



Putting Culture on Trial

A Class Action Suit

CRICO | strategies

Culture is not guilty, it's us!

Expert Witness:
David L. Feldman, MD
HIC & FOJP Corporation

“Culture change requires champions on a daily basis to remind people that this is how we do things here.”

#CRICO15



Hospitals
Insurance
Company, Inc.

Culture is not the problem: *Culture is us!*

**David L. Feldman, MD,
Chief Medical Officer & SVP
Hospitals Insurance Company
New York, NY**

Agenda

- Respect
- Influencing others
- Just culture

THEMES:

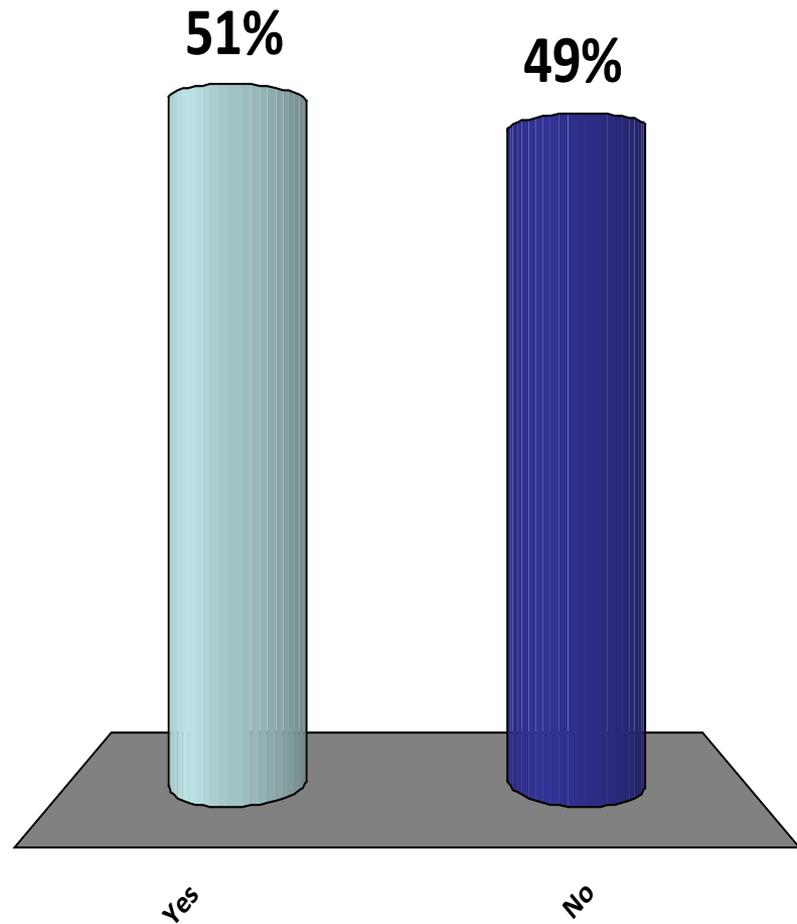
- The value of storytelling
- The importance of leadership
- The power of teams

Polling

Have you been treated disrespectfully in the last week?

A. Yes

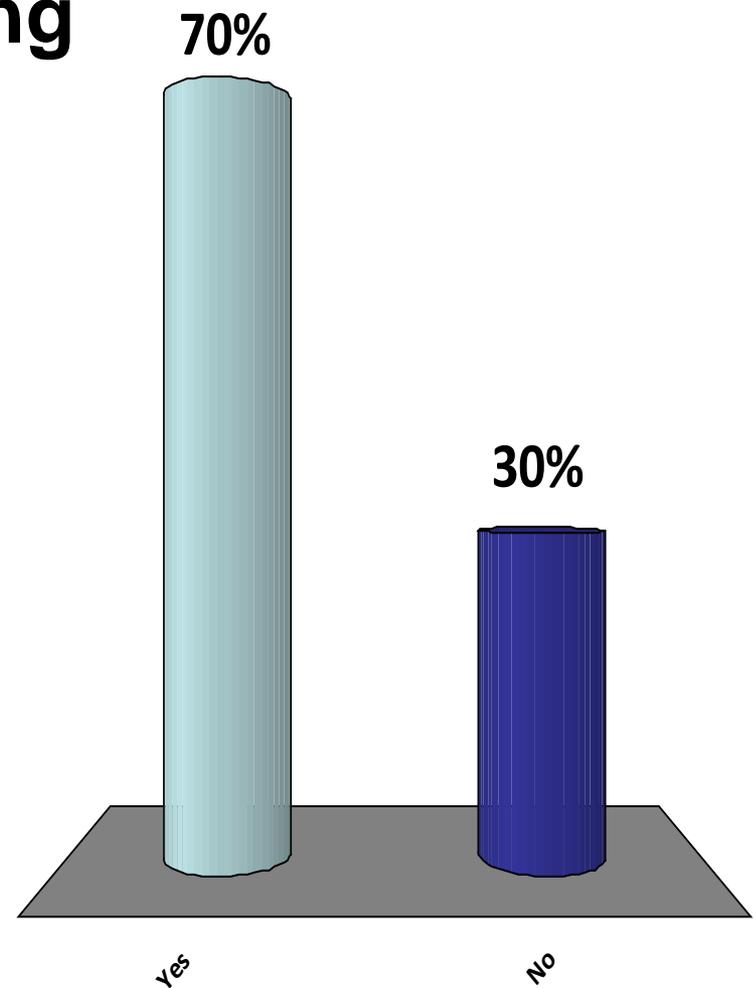
B. No



Polling

Have you seen others being treated disrespectfully in the last week?

- A. Yes
- B. No



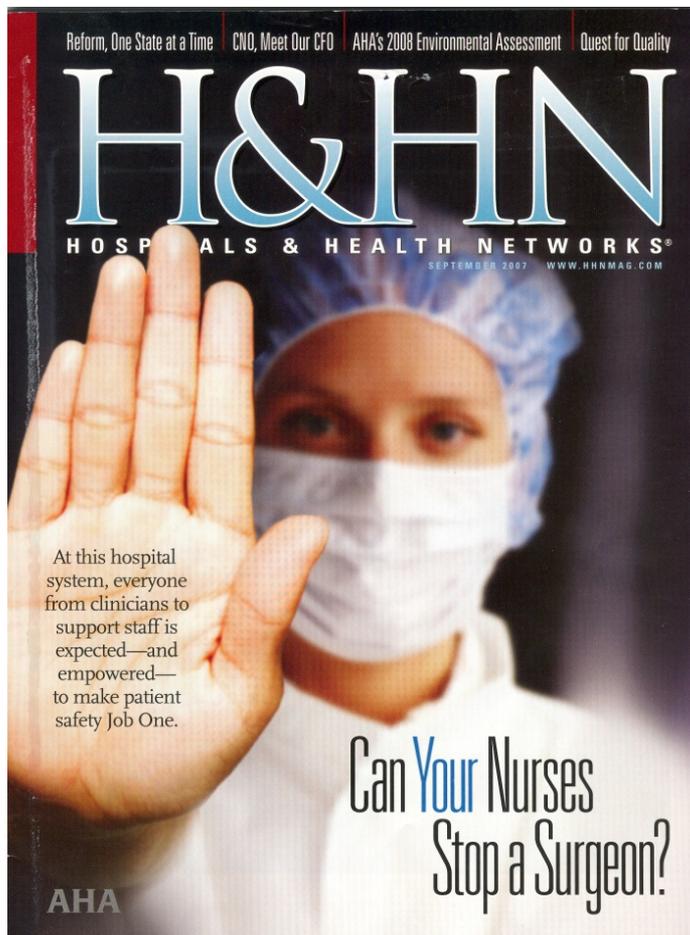
So What?

“....respect is like air. If you take it away, its all people can think about.”



Patterson K., Grenny J., McMillan R, Switzler A. Crucial Conversations. 2002: McGraw-Hill. pp. 71.

Respect



WSJ.com **THE WALL STREET JOURNAL.**
ONLINE

November 16, 2005

THE INFORMED PATIENT
By LAURA LANDRO



Bringing Surgeons Down to Earth

New Programs Aim to Curb Fear
That Prevents Nurses
From Flagging Problems

November 16, 2005; Page D1

For patients undergoing surgery, the
structure in the operating room.

WSJ.com **THE WALL STREET JOURNAL.**
ONLINE

September 28, 2005

THE INFORMED PATIENT
By LAURA LANDRO



Teaching Doctors to Be Nicer

New Accreditation Rules Spur
Medical Schools to Beef Up
Interpersonal-Skills Training

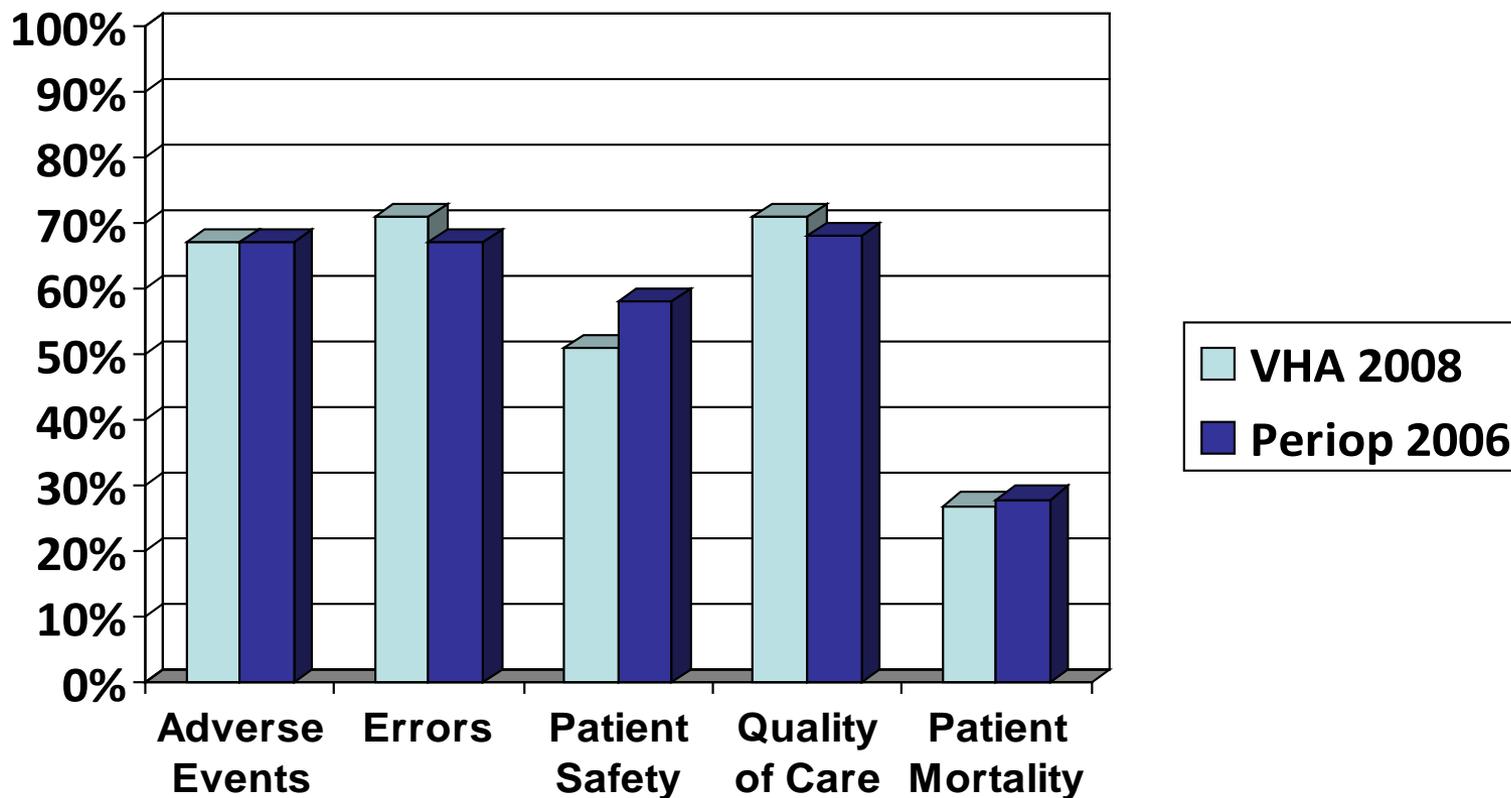
September 28, 2005; Page D1

In her second year as a resident at Indiana University School of
Medicine, Michelle Elieff had a "rude awakening" about the
medical profession.

It wasn't the chaos of the emergency room or the grim work of

Disruptive Behavior & Adverse Events

How often do you think there is a link between disruptive behavior and the following clinical outcomes at your hospital?



Rosenstein, *JC Jnl Qual PS*, 2008, 464-471.
Rosenstein, *JACS*, 2006, 96-105.

Vanderbilt University Med Center

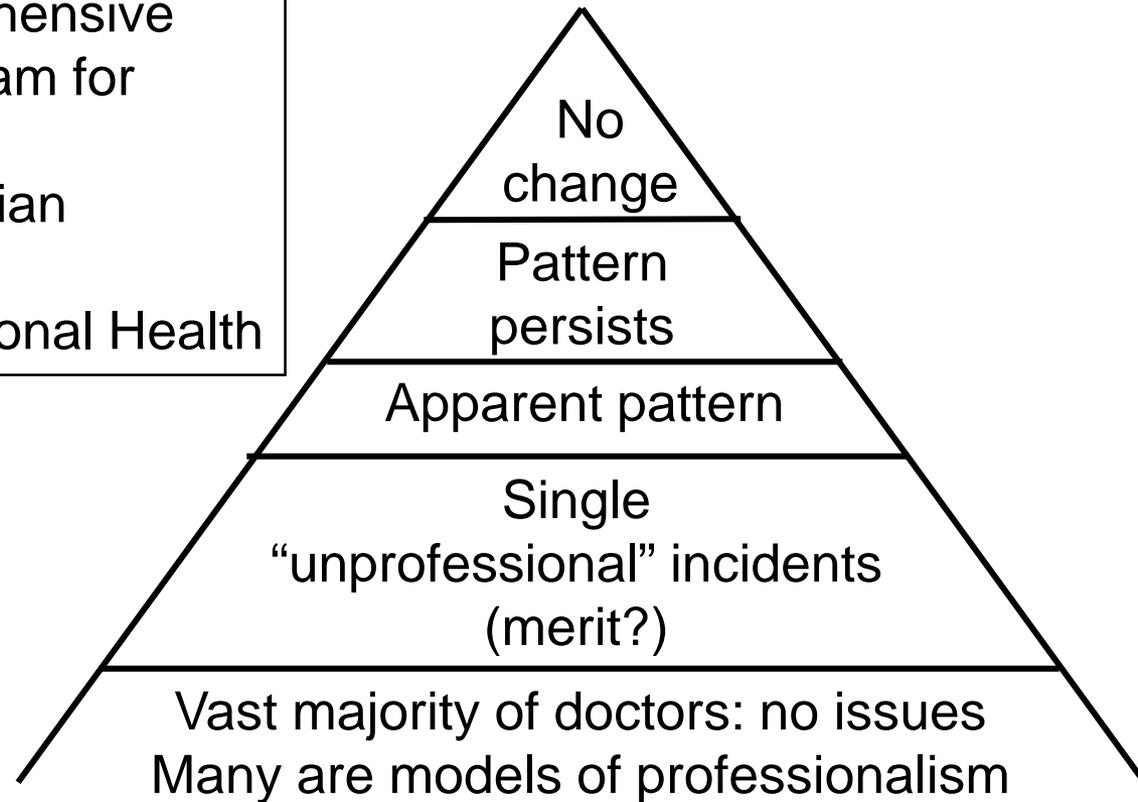
Center for Patient and Professional Advocacy

- Professional Conduct Policy
- Training for faculty in
 - Commitment to *Credo behaviors*
 - Feedback to students & residents
 - Behavior policy
- Patient Advocacy Reporting System (PARSSM)
 - Patient Complaint Monitoring Committee

The Disruptive Behavior Pyramid

Resources

- Vanderbilt Comprehensive Assessment Program for Professionals
- Faculty and Physician Wellness Program
- Center for Professional Health



Hickson, *Acad Med*, 2007, 1-9.

Code of Professionalism for OB/GYN

We will ensure that all patient care, employee interpersonal communications, and other day to day operations are conducted with the utmost professionalism and compassion. We developed this Code of Professionalism to guide our daily interactions toward consistent excellence and to prevent conflicts and other inappropriate behaviors.

Shared Values: integrity – compassion – respect – excellence

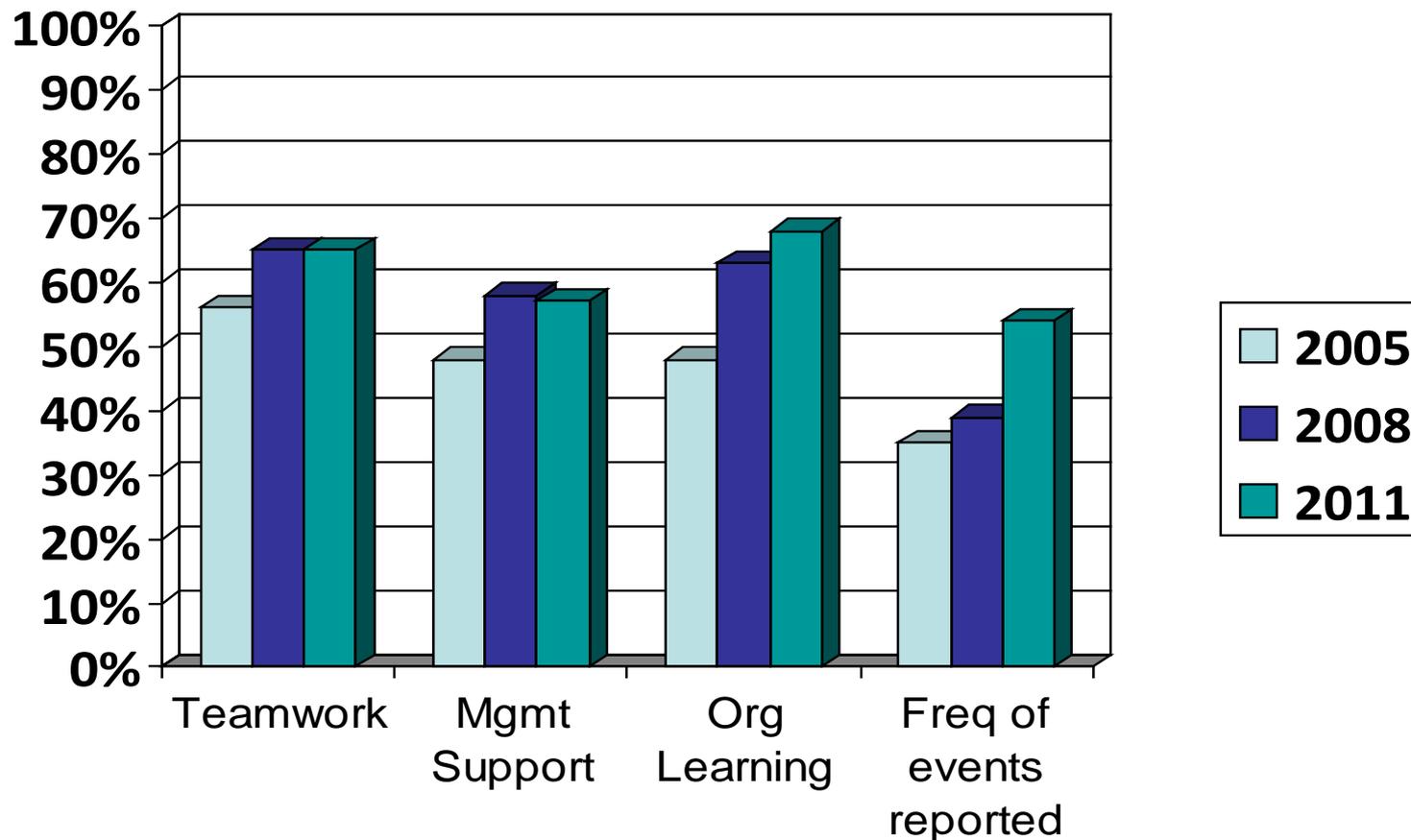
Mount Sinai Medical Center

Committee Actions	N (%)
1-1 coaching w/committee member	89 (66%)
2-1 coaching w/committee member	12 (9%)
Entire committee (repeat offenders)	1 (1%)
Coincided with disciplinary process (committee relinquishes control)	20 (15%)
Resulted in discipline after review	5 (4%)
Referral to third party	7 (5%)

DuPree, *JC Jnl Qual Pt Safety*, 2011, 447-455.

Mount Sinai Medical Center

Results from AHRQ PS Culture Survey



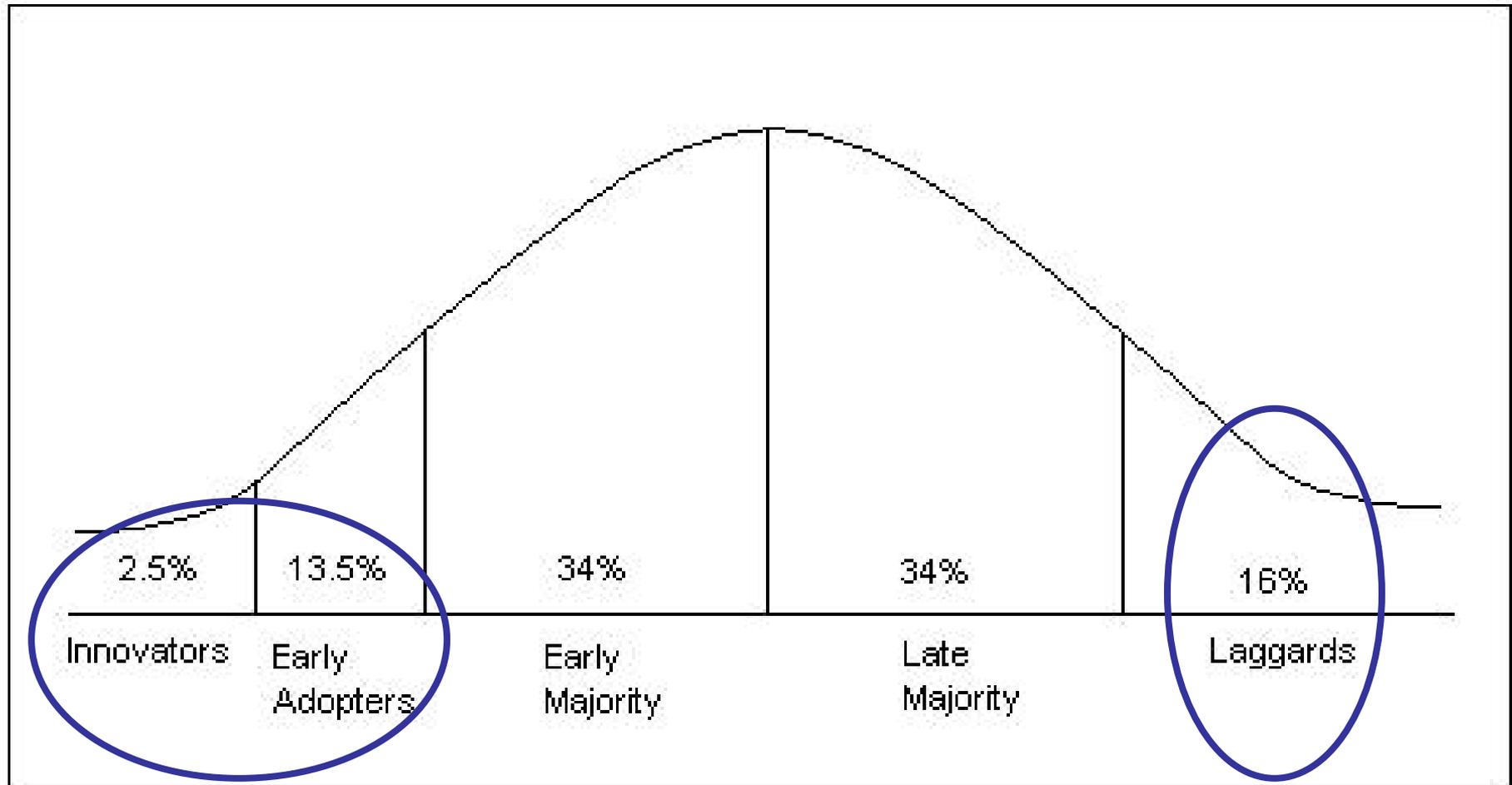
DuPree, *JC Jnl Qual Pt Safety*, 2011, 447-455.

Maimonides Medical Center

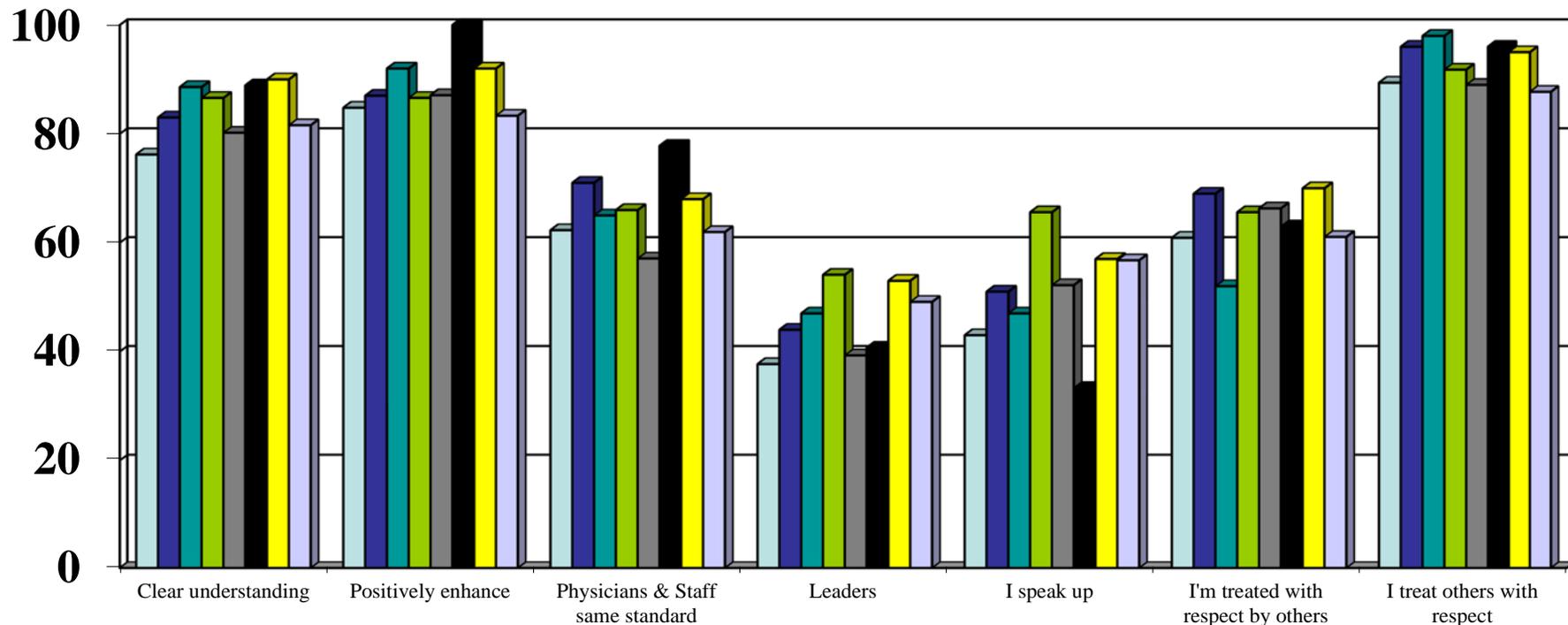
- Code of Mutual Respect
 - Clear expectations of respectful behavior that applies equally to everyone
 - Recognition of and mechanisms to address systems issues that cause frustrations
 - Investigations conducted by unbiased peers from other departments
 - Progressive discipline that is similar in concept for physicians and other employees
- Skills training program
- Mediated conversations
- Respect survey

Kaplan, *AORN J*, 2010, 495-510.

Rogers' Adoption Curve



Respect Survey Results



OR - 2005

Peds - 2006

OB/GYN - 2006

Path - 2008

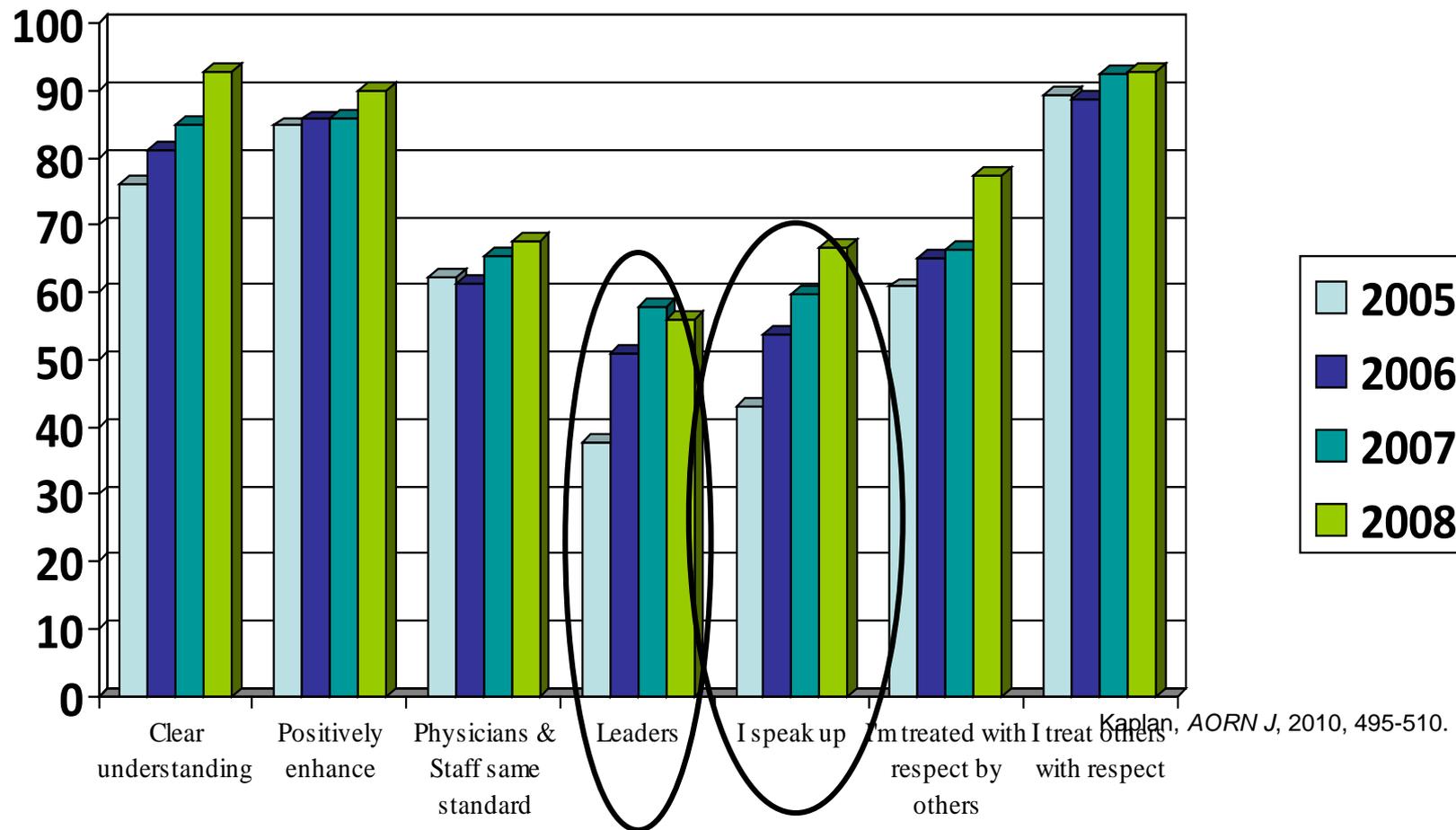
Rad - 2008

Blood Bank - 2009

ED - 2010

CC - 2010

Respect Survey Results – Perioperative Services

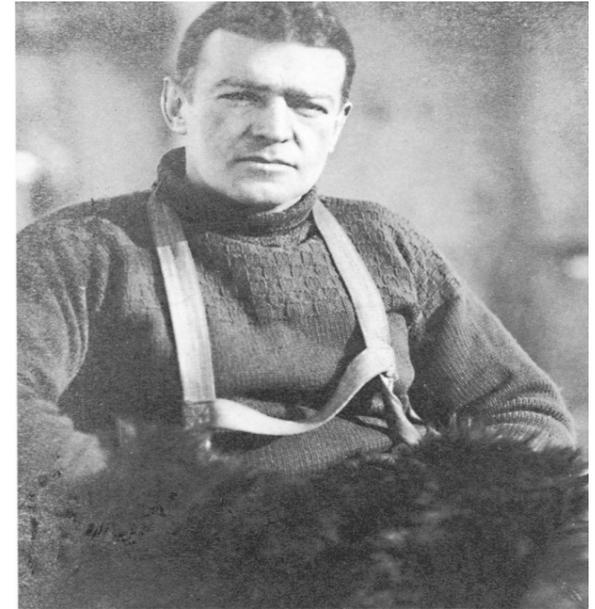
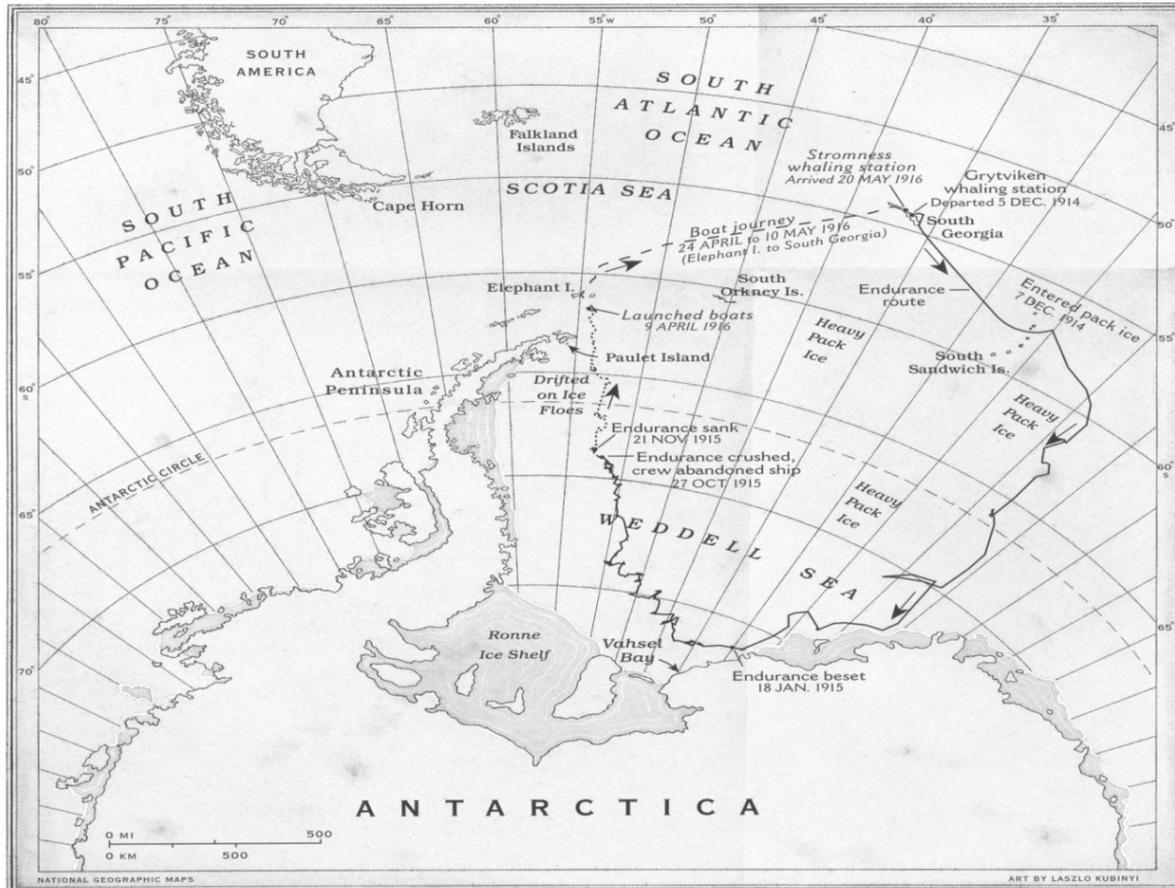


Patient Safety & Respect – YOUR ROLE

“You can’t hold court in your head, find the other person guilty, and expect to act respectfully and cordially toward them. If you want to repair your nonverbal behavior, alter the conclusion you’ve drawn before you say a word.”

Kerry Patterson, co-author of *Crucial Conversations*

Shackleton & The Endurance



Sir Ernest Shackleton

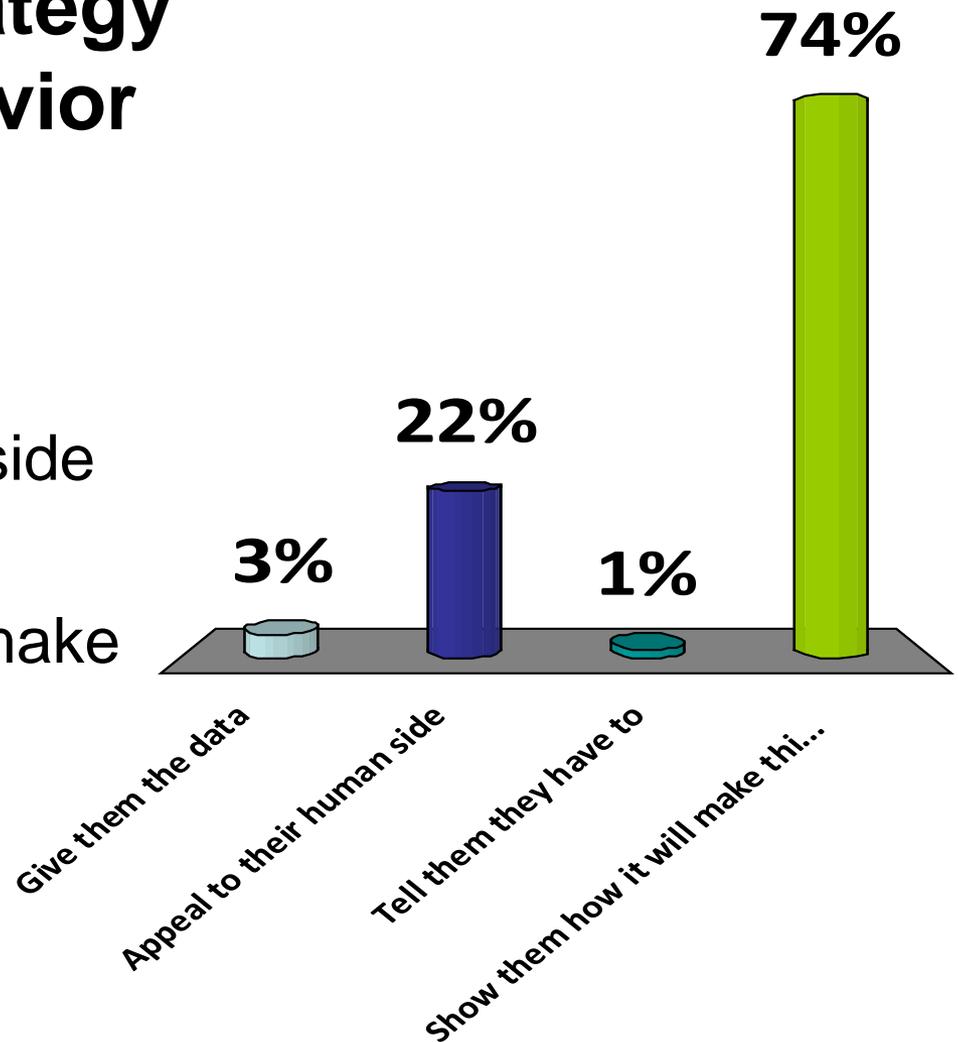
Teamwork c. 1916



Polling

What is the best strategy for influencing behavior in healthcare?

- A. Give them the data
- B. Appeal to their human side
- C. Tell them they have to
- D. Show them how it will make things better for them

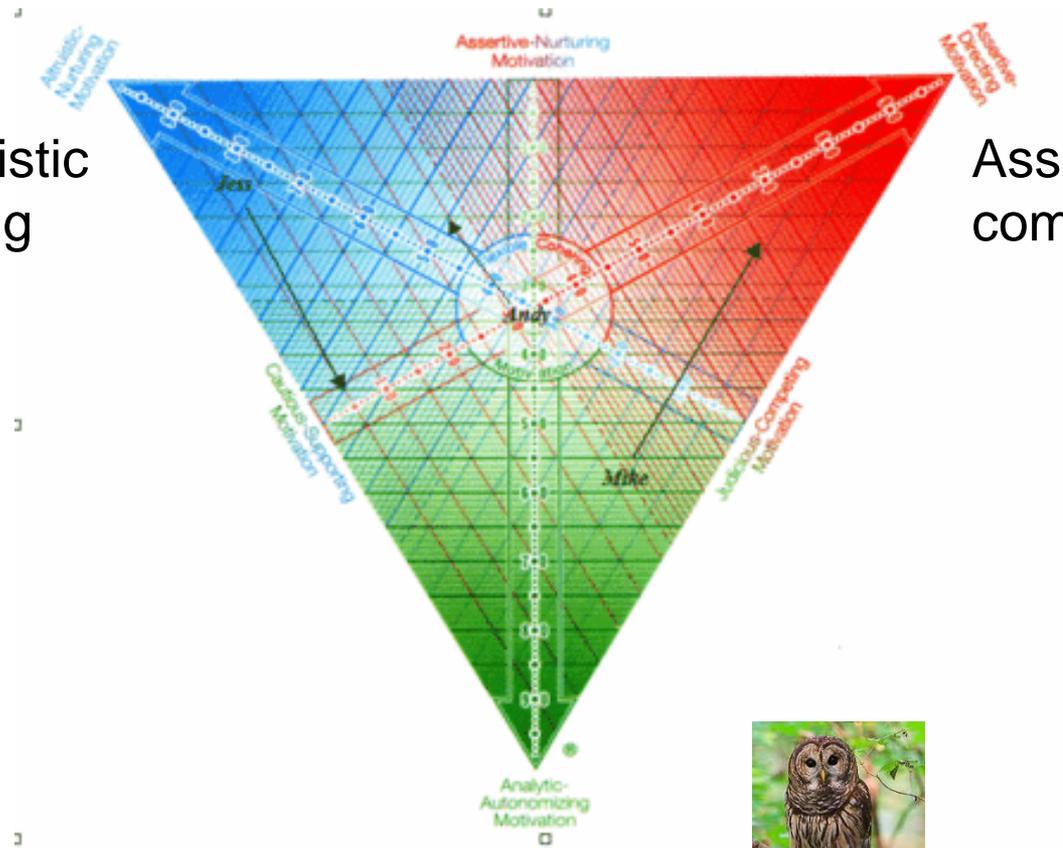


Personalities matter

Strength Deployment Inventory



Altruistic
caring



Assertive
competitive



Analytic thinking



The Fundamental Attribution Error

We jump to a conclusion.

We believe that people are doing what they're doing because they enjoy it.

The Six Cell Model

	Motivation	Ability
Personal	Feel pleasure & congruence	Have skills & knowledge?
Social	What is the impact of/on others?	Do others help?
Structural	What things reward/punish?	What things enable?

From *Crucial Conversations*

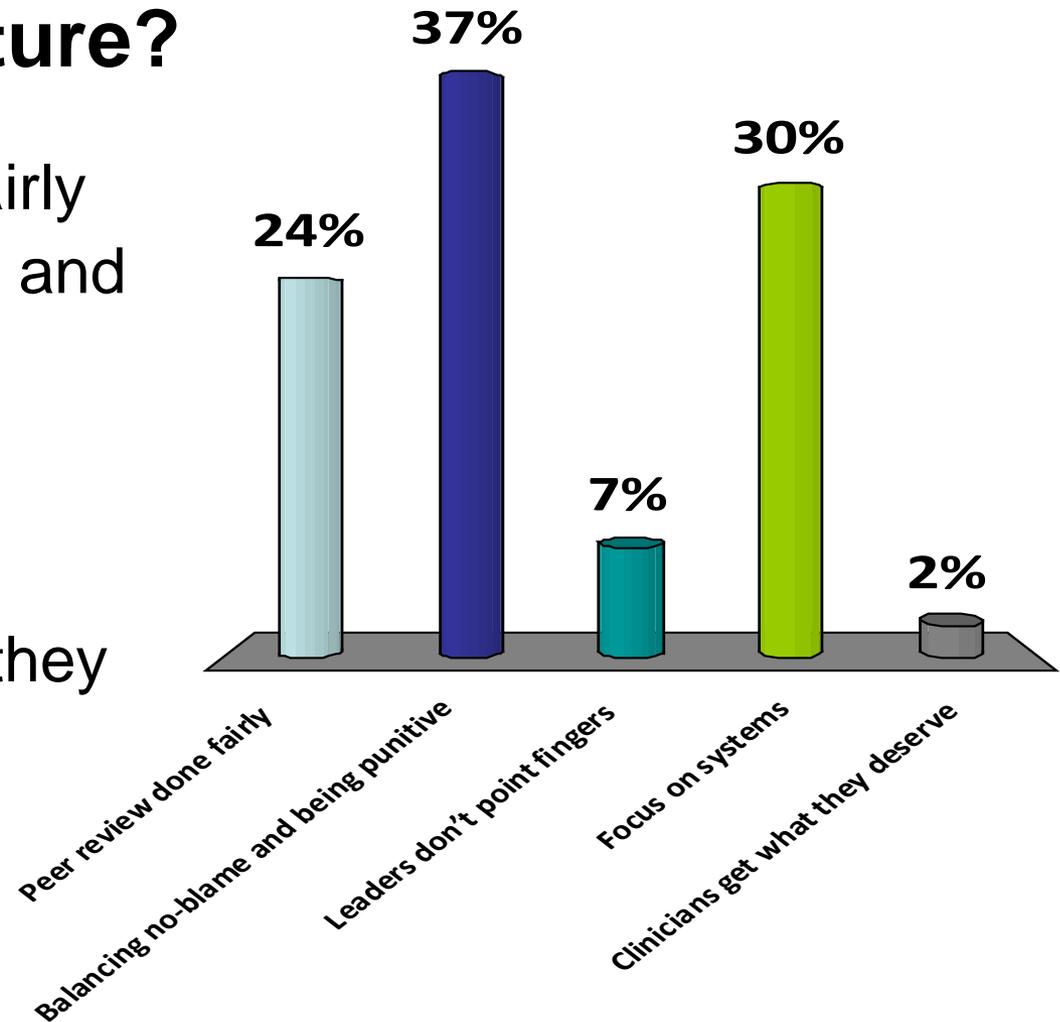
The Three Whys

- Rational (data)
- Emotional (human story)
- Personal (WIIFM)

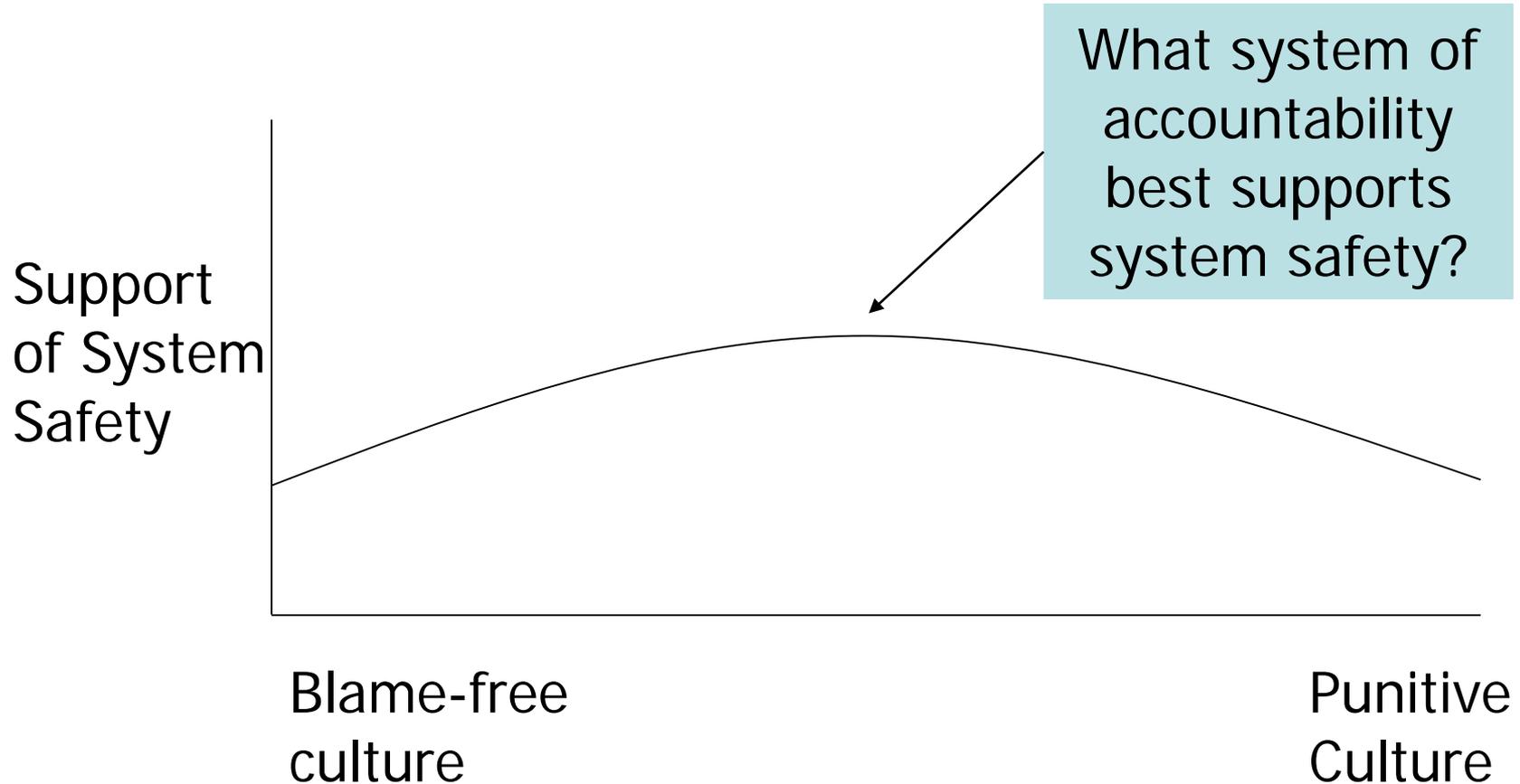
Deao, C. The 3 Whys of Compelling Communication.
Healthcare Executive. Mar/Apr 2015.

What is a just culture?

- A. Peer review done fairly
- B. Balancing no-blame and being punitive
- C. Leaders don't point fingers
- D. Focus on systems
- E. Clinicians get what they deserve



What is a Just Culture?



The Behaviors We Can Expect

Human error: inadvertent action, not doing what should have been done; slip, lapse, mistake

At-risk behavior: choice that increases risk where risk is not recognized, or is mistakenly believed to be justified

Reckless behavior: choice to consciously disregard a substantial and unjustifiable risk



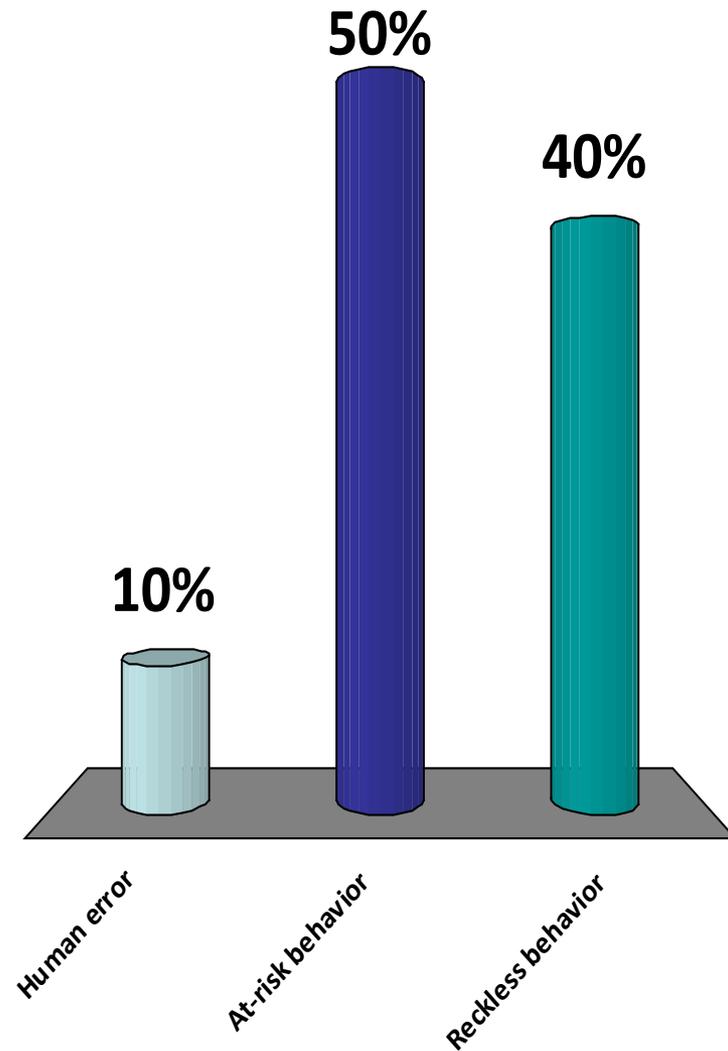
Scenario

A surgery resident accidentally contaminates an instrument in the OR. No one notices. The instrument is critical to the procedure and the resident is aware that if the instrument has to be re-sterilized it will delay the procedure by at least 20 minutes to either re-sterilize, or call for a replacement. Knowing the attending surgeon has a history of being abusive to residents, the resident says nothing.

Polling

Would you consider the resident's behavior

- A. Human error
- B. At-risk behavior
- C. Reckless behavior



Accountability

Maimonides Medical Center Perioperative Services

MEMORANDUM

Date: February 12, 2010

To: Medical Staff working in the Operating Rooms

From: David L. Feldman, MD
Vice-President Perioperative Services

Samuel Kopel, MD
Medical Director

Re: **Enforcement of Operating Room Safety Policies**

For the last few years at the time of re-credentialing we have been sending you three of the most important patient safety policies – Universal Protocol, Prevention of Retained Foreign Bodies, and Fire Safety. Unfortunately, there have been a number of times when members of the medical staff have claimed they had no knowledge of a patient safety policy. In an effort to eliminate this problem, effective March 1, 2010, if a policy is violated the following will occur:

1. First Occurrence – “*Counseling*” The VP for Perioperative Services will meet with the medical staff member and review the policies with him/her.
2. Second Occurrence. “*Written Warning*” The Department Chair and VP for Perioperative Services will meet with the medical staff member and review the policies with him/her. A written letter will be placed in the member’s file.
3. Third Occurrence. “*Final Written Warning*” The Department Chair, Medical Director and VP for Perioperative Services will meet with the medical staff member and review the policies with him/her. A written letter will be placed in the member’s file and he/she will be warned that another occurrence may lead to a suspension of privileges.
4. Fourth Occurrence. “*Suspension*” The medical staff member will have his/her operating privileges suspended for 7 business days.
5. Fifth Occurrence. “*Termination*” The medical staff member will have his/her operating privileges terminated, pending approval of the Executive Medical Council.

Please be aware that this policy is similar to that used for other employed members of the surgical team so that everyone is held to the same standard. In addition to receiving these policies at the time of re-credentialing, they will be posted in all Operating Rooms and periodically sent to you by e-mail.

“Unfortunately, there have been a number of times when members of the medical staff have claimed they had no knowledge of a patient safety policy.”

...this policy is similar to that used for other employed members of the surgical team so that everyone is held to the same standard.

Why a Just Culture?

- Punishing human error (and even at-risk behavior) creates a culture of fear
- In a culture of safety reporting of all events, whether near misses or real misses, is encouraged
- Excellence not perfection
- Error is inevitable, error management is the aim

Agenda

- Respect
- Influencing others
- Just culture

THEMES:

- The value of storytelling
- The importance of leadership
- The power of teams

Your Verdict?

- We are the culture and we should hold ourselves accountable for making culture better
- Culture is “NOT GUILTY”

Leadership in Patient Safety

