PAC-LAC conference May 20, 2016

• KP
  • Not for profit integrated care
  • 10 million health plan members
  • 38 medical centers in 7 states
  • Participate in CMQCC
  • Annual deliveries: 98,000
Can safety be sexy?
What is safety?

Safety is an emotional response to a perilous world.
We all want to feel safe...and secure.
People want to feel safe more than they want to actually be safe.

Your greatest daily risk in life is if (deaths/year):

- You drive a car or drive in a car (32,000)
- You own a weapon (even if it is for “protection”) (30,000)
- You skipped your flu vaccine or other vaccines (36,000)
- You smoke (anything) (480,000)
- You use ladders regularly (30,000 falls, all injury 180,000)
- You take a prescription medicine especially an opioid painkiller (44,000)
- You are admitted to a hospital. (98,000 from medical errors)
- You are a teenager (16,000)
Assignment

With your table mates together

- make a list of the 10 most dangerous jobs
- and make a list of the 10 sexiest jobs.
Top 10 most dangerous jobs

- 4,679 workers were killed on the job in 2014 (3.3 per 100,000 full-time equivalent workers) – on average, almost 90 a week or more than 13 deaths/day. Still, that is down from an average of 38 worker deaths/day in 1970.
The top 10 most attractive professions overall from cosmo/match.com

- 1. Medical/dental/veterinary (4%)
- 2. Legal (3%)
- 3. Teacher/professor (3%)
- 4. Financial services (3%)
- 5. Technical/engineer/computer (3%)
- 6. Executive/management (3%)
- 7. Self-employed (2%)
- 8. Sales/marketing (2%)
- 9. Political/government/civil service/military (2%)
- 10. Administrative/secretarial (2%)
Things to learn from sexiest list and most dangerous list

- Despite their calendar presence, only 0.2% of people in the match.com survey actually wanted to date a fireman.

- A more dangerous job is not necessarily more sexy. (Rodeo clown was no where on the sexy list).

- Danger is a fairness issue since it is discriminatory. 789 Hispanic or Latino workers were killed from work-related injuries in 2014—on average, more than 15 deaths a week or two Latino workers killed every single day of the year. This is due to a disproportionate representation in dangerous jobs such as construction.

- [BLS 2014 workplace fatality preliminary data]
Training Film on Safety.
See if you can find 5 safety errors.

- https://www.youtube.com/watch?v=rK8UIGkzsf8
Since you are already in the sexiest profession, you can concentrate on lowering actual risk...

- We want people to have a healthy diet, exercise and take their medicine not because they will feel safer but because they actually will be safer.

- We want our staff to diligently follow policies and practice emergencies not because they will feel safer but because they actually will be safer.

- The trick is to make actual safety feel like a good thing to do. Build a “culture of safety”. IT CAN BE DONE...
How to make safety feel sexy

- A. Have Beyonce release an album about workplace safety
- B. Have more Valentines Day gifts be safety related
- C. Look up that old girlfriend/boyfriend on Facebook and tell them to “Be Safe”
- D. Establish a bundle of interventions that promote a safety culture
- E. Wear tighter clothes with your flat sensible shoes
How to build a culture of safety: Richmond Policy Paradigm
How to build a culture of safety...the recipe

- **POLITICAL WILL BY LEADERS:**
  - Right Team.
  - Deal with HR. Culture bundles.
  - Transparent about mistakes.
  - Encourage speaking up.
  - Don’t worry about popularity.

- **SOCIAL INFRASTRUCTURE:** Vision that speaks to the unfairness of unsafe conditions: medical errors, hospital acquired infections, surgical complications...this can be by a leader or a visionary (prophet). Set up systems to support this.

- **EVIDENCE:** of what is safer is regularly presented. People like to know why they are doing things.

- The culture bundle tools are how you mix these ingredients.

- Mix and repeat...
What is in a culture bundle?

Transparency
Lifelong learning
Accountability
Teamwork
Humanity
Culture Bundle

- **Transparency:**
  - Video Ethnography
  - Self reported learning
  - Weekly debrief on events.
  - On-line notes view kp.org

- **Lifelong learning:**
  - pCME prescriptive CME
  - staff swap (demanding excellence)

- **Accountability:**
  - Leadership training with HR (setting a vision and holding people to expectations)

- **Teamwork:**
  - collegiality survey
  - critical events team training
  - Teamstepps communication (working together to problem solve and mobilizing resources)

- **Humanity:**
  - Just culture and 2nd victim support
  - wellness work
  - burnout prevention and volunteerism (finding meaning)
Burnout rates by specialty

- Critical Care: 53%
- Emergency Medicine: 52%
- Family Medicine: 50%
- Internal Medicine: 50%
- General Surgery: 50%
- HIV/Infectious Diseases: 50%
- Radiology: 49%
- Ob/Gyn & Women’s Health: 49%
- Neurology: 49%
- Urology: 48%
- Pulmonary Medicine: 47%
- Cardiology: 46%
- Diabetes & Endocrinology: 45%
- Orthopedics: 45%
- Nephrology: 45%
- Plastic Surgery: 45%
- Pediatrics: 44%
- Oncology: 44%
- Anesthesiology: 44%
- Rheumatology: 43%
- Allergy & Clinical Immunology: 43%
- Ophthalmology: 41%
- Gastroenterology: 41%
- Pathology: 39%
- Psychiatry & Mental Health: 38%
- Dermatology: 37%
### Learning Climate Index – 2014 People Pulse

<table>
<thead>
<tr>
<th>Theme</th>
<th>Item</th>
<th>% Favorable</th>
<th>Difference from 2013</th>
<th>BIC</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Focus on Patients</strong></td>
<td>Department doing things to improve patient safety</td>
<td>86</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>I would feel safe being treated as a patient at KP</td>
<td>86</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>Disagreements resolved by what is best for patients/customers</td>
<td>81</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td><strong>Focus on Patients</strong></td>
<td>Supported by others in dept. to satisfy patients/customers*</td>
<td>78</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>Errors handled appropriately in department</td>
<td>77</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td><strong>Feedback</strong></td>
<td>Supervisor gives regular feedback to help me improve</td>
<td>76</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>New</strong></td>
<td>Easy to learn from errors</td>
<td>73</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td><strong>Inclusion</strong></td>
<td>Comfortable voicing opinions</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Enablement</strong></td>
<td>Department operates effectively as a team</td>
<td>72</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Focus on Patients</strong></td>
<td>Easy to speak up about errors and mistakes in dept*</td>
<td>71</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Feedback</strong></td>
<td>KP deals appropriately w/ employees who fail to improve</td>
<td>56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Reworded in 2014 as a result of merging the Safety Attitudes Questionnaire with People Pulse

A difference of 2 points or more is considered to be significant.

BIC = Towers Watson’s Best in Class Healthcare Norm

- Bottom third, ≤ 73
- Middle third, 74-83
- Top third of KP results, ≥ 84

Scores indicate percentage of employees favorable

Insight:
KP is below Best in Class on many of the Learning Climate Index items.
The new Learning Climate Index shows correlations with patient safety outcomes*

Blood stream infection rate per 1000 line days

- 1.2
- 0.2

30 Day Hospital Readmissions

- 0.84
- 0.77

Moderate to severe falls per 1000 patient days

- 0.09
- 0.05

Hospital acquired pressure ulcers Stage 2+ and unstageables

- 0.005
- 0.001

Learning Climate Index

* Analyses based on hospital locations – all Hospital Regions included
Further analysis will determine best predictors of patient safety
Perceived Barriers That Discourage People from Speaking Up

- Bullying
- Fear of retaliation or retribution
- Input not solicited, asked or used
- Favoritism
- Not supported by manager
- Hierarchy
- Protectionism
- What is the worst thing anyone has said to you?
2015 American Psychologist Issue on Bullying

- Bullying is the result of an unequal power dynamic—the strong attacking the weak. It can happen in different ways: through physical violence, verbal abuse (in person or online), or the management of relationships (spreading rumors, humiliation, and exclusion). It is usually prolonged (most bullies are repeat offenders) and widespread (a bully targets multiple victims). Emerging research demonstrates that bullying follows us throughout life. Workplace and professional bullying is just as common as childhood bullying; often, it’s just less obvious.
What Can Managers and/or Co-leads Do Now?

Three Beliefs Needed for a Culture of Speaking Up to Flourish

• Speaking up is safe
• Speaking up is beneficial, in fact a duty
• Speaking up results in action

What you can do to create those beliefs.

• Provide safety cues such as
  • Openness to and invitation for feedback; be accessible
  • Respect for employees
  • Flexibility in meeting employee requests
  • Use huddles and meetings, etc. as forums for employees voice to be heard

• Demonstrate that speaking up is beneficial and a duty
  • Show appreciation for others contributions to speaking up (reward & recognize)
  • Provide coaching when needed to realign behavior

• Demonstrate speaking up makes a difference:
  • Actively listen, follow up on feedback and make needed changes (incorporate small tests of change if appropriate).
Two examples of culture bundle tools #1

Department Based Culture Work
Perceptions of finding it easy to speak up vary by position and gender

Males  |  Females
---     |  ---
Senior Leader/Exec/VP or above (n = 1,047)  |  90%  |  89%
Manager/Supervisor or Nurse Manager or Mgr of a Nursing Staff (n = 11,131)  |  87%  |  87%
Administrative (Non-Clinical) Prof Staff* (n = 12,186)  |  80%  |  76%
Advanced Practice Provider (n = 2,119)  |  77%  |  74%
LPN or LVN* (n = 4,506)  |  73%  |  74%
Other Professional Health Care Provider* (n = 14,189)  |  71%  |  72%
Unlicensed Assistive Personnel (n = 10,163)  |  72%  |  69%
Technical* (n = 10,633)  |  70%  |  67%
Service and Maintenance Staff (n = 6,286)  |  70%  |  69%
Clerical/Admin Support* (n = 21,181)  |  68%  |  69%
Registered Nurse* (n = 23,530)  |  66%  |  66%

* Significantly different between genders, such that males are more favorable on item than females

Source of demographic data: Self-reported on 2014 People Pulse

Insight

Men find it easier to speak up at KP than do women for all job positions except senior leaders, managers, and service and maintenance staff.
The behaviors that create psychological safety — conversational turn-taking and empathy — are part of the same unwritten rules we often turn to, as individuals, when we need to establish a bond. And those human bonds matter as much at work as anywhere else. In fact, they sometimes matter more.

“I think, until the off-site, I had separated things in my head into work life and life life,” Laurent told me. “But the thing is, my work is my life. I spend the majority of my time working. Most of my friends I know through work. If I can’t be open and honest at work, then I’m not really living, am I?”

What Project Aristotle has taught people within Google is that no one wants to put on a “work face” when they get to the office. No one wants to leave part of their personality and inner life at home. But to be fully present at work, to feel “psychologically safe,” we must know that we can be free enough, sometimes, to share the things that scare us without fear of recriminations. We must be able to talk about what is messy or sad, to have hard conversations with colleagues who are driving us crazy. We can’t be focused just on efficiency. Rather, when we start the morning by collaborating with a team of engineers and then send emails to our marketing colleagues and then jump on a conference call, we want to know that those people really hear us. We want to know that work is more than just labor.
Two examples of culture bundle tools #2

Team STEPPS
What is TeamSTEPPS

Strategies and Tools to Enhance Performance and Patient Safety

- Developed by Department of Defense's Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality

- Scientifically rooted in more than 20 years of research and lessons from the application of teamwork and communication principles

- A source for **ready-to-use materials** and a training curriculum to successfully integrate teamwork principles into all areas of your health care system
TeamSTEPPS Framework

- **Leadership Skills**: Delegation, Facilitate Team Events (Briefs, Huddles, Debriefs), Conflict Resolution

- **Communication Skills**: SBAR, call-outs, cross-checks, check-backs

- **Situation Monitoring/Awareness** & Shared Mental Model

- **Mutual Support**: Task Assistance, Feedback, Assertion, Conflict Skills (2 Challenge Rule, CUS), Collaboration
The goal of any safety culture work is...

To Demand Excellence
And
Accept Humanity
How does the medical record relate to culture?

• Facilitate Patient Care
• Communication Between Caregivers/Physicians
• Permanent Record
• Regulatory Review
• Billing/Coding
• Defense against allegations.
One secret: always show respect for the patient and your colleagues!! This is part of culture.

https://www.washingtonpost.com/posttv/local/audio-anesthesiologist-trashes-sedated-patient/2015/06/23/0eac432-19f6-11e5-bed8-1093ee58dad0_video.html

Reported in Washington Post June 23, 2015. “Anesthesiologist trashes sedated patient and it ends up costing her”
What should be documented in the medical record: Patient Interventions

• ASSESSMENT
  • Condition at time of encounter
  • Patient’s statements re: signs, symptoms and hx. of illness
  • Medication Reconciliation
  • Vital Signs
  • Medical Decision Making

• INTERVENTIONS
  • Orders, treatments and therapies
  • Specimens collected
  • Consults/Nurses and Other clinicians Notes reviewed
  • Informed consents
  • Patient education provided
  • Discharge/Follow-up instructions

• Outcomes
  • Progress notes to include change in condition, responses to prescribed treatments, discussions with pt. and family, plans for further care, discussions with other physicians and consults
  • Diagnostic test results
  • Patient’s mishaps or incidents while in the office/hospital setting and follow-up care provided
  • Pt’s refusal to cooperate or follow prescribed plan of care including leaving AMA.
  • Complications (Infection, iatrogenic, Incidents)
When An Error or Incident Occurs...

- Care For Patient FIRST. Provide emotional support
- Document FACTS in the record – what happened and what was done - avoid speculations about cause or blame
- Report but do NOT document “Incident Report Filed” in the patient’s chart
- Late entries often do more harm than good.
Do’s

• Check that you have the correct patient record before charting
• Chart your interventions and the patient's response.
• Acknowledge other healthcare professionals
• Document pre-existing conditions
• Address Patient/Family concerns and interpreters
• Record missed appointments, phone calls, “curbside consults”, and patient messages
• Chart patient care at the time you provide it. Make a notation for "late entry." OK to correct coding.
• Document often enough to tell the whole story.

THE FACTS!!!! Objective information – accurate and complete
Don’ts

• Don't chart a symptom, such as "c/o pain," without also charting what you did about it
• Don't chart care ahead of time - Charting care that you haven't done is considered fraud
• Don’t criticize another practitioner’s judgment or recommendations
• Don’t countersign notes without reading them
• Don't use shorthand or abbreviations
• Don’t chart your feelings or make overstatements (speculations)
“Somehow your medical records got faxed to a complete stranger. He has no idea what’s wrong with you either.”
Pearls of Medical Records

1. If it isn’t documented, it probably wasn’t done.
2. Sloppy documentation (fragmented thoughts, frequently misspelled words, poor grammar) suggests sloppy care.
3. Lapses in timed documentation means lapses in care and treatment (meaning no care or treatment was given).
4. No mention of a phone call made between two practitioners could mean that no such call was placed. (see rule #1)
5. If there isn’t an assessment mentioned in the note, the clinician probably never examined the patient. (see rule #1)
6. Show respect in what you do and then just chart that (The GOLDEN rule).
Pulling it all together: Culture Bundles
AHRQ Birth Trauma Data – 2000-2014
Maternal Mortality Rate, California and United States; 1999-2013

HP 2020 Objective = 11.4 Deaths per 100,000 Live Births

All signs indicate we are on the right course. If we continued to reduce the count of SRAEs by 20+/- per year, we’d be near zero in 2023. A linear progression of the last four years projects us to be near zero in 2021.
We need to learn from others

• In flying I have learned that carelessness and overconfidence are usually far more dangerous than deliberately accepted risks.—Wilbur Wright in a letter to his father, September 1900

• “When any one asks me how I can best describe my experiences of nearly forty years at sea I merely say uneventful. Of course, there have been Winter gales and storms and fog and the like, but in all my experience I have never been in an accident of any sort worth speaking about. I have seen but one vessel in distress in all my years at sea, a brig, the crew of which was taken off in a small boat in charge of my third officer. I never saw a wreck and have never been wrecked, nor was I ever in any predicament that threatened to end in disaster of any sort. “I will say that I cannot imagine any condition which could cause a ship to founder. I cannot conceive of any vital disaster happening to this vessel. Modern shipbuilding has gone beyond that.” Capt EJ Smith, HMS Titanic 1912.

• Josie's death was not the fault of one doctor, or one nurse, or one misplaced decimal point; it was the result of a total breakdown in the system.—Sorelle King, mother of 18-month-old Josie King, who died at Johns Hopkins Hospital from medical error while recovering from burns 2001.

Can Aviation-Based Team Training Elicit Sustainable Behavioral Change? Sax et al Arch Surg 2009 144(12)
Questions? Are you in?