A culture of safety *is* a culture of compassion

Compassion in Action Webinar Series

March 21, 2017

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Moderator

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The Schwartz Center for Compassionate Healthcare

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Audience Reminders

- This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.

- You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.

- We value your feedback! Please complete our electronic survey following the webinar.

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Host

Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate Healthcare

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Today's Speaker

Patricia A. McGaffigan, RN, MS, CPPS
Chief Operating Officer & Senior Vice President, Programs
National Patient Safety Foundation

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Objectives

- Characterize the relationship between a culture of safety, patient and workforce safety, and compassionate care
- Identify at least three detractors and three critical success factors that related to a culture of safety
- Apply at least one essential recommendation to your patient safety and workforce safety activities or programs that may optimize compassionate care in your organization

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National Patient Safety Foundation

MISSION

Partner with patients, families, and the
health care community to champion
patient and workforce safety and deliver
meaningful strategies to prevent harm
across the entire care continuum

VISION
A world where patients
and those who care for
them are free from harm

GOALS

1. Advance Patient Safety as a Public
   Health Issue

2. Establish Patient and Workforce Safety
   as a Leadership Core Value

3. Ensure the Workforce is Skilled and
   Capable in Patient Safety Science

1-6-17

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NPSF

Patients
and
Families

Health Care Workforce

Health Care Leaders

Key Influencers

| Convene Key Influencers | Establish High-Impact Partnerships | Accelerate Transformative Thought Leadership | Promote Education and Capacity Building | Create and Disseminate Best Practices, Tools, and Resources |

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Story Time

- In February, I had to visit the emergency department…

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I felt quite helpless, despite these "offers"…
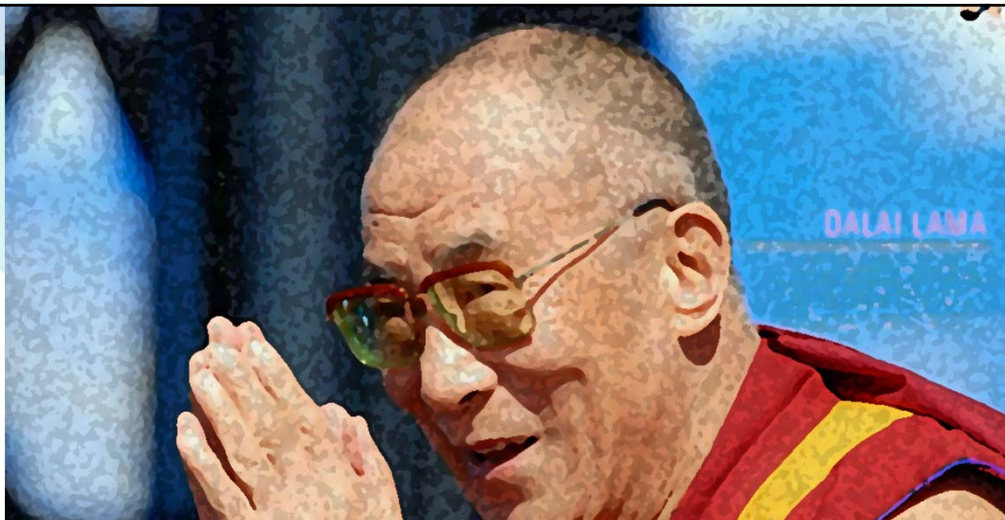
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On Safety…

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POLLING QUESTION

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The *Free From Harm* Report

- Convened expert panel
- Range of disciplines
- Original IOM panel members and other notable experts in safety

Free from Harm
Accelerating Patient Safety Improvement
Fifteen Years after *To Err Is Human*

Report of an Expert Panel Convened by
The National Patient Safety Foundation

NPSF

Thank you to AIG for their generous support of this project
Download npsf.org/free-from-harm

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Current state of patient safety

- Evidence mixed; "safer but not enough"
- While limited, progress notable; often around "sticks"
- More work to be done
- Improving patient safety is a complex problem
  - Solutions requires work by diverse disciplines

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Total systems approach needed

- Overarching shift from reactive, piecemeal interventions

- Embrace wider approach beyond specific, circumscribed initiatives to generate change and sustainable improvements

Initiatives can advance and improve…but
are less likely to succeed and be sustained
in the absence of **cultures of safety**

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On "Doing" versus "Being"

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Safety I vs Safety II

	Safety I	Safety II
Definition of safety	As few things as possible go wrong.	As many things as possible go right.
Safety management principle	Reactive, respond when something happens, or is categorized as an unacceptable risk.	Proactive, continuously trying to anticipate developments and events.
Explanations of accidents	Accidents are caused by failures and malfunctions. The purpose of an investigation is to identify causes and contributory factors.	Things basically happen in the same way, regardless of the outcome. The purpose of an investigation is to understand how things usually go right as a basis for explaining how things occasionally go wrong.

Source: Hollnagel, Erik. Safety-I And Safety-II: The Past And Future Of Safety Management. 2014. p 147.

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Safety I vs Safety II

	Safety I	Safety II
Attitude to the human factor	Humans are predominantly seen as a liability or a hazard.	Humans are seen as a resource necessary for system flexibility and resilience.
Role of performance variability	Harmful, should be prevented as far as possible.	Inevitable but also useful. Should be monitored and managed.

Source: Hollnagel, Erik. Safety-I And Safety-II: The Past And Future Of Safety Management. 2014. p 147.

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On Culture…

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POLLING QUESTION

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Ensure that leaders establish and sustain a safety culture

IMPROVED CULTURE IS NOT THE MEANS TO AN END BUT AN END ITSELF.

IT CANNOT BE TREATED AS ONE AMONG OTHER SAFETY ACTIVITIES.

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The importance of a culture of safety

- Reduced error and harm
- Improved patient outcomes, experience, satisfaction, engagement, and adherence to care
- Improved workforce safety, satisfaction & engagement
- Reduced costs & waste
- Better, more transparent, and more trusted business
- More compassionate care for patients and our workforce

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What's getting in the way?

"The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes"

Lucian Leape

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Freedom From Harm: Detractors and Success Factors

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On Compassion…

Compassionate care

- "…requires the provider to be able to adjust his or her responses to the patient's needs, along with the clinical expertise and professionalism to respond effectively and appropriately"

- "…must also be aware of how his or her reactions affect interactions with the patient and decisions about care"

- Must "use self-awareness to manage his or her emotions, in order to act in the patient's best interest"

Lown BA, Rosen J, Marttila J. Health Aff September 2011, 30(9) 9 1772-17

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Compassion I vs II: Approach to Systems Change

	Compassion I	Compassion II
Definition of compassion	Used if I have to…if something goes wrong; the exception. It's at best, an act	It's the right way to provide the right care; the rule. It's constant and habitual
Compassion management principle	Fleeting attention and response, if it's actually a problem	It's our purpose; we're proactive; it's a science and art. Our patients, families, workforce, and industry thrives.
Explanations of accidents (no compassion)	It's accepted as collateral damage, and it's momentary; we can apologize and be done with it.	Compassion is our purpose. We constantly strive to understand whether/how and why it works and matters, so we can minimize the incidence of harm.

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Compassion I vs II: Approach to Systems Change

	Compassion I	Compassion II
Attitude to the human factor	I can use my human issues to justify why I can't or don't need to "do" compassion. "We'll patch this up with a program".	The human side of patients, families, and the workforce is necessary for adapting to situations and restoring and sustaining resilience. It's our "being", and the way we work…always.
Role of performance variability	Harmful, should be prevented as far as possible. Cook book recipe.	N=1. Strive for habitual excellence and understanding over time in meaningful and authentic compassion. Situational understanding over time allows for truly adaptable workforce and patient centered care and compassion.

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Action hierarchy: As applied to compassion

Working Better

Stronger	Intermediate	Weaker
• Compassion is our purpose and duty to all; fully integrated into our health system as a core value • Full leadership accountability- monitor, measure & reward cultures of safety & compassion	• Simulation-based training; debriefings; periodic refresher sessions and observations • Institute a program (CRP, fatigue, support) • Document & provide pt goal- based care	• "Feel better" • Inservice, training, posters, as disparate activities • Thinking it's only about pain, palliative and end of life care, and death

Working Harder

Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Hierarchy of Controls
www.cdc.gov/niosh/topics/hierarchy/

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The interrelatedness of safety & compassion

- I recall a dawning recognition of how profoundly people were interdependent in accomplishing nearly any significant goal. **I, like many people, had an abstract mental model in my head that so long as people did their jobs and did them well, patients or customers would be taken care of.** Of course, that's just not the case. It's a matter of people doing their jobs *well* working interdependently with each other; without recognizing this interdependence, people are unable to manage it well.

•Perspectives on Safety, Published February 2017
In Conversation With… Amy C. Edmondson, PhD, AM

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Advancing cultures of safety & compassion

- Leadership commitment, education, awareness, and full accountability for zero harm to patients & workforce
- Interview, hire, and promote for safety and compassion
- Continuous organizational and individual learning
- Define, measure, monitor & improve
- Interprofessional, with patient & family members as part of the team

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Support the health care workforce

- Workforce safety, morale and wellness are necessary for providing safe care
- Professionals need support to fulfill their highest potential as healers, routinely, as well as for adverse events
  - Respect, recognition, resources (3 R's) & strong actions
  - Accountability for behaviors
  - Attention to physical and emotional harm
  - Ongoing education/awareness
  - Fatigue management, ergonomic scheduling, peer support programs, 2nd victim, rounds, relief from assignments

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Examples of supporting the health care workforce

- How can we make crucial progress to transparent, non-punitive approaches to reporting and learning from adverse events, close calls, and unsafety conditions?
  - SEA 57: Organizational-wide, easy to use reporting systems, which are accessible to everyone in the organization

- How do we best understand and address the long-term impact of emotional harm, stress, and suffering?
  - Stress and suffering are not necessarily tied to one event: Cumulative stress debriefings (Cedars Sinai)[2]

1. Joint Commission. Sentinel Event Alert 57: The essential role of leadership in developing a safety culture. March 2017
2. Griner TE, et al. CSD: Support for clinicians & nurse leaders. Nurse Leader. 2017 1(15):53-55.

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"Smallest acts of kindness"

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"Making the unbearable bearable"

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With gratitude for all that you do…

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Questions

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THE ANNUAL
COMPASSION
in ACTION
HEALTHCARE CONFERENCE

compassioninactionconference.org

25-27 JUNE 2017 | BOSTON, MA

Ever ask yourself how...

- We can use mutual engagement to create a better patient experience?
- Compassionate, collaborative care can prevent burnout and enhance wellbeing?
- My organization can prioritize compassion to help reach quality and safety goals?

Upcoming Webinars

Compassion Integration:
Connecting Hearts and Minds with Action

Becca Hawkins and Mark Rosenberg

May 9, 2017

*Visit theschwartzcenter.org for more details or to register for
a future session. Look for our webinar email invitations
and share them with your friends!*

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