Traveling the Road to High Reliability, Together

*Bringing Joy Back to Work: A Focus on Culture and Humanism*

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• Share framework and results of Duke-LifePoint Quality Journey and the importance of patient centered care in relation to high reliability
• Focus on Culture: burnout is the “new” risk to high reliability
• Traveling the road to high reliability, together: humanism and well-being
THE DUKE-LIFEPINT JOURNEY TO HIGH RELIABILITY
The problem of patient harm: one close-up view
17 yr old young woman with complex congenital heart disease
Followed in our clinics with progressive disease; transplant candidate
Transplant team waiting in OR for arrival of organs: viability
Transplant completed; worst nightmare: call from lab notifying team of wrong blood type
Shattered family
Devastated nurses, physicians, entire team
How do we make sure we don’t hurt people in healthcare?

• **Framework for providing safe, reliable care**
  – **Leadership**
    • We need patient safety leaders everywhere
  – **Safe systems: finding and fixing defects; driving improvement**
    • Data driven improvement
    • Improvement science
  – **Safe people**
    • Accountability, Just Culture and safe choices
  – **Safe culture**
    • Effective teamwork and communication
    • Engaging patients and families
In December 2011, Duke and LifePoint began a relationship with the CMS Innovation Center as one of 26 organizations designated as a Hospital Engagement Network. This was the most widely regarded and most highly anticipated program in the Partnership for Patients.

**IMPROVE SAFETY:** Reduce preventable harms by 40%

**COORDINATE CARE:** Reduce readmissions by 20%

**ENGAGE PATIENTS AND FAMILIES**
Culture that Supports Safety & Learning
- Environment that fosters teamwork and accountability; psychological safety and speaking up
- Engaging patients & their families

Process Improvement Methods
- Foundational tools
- Multidisciplinary team collaboration
- Evidence based clinical processes

Leadership
- Every level of the organization
- Accountability that is fair & expected
- Engagement of all stakeholders

Patient & Family Engagement
- Bedside Shift Report
- Patient Safety and Patient Experience
- Hospital Board or Patient Advisory Council

Duke-LP HEN Reliable Framework
LifePoint Harm Rate for HEN Harms
(includes all harms categories; excludes data for Central Carolina, Conemaughs, Fleming, Frye, St. Francis)
Non-OB Inpatient (HEN) Harms

LifePoint Harm Rate for HEN Harms
(includes all harms categories; excludes data for Central Carolina, Conemaughs, Fleming, & Frye)

57% reduction
Lifepoint 30-Day Readmission Percentage for Hospital-Wide

- LPNT Baseline (2010)
- LPNT Goal (20% Reduction)

13% reduction compared to 2010 baseline
New Reality: Hospital Performance-Based Payment

8% of Base DRG Payments at Risk by 2017

- Hospital Acquired Conditions: 1% reduction to total DRG payments
- Readmissions: 3% reduction
- EHR Meaningful Use Requirements: Reduction up to 3/4 of update factor
- Value Based Purchasing (VBP): 2% reduction
Leadership empowers the workforce by providing resources and promoting a culture of safety, innovation, accountability, service excellence and continuous learning.

Performance Improvement is the system that provides the tools to support continuous learning, improved quality of care, and safe practices.

The desired Culture of Safety is the environment which rewards teamwork, communication, accountability, learning and mutual respect.
NQP Guiding Principles

- Serves as a platform for innovation, learning, and creation of new knowledge
- Distinguishes LifePoint and Duke LifePoint hospitals as providers of safe, reliable, high-valued care
- Makes LifePoint hospitals a place where employees want to work, physicians want to practice and patients want to come for healthcare
- Enhances the Duke brand
- Leverages the collective expertise and experience of Duke and LifePoint into a transformative program

- Built on evidence-based practices
- Uses data-driven processes, analyzing results, to promote ongoing improvement
- Extends Duke’s leadership in patient safety and clinical quality across the United States while enhancing the Duke brand

- Deployed and adopted nationally (for existing and newly acquired hospitals)
- Implemented and maintained by the LifePoint Hospital Support Center
- Oversight by Duke
- Implemented at the local level
- Supported by appropriate resources by LifePoint and Duke
- Supports, aligns and/or seamlessly integrates with other programs and initiatives (HEN, EMR, Case Management, etc.)

- Promotes patient-centered care, including patient and family engagement at every level of care design and implementation
- Ensures constancy of focus and adherence to mission, vision and values of Duke and LifePoint
- Collaboratively developed and updated as evidence emerges and federal regulations change

- Innovation and Learning
- Patient-Centered
- Transformative
- Collaborative
- Scalable and sustainable

Patient-Centered Collaborative
Scalable and sustainable
Transformative
Innovation and Learning
Mission:
“Inspiring and embracing the patient and family voice to make communities healthier”

Vision:
“Enriching our culture through patients and families partnering with their healthcare team”
Keeping the Focus on Patients and Families

• Continuing to Advance PFE Activities
  – Bedside Shift Report
    • Are your units at the mastery level?
  – Enhancing organizational communication about patient & family engagement
    • Is this a topic at your Board meetings?
    • Do you speak with patients and families during EPSR?
  – Including patients in local PI initiatives
    • Do you have patients involved in any improvement activities/initiatives?
  – Patient Advisory Board/Council
    • Have you started a Council yet?
Management of Behavioral Choices

Supportive Learning Culture

High Reliability Organization
  Accountability, Transparency
  Learning Organization
  Environment of Mutual Respect
  Patient Advisory Council, Patient and Family Centered Care
  Resilience and Well-Being

Teamwork and Communication (TeamSTEPPS)
Psychological Safety
Safe Choices (Leadership→Frontline)
Just Culture, Principles of Fair Accountability

Serious Event Management
Physician Engagement

Proactive System Design

Completion of Baseline CoSE
Designation of PSO
Incorporate LPNT 5 Foundational Tools
Valid Medical Staff Peer Review

Efficient Information Flow for PI/PS Priorities & Metrics (PSCQC)
Consistent Compliance with NPSGs
Completion of Patient Safety Training for Leadership Team, CPPS

Leadership and Board of Trustees
Baseline Assessment
BURN-OUT:
THE “NEW” RISK
EIGHT RECOMMENDATIONS FOR ACHIEVING TOTAL SYSTEMS SAFETY

From the report of an expert panel convened by the National Patient Safety Foundation:
Free from Harm - Accelerating Patient Safety Improvement
Fifteen Years After To Err Is Human

1. Ensure that leaders establish and sustain a safety culture
   - Improving safety requires an organizational culture that enables and prioritizes safety. The importance of culture change needs to be brought to the forefront, rather than taking a backseat to other safety activities.

2. Create centralized and coordinated oversight of patient safety
   - Optimization of patient safety efforts requires the involvement, coordination, and oversight of national governing bodies and other safety organizations.

3. Create a common set of safety metrics that reflect meaningful outcomes
   - Measurement is foundational to advancing improvement. To enhance safety, we need to establish standard metrics across the care continuum and create ways to identify and measure risks and hazards proactively.

4. Increase funding for research in patient safety and implementation science
   - To make substantial advances in patient safety, both safety science and implementation science should be prioritized, to more completely understand safety hazards and the best ways to prevent them.

5. Address safety across the entire care continuum
   - Patients deserve safe care in and across every setting. Health care organizations need better tools, processes, and directions to deliver care safely and to evaluate the safety of care in various settings.

6. Support the health care workforce
   - Workforce safety, resilience, and well-being are absolutely necessary to providing safe care. Nurses, physicians, medical assistants, pharmacists, technicians, and others need support to fulfill their rigorous potential as healers.

7. Partner with patients and families for the safest care
   - Providers and families need to be actively engaged at all levels of health care. Asking core patient engagements about the free flow of information and care is critical.

8. Ensure that technology is safe and optimized to improve patient safety
   - Optimizing the safety benefits and minimizing the unintended consequences of technology is critical.
Joy and meaning are not sentimental notions

“Workplace safety is inextricably linked to patient safety. Unless caregivers are given the protection, respect, and support they need, they are more likely to make errors, fail to follow safe practices, and not work well in teams.”
Currently health care workers suffer harm
  – Emotionally (bullying, demeaning)
  – Physically (injuries, assault)
    • Up to 1/3 of nurses experience back or musculoskeletal injuries in a year
  – Stress from complex and demanding tasks under severe time constraints and production pressures
  – Costs of burnout, litigation, lost work hours, turnover are high
Burnout is associated with:

**Infections**

**Higher Standardized Mortality Ratios**
Welp, Meier & Manser. Front Psychol. 2015 Jan 22;5:1573.

**Lower Patient Satisfaction**

**Medication Errors**
Burnout is common among physicians in the United States, with an estimated 30% to 40% experiencing burnout (2011). Mayo Clinic Proc January 2017: at least 50% of US physicians are experiencing burnout.
Research Article

THE PREVALENCE AND IMPACT OF POST TRAUMATIC STRESS DISORDER AND BURNOUT SYNDROME IN NURSES

Meredith Mealer, R.N., M.S., Ellen L. Burnham, M.D., Colleen J. Goode, R.N., Ph.D., Laura Rothbaum, Ph.D., and Marc Moss, M.D.

18% (61/332) met diagnostic criteria for PTSD

Determine whether post traumatic stress disorder (PTSD) and burnout syndrome (BOS) are common in nurses, and whether the co-existence of PTSD and BOS is associated with greater suffering among nurses.

Depression and Anxiety 26: 1118–1126 (2009)
Dyrbye et al., 2010, Acad Med

7 medical schools: Mayo Clinic, Univ of Alabama, Univ of Minnesota, Univ of Washington, Univ of Chicago, Uniformed Services University, Bethesda; Univ of California, San Diego

50% of medical students burned out
10% have suicidal ideation
The Answer to Burnout

- Organizational Strategies
- Personal Strategies

Acknowledge the Problem
What Organizations Can Do

1. Acknowledge and assess the problem
2. Leadership matters
3. Recognize/celebrate the work and accomplishments of individuals & the workforce, regularly, with high visibility.
4. Cultivate teamwork and community
5. Align values and strengthen culture
6. Promote flexibility in staffing patterns and patient flow, creativity in meeting production pressures
7. Provide resources to promote resilience, self-care
8. Facilitate organizational science

Adapted from: Shanafelt, Mayo Clin Proc. Jan 2017:92(1);129-146
What Individuals Can Do

• Positive Psychology, Mindfulness, Resiliency
• Martin Seligman
  – Positive psychology
• Barbara Fredrickson
  – Negatives scream; positives whisper
  – Hard wired to remember the negative
• Bryan Sexton, Duke Patient Safety Center
  – Three Good Things, Gratitude Letter, Awe/Wonder
  – Lower burnout, depression; higher happiness; better work-life balance; improved sleep quality
Resilience across DUHS

% of respondents reporting no burnout

- IM Residents Pre
  - IM Residents Post

- 35%
- 50%
DUHS Safety Culture & Resilience

Mean of the clinical area scores

- Teamwork Climate: 68, 77
- Safety Climate: 71, 80
- Threat Awareness: 50, 52
- Resilience: 37, 45, 49, 51, 47
- Work Life Balance: 49, 51, 47

Colors:
- Blue: DUHS 2014
- Green: 3GT Yes
- Red: 3GT No
TRAVELING THE ROAD TO HIGH RELIABILITY, TOGETHER
Training healthcare professionals in the past

- Nursing school: “think more broadly”
- Medical school: “just get to the point”
  - Midnight rounds

A view of medical school today

- The object of our disenchantment
Challenges in Healthcare Today

- Staggering accumulation of science and information
- Advanced medical technology in diagnosis and treatment, EHRs
- Healthcare economics, production pressures, policies and compliance
- Increasing number of quality metrics, safety measures, efficiency metrics
- The healthcare industry...
• AMA, ACGME, NPSF
  – AMA Joy in Medicine Stakeholder Conference
• The Schwartz Center
  – Schwartz Rounds
  – www.compassioninactionconference.org
• Humanism in Medicine
  – Arnold Gold Foundation
  – Duke Theology, Medicine and Culture Initiative
• Journey to high reliability requires patients in center focus – influences all you do
• “Commitment to Resilience”, a characteristic of high reliability*, includes system focus and our own well being
• Cultivate resilience through care of oneself and care of others (culture, teamwork)
• Cultivate resilience by honoring the human connection in modern medicine (patient-clinician relationships) and bring joy back to work
• “Traveling the road to high reliability, together”

* Source: Weick et al 2007
THANK YOU