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GREAT NEW TOOLKIT TO
IMPROVE PATIENT SAFETY

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CHANGE CHAMPIONS
SEMINARS 2010

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Newsletter

New Toolkit to Improve Patient Safety

Imagine if one of your top nurses drew up an infusion, but miscalculated the dosage- realising only seconds after administration. The patient was ok, but do you think she'd report it? How confident are you that your employees report their near misses?

Did you know that if your reporting profile is not 70% near misses, your workplace culture needs to improve?

In the real world, accidents happen, emergency situations arise, and under stress your staff will make errors.

This toolkit by Jane Carthey and Julia Clarke, titled '**How to guide for Implementing Human Factors in Healthcare**' provides a fantastic introduction to the concept of human factors in healthcare and gives suggestions of how its elements can be applied by individuals and teams working to improve patient safety. This great toolkit is broken into two parts:

Part 1:

How those in executive leadership and organisational management can develop a safety culture by building knowledge of human factors as it relates to patient safety

Part 2:

Focuses on how staff can use knowledge of human factors to make their own daily work environment and activities safer. This is helpful for any member of staff involved in direct patient care, or whose work impacts on other's ability to provide safe care.

A must-read for all wanting to make their workplace more effective.

To find out more visit:

www.patientsafetyfirst.nhs.uk



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Coo-ee. What? Culture Change for Healthcare. You Must be Dreaming. Not.

By Char Weeks

The National Health and Hospitals Commission Report 2009 calls strongly for culture change in healthcare. That's a big ask to just dump long held traditions such as the blame game, defensive aggression, power plays and hard learned manoeuvres like ducking and weaving. Such survival tactics are endemic in most industries and healthcare service delivery is no different.

Now, Australian healthcare professionals are being asked to give up the head high tackle, play with a straight bat and move away from a culture of "we have always done it this way." More radically, health professionals are being urged to adopt positive cultures of mutual respect between health professionals, a culture of quality and safety and a culture of continuous improvement. Well, all these C's put together could spell collaboration, collegiality and constructivism and if you put 3C's together, you are almost bound to end up with a T for Team. We all know that in the productive team, the whole is far greater than the sum of the parts. And brilliant, high performing teams like NASA and Formula One racing have "can do" innovation cultures and are, more often than not, extremely successful.

It makes perfect sense to have positive cultures and functional respectful teams of healthcare professionals in an industry of high expectations for both individual and hospital performance and good outcomes for patients. When vast resources are committed to healthcare reform, to improve patient safety and to basically, give patients a much better experience for their taxpayer dollar, the pressure to deliver escalates.

But, how many health professionals clock onto the ward every day and give the local culture a little tweak in the right direction on the way to handover? How many healthcare professionals know what culture is and how it is shaped? They might be reasonably willing to accept that it is an amorphous, pervasive intangible that, superficially, appears to reflect the head honcho's personality and management style. You can't really see it, touch it or taste it.

But, you can certainly feel culture. In the wider scheme of caring for patients, culture is just not that important until it's on the nose. Even when it smells off, most people feel powerless to do anything about fixing it. The trouble with culture is that if it is off, you can't just excise it like a tumour, transplant it like a lung or debride and suture it like a laceration. Bed rest and intravenous antibiotics are yet to be proven to cure an ailing hospital culture. And in some places, when the culture is rotten, the staff fixes it... by leaving.

Every health service, hospital, department, ward, health and medical sciences faculty, health professional group, management group etc has its own distinctive and dynamic collection of cultures. In any minute of any day cultural forces in all their manifestations and complexities are hard at work shaping or shutting down opportunities for achievement. Like the weather, culture is enduring, always on the move and fortunately, can be slightly more predictable.

To bring about culture change in a large organisation appears at the very least, a monumental undertaking, especially where health professionals are oblivious to, or feel powerless to influence the dominant cultures and their consequences. There also appears some reluctance to 1) accept that organisational cultures should be embraced and nurtured, 2) to invest in developing organisational cultural awareness both in health care delivery and between professional groups and 3) to link culture more closely to healthcare performance. Would an investment in cultural development mean that there is a problem that must be fixed rather than an opportunity for the organisation to develop its EQ and improve its capacity to perform? It is interesting in the example of an adverse event.

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Resources may be poured into root cause analysis to try to prevent a reoccurrence of that event. But how often is the culture dissected and studied for its contribution when things go wrong? For some, culture is soft touchy feely stuff that doesn't help people get into and out of hospitals safely and efficiently. People are too busy seeing patients to worry about that stuff. And because it's so ethereal, it's easy to blame when things go wrong. "Ah, it's the culture." Well, you can't just tip a culture into the biological waste and order a new one.

As Edgar Schein proposes in *Organisational Culture and Leadership*, culture is a "pattern of basic assumptions - invented, discovered, or developed by a given group as it learns to cope with its problems of external adaptation and internal integration." Culture is about people validating and reinforcing that what has worked well enough in the past and passing that on to new arrivals. "This is the way we do things around here." So changing the dominant culture is about (irreversibly) changing the way things are done. Let's look for a minute at the forces that interact in culture change. Say, we want to move to a culture of innovation. Let's consider the interplay of forces (adapted from *The Four Currents of Innovation*, Heart of Innovation, <http://www.ideachampions.com>):

Top Down – the CEO needs to actually get in there, roll up their sleeves and lead the innovation effort, rather than sprout platitudes by email broadcast from the big office and just show up and smile for the photos when things are going well.

Bottom Up – everyone in the organisation is genuinely involved so the collective brain power of the organisation is tapped. Every idea has its time and place and therefore deserves to be heard. There is no such thing as a bad idea. Envisioning and idea generation is not ring fenced as the exclusive domain of senior leaders and if everyone is in on it people come to work energised and passionate. This is likely to impact positively on quality, safety and productivity.

Outside In – efforts to change to a culture of innovation must be valued by the customer, the patient. This is a step beyond ticking patient satisfaction sheets and giving lip service to moves to learn from the patient experience. Strategies for patient centred care and patient journey improvement will be more highly valued where patients have an opportunity to give feedback and can be genuinely and actively involved all stages of the design, implementation and evaluation.

Inside Out - people, not organisations, innovate. The heart of innovation is about having a workforce with mojo, where individuals have the intellectual freedom to think creatively and feel valued: and without their ideas being quashed in someone more senior's own agenda. In an inspired workforce, a culture of innovation will evolve, obviating the need for carrot and stick approaches to management.

Bringing all these forces compatibly together in the context of the bigger picture of national and state government bureaucracy, resourcing and politics is a challenge that is surmountable.

However, the first task is to make health professionals aware that their own beliefs and assumptions contribute in some way toward the culture of their organisation and that they have the power to help to develop and improve the culture in their organisation.

Like patient safety, organisational culture is everyone's business.

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Char Weeks will be running Culture Change Workshops in 2010

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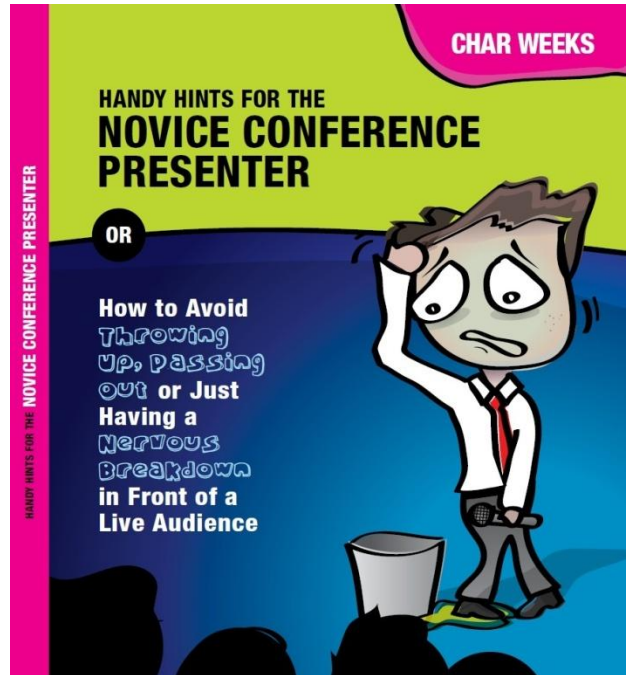
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About the Author: Char Weeks is a Certified Executive Master Coach, change agent and Chief Executive of the Australian change management company, Change Champions P/L.

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