



Patient Safety Culture: Developing the Patient-Centered Team: Psychosocial Perspectives

Presentation to
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environments for achievement

Overview

- High Performing Teams
- Patient Safety Culture/Just Culture
- Patient, Family, and Relationship-Centered Care
- The HCT and Quality/Safety Errors
 - Personal and Team Factors
 - Assessment
 - Interventions
- Questions and Discussion



Characteristics of High Performance Teams: Terence Traut

- Participative Leadership
- Responsive
- Aligned on Purpose
- Communicative
- Task Focused
- Problem Solving
- Shared Responsibility
- Innovative
- www.entrepreneurismbible.com/business/kb_high-performance-teams.htm

Pearls

- “...The Secret of Care of the Patient is Caring For the Patient”- Francis Peabody, M.D.
- The Health Care Team is the core unit of health care delivery: The Patient is a core member of the Health Care Team.
- The HCT rarely provides better caring to patients/family members than they provide each other/themselves

The Priorities of Health Care

We diagnose and treat illness/disease

AND

We care for patients and
support their family members



Institute of Medicine: Six Aims For Health Care Improvement

- Safe
- Timely
- Effective (NQF Term is beneficial)
- Equitable
- Efficient
- Patient-Centered



AHRQ: Patient Safety Culture

- Organization recognizes activities are high risk and determines to achieve consistently safe operations
- A Blame-free environment- errors/near misses reported- no reprimand/punishment
- Collaboration encouraged- across ranks and disciplines-to seek safety problem solutions
- Organizational resource commitment to address safety concerns

Organizational Culture Keys to High Patient Safety and Quality Performance

- Absolute leadership commitment/support
- Desire to “be the best”- benchmarking
- Alignment of provider incentives
- MDT care delivery model
- Serious process redesign/management resources and continuing efforts- VMPS example
- “learning organization”- continuous improvement
- Advanced healthcare IT systems- integrated process management and IT support
- Advanced “hand offs” management processes

Patient Centered Care: Definitions 2008 ABIM Foundation Forum

- IOM: care that is respectful of and responsive to individual patient preferences, needs and values, and ensures that patient values guide all clinical decisions
- AHRQ: Care process which lead to greater patient empowerment, improved patient-provider interaction; easier navigation through health care systems; and improved access, quality and outcomes.

Institute for Family-Centered Care: Health Care Delivery Characteristics

- Listens to and honors patient and family perspectives and choices
- Shares complete and unbiased information with patients and families in ways that are affirming and useful
- Encourages families and patients to participate in care and decision-making at the level they choose
- Includes patients and families on an institution-wide basis

Pew-Fetzer Task Force: Relationship-Centered Care

- 3 Dimensions
 - The Patient-Practitioner Relationship
 - The Community-Practitioner Relationship
 - The Practitioner-Practitioner Relationship

IHI: Improving the Patient Experience of Inpatient Care- Draft October 2008

- Primary Drivers
 - Governance/executives demonstrate entire hospital culture focused on patient- and family-centered care (individual, microsystem, organizational levels)
 - Hearts and minds of staff and providers are fully engaged
 - Every care interaction anchored in respectful partnership related to patient and family needs
 - Hospital delivers reliable quality care 24/7
 - Care team instills confidence by providing collaborative, evidence-based care

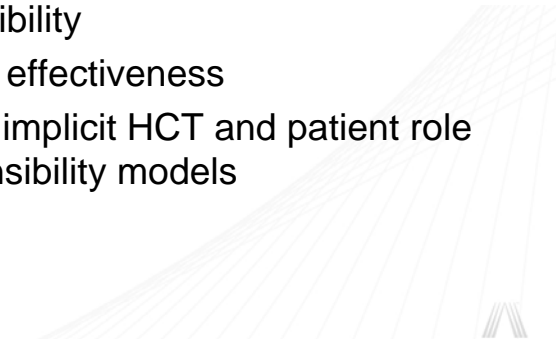
Social Psychological Dimensions of the Health Care Team

- Size and Membership
- Open vs. closed group
- History and culture
- Leadership/Management processes
- Objectives, Tasks- Clarity
- Interpersonal Closeness/Distance
- Giving/withholding
- Communication patterns- internal/external
- Conflict management and problem resolution style
- Quality of external relationships- up/down organization, other teams
- Attitudes towards patient care and family support

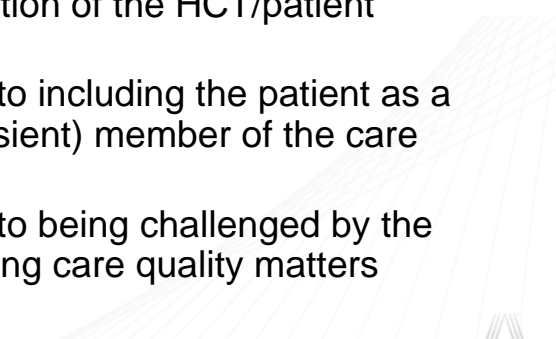
Social and Psychological Dimensions of the Health Care Team

- Individual personalities
- The health care team as a family and as parental figures to patients
- Levels of maturity- personal/team
- Cognitive styles
- Affective styles
- Boundaries

Psychological Keys to the HCT/Patient and Family Relationship

- The Parents-child relationship
 - Transference/countertransference
 - Like/love vs. hate
 - Cultural compatibility
 - Communication effectiveness
 - Compatibility of implicit HCT and patient role authority/responsibility models
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Social and Psychological Dimensions of the Health Care Team/Patient Relationships

- Degree of commitment to patient education and empowerment
 - Caring, warmth, and the provision of comfort
 - Scope and duration of the HCT/patient relationship
 - HCT openness to including the patient as a valuable (if transient) member of the care team
 - HCT openness to being challenged by the patient concerning care quality matters
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Patient-Centered Care: Key Desirable Characteristics

- Mature, positive, caring, respectful, communicative, HCT/patient + family relationships
- Patients well informed about, understanding of, committed to treatment/care plan
- Patient active partner in optimal range of care delivery surveillance functions- to ensure quality/safety
- (Ambulatory/long term) Patients with CD actively engaged with HCT in chronic disease management care plans/care delivery

Patient-Centered Care: Key Desirable Characteristics

- Patient's evaluation of care and care environment generally welcomed and respected
- Patients actively/constructively/collaboratively involved in personal life-style management related to health status (e.g., diet, exercise, weight management, substance abstinence, medication adherence, etc.)

Supporting the Patient Safety Culture/ Patient Centered Team

- Full understanding and voluntary buy in of the entire HCT/individual HCT members to the key principles of the Patient Safety Culture and the Patient-Centered Culture/care delivery model
- Internal HCT cohesion, pride, support
- Meaningful external organizational and internal team rewards for HCT commitment, performance
- Work/professional self renewal- HCT and individual HCT members
- Ongoing education about and support for helping manage “problem” patients and their family members

Supporting the Patient Safety Culture/ Patient Centered Team: PS Support

- Routine access to supportive care services:
 - Social Worker
 - Dietitian
 - Chaplaincy
 - Formal Pain/Symptom Management
 - Psychiatry and/or psychology
 - Palliative and end-of-life care services
 - Patient/family education specialist services
- Regular team meetings which include discussion of/help with managing “problem patients and/or their family members”- may include a mental health professional

Supporting the Patient Safety Culture/ Patient Centered Team

- Integrated, longitudinal MDT approach for patients with chronic disease
 - Inpatient, hospital outpatient, community health care and social services providers
 - Every care “fragment” related to long-term, care delivery plan
- Benefits of health care IT
- Monitoring of success of chronic disease management of patients



A Perspective from The Just Culture: Errors and Consequences

- Human Error
 - Inadvertent Action
 - Console
- At-Risk Behavior
 - A choice: risk unrecognized/believed justified
 - Coach
- Reckless Behavior
 - Conscious disregard of unreasonable risk
 - Punish

The Just Culture Community, David Marx, J.D., President, Outcome Engineering, LLC, 2007



Individual HCT staff Psychological Sources of Care Quality/Safety Errors

- Overwork, high work-related stress
- High levels of general life stress
- Task responsibility beyond competence
- HCT team membership status- marginalized, unempowered, unhappy/bitter, “burned out”- CPSS
- Task oriented-rather than patient-care oriented
- The unliked patient
- Poor patient/provider and/or family/provider communication and relationships
- General organizational cultural dysfunction and/or low staff morale

HCT Social/Psychological Sources of Care Quality/Safety Errors

- Chaotic
- Authoritarian leadership/power structure
- High levels of poorly resolved conflict
- Individualistic, not team care model
- Much internal blame and scape-goating
- Mistrustful and unhelpful culture
- Not a learning/process improvement culture
- “HCT as victim” mentality

Recognizing Psychological and HCT Sources of quality/safety Errors

- In place, effective quality/safety error recognition and tracking processes
- General recognition that human factors, process factors, and systems factors all dynamically contribute to care errors.
- HCT/organizational expertise in identifying when human factors are the major source of errors
 - Personal performance issues, and/or
 - HCT function issues
- Expert, sensitive, non-judgmental information gathering- HCT members- internal vs. external interviewers

Intervening With the Human Factors Sources of Care Errors

- Utilize principles of the Just Culture
- Avoid scape goating and oversimplifying
- Effectively addressing HCT-wide cultural and stress factors contributing to errors
- Effectively addressing personal HCT member stress, distress, CPSS, interpersonal conflict
- Educate HCT about assessing, understanding, managing and caring for the problem patient
- Access to supportive care services resources
- Perhaps restructure the HCT/major culture change

Common Problem Patients

- The patient with “self-induced” illness/disease
- The substance abusing patient
- The “non-compliant” patient
- The threatening/violent patient
- The patient with suicidal behavior
- The patient with significant psychiatric illness
- The patient with organic mental disorder-delirium/dementia

Common Problem Patients

- The advanced disease/dying patient
- The highly dysfunctional family
- Cultural awareness, sensitivity, flexibility
- Individual HCT member/HCT “Burn out”
- Religious/spiritual/values “mismatches”
 - E.g., abortion

Examples

- 10 West Nursing Staff
- RICU First Patient
- AML Mother- Dying in the RICU
- “I am Sharpe HealthCare”



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END OF PRESENTATION

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environments for achievement

Major Dimensions of Hospital Care Quality/Safety

- Medication Safety
 - Role of processes, software, e-prescribing
- Prevention of HAI's
 - Care delivery bundles
- Surgical errors- Checklist
- Fall Prevention
- Decubitus ulcer prevention

