Protecting providers.
Promoting safety.

Institute for Professionalism
& Ethical Practice
Cultivating Relational Competence in Healthcare

TRACKing Adverse Events:

Coaching Strategies for Healthcare Organizations

PRINCIPLE	DEFINITION	OPERATIONAL OUTCOME
TRANSPARENCY	the quality of being open, frank, obvious	I have timely access to the information and input I need.
RESPECT	esteem for or the worth or excellence of a person	I am valued as a human being by the people helping me.
ACCOUNTABILITY	the state of being answerable or called to account	The right people are assuming responsibility for their actions.
CONTINUITY	the property of a continuous and connected period of time	The care I am receiving makes sense and fits together.
KINDNESS	the quality of being humane, considerate, sympathetic	I am treated with warmth and caring.
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TRANSPARENCY

The hallmark of an evidence-based quality system is transparency – the ability to clearly link judgments, decisions or actions to the data on which they are based.
– National Quality Forum

Increasing transparency within the health care system is key to improving health care quality and can be achieved by providing consumers with greater access to information and therefore more control over their health care decision-making. Increased consumer information allows patients and families to identify the health coverage, providers, and treatments that are of the highest quality and best suit their needs.
– National Partnership for Women and Families

Transparency… may better achieve what those who urge accountability mean to have. In the old world, burning now, there is a premium on secrecy. The highly desirable goal of confidentiality has mutated into a monstrous system of closed doors and locked cabinets. "Nothing about me without me" has a necessary correlate: "I can discover what affects me." Health care should be confidential, but

the health care industry is not entitled to secrecy. The burden of reporting that has arisen in a world burning with conflict and mistrust has cast transparency in its most negative light. And yet I cannot imagine a future health care system in which we do not work in daylight, study openly what we do, and offer patients any windows they want onto the work that affects them. "No secrets" is the new rule…
- Donald Berwick, MD

The potential for top-down regulation to have a meaningful effect on disclosure conversations is limited. The most successful disclosure initiatives are likely to be those that emerge locally, are driven by an institutional leadership and a workforce committed to transparency, and focus on providing health care workers with the skills needed to conduct these difficult conversations well.
- Thomas Gallagher, MD

Far from encouraging transparency in health care, our adversarial legal system has normalized hiding information about risk. Victims' rights advocates continue to express intolerance for error that is totally inconsistent with a scientific understanding of human and complex system performance yet are much too lenient in accepting the sealing of court records when cases are settled. What results is a health care culture that lives in fear - or often denial - about the ability to prevent errors completely, yet is complacent about or afraid of doing what is possible to contribute to systemwide learning and injury prevention.
- Martin Hatlie

One of the most important things health care workers can do to ensure the safety of patients is to be candid in reporting errors. If mistakes or near misses occur, health care workers must take responsibility for owning up to them promptly and honestly so they can be addressed and corrected. Such transparency requires a culture of safety and openness, in which caregivers may freely identify risks. But the current environment for litigation in American health care encourages professionals to do otherwise. When medical mistakes occur, caregivers are concerned that if they admit any mistake they will be blamed, punished, and sued. In order to truly learn from our errors and use them to improve the system, that culture must change.
- Ralph Snyderman, MD

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Respect

Outwardly, respect is manifested by behaviors that reinforce a patient's dignity: simply introducing ourselves and explaining our roles carefully; addressing patients as: "Mr." or "Ms.," rather than using first names; asking permission before examining patients; sitting and making eye contact; paying close attention when patients speak to us; and closing doors and curtains on rounds are well understood ways to convey respect.
 – William Branch, MD

The absolute otherness of the other person is what… makes dialogue both utterly indispensible and hugely difficult. The notorious difficulties of communication even between people in love signals… the extent to which the other person always retains an intrinsic, insuperable otherness. Dialogue acknowledges the otherness that it can never fully overcome. Does a sympathetic male doctor truly feel the feelings of his female patient? Forget empathy, if it implies a doomed effort to feel someone else's feelings. Emotion is not a tool for drilling into another psyche. University of New Mexico bioethicist Joan Gibson, who works among the Native American peoples of the Southwest, reports that tribal elders say they do not want empathy from their Anglo doctors; they want respect.
 – David Morris

Patients allow physicians unrivaled access to their privacy. This vulnerability of patients must be counterbalanced by respect. Thus, we should expose as little as possible when examining private parts of someone's body and be extremely respectful of confidentiality. We should avoid discussing patients with anyone not involved in their care, and certainly never mention patients in public places.
 – William Branch, MD

How can one teach respect given the reality of medical education? First, we can role model respect in our behavior toward the students. If we believe that patients are worthy of our respect because of their "unconditional intrinsic value as human beings", so are trainees. Second, educators need to attend to the effect of the environment on trainees' behavior. Every parent knows that a child is less likely to exhibit a "desired behavior" when s/he is tired, hungry, or stressed. Similarly, if we want trainees to show respect in difficult situations, we need to

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make sure the environment attends to their basic needs. Third, it may be useful to explicitly explore with trainees the reasons it may be difficult to respect patients. Safe forums such as support groups, Balint groups, or individual or group self-reflection exercises can encourage introspection and may serve as appropriate venues for exploring barriers to respect. By inquiring about, acknowledging, and helping to eliminate the barriers to respect, educators can create a learning environment that promotes respectful behaviors.
- Robert Arnold, MD

To be respectful is also to be humble. Humility may be manifest by making the patient a full partner in decision making. A humble, respectful physician admits mistakes and asks for help from consultants whenever that would benefit the patient.
- William Branch, MD

Accountability

When we begin to question what we actually do - not just what we say about what we do - we can sometimes see the frames that really govern our work. When we engage with our knowledge in this way, making what feels natural and comfortable problematic, we have the beginning of authentic accountability.
- Margaret Selleck, PhD

The transition from childhood to adulthood is one of change. Newly found independence is accompanied by increasing responsibility and accountability. No more parental reminders to let everyone have a turn, tell the truth or apologize; growing up brings with it expectations of both moral and ethical behavior. It is ironic then that by analogy, the collective medical conscience is still in its adolescence.
- Anne Matlow, MD

Changing the current system may depend on… a new understanding of accountability that moves beyond blaming individuals.
- Richard Penson PhD

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Continuity

We needed continuity. Ann's story was extremely complex, and evolved over many weeks. And yet we often felt that the only real memories in the system were ours. Times of transition of responsibility, such as the first of the month, were especially trying. On one "first of the month", the new senior attending physician walked into Ann's room, cheerfully introduced himself, and asked, "So how long have you had MS?" Ann does not have MS. Over and over and over again Ann had to tell her story, longer and more complex as time passed. By the fifth or tenth or fifteenth iteration, any plausibility to the common explanation – "fresh minds, two heads are better than one" – gave way to our doubts that any of these caring people ever talked to each other at all.
– Donald Berwick, MD

For continuity to exist, care must be experienced as connected and coherent. For patients and their families, the experience of continuity is the perception that providers know what has happened before, that different providers agree on a management plan, and that a provider who knows them will care for them in the future. For providers, the experience of continuity relates to their perception that they have sufficient knowledge and information about a patient [family] to best apply their professional competence and the confidence that their care inputs will be recognized and pursued by other providers.
– Reid and Haggerty

Informational continuity is the use of information on past events and personal circumstances to make current care appropriate for each individual.
Management continuity is a consistent and coherent approach to the management of a health condition that is responsive to a patient's changing needs. *Relational continuity* is an ongoing therapeutic relationship between a patient and one or more providers.
– Reid and Haggerty

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Kindness

We need to reflect on the value of kindness and compassion in our daily work. But how to locate compassion in ourselves during moments when our lives feel pinched, when we are stretched to the max, when our hearts are pierced by slivers of doubt, fear, or impatience, and we feel for a moment like we just cannot be bothered?
 - Samuel LeBaron, MD

Day after day and night after night, Ann, our children, and I have been deeply touched by acts of consideration, empathy, and technical expertise that these good people - nurses, doctors, technicians, housekeepers, dieticians, volunteers, and aides of all sorts - have brought to her bedside. The kindness crosses all boundaries. I asked Ann what she regards as the most impressive moments of help in her inpatient experience, and she mentions, first, a housekeeper who every evening would come into her room and, while cleaning, talk about her children and ours - a common humanity. Ann also remembers the young infectious disease fellow who, in the darkest of our hours, sat by Ann's bed and said what we were feeling: "Not knowing is the worst thing of all." Until then, no one had quite labeled this deep source of suffering. For these incessant kindnesses, we are deeply grateful.
 - Donald Berwick, MD

Morality is about developing not only a range of rational and analytic skills but also a range of emotional and interpretive skills, including those habits of heart that have not been emphasized in Western secular ethics. In addition, morality is about more than conscientiousness - that is, possessing the desire to do what one regards as one's duty. It is also about kindness. We want others to act on our behalf not simply out of a sense of duty but also because we matter to them (enough for them to feel bad, for example, if things do not go well for us). Because of this . . . people serious about the moral life need to develop caring feelings as well as dutiful desires.
 - Rosemary Tong, PhD

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More Quotes of Note

Errors

Above all, we needed safety, and yet Ann was unsafe. The errors were not rare; they were the norm. During one admission, the neurologist told us in the morning, "By no means should you be getting anticholinergic agents", and a medication with profound anticholinergic side effects was given that afternoon. The attending neurologist in another admission told us by phone that a crucial and potentially toxic drug should be started immediately. He said, "Time is of the essence." That was on Thursday morning at 10:00 a.m. The first dose was given 60 hours later - Saturday night at 10:00 p.m. Nothing I could do, nothing I did, nothing I could think of made any difference. Colace was discontinued by a physician's order on Day 1, and was nonetheless brought by the nurse every single evening throughout a 14-day admission. Ann was supposed to receive five intravenous doses of a very toxic chemotherapy agent, but dose #3 was labeled as "dose #2." For half a day, no record could be found that dose #2 had ever been given, even though I had watched it drip in myself. I tell you from my personal observation: No day passed - not one - without a medication error. It nearly drove me mad.
- Donald Berwick, MD

Safe organizational environments are those that . . . appreciate the aesthetics of imperfection or, in other words, that understand that to learn is to err.
- Karl Weick, PhD

The only sure way to avoid making mistakes is to have no new ideas.
- Albert Einstein

No matter how far you have gone down the wrong road, turn back!
- Turkish proverb

I don't want to make the wrong error.
- Yogi Berra

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LEARNING

A "safe" environment recognizes and sees the inevitability of errors as "failures of reach" and potential sources of learning.
- Karl Weick, PhD

Relational learning can be a part of a larger effort to countermand and eventually transform the existing hidden curriculum in healthcare organizations. The process of transformation can begin by explicitly asserting relational values and capacities we want practitioners to learn, over and against extant organizational forces - tied to premises of the hidden curriculum - that are effectively *opposed* to this learning. These contrasting realities can be juxtaposed as follows: the expectation of *perfection* can be contrasted with the acceptance of vulnerability; the need for *certainty* can be balanced with the value of "not-knowing"; the focus on *outcom*e can be counter-posed with the complexities of process; the need for *hierarchy* can be balanced by the value of learning from individuals and groups who are disenfranchised.
- David Browning, MSW, BCD

Creativity . . . is figuring out how to use what you already know in order to go beyond what you currently think.
- Jerome Bruner, PhD

To be wise is not to know particular facts but to know without excessive confidence of excessive cautiousness. Wisdom is thus not a belief, a value, a set of facts, a corpus of knowledge or information in some specialized area, or a set of special abilities or skills. Wisdom is an attitude taken by persons toward the beliefs, values, knowledge, information, abilities, and skills that are held, a tendency to doubt that these are necessarily true or valid and to doubt that they are an exhaustive set of those things that could be known. In a fluid world, wise people know that they do not fully understand what is happening right now, because they have never seen precisely this event before.
- Karl Weick, PhD

A heightened awareness of the difficulty of error detection and correction coupled with an appreciation of the fragility of critical moments for voicing concerns should prompt healthcare organizations to attend to developing relational

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competence for healthcare providers. Relational competence could be developed, for example, through enhancing providers' respectful engagement skills, namely ways to affirm others and listen in a way that manifests appreciation of another's worth or improve providers' communication skills, such as balancing advocacy and inquiry in their interaction. These interventions are likely to reduce existing barriers to voicing concerns that are situated in the context of specific relationships.
– Ruth Blatt, PhD

Once people can no longer *speak a common language,* there is no way they can cooperate in any constructive venture. It is the ability to communicate, to construct a shared set of interpretations, symbols, assumptions, expectations, moral codes and ways of exercising authority and accountability that makes collaborative endeavor, in even the simplest task, possible – locating the energy for change.
– Craig Brater, MD

The single biggest problem in communication is the illusion that it has taken place.
– George Bernard Shaw

The truth will set you free, but first it will piss you off.
– Gloria Steinem

A long habit of not thinking a thing wrong gives it a superficial appearance of being right.
– Thomas Paine

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