

Healthcare Workplaces – From Discord to Patient-Centered

Irvine Rubin, PhD

A Webber Training Teleclass

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Irv Rubin, Ph.D.

Hosted by Paul Webber
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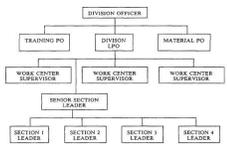
Physician Leaders Can Be “Unique” IF:

A. Cognitively/emotionally embrace three facts.

- Organization; a living breathing human organism...a Patient.
- As such it requires regular “TLC”
- Quality of Patient care directly impacts quality of patient care.

B. Actively use new integrated ‘treatment’ tools.

- Assessing/improving the quality of Patient care.
- Assessing/improving patient-centered care.



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graph TD
    DO[Division Offices] --> TP[Training PO]
    DO --> DIV[Division Ops]
    DO --> MP[Material PO]
    TP --> WCS1[Work Center Supervisor]
    TP --> WCS2[Work Center Supervisor]
    TP --> WCS3[Work Center Supervisor]
    DIV --> S1[Section 1 Leader]
    DIV --> S2[Section 2 Leader]
    DIV --> S3[Section 3 Leader]
    DIV --> S4[Section 4 Leader]
    MP --> WCS4[Work Center Supervisor]
    MP --> WCS5[Work Center Supervisor]
    MP --> WCS6[Work Center Supervisor]
    
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One Example of Failure To Embrace This Truth and The Consequences

QUESTION: Does It Make a Difference Which E.R. You're Taken to?
[Over 5000 Patients]

ANSWER: Only a Matter of Life or Death!
[60% survival versus 58% Deaths]

"Differences Appear to relate to the quality of the interaction and communication between physicians and nurses..."

[Knauss, et.al., Annals of Internal Medicine, Vol. 104]




Potential Managerial Malpractice Liability Quiz

Simply answer True (T) or False (F) to each of the following ten statements.

- ___ We have one common Behavioral code of conduct for everyone.
- ___ Our Behavioral Code of conduct is enforced without 'favoritism.'
- ___ Everyone gets a performance review at least yearly
- ___ Both technical and interpersonal competencies impact performance rating.
- ___ Feedback is direct and face-to-face versus anonymous and averaged.
- ___ We have "dead messengers" in some of our closets.
- ___ We have big "undiscussed elephants" on some of our meeting room tables.
- ___ We know that 'staff infections' are as potentially lethal as 'staph infections.'
- ___ We know that the culture in the Boardroom filters into the treatment room.
- ___ We view our organization as a human entity, a "Patient in need of care."

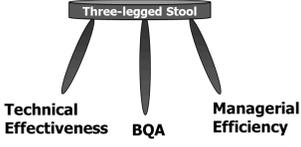
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Houston, we Have A Problem: Healthcare Is In Trouble

- Malpractice is destroying health care
- Tens of thousands are dying from treatment unrelated to their admitting condition
- Untold numbers of near misses go unreported
- Good nurses are hard to find and hard to keep



A Key New Conceptual Piece To The Puzzle



Technical Effectiveness **BQA** **Managerial Efficiency**



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Behavioral Quality Assurance (BQA)

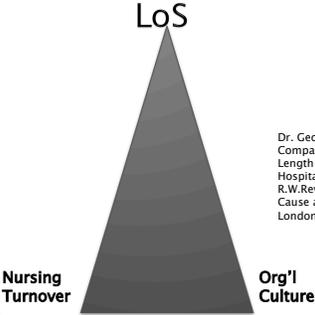
1. **CURING** F (Science of Medicine):
Focus of traditional Q.A.
"Having the hard technologies and science of medicine been appropriately and skillfully applied in service of curing?"
2. **HEALING** F (Art of Medicine)
Focus of BQA
"Have ALL the hands laid on patients been appropriately and skillfully applied in the service of healing?"

A Spiritual Sister in Chiba, Japan:
St. Marguerite Hospital

*To heal sometimes.
To support often.
To comfort always.*



LoS



Dr. George C. Salmond, "A Comparative Study of Disease Specific Length of Stay in New Zealand Hospitals" August 1972;
R.W.Revans, "Standards for Morale: Cause and Effect in Hospitals" London: Oxford University Press, 1964

Zooming in on the Nurses:
The Point of 'TLC'

Disruptive Behaviors Witnessed or Experienced by Nurses (N=2562)

| | |
|--------------------|-----|
| •Condescension | 69% |
| •Disrespect | 80% |
| •Abusive anger | 43% |
| •Abusive language | 69% |
| •Berating patients | 26% |
| •Physical abuse | 22% |



How Often Does It Happen?

- 38% up to 10 times per year
- 29% 1 – 2 times per month
- 24% weekly
- 7% daily
- 2% never

Who Are The 'Perpetrators'?

- 6 – 9 % exhibit over 70% of the disruptive behaviors
- Majority of staff exhibit 28% of the disruptive behaviors
- 2% of the staff were seen as exhibiting 0% of the behaviors

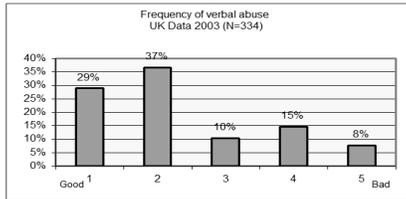
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Not Just An American ‘Dis-ease!’

2 District Hospitals; 4 Community Hospitals;
9 Practices; 3 PCT Headquarters



33% = Weekly or More Often
8% = Daily

37% = Once/Twice in Last Month
29% = Not Once in Last Month

The Tools of The Trade: Patient vis a' vis patient

- Vital Signs Assessment Tool [VSAT];
The X-ray
- Organizational Excellence Survey [O.E.S.];
The "MRI"
- Becoming truly Patient-centered; the PDEM
- Leading By Example; The Behavior Minder™

CQI AT The Bedside Level; The VSAT The Vital Signs Assessment Tool [VSAT]

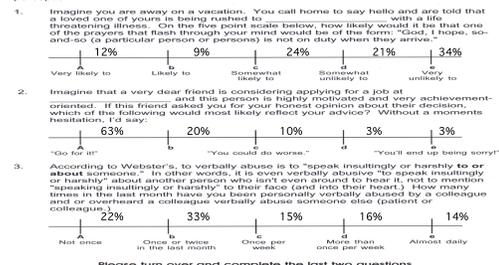
- Confidence in own colleagues
- Loyalty to own organization
- Extent of verbal abuse
- Openness of two way communication ["blood flow"]
- Leadership integrity ["shape of spinal column"]



Figure One

VITAL SIGNS OF CULTURAL HEALTH

A health care organization is a human organism, a "patient". If you will, it requires the highest level of patient care humanity possible. Indeed, there is clear evidence to prove that patients will receive lower quality care if the "patient organization" is not cared for. The brief five (5) item questionnaire which follows, is designed to provide information vital to assessing how well your organization is caring for itself. For each question on both sides of the page, please CIRCLE the response options most reflecting your own perception.



Please turn over and complete the last two questions

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4. When the fear of being honest and direct grips an organization, the organization experiences a "hardening of the arteries" and communications become stilted. People choose to say nothing challenging, particularly to their managers, and to their physician or nurse colleagues: "I don't want to rock the boat and get myself into trouble." They talk about people behind their backs, not face-to-face. Using the scale below, how would you rate the degree of open, honest, and direct communications at _____?
- 17 a) Most people are very fearful of speaking up.
10 b) _____
56 c) Some people are willing to hear the truth, but you have to be very careful to pick and choose.
8 d) _____
9 e) Two-way communications always flow freely and openly.
5. Integrity is a vital element of any patient's total wellness, particularly their spiritual strength. In an organizational context, integrity boils down to the extent to which senior managers and supervisors live the organization's mission and values. "Walking the talk" brings slogans and words on plaques to life. Using the scale below, how would you describe the extent to which senior managers and supervisors at _____ are "walking their talk"?
- 4 a) They are all "walking their talk."
28 b) They are making a sincere effort to "walk their talk."
48 c) It's all a "mixed bag"—some are lying, some are just going through the motions.
11 d) They are still just "talking the walk."
7 e) The mission, the talk, is still badly misaligned with the walk.
1 f) I don't know the mission and values of the organization.

Thank you for your openness and honesty.

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Culture: The MRI Behind the VSAT

- An organization without values is like and individual without morals
- But values can not be managed
- Only behavior can be managed
- So values must be linked to behavior
- Culture and day-to-day behavior are synonymous
- Criteria for selecting organizational behaviors is the same as selecting a Patient Treatment Protocol = Based on Hard Data



– Reginald Revans

– George Salmond

See the O.E.S. at <temenosinc.com>

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Zooming In On Behavior

Question: Think about the people with whom you interact on a regular basis.

- How much importance do they seem to attribute “Currently” to each of these behaviors?
- How much importance “Should Be” attributed if your organization is to achieve excellence in patient-care?



O.E.S. Case Study Snapshot of Two Organizations

| | A | B |
|---|----|----|
| Focus on “What we can learn from this mistake?” and not on “Who is to blame?” | 60 | 90 |
| Gracefully accept feedback. | 47 | 85 |
| Admit our mistakes. | 57 | 81 |
| Apologize for our mistakes. | 47 | 77 |
| Pay careful attention without interrupting when people are trying to make a point. | 28 | 82 |
| Remain patient and receptive when someone disagrees with or challenges our point of view. | 47 | 84 |

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High importance items demonstrating significant change:

| | 2001 | 2004 |
|--|------|------|
| Tell people what we like about what they are doing | 91% | 60% |
| Express our appreciation when someone does something well | 68% | 44% |
| Remain patient and receptive when someone disagrees with or challenges our point of view | 76% | 48% |
| Tell one another clearly what we want from one another | 89% | 61% |
| Use well-reasoned arguments to support our proposals | 65% | 41% |
| Apologize for our mistakes | 81% | 58% |
| Tell people what we don't like about what they are doing | 70% | 58% |

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High importance items that did not experience as much change:

| | | |
|---|-----|-----|
| Gracefully accept feedback | 62% | 61% |
| Openly provide information that other might not normally have | 62% | 60% |
| Face up to important issues | 70% | 63% |
| Focus on “What can we learn from this mistake?” not on “Who is to blame?” | 65% | 60% |
| Stress the importance of pulling together to achieve common goals | 54% | 50% |

Note. The lower the Delta, the greater the agreement between desired and current behavior

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|---|-----|-----|
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Patient-centered Care and Patient-centered Care; Where the Rubber Meets the Road

- Marketing/quality care-oriented ...yes/and not either/or
- VA “if you could get free healthcare anywhere else, how likely would be that you would choose this hospital?”

1. Felt cared for as a person by their Nurse/Doctor [p<=.0001]...not a focus group member.
2. Listen carefully.
3. Courtesy and respect

Dr. George C. Salmond and R.W.Revans

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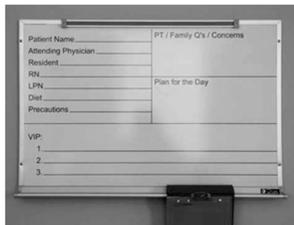
Patient Defined Experience Measurement [PDEM]; An Experiment in Process



V.I.P.

- In addition to insuring you the highest quality medical care possible we want you to "feel cared about as a person." Since this means different things to different people we need your help. Please select two or three behaviors from the list below you must personally experience for you to conclude you have been "cared about as a person."
- Explain clearly what you find when you diagnose me.
- When I ask a question, explain your answer simply.
- Check your understanding of what I say before going on.
- Ask me if there is anything unclear about what you have said.
- If you have made a mistake [e.g., are late], apologize for it.
- Give me "atta boys/girls" when I am making progress.
- Empathize with me when I am facing a difficult situation.
- Explain why you have prescribed a particular drug/regimen.
- Let me finish speaking before you respond.
- Encourage/motivate me to do all I can to help myself.

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Leading By Example in the Care of the "Patient"

- **And**
- **Be**
- **Have**
- **It**
- **Of**
- **The**
- **To**
- **Will**
- **You**



CQI at the Individual Level

Traditional 360s
Anonymous [x Boss ☺]

Aggregated Data
Attitudes/Values/Behs

"Judgmental" Scales
Often 'not knowing what to do'

The Behavior Minder™
Non-anonymous

1:1 Relationship Specific
Specific concrete behaviors
[Win-Win =Strength-oriented]

Frequency plus M/L/S
Immediate Action implications
Over-time development potential
Team-development potential

Re-humanizing Healthcare Workplaces: Patient Discord to Patient-Centered

Extend your organization's
patient care oath to a
Patient care oath.

- First do no harm.
- First heal thyself.



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The Rewards

1. Douglas McGregor, "The Human Side of Enterprise"
2. Ray Fernandez, "...by embracing the essential oneness of patient care and Patient care, the health-care industry has the opportunity to contribute to the health Nation."



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Coming Soon

31 May **Infection Prevention for Outpatient Settings: Minimum Expectation for Safe Care**
Speaker: Dr. Melissa Schaefer, CDC
Sponsored by Virox Technologies Inc (www.virox.com)

05 June (Free Teleclass – Broadcast Live from APIC Conference) **MDR Gram-Negative Infections: Across the Continuum of Care**
Speaker: Prof. Keith Kaye, Wayne State University

06 June (Free WHO Teleclass ... Europe) **Economic Impact of Healthcare-Associated Infections in Low and Middle Income Countries**
Speaker: Dr. A. Nevzat Yalcin, Akdeniz University, Turkey
Sponsored by WHO First Global Patient Safety Challenge – Clean Care is Safer Care

13 June (Free South Pacific Teleclass) **Hand Hygiene initiatives in Australia**
Speaker: Phil Russo, Hand Hygiene Australia

www.webbertraining.com/schedulept.php

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