



Jake Poore

Become a Next-Tier High-Reliability Organization

Create an entire culture of safety.

At 4 a.m., a nurse walked into the surgical waiting area and told me my dad had died on the operating table during heart surgery. I asked her the cause of death, and she replied matter-of-factly, “Your father bled out. He just couldn’t seem to hold the sutures.” I asked if the blood thinner he was given the night before had any impact on that. She responded, “Blood thinner? What blood thinner?!”

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According to a 2016 study by Johns Hopkins Medicine, medical errors are the third leading cause of death in the United States—behind cancer and heart disease—causing more than 250,000 deaths annually. Moreover, the Centers for Disease Control and Prevention reports one in 25 patients will contract at least one hospital-acquired infection during their stay.

Cutting corners, rushing, not documenting and not communicating effectively are the major reasons for medical mistakes, according to Mark R.

Chassin, MD, FACP, president of The Joint Commission, and Jerod M. Loeb, PhD, executive vice president, Healthcare Quality and Evaluation for The Joint Commission. Nevertheless, nurses commonly tell us they feel as though they’re working short-staffed, running between patient call lights, dealing with interruptions, managing documentation demands and constantly struggling to get ahead. This means shortcuts and workarounds are often taken, which can be a recipe for disaster.

A key step to becoming a next-tier high-reliability organization is not just improving safety protocols but also creating an entire culture of safety. Without having an organizational culture in place to nurture and sustain safety for the long term, organizations can yield the opposite effect. Healthcare organizations must be hardwired to deliver consistently excellent patient experiences with safety at the uncompromising top of their operational priorities.

Becoming a Next-Tier HRO

Safety precautions and procedures usually take place behind the scenes and are invisible to customers and patients. For instance, most organizations focus on creating better safety checklists, conducting safety huddles and

standardizing clinical protocols—as they should. However, these measures alone aren’t enough to become a next-tier HRO; organizations must also include patients and their families as key members of the care team.

One way organizations can achieve this is by narrating the care process out loud to patients, which is the heart of a simple yet powerfully effective tool my team and I call Caring Out Loud. Caring Out Loud calls for care team members from clinical and nonclinical areas to verbally explain to patients and their families what they are doing and why it’s important. This helps not only to build trust with the patient but also educates and empowers patients and their families to speak up if something doesn’t seem right.

Although creating standard operating procedures is critical to communicating consistent clinical processes and procedures across the organization, it’s not enough. Organizations have to include patients as part of the narrative so they know the organization is highly reliable and become advocates for their own care. For instance, it is common knowledge that the most effective way to prevent the spread of germs in a clinical setting is through consistent and effective hand washing. Yet, the CDC estimates that providers wash their hands less than half of what’s required, despite it being an SOP in clinical settings.

By hardwiring a technique such as Caring Out Loud into the workflow, caregivers and patients alike can ensure SOPs like hand washing are performed. For example, rather than just following the checklist and

washing hands before engaging with patients, caregivers would say to the patient, "Your health and safety are the most important things here, so before I begin, I'll need to wash my hands." Caregivers then can take it a step further and remind patients they have the authority to stop anyone who comes into the room and ask them to wash their hands—whether the person is a clinician, nonclinician or visitor. By engaging patients in this way, caregivers can empower patients to hold everyone accountable to the safety protocol of hand washing. Doing so also has shown to earn points on the HCAHPS survey for creating a safe culture.

Adopting the Caring Out Loud technique also is effective for many other processes and procedures in clinical and nonclinical settings, such as shift handoffs. Instead of handing over the patient's chart to the next nurse at the nurses' station, caregivers should instead conduct the shift change report out loud, in front of the patient. This best practice encourages patients (and their families) to ask questions or share other important information with their care teams. It not only engages the patient but also gives them incredible peace of mind knowing that everyone is on the same page.

Caring Out Loud also helps to engage patients and bridge gaps in their understanding and education. Health literacy among patients and their families is typically low. They generally don't have the years of medical training and clinical expertise to understand industry jargon. In fact, many of the words and acronyms used in healthcare are extremely confusing to patients. Instead, caregivers need to use simple terms in a language the

patient understands, which the Caring Out Loud technique emphasizes.

Elevating the Human Side of Healthcare

An organization that achieves zero variation and high productivity but is lacking on the human side of healthcare is like a two-legged stool. It might stay upright for a little while, but it's not sustainable over time. Although tremendous effort is aimed at improving safety and avoiding potential physical harm of patients, we also must consider the potential for patients to endure emotional harm. A next-tier HRO will strive to decrease failures and catastrophic outcomes, and it will seek to build patient connections and trust as well.

Tejal K. Gandhi, MD, CPPS, chief clinical and safety officer for the Institute for Healthcare Improvement, agrees we must establish standard metrics that span the continuum of care and focus not just on the physical risk but also provide tools for being more proactive. She comments, "We are currently measuring how many people are falling through the ice when we should be measuring the thickness of the ice."

Organizations must build better connections with their patients to improve the "thickness of the ice." Even though this approach can change an organization's culture, it requires just a few tweaks that take mere seconds to carry out. Little gestures such as sitting with patients, making eye contact, listening, holding a hand (with permission), speaking in a language they understand and explaining processes can have a big impact and greatly enhance the human side of healthcare.

Safety Alone Doesn't Translate to Satisfaction and Loyalty

Patient loyalty and satisfaction aren't driven exclusively by an organization's safety record. Patient loyalty—or whether they intend to return and refer others—is driven by something that is harder to quantify or measure. Patients expect high levels of clinical expertise, and they assume that safety is embedded in every aspect of their experience. But patients can't fairly evaluate an organization based on safety unless they're made aware of what is being done to keep them safe. When it comes to safety, we need to practice a very basic Lean principle: Make the invisible visible and the implicit explicit.

Being a zero harm organization is not going to earn any more loyalty. It only keeps an organization in practice and out of malpractice court. What defines a zero variation next-tier HRO lies on the human side of healthcare and requires clear communication along with a culture of kindness, courtesy and compassion. Next-tier HROs embody these traits, and this is what earns patient loyalty. Using techniques like Caring Out Loud, organizations can elevate the human side of healthcare, help patients become advocates for their own safety and aim to be a next-tier HRO.

Had my father's hospital embodied these traits, perhaps he would have lived to meet his three grandchildren. ▲

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