrates personal courage & risk-taking

Team-based Leadership

- Proactive risk mitigation
- Draws solutions from others
- Focuses on routine and common challenges



Limitations in meaningful progress to establish interprofessional practice as normative

- Health care programs in medicine, nursing and **most disciplines stress the role of individualism, individual accountability, and flawless personal performance.**
- **Healthcare professions are educated in isolation** and rarely meet during their training. Their language, values and socialization are all distinct.
- **Pride in one's own professional socialization is often elevated above teamwork.**



Mosser, G. and Begun, JA, (2014), Location 224



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The importance of systems in shaping the quality of health care

Question: 15 years later, to what extent do nurses and front line clinicians truly shape quality & safety improvement initiatives in their settings from bedside to board levels?



- 2009 – 2014 studies estimate ranges of 2-8% of hospitals and health systems include nursing leaders as voting board members

Kohn, LT, Corrigan, JM, and Donaldson, MS, eds. (2000).

Prybil, L. (2009).



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Hospitals with strong teamwork cultures have better patient safety climates

- Quality improvement depends on teamwork and novel ways of adapting.
- Hierarchical cultures associated with a strong chain of command framework are often slow to change.
- A hospital's cultural climate is key to the success of quality improvement (QI) programs.
- Efforts to foster a climate of teamwork will yield a positive impact on the hospital's safety climate.

Speroff, T, Nwosu, MS, Greevy, RA, et al (2010).



A call to action:

The “truth” concerning teamwork in hospitals

Truth: Extreme hyper-specialization applied to clinical diagnosis supports both scientific discovery and treatment innovation.

Truth: Health care delivery holds promise to heal and help, yet is often complex, difficult to coordinate, and segmented by specialties.

Truth: The use of teams can mitigate the communication and planning risks associated with organizational and localized silo's.



Mosser, G. and Begun, JA, (2014)

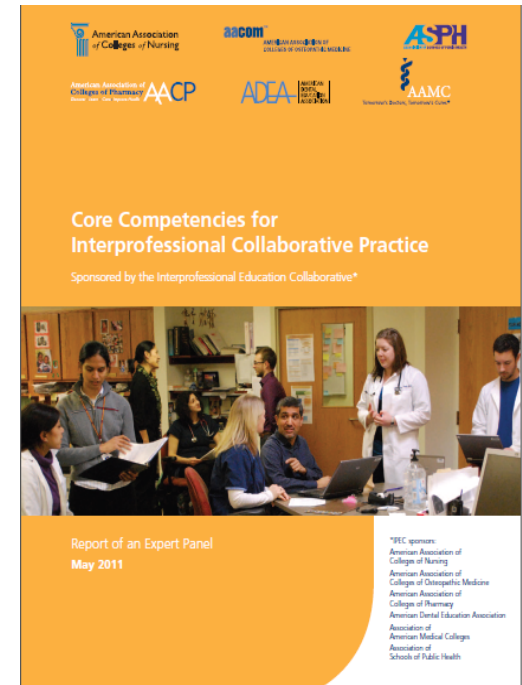


Essential health care team leadership competencies

Competency – the skill, knowledge, and values required to effectively perform in a relevant professional practice setting

Interprofessional Education Collaborative Expert Panel - Four Domains:

- Values and ethics
- Roles and responsibilities
- Communication
- Teamwork



Core Competencies for Interprofessional Collaborative Practice ,(2011).



The role of clinicians, administration and patients & families as team members

How does effective team functioning benefit care quality?

- Blended expertise
- Speed and continuity in hand-offs
- Reduces isolation
- Promotes continuous learning
- Shared idea generation spawns innovation



Mosser, G. and Begun, JA, (2014), Location 422.



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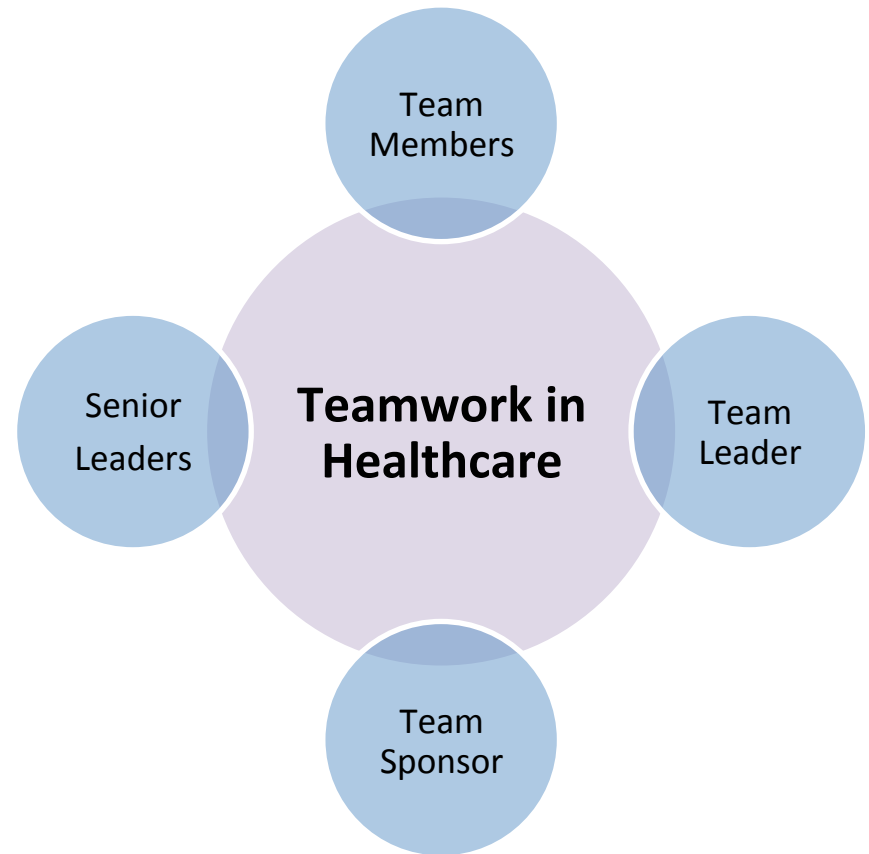
The role of clinicians, administration and patients & families as team members

Member: relate to patients, families and team members. Participate in managing team processes

Leader: enable, develop, and coach the team

Sponsor: design, evaluate and guide the team

Senior leaders: create team-based organizational culture; support team sponsors



Adapted from Mosser, G. and Begun, JA, (2014), Location 541.



Nurse's role in quality improvement initiatives: Barriers to full participation

- ***Erosion in allocation of indirect care hours*** for QI and professional practice initiatives related to organizational cost containment.
- ***Challenges to coordinate participation*** of front line nurses, clinical managers and senior leaders.
- ***Frequent requests*** to join growing quality, safety and regulatory readiness efforts.
- ***Inadequate administrative / data management support*** allocated to unit-based nurses and APRNs, particularly in direct care delivery roles.
- ***Insufficient academic preparation*** in clinical data management, statistics and QI science.



Draper, DA et al, (2008), p. 6.



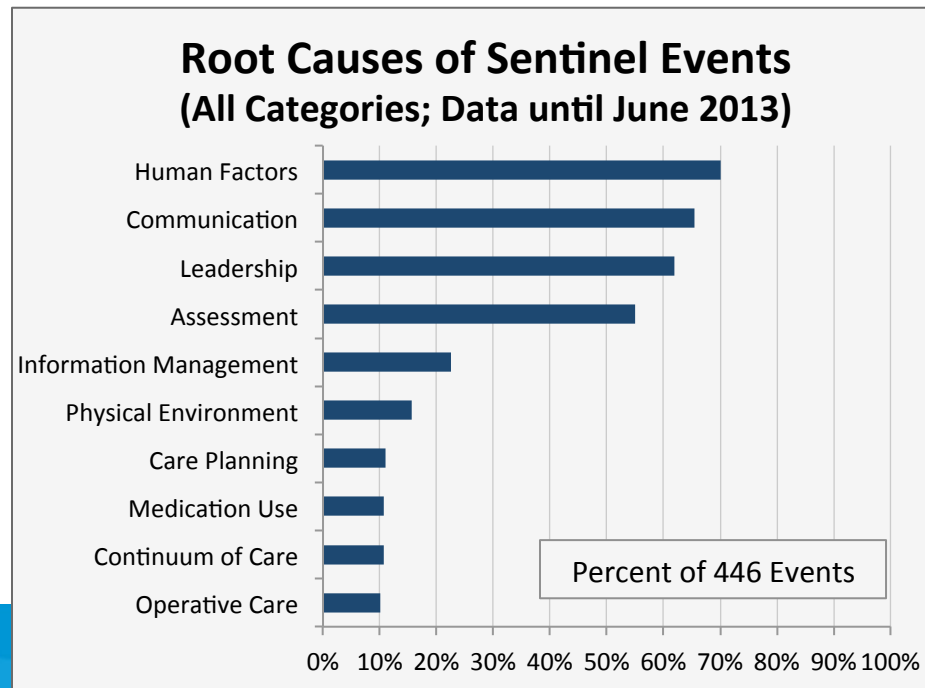
Boston Children's Hospital: Use of AACN Healthy Work Environment Tool 2010 to Present

Creating the “case” for a healthy work environment...

What do we know?

Human Factors, Communication Issues, and Leadership

Are present in over 60% of ALL sentinel events reported to JCAHO



Healthy Work Environment (HWE): Background

- In 2006, The American Association of Critical Care Nurses (AACN) and American College of Chest Physicians (ACCP) identified essential standards for establishing and sustaining a healthy work environment
 - These standards align directly with the core competencies for health professionals recommended by the Institute of Medicine
- The standards represent evidence-based and relationship-centered principles of professional performance
- Non-nursing organizations endorsing Healthy Work Environments: American College of Chest Physicians, American Thoracic Society, Society for Critical Care Medicine, Society of Hospital Medicine



AACN Healthy Work Environment Standards

Evidence-Based Standards

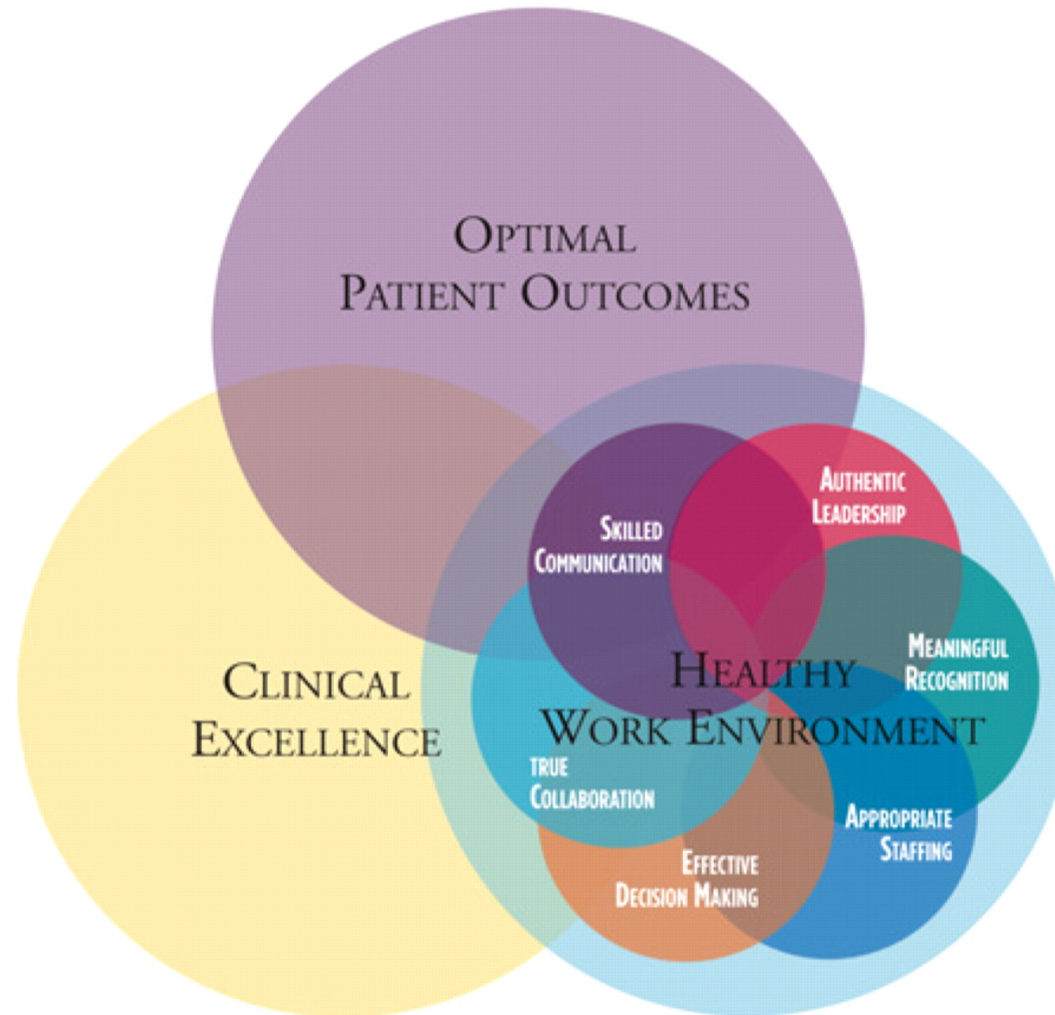
Skilled Communication	Nurses [and their care-giving partners] must be as proficient in communication skills as they are in clinical skills.
True Collaboration	Nurses [and their care-giving partners] must be relentless in pursuing and fostering true collaboration.
Effective Decision Making	Nurses [and their care-giving partners] must be valued and committed partners in making policy, directing and evaluating clinical care and leading organizational operations.
Appropriate Staffing	Staffing must ensure the effective match between patient needs and nurse competencies.
Meaningful Recognition	Nurses must be recognized and must recognize others for the value each brings to the work of the organization.
Authentic Leadership	Nurse leaders must fully embrace the imperative of a healthy work environment, authentically live it and engage others in its achievement.

Standards interact to promote clinical and operational excellence for optimal patient outcomes.



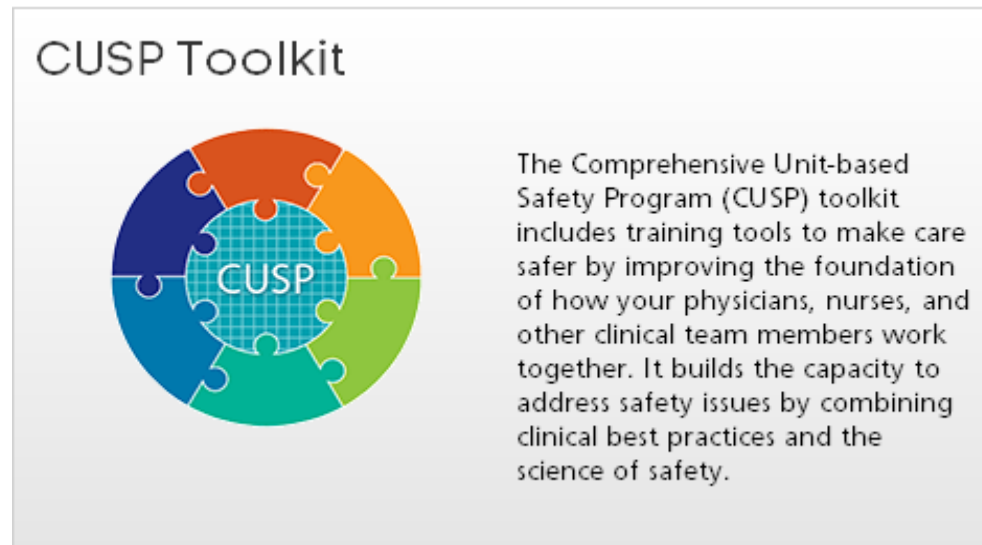
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American Association of Critical Care Nurses (AACN): Healthy Work Environment Model



Improving teamwork and reliability in health care: Applying CUSP to improve culture and local learning

- Supports change through local leaders
- Engages senior executives
- Identifies defects via sense-making
- Supports spread and scale
- Nursing leadership viewed as central
- Patient and family engagement key

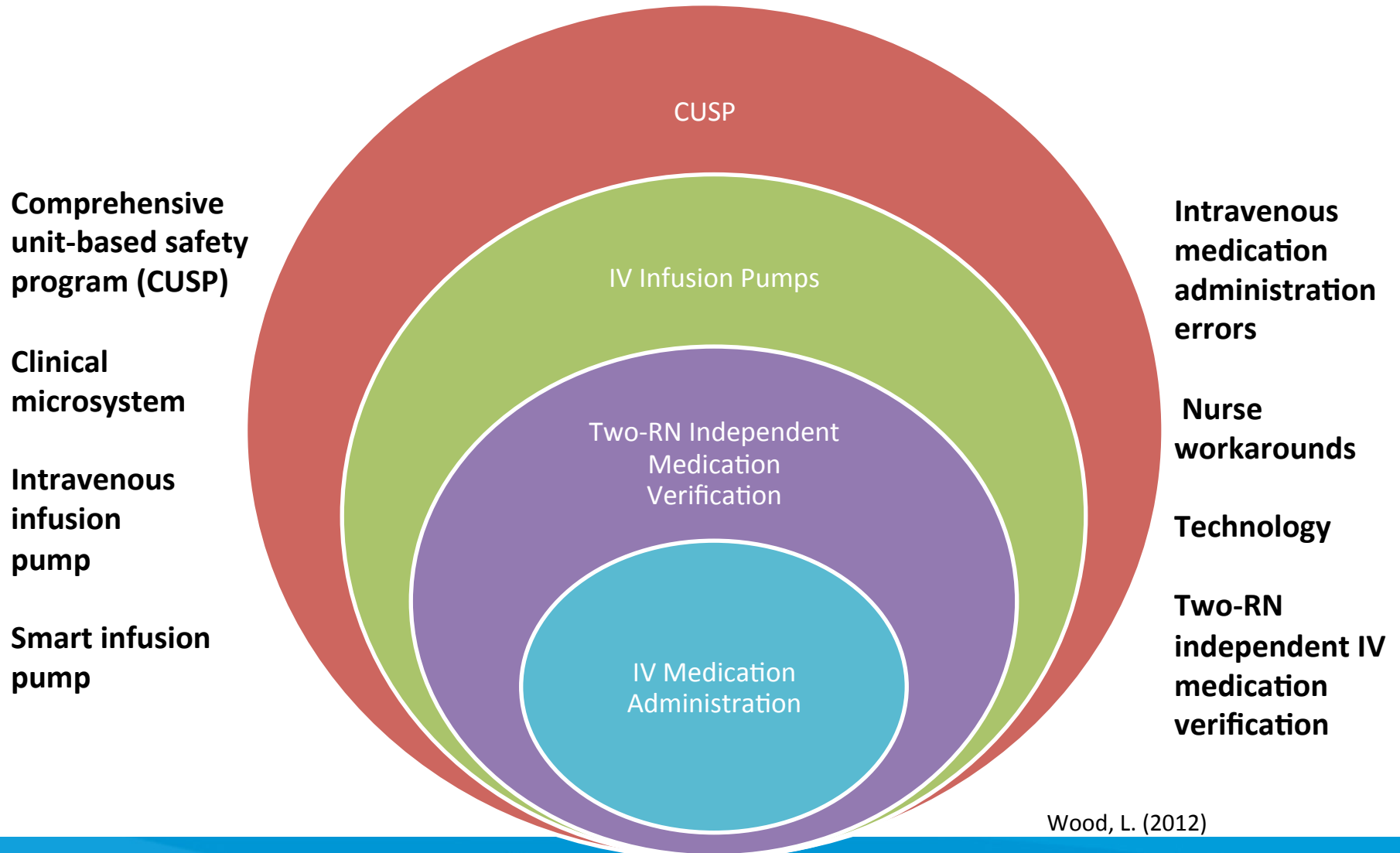


CUSP is used to improve culture and support organizational learning from mistakes that are important, but cannot be measured as rates within a QI process

AHRQ, CUSP Toolkit .



CUSP: Mitigation of IV Medication Administration Barriers



Wood, L. (2012)



Improving teamwork and reliability in health care

High Reliability & QI:

- QI occurs when the organization effectively shapes human behavior
- Methods based on reliability science
- Focus on preoccupation with failure in high risk environments
- Human performance in complex systems is the focus of the design of 5 key elements that direct behavior and outcomes

Shaping Behaviors at the Sharp End



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Healthcare Performance Improvement (2014).



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Improving teamwork via “boundary spanning leadership:

Leaders must cross boundaries to create direction, alignment and commitment

- **Vertical** – across levels and hierarchy
- **Horizontal** – across functions and expertise (**92%** rank as most essential skill / **7%** report effectiveness)
- **Stakeholders** – beyond the boundaries of the future with external partners
- **Demographic** – across diverse groups, e.g. gender, ethnicity
- **Geography** – across regions, locally, nationally and internationally



Yip, J., Ernst, C, and Campbell, M. (2011)





THANK YOU!



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References

AACN. American Association of Critical Care Nurses Resources. Accessed June 12, 2014 at <http://www.aacn.org/wd/hwe/content/resources.content?lastmenu=>

AHRQ. Comprehensive Unit-based Safety Program. Accessed May 20, 2014 at <http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html>

Core competencies for Interprofessional collaborative practice. Report of an expert panel, (2011). Interprofessional education collaborative. Washington, DC. Accessed May 20, 2014 at <http://www.aacn.nche.edu/education-resources/ipcreport.pdf>

Draper, DA, Felland, LE, Liebhaber, A., Melichar, L. (2008). *The role of nurses in hospital QI*. Research brief No 3. Sponsorship by Robert Wood Johnson Foundation. Center for studying health system changes, Washington, DC. Accessed May 20, 2014 at http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2008/rwjf23160

Electronic data systems, (date unknown). Build plane in the air. Accessed May 20, 2014 at <http://www.youtube.com/watch?v=L2zqTYgcpfg>



References

Health Research & Educational Trust. (April, 2014). Building a leadership team for the health care organization of the future. Chicago, IL: Health Research and Educational Trust. Access May 20, 2014 at <http://www.hpoe.org/futureleadershipcompetencies>

Healthcare performance improvement, (2014). Accessed May 20, 2014 at <http://hpiresults.com/index.php/intro/what-we-do>

Katzenbach, JR and Smith, DK (2006). *The wisdom of team: Creating the high-performance organization*. Collins business essentials, ed. New York, NY. HarperCollins Publishers

Kohn, LT, Corrigan, JM, and Donaldson, MS, eds. (2000). *To err is human: Building a safer health system*. Washington, DC. National Academies Press.

Mosser, G. and Begun, JA, (2014). *Understanding teamwork in healthcare*. McGraw-Hill Education.

Needleman, J. and Hassmiller, S. (2009). *The role of nurses in improving hospital quality and efficiency: Real-world results*. Health Affairs. July/August, 28(4), w625-w633.



References

Prybil, L. (2009). Engaging nurses in governing hospitals and health systems. *Journal of Nursing Care Quality*, 24(1), 5-9.

Speroff, T, Nwosu, MS, Greevy, RA, et al (2010). Quality and safety in health care (19). *Organizational culture: Variation across hospitals and connections to patient safety climate* (19), 592-596.

Wood, L. (2012). *Mitigation of IV Medication Administration Barriers: A Comprehensive Unit-based Safety Program (CUSP) Initiative*. Johns Hopkins University School of Nursing. Publication Pending, 2014.

Yip, J., Ernst, C, and Campbell, M. (2011). Boundary spanning leadership. Mission critical perspectives from the executive suite. Center for creative leadership. 1-28. Accessed on May 20, 2014 at <http://www.ccl.org/leadership/pdf/research/BoundarySpanningLeadership.pdf>

