Healthcare Workplaces – From Discord to Patient-Centered
Irvine Rubin, PhD
A Webber Training Teleclass

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!
[50% survival versus 58% Deaths]

“Differences Appeared 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.

1. We have one common Behavioral code of conduct for everyone.
2. Our Behavioral Code of conduct is enforced without ‘favoritism.’
3. Everyone gets a performance review at least yearly.
4. Both technical and interpersonal competencies impact performance rating.
5. Feedback is direct and face-to-face versus anonymous and averaged.
6. We have “dead messengers” in some of our closets.
7. We have big “undiscussed elephants” on some of our meeting room tables.
8. We know that ‘staff infections’ are as potentially lethal as ‘staph infections.’
9. We know that the culture in the Boardroom filters into the treatment room.
10. 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

Three-Hopped Stool

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Behavioral Quality Assurance (BQA)

1. Curing (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 (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.


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%

- 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
- 29% = Not Once in Last Month
- 22% = Daily
- 37% = Once/Twice 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”]

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?

<table>
<thead>
<tr>
<th>High importance items demonstrating significant change:</th>
<th>2001</th>
<th>2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell people what we like about what they are doing</td>
<td>91%</td>
<td>60%</td>
</tr>
<tr>
<td>Express our appreciation when someone does something well</td>
<td>68%</td>
<td>44%</td>
</tr>
<tr>
<td>Remain patient and receptive when someone disagrees with or challenges our point of view</td>
<td>76%</td>
<td>48%</td>
</tr>
<tr>
<td>Tell one another clearly what we want from one another</td>
<td>89%</td>
<td>61%</td>
</tr>
<tr>
<td>Use well-reasoned arguments to support our proposals</td>
<td>65%</td>
<td>41%</td>
</tr>
<tr>
<td>Apologize for our mistakes</td>
<td>81%</td>
<td>58%</td>
</tr>
<tr>
<td>Tell people what we don’t like about what they are doing</td>
<td>70%</td>
<td>58%</td>
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<table>
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<tbody>
<tr>
<td>Gracefully accept feedback</td>
<td>62%</td>
<td>61%</td>
</tr>
<tr>
<td>Openly provide information that other might not normally have</td>
<td>62%</td>
<td>60%</td>
</tr>
<tr>
<td>Face up to important issues</td>
<td>70%</td>
<td>63%</td>
</tr>
<tr>
<td>Focus on “What can we learn from this mistake?” 65%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Stress the importance of pulling together to achieve common goals</td>
<td>54%</td>
<td>50%</td>
</tr>
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**Note.** The lower the Delta, the greater the agreement between desired and current behavior

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

<table>
<thead>
<tr>
<th>Focus on “What we can learn from this mistake?” and not on “Who is to blame?”</th>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gracefully accept feedback</td>
<td>60%</td>
<td>90%</td>
</tr>
<tr>
<td>Admit our mistakes.</td>
<td>57%</td>
<td>81%</td>
</tr>
<tr>
<td>Pay careful attention without interrupting when people are trying to make a point.</td>
<td>28%</td>
<td>82%</td>
</tr>
<tr>
<td>Remain patient and receptive when someone disagrees with or challenges our point of view</td>
<td>47%</td>
<td>84%</td>
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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. Salmon 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.
  - 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.
  - Let me finish speaking before you respond.
  - Encourage/motivate me to do all I can to help myself.

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 0]
  - Aggregated Data
  - Attitudes/Values/Behaviors
  - “Judgmental” Scales
  - Often ‘not knowing what to do’
- The Behavior Minder™
  - Non-anonymous
  - 1:1 Relationship Specific
  - Specific concrete behaviors
  - 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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(Cell) 808–398–3945

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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