A culture of safety is a culture of compassion

Compassion in Action Webinar Series
March 21, 2017

Moderator

Andrea Greenberg
Communications and Partnerships Associate
The Schwartz Center for Compassionate Healthcare
Audience Reminders

• This webinar is funded in part by a donation in memory of Julian and Eunice Cohen.
• You may submit a question by typing it into the Question and Answer pane at the right of your screen at any time.
• We value your feedback! Please complete our electronic survey following the webinar.

Host

Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate Healthcare
Today’s Speaker

Patricia A. McGaffigan, RN, MS, CPPS
Chief Operating Officer & Senior Vice President, Programs
National Patient Safety Foundation

Objectives

• Characterize the relationship between a culture of safety, patient and workforce safety, and compassionate care
• Identify at least three detractors and three critical success factors that related to a culture of safety
• Apply at least one essential recommendation to your patient safety and workforce safety activities or programs that may optimize compassionate care in your organization
National Patient Safety Foundation

MISSION
Partner with patients, families, and the health care community to champion patient and workforce safety and deliver meaningful strategies to prevent harm across the entire care continuum

VISION
A world where patients and those who care for them are free from harm

GOALS
1. Advance Patient Safety as a Public Health Issue
2. Establish Patient and Workforce Safety as a Leadership Core Value
3. Ensure the Workforce is Skilled and Capable in Patient Safety Science
Story Time

- In February, I had to visit the emergency department...

I felt quite helpless, despite these “offers”…
I was worried…

“Our prime purpose in this life is to help others. And if you can't help them, at least don't hurt them.”

Dalai Lama
On Safety…

POLLING QUESTION
The Free From Harm Report

- Convened expert panel
- Range of disciplines
- Original IOM panel members and other notable experts in safety

Thank you to AIG for their generous support of this project
Download npsf.org/free-from-harm

Current state of patient safety

- Evidence mixed; “safer but not enough”
- While limited, progress notable; often around “sticks”
- More work to be done
- Improving patient safety is a complex problem
  - Solutions requires work by diverse disciplines
Total systems approach needed

• Overarching shift from reactive, piecemeal interventions

• Embrace wider approach beyond specific, circumscribed initiatives to generate change and sustainable improvements

Initiatives can advance and improve...but are less likely to succeed and be sustained in the absence of cultures of safety

On “Doing” versus “Being”
### Safety I vs Safety II

<table>
<thead>
<tr>
<th></th>
<th>Safety I</th>
<th>Safety II</th>
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<tbody>
<tr>
<td><strong>Definition of safety</strong></td>
<td>As few things as possible go wrong.</td>
<td>As many things as possible go right.</td>
</tr>
<tr>
<td><strong>Safety management principle</strong></td>
<td>Reactive, respond when something happens, or is categorized as an unacceptable risk.</td>
<td>Proactive, continuously trying to anticipate developments and events.</td>
</tr>
<tr>
<td><strong>Explanations of accidents</strong></td>
<td>Accidents are caused by failures and malfunctions. The purpose of an investigation is to identify causes and contributory factors.</td>
<td>Things basically happen in the same way, regardless of the outcome. The purpose of an investigation is to understand how things usually go right as a basis for explaining how things occasionally go wrong.</td>
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On Culture…

POLLING QUESTION
IMPROVED CULTURE IS NOT THE MEANS TO AN END BUT AN END ITSELF.
IT CANNOT BE TREATED AS ONE AMONG OTHER SAFETY ACTIVITIES.

Ensure that leaders establish and sustain a safety culture

The importance of a culture of safety

• Reduced error and harm
• Improved patient outcomes, experience, satisfaction, engagement, and adherence to care
• Improved workforce safety, satisfaction & engagement
• Reduced costs & waste
• Better, more transparent, and more trusted business
• More compassionate care for patients and our workforce
What’s getting in the way?

“The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes”

Lucian Leape

Freedom From Harm: Detractors and Success Factors
On Compassion…
Compassionate care

- “…requires the provider to be able to adjust his or her responses to the patient’s needs, along with the clinical expertise and professionalism to respond effectively and appropriately”
- “…must also be aware of how his or her reactions affect interactions with the patient and decisions about care”
- Must “use self-awareness to manage his or her emotions, in order to act in the patient’s best interest”

Lown BA, Rosen J, Marttila J. Health Aff September 2011, 30(9) 9 1772-17

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Compassion I vs II: Approach to Systems Change

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<tr>
<th></th>
<th>Compassion I</th>
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<tr>
<td>Definition of compassion</td>
<td>Used if I have to…if something goes wrong; the exception. It’s at best, an act</td>
<td>It’s the right way to provide the right care; the rule. It’s constant and habitual</td>
</tr>
<tr>
<td>Compassion management principle</td>
<td>Fleeting attention and response, if it’s actually a problem</td>
<td>It’s our purpose; we’re proactive; it’s a science and art. Our patients, families, workforce, and industry thrives.</td>
</tr>
<tr>
<td>Explanations of accidents (no compassion)</td>
<td>It’s accepted as collateral damage, and it’s momentary; we can apologize and be done with it.</td>
<td>Compassion is our purpose. We constantly strive to understand whether/how and why it works and matters, so we can minimize the incidence of harm.</td>
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Compassion I vs II: Approach to Systems Change

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<tr>
<th>Attitude to the human factor</th>
<th>Compassion I</th>
<th>Compassion II</th>
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<td>I can use my human issues to justify why I can’t or don’t need to “do” compassion. “We’ll patch this up with a program”.</td>
<td>The human side of patients, families, and the workforce is necessary for adapting to situations and restoring and sustaining resilience. It’s our “being”, and the way we work...always.</td>
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<th>Role of performance variability</th>
<th>Compassion I</th>
<th>Compassion II</th>
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<td>Harmful, should be prevented as far as possible. Cook book recipe.</td>
<td>N=1. Strive for habitual excellence and understanding over time in meaningful and authentic compassion. Situational understanding over time allows for truly adaptable workforce and patient centered care and compassion.</td>
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Action hierarchy: As applied to compassion

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<th>Stronger</th>
<th>Intermediate</th>
<th>Weaker</th>
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<tr>
<td>Compassion is our purpose and duty to all; fully integrated into our health system as a core value</td>
<td>Simulation-based training; debriefings; periodic refresher sessions and observations</td>
<td>“Feel better”</td>
</tr>
<tr>
<td>Full leadership accountability; monitor, measure &amp; reward cultures of safety &amp; compassion</td>
<td>Institute a program (Crisp; fatigue, support)</td>
<td>Inservice, training, posters, as disparate activities</td>
</tr>
<tr>
<td>Document &amp; provide pt goal-based care</td>
<td>Thinking it’s only about pain, palliative and end of life care, and death</td>
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Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health: Hierarchy of Controls

www.cdc.gov/niosh/topics/hierarchy/
The interrelatedness of safety & compassion

• I recall a dawning recognition of how profoundly people were interdependent in accomplishing nearly any significant goal. I, like many people, had an abstract mental model in my head that so long as people did their jobs and did them well, patients or customers would be taken care of. Of course, that's just not the case. It's a matter of people doing their jobs well working interdependently with each other; without recognizing this interdependence, people are unable to manage it well.

Advancing cultures of safety & compassion

• Leadership commitment, education, awareness, and full accountability for zero harm to patients & workforce
• Interview, hire, and promote for safety and compassion
• Continuous organizational and individual learning
• Define, measure, monitor & improve
• Interprofessional, with patient & family members as part of the team
Support the health care workforce

- Workforce safety, morale and wellness are necessary for providing safe care
- Professionals need support to fulfill their highest potential as healers, routinely, as well as for adverse events
  - Respect, recognition, resources (3 R’s) & strong actions
  - Accountability for behaviors
  - Attention to physical and emotional harm
  - Ongoing education/awareness
  - Fatigue management, ergonomic scheduling, peer support programs, 2nd victim, rounds, relief from assignments

Examples of supporting the health care workforce

- How can we make crucial progress to transparent, non-punitive approaches to reporting and learning from adverse events, close calls, and unsafety conditions?
  - SEA 57: Organizational-wide, easy to use reporting systems, which are accessible to everyone in the organization
- How do we best understand and address the long-term impact of emotional harm, stress, and suffering?
  - Stress and suffering are not necessarily tied to one event: Cumulative stress debriefings (Cedars Sinai)²

Recognition

“Staying in the moment”

Data: Stories without tears
“Smallest acts of kindness”

“Making the unbearable bearable”
With gratitude for all that you do…

pmcgaffigan@npsf.org

Questions

Patricia McGaffigan, RN, MS, CPPS
COO & Sr. VP, Programs
National Patient Safety Foundation

Beth Lown, MD
Medical Director
The Schwartz Center for Compassionate Healthcare

Andrea Greenberg
Communications and Partnerships Associate
The Schwartz Center for Compassionate Healthcare
Upcoming Webinars

Compassion Integration: Connecting Hearts and Minds with Action
Becca Hawkins and Mark Rosenberg
May 9, 2017

Visit theschwartzcenter.org for more details or to register for a future session. Look for our webinar email invitations and share them with your friends!
Thank you for participating in today’s session.

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