Patient Safety and High Performance Leadership Summit
Issues in Governance, National Collaboratives, and H.I.T.:
Leadership Engagement and Development

April 27, 2012
Webinar Transcript

Charles Denham: Okay, we are ready to get started again. So for our national and global audience, we are going to be starting our next panel, which is Leadership Engagement and Development. If you've just logged on, go to www.safetyleaders.org. If you cannot log on for the streaming video, if your lines are not fast enough, you can go to the WebEx, and will be able to listen to audio, and we will be transcribing the session as well as videotaping all of it, and editing it for asynchronous learning. So we'd like the room to quiet down, and we are now addressing a real passion of everybody up here. It's a passion of mine – Leadership Engagement and Development. You all saw, and those who haven't seen the movie that will be premiered tonight, and then on Discovery Channel each Saturday for the next four Saturdays, we are focused on leadership.

In our decade at TMIT, we were a technology accelerator. We heard in the last panel that there was a lot of magical thinking that we've all had about technology and we thought, "I can buy my way out of this. I can fix my way out of this. I can buy high-tech my way out of this." We found out that we were using technology, and we were enabling what we were doing. We were repaving the cow paths, or we were helping ourselves make errors faster. In our second decade, we realized, "Oh my gosh, it's about best practice enabled by technology." That should be secondary. Start with the best practice, then design the technology and solutions set around the practice, and it's a winner. And it was. However, you hit a wall, and the wall was systems breakdown. If you don't have champions that are local champions, things break down. And we found out in the last decade, it was always about leadership. It begins with leadership, ends with leadership, all about leadership. And now, it's vital to our nation.

The only way – we can't invent anything fast enough to fix this colossal tsunami wave of wasted harm. We can't adopt anything fast enough. But there's one thing we can do is that we can change leadership, and organizations can change on a dime. I think, Bob, you proved that in the 60 acquisitions of companies that have a sick culture. You come in, and instead of doing what we're taught in business school to do, you come in and start focusing on the people and leadership, and developing those people. You've got great folks in our audience here. Rhonda Spencer. We have Brian Wellinghoff here [who] is a part of your team. You go in over and over again. It's not a one-trick pony. It isn't a one-time event. There is something reliable and systematic, and our nation really needs this right now. Now, we have a wonderful group here to kind of comment on engaging and developing our leaders; and the one thing we found was the four Ts, which was: engage the head with the truth; engage the heart with trust; engage the hands with teamwork – that might be leaner PDSA, or whatever your variation of these 55 or 65 different ways that we still work together collaboratively. But the magic was giving the voice to your people from within, and allowing it to go to scale, and become contagious. I think we've been able to see that leadership is contagious. It's just amazing.

So as much as we kidded in the break about you being last, and putting the wisdom of everything together, Bob, lead us off. Give us the advice that you could give us when – we have a 300-bed hospital, it has a culture of fear. We already saw that studies have shown that two-thirds of our staff are afraid of our leaders; thirty-seven percent are afraid to report an error that is happening; the majority feel that anything they do will be put in their HR file, and they're hostages at the table. What do we do?

Robert Chapman: Well, as Dr. Denham said, we are the sum total of about 58 acquisitions, and we tend to focus on companies that have been challenged. Clearly, if you look at the healthcare industry, you look at an industry that is under some tremendous challenge. The first thing we do when we get involved in a

new organization is that we sit the people down and tell them what we believe in. People can't believe that we sit down and share with them our beliefs, and then we, of course, go out and try and live those beliefs and say that what's important to us is you. You matter. We're going to show you that we can pay you fairly, and treat you superbly, and, as a result, compete globally. That is the issue we face. People in these organizations that look broken, these organizations, hospitals, the healthcare field – it's clearly that people simply want to know that they matter. We have a tremendous need in every facet of our society to validate the worth of every individual.

Our leadership model, and that one thing I would add to your tease that we have learned, is communication, and recognition, and celebration. We spend a tremendous amount of time recognizing and celebrating the goodness in people, which makes them feel like they are part of a culture where they are validated in their worth and sharing their gifts. So the key is validation of every individual so that you can create that triangle between the head, the heart, and the hands to create these habits of caring for each other. We are trying to move from a "me" society to a "we" society in healthcare. We need that dramatically. One final thing that we have profoundly learned, that I'm sure exists in your institutions, is when we begin teaching people-centered leadership, we begin teaching the skills of communication. It never occurred to me that as adults, we needed to learn to communicate. But what we have profoundly found that when we teach communication skills, what people tell us is they learn how to listen. The issue we face in this country is we have never learned how to listen, which validates the worth of each other. In the board of our hospital, in the leadership of our hospital, how do we learn to listen? To allow people to share their gifts, and to feel some value, and to recognize and celebrate each one of them.

Again, our lessons in leadership came from parenting. This is the way we raise our children. All of you are the precious child of somebody, and we need to treat you with the same dignity and respect that Charlie gets from Chuck and Betsy, that my children get, that's where it all came from. If we lived in a world like that, all of these other issue would dissipate because we would validate the worth of each other. So listening is one of the most important skills we can possibly teach, and we get tremendous response. People tell us this three-day class we teach changes their life because they never learned to listen.

Charles Denham: So what we'll have in the toolbox that goes with the movie that folks here at the Press Clubs find what will be on the Discovery Channel is 53 minutes. The toolbox is about two-and-a-half to three hours. What you didn't see in the movie, or those [who] watch it tomorrow didn't see, were people [whom] we interviewed in Bob's companies; and we asked them, "What has this person-centered leadership model done for you?" Thinking that they're going to tell us about how many more manufacturing machines that they made, or whatever. And they would look at me and get misty-eyed, and they would literally say, "I'm a better man. I'm a better woman. I'm a better father. I'm a better son." And then I took their course, and I went home and I won't let Betsy give me a score card, but maybe my little boy, Charlie, will. I came back and started to change how I behaved as a father and a husband, and never thought that I would even say that other than on a global program. But you know what? Our nation's in crisis. If we don't get in touch with the head and the heart, we have a broken system, but it will be a nonexistent system if we don't start getting the mind/body/spirit together. I think that's a critical element.

Steve, as you – the Mayo Clinic has a wonderful culture. When I go – because I'm a patient there – how are you going to propel new leaders to get in touch? How do we, Mike, get clinicians [who] have been taught to be compartmentalizing themselves and be objective, [who] do surgery and impact patients with harm, to divorce ourselves from that, but then still have a healing moment and really bring love back into things? How do we do that?

Stephen Swensen: At the Mayo Clinic, we look at all physicians and nurses as leaders, and there's no leader more important than the front-line colleagues. So what we're – we've embarked on a stupendous effort in organizational leadership development. We have 861 clinical units, 23 hospitals in six states, and we are going to each of them one by one, engaging the physician and the nursing leadership. We've worked on their systems competency with our Quality Academy, and now it's the behavior competency. So we go into the unit; we talk about the five safe behaviors that we've identified; talk about fair and just culture; but then specifically, the whole unit – pharmacists, techs, nurses, desk folks – [gets] together, and

they listen to each other, and say, “What’s the next thing that’s going to happen to our patient? What’s the biggest opportunity for improvement?” That whole unit works on something that will help them perform at a higher quality, safer way; and we measure the culture of safety before, we measure the culture of safety after. One of the metrics is improvement in math, and the other is engaging those leaders so that they are empowered to own the most important thing we do: care for patients.

Charles Denham: How do we get docs more in touch with mind/body/spirit?

Michael Henderson: I think for us it has been the culture change, but it’s not just the docs, it’s the whole workforce. And I think that the Cleveland Clinic approach in the last couple of years has been, “We are all caregivers.” There’s been a – we’ve put 42,000 employees through a half-day course where you mix everyone up – groups of 200 or 300 – sit down at a table of eight or ten of you mixed. You know, CEOs sitting down with the painter, and the front-line nurse, etc. There’s really working to what division, and needs to be in a facilitated fashion. It has been very interesting watching the change. It’s empowering people to speak up. The things we’re talking about here today as part of how we are trying – have tried – to change. A lot of that was driven by the recognition of poor performance around some things like patient experience, HCUP scores, things like that. We say, “Whoa, wait a minute. We’re not doing these things right.” But it’s the recognition that, really, we needed that culture change and same vision for everyone working in the place. It’s really been emphasized, and our CEO has made that a very high priority. Executive teams were the first ones in there with a lot of mixed, other participants. It was very clear that they were right up front doing this. I think that whole culture change, and as Steve says, a leadership is all the way down through the system. The front-line leaders are as important as, or a lot more important than, middle management. It’s been very interesting and a dramatic change. You really see and feel the difference.

Charles Denham: David, you are at an organization that’s gone through a really tumultuous twenty years. Fair enough to say. With lots of financial pressures on your – you were in a fabulous division, but the whole organization has gone through quite a bit of change, and pressures, caused pressures. We’ve had this conversation before, so, you know where I’m going. The clinicians and caregivers – they have a love-shaped vacuum themselves. I think the doctors in these stressed environments really are ready. They feel disenfranchised, they feel bitter. But don’t you agree that if we needed to make transformation, and couldn’t spend a lot of money, and took Bob’s theory of loved ones caring for loved ones – I don’t think it’s as touchy-feely as most people would think because I’ve just seen it in action, and in results. Don’t you think in stressed systems, like the one where you have been, that the caregivers, the nurses, the doctors, the pharmacists, are ready to really be inspired, and try to have people try to reach out with them with real caring within the organization, not just their patients?

David Parda: Yeah, I think that’s a great point, Chuck. I mean, with the financial strain, people are constantly living in a survival mode than the – and that survival mode then degenerates the whole environment into looking at financial spreadsheets. You really miss the whole human dimension of what’s going on. So then your clinical and operational environments start breaking down, getting more fatigued, and your financial performance just continues to go further and further down. A big part of my job is then to really try to convince physicians, everybody in the health system. But I work with 14 PhD-level nuclear physicists and 14 physicians within our 150-person radiation oncology network, and we’re integrating all of the oncology services in our health system, hundreds of people. A big part of what I have to say is that this is not soft, abstract, philosophical drivel. You know, it’s true. You still have to really dig in on the physical sciences, and the biologic sciences, molecular biology, nuclear physics, computational work is critical. But social sciences, people sciences, behavioral aspects [are] not soft. It’s actually hard. It requires discipline, and it really is every bit as powerful, it’s not more powerful than those hard sciences, so to speak. That’s what we physicians really have to do, is get out of those analytic silos and realize that if we’re going to be good at our jobs, really good at our jobs, you have to maximize both your analytic intelligence as well as your social, and emotional, and intelligence. It’s okay for doctors to remain human while you have those analytic skills.

Charles Denham: Sully, you know, we’ve had this conversation over the last two or three days. I think you put a sharp – this could be a philosophical “let’s all have a kumbaya moment.” We’re all going to have

Bob's love therapy and everything's going to be good, and then we all leave and then we're facing a tsunami. We are. You've really driven home the urgency of acting now. You know, we talked with people governing our country, and I think you articulated it very, very well that we don't have time to wait. And if I think about what Bob, you, taught us is, you could do this pretty fast. Does it really cost a lot, Brian, to put together a communication course? I went through it. I loved it. It was great. It was three days. It didn't take that long. Did it require a CT scanner? No. Did it require that I have to go to a big hotel somewhere? No. So if I had something that I could deploy fast, I got a crisis, and put an edge on a sense of urgency as you see it. You see it from the aviation perspective, but you have a deep understanding and formal training, and perform it fine.

Chesley B. (Sully) Sullenberger, III: It really shouldn't be surprising to all of us that there are so many analogues between these domains. But what we are talking about ultimately is human performance in complicated systems that all involve inherent risk. And you put it very well when you say that these are not – as some deride them – soft skills as opposed to hard skills. They're human skills, and we have the data now to show that these human skills have the potential to save more lives than new technical or clinical skills. I posed the question to the group last night, "Do you think that we will make these improvements in healthcare?" And there [was] some difference of opinion around the table about whether we would or not, and how long it might take. And I said, "Let me suggest this to you; let's fast-forward ten years." I'm convinced in ten years, we will have done many of these things. And like in so many instances, whether it's with smoking, or seatbelt use, or something else, we will look back at us now and say, "What were they thinking? How could they have lived like this? How could they have tolerated this level of harm and waste?" Two hundred thousand preventable deaths a year, so I would say, "Let's not wait ten years, and 2,000,000 more lives; let's do it now."

Charles Denham: Sully, some of our audience didn't hear your description earlier of the 208 seconds that changed your life, and changed – I think many people thought, at a time when our financial system was collapsing, you were kind of this era's "Seabiscuit." I don't want to call you a horse, but …

Chesley B. (Sully) Sullenberger, III: Thank you, I think.

Charles Denham: But you gave hope to the fact that we can do …

Chesley B. (Sully) Sullenberger, III: Seabiscuit was a lot faster than I am.

Charles Denham: Yeah, that's great. But would you describe – I think the three things you did are a metaphor for the crisis that our hospital boardrooms have. Especially, wouldn't you say – Sharon, I see you nodding. Especially our safety-net hospitals. You enforced the calm. You put the structure on chaos, and you prioritized what you could do well in the time that you had. I don't think our organizations at the front line how little time is left. I really don't think they understand how little time is left, and if it was my little Charlie, or your loved one, [who] died tomorrow – can we afford to be at the Press Club shooting the breeze on the soft stuff? I don't think so, because I think this is the hard stuff. I think this is the speed-to-impact stuff, and I think it's the kind of execution you did in 208 seconds, and I come back now to safety-net hospitals. It doesn't require a hellacious amount of technology to teach communication. In fact, what you, Bob, what we've learned from you all wasn't new; you just organized it in a very systematic and wonderful fashion with really dedicated, authentic people. But it wasn't rocket surgery. It wasn't something completely – this is something I think we can deploy, especially in our vulnerable safety net. What do you think?

Sharon Rossmark: Well, I'd like to think of it is, if I can capture what Bob said, is caring is a very powerful business strategy. Sometimes just taking the time to show a front-line leader, or front-line clinical person, or front-line worker within the hospital system that you care. And something that simple is rounding – making the rounds, and just saying, "Thank you." They just light up. They just light up because someone said "thank you." And you don't know what their day has been like, but you know what? We know that they're taxed. We know that they're stressed, and just saying "thank you" for what they do each and every day, not that they've done anything special other than what we've asked them to do. So caring is a very powerful astringent. I haven't taken Bob's course, but I tell you what, he is exactly right because

when it comes down to modest means, everyone wants to be acknowledged. It doesn't cost anything to acknowledge and engage someone by saying thank you.

Charles Denham: I don't want to put a downer on this panel, which is really good, but you all saw the movie, or those who will watch it in the future and see in the toolbox, and I'm coming to Ellen, is that today it is more common than less common – when an accident happens – that we point the finger at a nurse, or a pharmacist, or a caregiver, and somebody's a bad apple, not the system … when ninety percent of this is system issues, and the leaders own it. And that is why I put Jeanette Ives-Erickson in the movie even though it was standard definition video, and I knew that Discovery would have a little problem with that because it's all in SD, and you have to have so much XYZ. But I thought that was so profound to have a nurse leader say, "Did you intend to harm the patient?" "No." "Then I own it, and I'm the leader." It wasn't to inspire; it was actually [to] create a little bit of sheen, because our hospitals today are not doing that. Or subtly we use so frequently in many hospitals, none probably that are here in front, but in many of my front-line hospitals, I can tell you that little moral relativism and situational ethics, and you can pretty well blame somebody, and not fix the system. This issue about loved one caring for loved one – how could a board, and how could a senior management team, allow a nurse to be fired after a systems failure? How can we allow the nurse [who] committed suicide in Seattle commit suicide over this, and the many more [who] almost did if we didn't kind of pull them from the depression? It's criminal, what's going on. How do we get that message out? You're a trustee at the Cleveland Clinic.

Ellen Canepa Brzytwa: My mom taught me, and I hope I taught my children, that actions speak louder than words. I think physicians and nurses have seen a lot come around, and go around, a lot of talk, a lot of new system-of-the-moment for quality and safety, and I think now, within the clinic, and I think elsewhere too – because I travel around the country to hospitals in my work – that they are seeing that the actions are starting to be there. And when this is credible, and the top leaders are behind us – and I offer two examples from the clinic. One is the acknowledgement of the enormous work that nurses do, as I said earlier, minute-to-minute and hour-to-hour to keep patients safe. And that's true, and the clinic has put their money where their mouth is. They have elevated nursing to an institute status; they have put in an entire simulation operation to improve the skills and acknowledge the work that nurses do; they have increased the benefit for nurses to continue their education … critically linked to quality and safety. I'm sure you all know [that] if a nurse has a bachelor's degree in science and nursing, the mortality and morbidity experience of a hospital is less.

So all those things – and at the governance level – and I have to say this, the clinic has also put its money where their mouth is, and we are spending a lot of time looking at ourselves as trustees. We're looking at measures for everyone else on how they're doing, while we're starting to look at ourselves and we have consolidated what we're doing for quality and safety into a more efficient system among all these – what've we got – ten, 12 hospital boards, and whatever. And we are also starting to look at governance in the same way. Those things, when you get down to the board level and the discussions, we have quality mandated as the number-one agenda item, and we are doing a lot of things that indicate to the care providers [who] are [at] the bedsides that we mean business, and that we take ownership of this. The people at the trustees and leaders like Mike and so on … I'm happy to share that with you.

Charles Denham: So we're out of time, but I think I want to leave with the audience, not that this is a wonderful opportunity, and makes us feel good for the moment like Chinese food and then we're hungry again. I want us to really think about Bob's mission that he described for us as one of the fastest technical ways. We talked about sociotechnical systems; that's what healthcare is. It's a series of complex adaptive systems, and we've got the sociotechnical aspect. Bob, I am willing to bet, seeing how you systematically do this, that there is no faster way to turn around the harm and the waste that we have by buying some of their technology. And this is something we have because we have leaders, or potential leaders. So I'd like us to consider this method, and these methods, more as a technical solution, a sociotechnical solution than just another "kumbaya, really neat, where it's great those guys do that," we couldn't do that here. Baloney. Baloney. You've done it with companies that have very difficult cultures and challenge, and I think – I come back to Sully: urgency. If we don't do this now, we are going to pay a terrific price, if we don't have the money to buy something else. This is a valuable thing you've given us, Bob, and I thank you for it. And we'll close with this panel. Thank you.