

Thought Leader Forum



Discussion Transcript

The Role of Health Care Human Resources in
Quality and Patient Safety

Manchester Grand Hyatt San Diego
July 24, 2008

Underwritten by a special contribution from





AMERICAN SOCIETY FOR HEALTHCARE
HUMAN RESOURCES ADMINISTRATION
OF THE AMERICAN HOSPITAL ASSOCIATION

Founded in 1964, ASHHRA is the leading voice for HR professionals in health care - linking people and organizations to leadership practices, best practices to patient outcomes, and outcomes to business results. Headquartered in Chicago, IL, the society has more than 3,400 members and services the needs of over 50 chapters throughout the United States. For more information about ASHHRA, visit www.ashhra.org.

Vision

By joining together, by raising our skills and by speaking with one voice, we, as ASHHRA members will enhance the well-being of our employees, our health care organizations, and the communities we serve.

- ◆ ***Our purpose:*** To establish the expertise of health care HR through our ability to learn and share knowledge, build relationships, and exemplify excellence.
- ◆ ***Our power:*** To influence and impact the future of the health care workforce and those they serve.
- ◆ ***Our promise:*** To keep in our minds and hearts the passion and commitment we have for our profession.

Mission

ASHHRA leads the way for members to become more effective, valued, and credible leaders in health care human resources administration.

Guiding Principles

Collaboration * Service Excellence
Integrity * Innovation * Passion

Value Proposition

We offer high quality and effective resources, educational programs, and networking opportunities to human resources professionals in the health care industry.

Introduction

The American Society for Healthcare Human Resources (ASHHRA), a personal membership group of the American Hospital Association (AHA), held its first Thought Leader Forum on Thursday, July 24, 2008 in San Diego, prior to the 16th Annual Health Forum and AHA Leadership Summit.

Molly S. Seals, Sr. Vice President of HR & Learning, Catholic Health Partners Northeast Division/Humility of Mary Health Partners, and ASHHRA immediate past president, chaired the proceedings. The discussion was facilitated by Larry Walker, president of The Walker Company Healthcare Consulting.

A select group of thought leaders - AHA-member CEOs as well as health care quality and patient safety experts - participated in the first Forum, a two-hour session titled, "The Role of Health Care HR in Quality and Patient Safety." The CEOs in particular noted that human resources leaders in health care play a pivotal role in creating a culture of quality and patient safety.

"As HR leaders, we can strategically weave the message of quality and patient safety into all human resources deliverables, from recruitment and training to recognition and education," said ASHHRA President Jeanene Martin. "This is a great opportunity for ASHHRA to offer best practices and resources that help members strategically realize the kind of quality and patient safety-centered culture they desire."

The following Thought Leader Forum document is a transcript of the Forum conversation. A video podcast of the discussion can be viewed at <http://www.ashhra.org>, along with a copy of the *Summary of Findings*, an executive summary of the Thought Leader Forum.

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The Role of Health Care Human Resources in Quality and Patient Safety

This special report on the role of health care human resources in quality and patient safety is based on a *Thought Leader Forum* discussion with prominent hospital and health system CEOs, members of the American Society for Healthcare Human Resources Administration (ASHHRA) board of directors and other quality and patient safety experts held on July 24, 2008 at the Manchester Hyatt Hotel in San Diego, California.

Participating in the *Thought Leader Forum* were:

Laura J. Easton
CEO

Caldwell Memorial Hospital, Lenoir, N.C.

Paul LaCasse
President and CEO

Botsford Hospital, Farmington Hills, Mich.

Nancy Qualter
Director of Quality Resources

American Hospital Association Quality Center, Chicago, Ill.

Molly Seals
Sr. Vice-President, HR & Learning

Catholic Health Partners NE Division, Humility of Mary Health Partners, Youngstown, Ohio

Carol Watson
Sr. Vice-President, Clinical Services & CNO
Mercy Medical Center, Cedar Rapids, Iowa

Martin Fattig
CEO

Nemaha County Hospital, Auburn, Neb.

Jeanene Martin
Sr. Vice-President, Human Resources

WakeMed Health and Hospitals, Raleigh, N.C.

Georgene Saliba
Administrator, Risk Management, Claims Management and Patient Safety
Lehigh Valley Hospital & Health Network, Lehigh Valley, Penn.

Douglas L. Strong
Director and CEO
University of Michigan Hospitals, Ann Arbor, Mich.

Dan Zuhlke
Vice President, Human Resources
Intermountain Health Care, Inc., Salt Lake City, Utah



Larry Walker, President, The Walker Company, moderated the Thought Leader Forum discussion. This report is an edited version of the transcript of the discussion. It has been underwritten through a generous contribution to ASHHRA by Quick Leonard Kieffer International.

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Larry Walker: *Laura, let me ask you the first question. What are some of the greatest quality and patient safety challenges you're facing in your organization today?*

Laura Easton: Well obviously, like all hospitals in the country we're working very hard to meet the core measures and report the quality information that is required. And we're also working hard to execute all of the patient safety goals and objectives. We're a small hospital, 110 beds. We're an independent non-profit, and the only hospital in town, and we have limited resources to apply to that task. That's one of our bigger challenges. One of the things that concerns me significantly is executing the rapid, required changes that come at us from a lot of different angles. Simultaneously, I'm really concerned about how we can truly make meaningful change in the work of the front line employees so they can meaningfully change the way they work, and integrate into their work all that we're throwing at them in rapid succession. One of my big concerns is creating the quality and safety changes we need in our organization.

Georgene Saliba: I would suggest that nobody gets up in the morning and says "let me see if I can harm a patient today." We need to be cognizant of all the things we require employees to do, and try to make their work easier. We need to look at the facilities, where people walk, all of the places they need to go to get what they need to provide good care, even to the extent of transporting our patients. Also, what staff is there to take care of the patients, how much are we looking to our RN's to do vs. our support staff, and what is the right mix based on patient acuity?

Laura Easton: I think execution is so critical, but I think because there is so much rapid change, the amount of detail that is required to redesign processes on the front line is very, very challenging.

Paul LaCasse: I think that's really true - how can we get employees really engaged in quality and safety issues? I think the real challenge is how we move the culture, and at the same time engage our employees in those issues. I look to our HR executives to help us with that engagement. Tremendous power is derived from both competency and commitment, and it's the commitment piece that is so important. I think it starts with how we really create an engaged workforce that's on board with the quality and safety initiatives, so when they come to work they're engaged, they're committed and they're thinking how their role really fits with our quality and safety initiatives.

Our HR executives have led the way with some employee engagement surveys. Following the surveys we put together initiatives to define how we could improve engagement, how we could move disengaged employees to be more or highly engaged, and for those that are

disengaged and can't move, how we could move those individuals out of the organization. What's really key to us is developing our workforce to the "highly engaged" level.

Walker: *Paul, what brought you to the realization that that was the critical thing to do, and what do you look to the HR executives in your organization to do to assist in that effort?*

Paul LaCasse: I started on this journey to service excellence about three years ago, not really recognizing what a truly important role our employees play in service excellence, and not fully appreciating that a highly engaged workforce can create greater patient satisfaction. We started with patient satisfaction and service excellence in mind. And it was our HR executive who helped put together the plan. The HR executive has taken the lead and put together the initiatives to improve engagement.



Walker: *Have you been doing this long enough to have a sense of the difference it's making in quality and patient safety?*

Paul LaCasse: I don't know that I could relate it specifically to quality and safety improvement. I will say that the survey results are improving in terms of the number of our "highly engaged" employees. We started at a level of about 20 percent in the "highly engaged" category. Last year we were up to 25 percent, and in this most recent survey we're at almost 30 percent, so we're making some good, steady headway. And by increasing the ranks of highly engaged employees we're reducing the number of people in the "disengaged" category.

Walker: *Carol, to follow up on what Paul was just talking about, what connection do you see between being able to move employee engagement and how that flows through to better quality and greater patient safety in hospitals, particularly from a nursing standpoint?*

Carol Watson: I have my AONE hat on now. AONE is partnering with the Robert Wood Johnson Foundation on a "learning laboratory" for transforming care at the bedside. I'm sure many of you have heard of the initiative. It's really about creating a different culture in the workforce, so our front line staffs are empowered to make the changes that need to be made. It has to be seen as something that doesn't take more steps, but instead takes fewer steps. My colleagues and I have seen many examples where technology looks like a wonderful answer, but in actuality technology solutions sometimes requires more time and more work. So they develop workarounds. You've got to engage the staff in finding the solutions; they have a wealth of ideas - it's how you unleash those ideas and get people actively engaged that's the work of transforming care at the bedside. It isn't about implementing a laundry list of practices; it really is about how you get staff truly engaged.

Doug Strong: We've approached this in a very similar way. We're about three years into applying lean manufacturing techniques in our organization. The goal is to have all front line workers know how to solve almost every problem, and know where to go in order to fix the problem, and understand the cause of the problem, thereby increasing efficiency and satisfaction. We're encouraging everyone to speak up for safety, whatever their role is. It's all about empowering front line workers. And like Paul suggested, we've shifted our concept from employee satisfaction to employee engagement, because we're convinced that's a much stronger approach.

Marty Fattig: We're a very small organization, a 20-bed rural hospital in southeastern Nebraska. That brings us some disadvantages, but I think it also gives us some real advantages as well. We're focusing on two different avenues for improving quality and patient safety, and one of those is employee engagement, a huge piece that HR can help us with. When we started working on this, administration had great ideas on how we were going to improve our processes and get people engaged. We found that we were driving those initiatives down to the department director level, the mid-manager level, and they were stopping. So we're in a process right now of trying to determine

whether this is because they don't want to do it, or because they don't know how to drive these on down to the front line level. We're engaging some outside help right now to figure out how to make that happen.

Walker: *It sounds like several of you are looking to your HR leadership to be a more important strategic element in your organizations. Doug, how do you view human resources leadership as a part of the broader planning team?*

Doug Strong: A lot of this is really about culture change or culture management, and nobody is better suited to participate at the highest level of the organization than the human resources executives. Our HR executive is fully part of the team. Obviously, training is a big part of what is necessary to become a learning organization. We couldn't define the progress that we seek to make unless human resources are vitally engaged.

Carol Watson: I think a piece of that leadership development goes back to something Marty commented on. We need our leaders to know how to engage in order to support the engagement of our employees. One of our AONE members described herself as a "control freak in recovery." For her it really was about learning how to give control to the employees and not continually make the decisions for them. There's a big

piece that HR can help us with in terms of leadership development.

Molly Seals: We all recognize that if you have someone with the commitment, buy-in and passion for doing the right thing at the right time and place, and yet doesn't feel that he or she has the right tools, it can be somewhat frustrating. A person comes in new, really excited, with a high level of commitment, and suddenly reality hits and that commitment kind of fades. What role do you see your HR professionals bringing to your organizations? What are some of the things that HR leaders can bring to the table?

Paul LaCasse: Doug talked about training and development responsibilities and functions within an organization, and the use of manufacturing principles. We look to our HR department to do the training and development, and create those key programs. One of the dilemmas that I'm having as a CEO - and I hear it from others - is how far do you drive training and development? Right now in our organization it's very much program-specific. The question is, how far do you drive it?



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Doug Strong: We chose not to take the approach that some others have with lean management, which would be to dive in and require everybody to go to Japan for a couple of weeks. What we did was identify thought leaders, educate them and build out in circles. And importantly, this involves physicians as well. It's very positive when we have physicians and nurses very, very engaged in this. I'd say it hasn't yet made a perceptible change in our organization. It's hard to measure the change, but within a five year period time it had better.

Quite apart from this effort we have created a pyramid-like set of training sequences for supervisors and managers. There is a basic level, what we call a Master's Series, then above that we put about 40 or 50 people per year through a business school experience, sort of a short course in health care management. That's a way to keep people engaged over time. But it's very difficult to maintain that engagement over a long period of time.

Marty Fattig: One of the things we've implemented that has really helped us is the AHRQ Culture of Safety Survey. It gives you a place to start. And most of the items that we identified when we completed the survey were not training issues, they were engagement issues. It can be a very valuable tool to help you assess your organization and define the changes that need to be made.

Dan Zuhlke: We've talked a lot about quality and safety here today. I know front line managers are faced every day with quality, safety, cost, regulatory and service challenges, and on any given day we may have to deal with some other "top thing." Somebody needs to help sort that out, not just for the leaders but for the front line staff. What role could you see HR leaders play to help in making that happen?

Marty Fattig: To me it's all about strategy. You have to develop strong strategies based on your core values and mission, and then stick with them. You have to be consistent in the message you're sending. And if the message you're sending is to improve quality and patient safety, then everything should focus on that. How do we work with cost constraints and yet improve? How do we work with burdensome regulations and yet improve? If these are your over-arching issues, everything should focus back to those.

Paul LaCasse: I think it depends on the audience, too. We have over-arching goals (we call them pillars) and leaders of growth, including finance, resources, safety, and quality and service excellence. When we talk about our caregivers, it's really about service excellence, and the quality and safety goals are where we really spend a lot of time. A lot of communication comes out of HR in our organization. We're very cognizant that that communication - even if it has to do with policies or procedures, or payroll, or whatever - still communicates our core values and the quality, safety and service excellence agenda. I think that's real important, and is an integral role for HR executives.

Walker: *Let's talk about the generational differences among today's employees. Younger people communicate in entirely different ways than those of us who may not be so young anymore. Are there any particular things that you are doing to try to drive communication about quality, patient safety and*

culture more successfully in your organization, using approaches that take generational differences into account?



Doug Strong: We're experimenting with a lot of different things, most recently with podcasts, and anything that might capture the attention of different audiences. I like to write, so I write page-long messages that go out. Some of the feedback is that it's excellent, and some of the feedback is that it's excellent, but it's too long. So we're making efforts to cut it down and then link to a longer message, and present information using video casts and podcasts. We're seeking feedback. I think it does take all kinds of communication, and people should be able to choose the method that's best for them.

Paul LaCasse: I send an e-news every Monday morning, and I think that for certain audiences it has been effective. But I think the discussion about generational gaps points to the role of the HR executive, too. Most of the folks that I interact with are baby boomers. My executive team is baby boomers. So when I send messages out I'm not quite sure I'm touching the folks in the organization that aren't baby boomers, which gets back to the engagement issue. The same sort of things that motivate me and the other baby boomers may not resonate with twenty-something employees. I look to our HR executive to help us understand our generational gaps, and as we manage the culture, help determine how we can best do that with a younger population. We're using all kinds of techniques. But I think it's also the body and the context of the message that needs to change to motivate and engage younger employees.

Laura Easton: I started a weekly blog, an open dialogue with my employees, and I focus a lot on quality and safety. Interestingly, when we looked at hits and utilization, we have 900 employees and I'm getting 70 or 80 hits a day. So at this point we're in the thousands of hits.



Nancy Qualter and
Paul LaCasse

I would say 50 percent of the questions I can't answer myself, and I need to go to my team. A lot of them are human resource-related kinds of questions and issues. It has been a very interesting process in communication.

Walker: *How much time do you spend on your blog?*

Laura Easton: I do a newsletter to my docs, too, so I probably spend an hour and a half a week.

Walker: *What are some of the outcomes of using that technology?*

Laura Easton: On rounds you have to be very managed in terms of the dialogues to get anything out of them. A lot of folks don't communicate well in those kinds of situations, with the pressure of their peers looking at them. I think we're hopefully engaging some folks who are quieter, maybe the "thinking-but-not-asking-questions" kind of people. They're comfortable in that forum.

Walker: *Marty, on the other hand, in a 20-bed 100 employee organization where communication can happen faster, it often happens more face-to-face. Are there communication practices you've been able to implement in your organization that would be good best practices for smaller organizations?*

Marty Fattig: We do a lot of the things that most people do – newsletters, rounds, and having an open-door policy. We have a lot of employee activities. We're small enough where we can think about

something in the morning, implement it at noon and change it that same afternoon. It's very easy, even though you see people everyday and know them all personally, to think you're communicating with them. My staff has come to me on more than one occasion and told me that's not the case.

You have to use every tool you possibly can. I've never been in an organization where at least one of the top three problems isn't communication.

Molly Seals: We implemented something we call a CEO-gram, which is a small postcard that is placed outside the cafeteria and in other locations. Employees can write a message that goes directly to the CEO's office. Each week, his assistant summarizes the input. We start our leadership meetings by reading through the CEO-grams. Each person that submits a CEO-gram and identifies him or herself gets a personal letter addressing whatever the question or concern is.

When we first started we struggled with how to deal with the anonymous submissions, and not being able to respond back. So we responded to them in our weekly newsletter, and listed questions and responses for everyone to see. Now, roughly about 90 to 95 percent of the questions submitted have a name attached to them. When people see you're going to respond to both the good ones and the bad ones, it changes their mindset.

A related question might be what role you think HR leaders can play in collaborating with operations, and being able to design responses that might meet the needs of a broader group, whether it's the Generation Ys or other groups?

Paul LaCasse: If it's benefits-related or an issue related to human resources the HR executive plays a huge role in creating the team and communicating within that executive team. Marty mentioned rounds. We started executive rounds about three years ago. Originally we did it as a team, but now we've split up individually. When we did it as a team, all in suits walking through the hospital everyone was wondering "what's up?" Our human resource executive is key to that rounding. In fact, of all the favorable comments that we get about rounding, some of the most positive are about the HR executive rounding on the nursing units.

And the employees really appreciate that after each round, whoever is making the rounds collects all the comments that have been received. People pick up on their area of responsibility and get a response back to the individual. These rounds are very focused. We're not just saying "hello" and "how are you doing?" It's "what are the issues on the floor, what are the safety issues, do you have any quality issues? Are there enough IV pumps?"

We try to keep it focused so that we don't get comments we can't react to. The HR executive has played a critical role in this effort.

Carol Watson: Many of the questions I get from staff are HR-related, and I see an important partnership there. I'm looking to my HR partner to make sure I'm technically correct in the information I'm providing. The partnership is vitally important to make sure we're really communicating well with the employees, and I think that would go with other professional groups, too. There's a certain language you need to make sure you're incorporating in your communication, but you also want to be technically correct when you're communicating.

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Georgene Saliba: Obviously, communication can't be understated. I don't think I've ever seen an employee survey where communication wasn't an issue. We need collaboration and consistency. I think nothing else is more important. The HR people need to be on the same page with the senior management, risk management and others.

It is so important that we all understand the culture, and empower our people to be able to speak up, and ensure that they know that's an expectation, and that we have processes in place to make sure that we've allowed them a voice. We have very focused executive rounds. And I have to say our HR people have found them enlightening. Just being engaged from the quality and patient safety side is so important.

We also have a patient safety council. We look at every serious event, every near miss. And our VP of HR sits right there. It's so important for HR to understand the inner workings of quality and safety. It's multidisciplinary - it's physicians, nurses, patient safety, risk management - we're all sitting around talking about what has happened, what outcomes we're striving for, and what actions we need to take. The HR side needs to be consistently engaged.

Jeanene Martin: I'd be interested in hearing how far you've gone in your organization's transparency, not only looking at near misses, or the catches of the misses in patient safety, but communicating that information to your staff so it's real to them.

Paul LaCasse: A lot of this has to do with HR policies and the whole culture of safety - creating a blameless culture so that folks can report errors and not feel like they're going to be reprimanded for doing it. I think that's the first step. In our organization I think we've done a good job in getting to that point, at least in terms of reporting errors.

Now in regards to transparency, I'd say we're not there yet. We've got a lot of work left to do. And not just with our employees, but also with our board of directors - how much do we report, and that sort of thing. We've taken the approach that it's best to report serious events, and we're just putting the mechanisms in place to do that in the best, most meaningful way.

With employees, too, how do you get them to listen to some of those safety issues? A story every once in a while is worthwhile. In e-mail communications to get people thinking, I will tell a story about an error that occurred. We're also putting together some report cards that we'll disseminate to talk about quality and safety initiatives.

The trick is, there are so many quality indicators, how do you get to a point that your employees really understand where you are in terms of safety and quality? I think that's a challenge for us all: how to consolidate that information into a few key performance indicators related to quality and safety your employees understand.

Laura Easton: I think that as a nation of hospitals we still have a lot of work to do on the culture front. I think there's a lot of pressure for CEOs. Part of the role of the human resources executive is to advocate and be very strong and well-spoken in terms of the systems issues vs.

the personnel and human resources issues, and help provide the CEO with the data, the ammunition, the information, the added will, to emphasize a "no blame" culture.

Marty Fattig: We're doing a couple of things that work really well in that area. First of all, we're a county hospital, so we're pretty much an "open book." For the last three years we've begun every board meeting with a discussion of patient safety. We call the meeting to order and then discuss patient safety. The board is used to it now. One of the first times we did it they thought it was some kind of mistake. We always reviewed the minutes of the previous meeting first.

We want people to know that this is the foremost thing we work on every day. And we also present and discuss root cause analyses.

We've had stories about good things that have happened and reviewed articles on how we can improve patient safety and quality. The other thing we do that has been a really powerful tool is to embrace the balanced scorecard as our primary tool for measuring and tracking quality and patient safety performance. It has been very, very successful for us. In fact, every department now has its own balanced



Larry Walker, Georgene Saliba and Dan Zuhlke

scorecard. That's how they report their performance improvement measures. All those, of course, tie in with the overall organizational goals. It shows your good points, and it also shows your warts. So if you're honest you're going to have some measures where you're not doing so well. But what you do about it is what's most important.

Nancy Qualter: One of the most effective strategies we've seen for communication about quality and patient safety is exactly what you mentioned, telling stories. And the great thing about it is that it crosses all generations. It's as effective with the Gen Xer as it is with a baby boomer. It's really effective for engaging employees at all levels of the organization, from the board to the caregiver at the bedside to the ancillary support staff, because it makes the issues real to everyone in the organization, and it shows transparency. It demonstrates your culture of safety, and conveys that this is really important. So it's a very

effective strategy. Also, with regard to balanced scorecards, if you have “cascading scorecards” that start at the board level and cascade down to a scorecard at a department level, there is a clear “line of sight” for the employee right up to the board level; you’re creating great engagement for all of your employees.

Laura Easton: In small institutions you sometimes have to use a lot more of other organizations’ stories. In a community of 17,000, it can sometimes seem like everybody is related to everybody. Some may know who the person is in the story you’re talking about. You have to be very cautious, but we do use stories, too.



Laura Easton and Jeanene Martin

Dan Zuhlke: Human resources has responsibility for many things, like assessment of people, performance management, recognition and reward programs. As you look at a balanced scorecard and try to move the performance bar, what do you think are the most important things for us to be thinking about for the future?

Carol Watson: I think when you look at why employees stay in an organization it’s the engagement with their management and their peers. While communication from administration is important, the key is engagement with their peers and engagement with their managers. The challenge is how to develop tight linkages that keep people in the organization.

Jeanene Martin: Are there things that any of you have done to recognize employees for their work on patient safety initiatives, or for patient safety suggestions that not only are visible to the person you’re recognizing, but to his or her peers?

Georgene Saliba: We have on a number of occasions. We hold a Patient Safety Week every year, and we do it a little bit differently. We’ve done fairs and that type of thing, but last time we did posters and interactives, and we asked the units to do it. It was phenomenal to just sit back and see all the things they were doing in their units to improve patient safety, and see what others could gather from their peers.

People like rewards, so gift cards or those types of things can be valuable rewards. I think for keeping people engaged, reward and recognition can’t be understated - it’s what’s going to keep them there.

I work at one of Fortune Magazine’s “Best Places to Work.” I’ve been with Lehigh Valley for 30 years, and the chief reason I stay is the engagement, the ability to move up in the organization. I started as a registered nurse and I’ve been there ever since, moving up in the organization. It’s allowed me to grow.

The other thing you can do for your employees is what is called a “great catch.” We had a nice little mug designed with a catcher’s mitt on it. We make a big deal out of it. It’s in our patient safety newsletter, and we give them to employees with a certificate signed by the CEO. It goes a long way to recognize the “catches” of near misses. Obviously we want to catch things before they reach the patient. When we celebrate those catches it really engages employees to be partners in care with everyone else.

Doug Strong: We have what we call “Quality Month.” The focal point is a day where we display poster boards on quality and safety. Normally about 100 are presented over a three-hour period. Hundreds of people walk through and hear quality stories. In addition to that, we highlight about 25 of them, and three to five senior managers visit them throughout the subsequent year to hear more about them in greater depth. I almost always attend, so it reinforces and rewards in that sense. We also have big quarterly reward and recognition events where lots of people get recognized. You can’t recognize every specific thing but there are always two or three people that get recognized with a letter, and they make a short speech with family members there.

Nancy Qualter: I’m wondering how any of you may have partnered with your quality directors or risk managers. Some of the organizations I’ve been with in the past have been very successful in that, such as creating a quality course to add to the general employee orientation so you’re showing the employees right up front when they walk in the door that quality and patient safety is of paramount importance at the organization. How do you engage your employees and how do you communicate from the top to the bedside caregivers?

Molly Seals: When we talk about this we’re talking about “just culture,” responsible reporting and all of those key elements. We’ve added a module to our online learning system specifically for that. So it gets touched first of all in the new employee orientation, but then the

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employees must complete the modules so they understand what it means to have a just culture, and what it means to have responsible reporting.

We want them to recognize that they're coming into a culture that's maybe quite different than they have worked in elsewhere. From there, it really is the reinforcement. Likewise, we have a Quality and Safety Olympics. We hold it in a big auditorium; everyone can do a poster board, and anyone who chooses can also do a presentation. People flow in and out, and whole departments come to support one another in the presentation that they're doing on their department about a safety initiative. It's really generated a lot of excitement. And it's so important that the senior executive team is there for the entire day.

Nancy Qualter: The great thing about that is that different departments learn from each other. It's great not only for the employees that are recognized, but they teach each other as well.

Paul LaCasse: I'd be curious to know how many of you have what might be called a "compact" with your employees. We did it with service excellence. All of our new hires sign an agreement that includes our standards of behavior. The next step may be for us to do the same thing with patient safety and quality. I'm curious if anybody has already done something like that or is thinking about doing it.

Walker: *Paul, when you say a "compact," are you talking about a written agreement that spells it out? Is the idea behind actually signing it and agreeing to it to make it more "real" to the individual?*

Paul LaCasse: Right, this is of key importance to our organization in meeting our community mission. We've done it with service excellence. We have specific standards of behavior. We say, "this is what we expect of you in our organization." I think the next step for us may be to expand that into some other safety and quality initiatives as well.

Dan Zuhlke: All of these things are so important, making sure that we give our leaders the tools and the time and the information they need. We don't really have any signed compacts, but I would say it's probably pretty clear if you would ask an Intermountain employee, "What are the

most important values in this organization," I believe they would know - and it has to do with transparency, communication, reinforcement and recognition.

Carol Watson: We've done that around our core values. One is integrity and accountability. And there are certainly safety and quality issues under that. Our staff signs on to those values at the inception of their employment, and when we revise them everyone has to resign them.

Dan Zuhlke: I believe that one of the greatest challenges that we have is to do work that has not been traditionally done by HR. We have to be a kind of voice of reason, a voice of alignment, making sure that our messages are consistent and that they're tied together. For the most part employees come to work to take care of patients. And they can't always make all the connections to all the things we do and why we do them. It's really not been a role that we've taken on in the past, and so our role now is becoming more than just technical HR work

- it's about messaging, alignment, integration, helping people connect those dots. I think that's a skill that we're going to have to develop for our HR leaders over the next 10 years. I don't see it being led anywhere else in the organization. Do any of you?

Laura Easton: Ours is a small hospital, and one of my vice presidents is the VP of human resources and quality. Combining those roles has been really beneficial, I think, because of the overlap it provides. One of the things that she initiated, which has turned out to be just indispensable for her work, is that once a year she and her team, a combination of human resources and quality risk management folks, go to every staff meeting in every department, in every division. They call it a "road show." They do a brief 10-minute presentation on hot issues and topics, and then they listen for 10 minutes to the staff, providing them with a forum to communicate issues that are on their minds. It's created a constructive dialogue in terms of integrating our messages.

Molly Seals: I'd like to respond to Paul's earlier question about agreements. We utilize something very similar. We used to have a document called the "standards of performance" that include service excellence initiatives having to do with taking ownership. We recently modified that document and went through a resigning process to keep it integrated and aligned. We wanted to make sure our employees



Marty Fattig

understand that safety is part of those standards of performance. Every employee resigned their understanding that safety was one of the given standards of performance that every employee must commit to.

Carol Watson: I'd like to ask a question that goes to the issue of hours of work and safety, which impact both patient and employee safety. I think it's a huge challenge for us in health care. I think some organizations have tackled it, but I'm not sure how many. The issue is delineating through policy and practice what is acceptable in terms of hours of work, particularly on the night shift. The evidence is remarkable about the connection between long hours and the potential for an increase in errors. I'd be interested to know what kind of work is being done in your organizations. Our HR execs are engaged in this kind of work because it goes to the core of how we maintain safety in our organizations.

Jeanene Martin: We've not implemented anything that specifically mandates limits on work hours; however, it is something we're looking at. We haven't had much of an issue in the clinical areas, but we have had some concerns in our support areas.

Paul LaCasse: We're a community teaching hospital, so residents' hours are mandated. We've not done it beyond that with other employees, but I think it's a good point. We all know about the handoffs where we're at greatest risk for patient safety errors. I think those risks increase when our employees are working overtime and very long shifts, and becoming over-tired.

Laura Easton: It's a very important area and I think HR can really help with that by providing managers and leaders with information. I'll just tell you a little story that happened to me in working on our patient safety initiative. I had heard about another hospital in our state about a nurse who got into some trouble when she worked a 24-hour shift. I was very casually talking about this in our lounge with one of our really good OR nurses and I said, "Can you believe they had her work 24 hours?" And she said, "I worked 24 hours last week. And I gave a presentation in your meeting the morning afterwards." I was shocked. I could not believe that she had worked 24 hours and that she had no qualms about it.

We put some things into play to get information out on work hours because employees may not even see it as problematic. In "culture spaces" like the operating room, it's part of the macho culture. I do think that HR executives could really help organizations to understand more about this issue.

Carol Watson: I started having HR run reports for me for employees that are scheduled for eight-hour shifts, and who has worked more than eight hours, factoring the half-hour for the break time and also 12-hour shifts, looking at scheduled vs. actual. What I found is that there actually were scheduled 16-hour shifts. I didn't know that was going on in my organization. The manager said that's the schedule the employees want to work. But it's not what the patient and staff safety literature say is best. We need engagement, conversation, dialogue and education to make them understand that our policies on work time are all about maintaining safety. We were able to change that, but I didn't know it was a problem until I really started looking at it.

Dan Zuhlke: This is one of those issues where HR does have to step in and take a position that may not be that favorable or acceptable to everyone. We're asked to design programs to pay people more money to work these extra shifts even if they're back-to-back - especially if they're back-to-back. And we're creating programs to reinforce that. But it's totally contrary to one of our critical organizational objectives, so we have to be willing to stand up and say it's the wrong thing to do.

Jeanene Martin: I think we're also encouraging managers to create more compressed work weeks, particularly now, in light of gas prices. Employees in some cases like working longer hours so they can work fewer days. I think this is an area where we really are going to have to focus some attention, recognizing that decisions are made that sound good on the one hand, but then you realize what you've created on the other.

Laura Easton: Another area where HR professionals could really help us is teaching employees who do shift work how to manage their sleep patterns. There's much good research on this, and I'd say 90 percent of the shift workers in health care don't know about it, don't understand it, or have no idea how to enhance their effectiveness. That would be a safety improvement opportunity.

Molly Seals: In pursuing Magnet Hospital status, it was actually the nurses that brought this to our attention, and we did indeed have some nurses who were working in very similar situations. We were blown away by the fact that somebody could work 24 hours and a manager would not somehow step in and intervene. Our policy now is very clear and written: employees can work no more than 60 hours in a week and no more than 16 hours in a day. Someone that works eight hours can do a double; someone that works 12 hours can only pick up four additional hours. It's very explicit, and it came from the nurses. They themselves developed it, designed it, gave the input, and helped us to create the policy. They grasped it, understood it, and reinforced the importance of it with one another. We wouldn't have known about it otherwise.



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Walker: *Nancy, whose role do you think it is in an organization to raise that issue? Knowing that it probably exists in just about every hospital in the country to one degree or another, is it the role of the HR leader to bring it to management's attention, or should HR respond to it when it's brought to their attention by someone else?*

Nancy Qualter: If you have a proactive HR department it's a benefit to everyone. Like people around the table have said, they had no idea that the problem was even happening. So if you wait until you've heard from people, it might be after an adverse event. You don't want to wait until something like that happens.

Marty Fattig: I expect our HR department to be the advocate for the employee. I also expect them to be the conscience of the organization. If I'm saying, "Look, we need to keep staffing down and you guys are doing okay picking up these extra shifts and everyone is doing fine," they need to come in and say "no, this isn't working, and you've got to hire some more people to make sure that we are safe, so that we aren't burning our employees out and forcing them to work in an unsafe environment."

Nancy Qualter: I think part of being an employee advocate is educating them to know that there are consequences not only to themselves but to patient care. There is much research and literature about not only the adverse events that happen on the off shifts but also the risk of differences in acuity levels. Hospitals get the majority of their admissions on the evening shifts when they need fresh, top-flight staff resources. I'm wondering if anyone here has addressed that issue, starting to look at reallocating some of their resources so the staff has the resources they need when they have the sickest patients, and oftentimes that is at night.

Georgene Saliba: You're right, and where do we often have the least experienced people? The most senior people typically want to work the day and early evening shifts. We've looked at having some highly experienced nurses available to the staff as an added resource. Obviously, highly experienced nursing supervisors are really important, too. I think we need to keep going back to the culture, the training and what we are telling our employees, especially when they walk in the door after the orientation. As we look at the literature on risk management and patient safety, there is a sense that intimidation is a problem that needs to be overcome.

Nancy Qualter: One of the statistics that was brought up by some consultants working on "lean management" dealt with the number of nurses who would speak up if they saw an error occur in the operating room. 30 to 40 percent of them said they would not. That's a great piece of intelligence for HR leaders to use to help hospital administration deal with that type of issue, stressing that this is something we expect our employees to do, and when you do, we will support you.



Georgene Saliba, Dan Zuhlke
and Carol Watson

Walker: *Paul, you mentioned earlier on this same topic that one of the challenges you see is how to convey quality and patient safety performance and expectations, driving it down to every employee in the organization. What is the role of the HR leader in helping to translate quality and patient safety information in a way that really makes sense to the line employee?*

Paul LaCasse: I think Marty said it. It's serving as that voice of reason or the conscience of the organization. Our human resources executive sits on our executive team, and we meet every two weeks. We talk about communications to employees, we talk about the strategy. We depend on the HR executives to take a look at what we're attempting to communicate and be willing to say when it's just too complicated, when nobody is going to understand it. There are almost too many patient safety indicators and for some of them, the data is not good. Are we just reporting more? What's the right number, what's the benchmark, what are the standards?

It's difficult to have one or two patient safety measures that resonate with employees, which can be put on a graph and be easily communicated. We're still at the point of telling stories about why patient safety is important as a primary means of keeping it front and center.

But to your point, Larry, I think it's really important for the HR executive to be the voice of reason or the conscience for the organization, the one who has the pulse of the employees who can test how our communication is working and what we need to say better.

Molly Seals: Most health care organizations have a performance improvement committee of the board that is involved in quality. I'm interested in whether your organizations have HR committees of the board, and if they include quality and safety as a piece of what that committee focuses on.

Paul LaCasse: We do not have an HR committee of the board. We have redesigned our quality committee and recently added a patient safety component, so now it's a quality improvement and patient safety committee of the board.



Carol Watson: We don't have an HR committee of the board, but in addition to quality and safety reporting and financial reporting, we have an HR report at every board meeting. We look at the clinical piece, the financial piece, and the human resource piece as important components of every board meeting.

Paul LaCasse: What are you looking at specifically in those reports? What kind of indicators?

Carol Watson: Some of it has to do with performance evaluation information in terms of where we are with performance evaluations, who is meeting expectations, etc. It also includes our retention rates and what we're doing to improve retention. Those are two of the big ones. We also talk about our educational initiatives as part of that report.

Marty Fattig: We have a list of HR measures that are included in on our balanced scorecard that goes to the board. We update ours quarterly. It takes about that long to get relevant data. We monitor education hours to make sure that we're doing "preventive maintenance" on our most important asset. We're talking about time to fill positions, vacancy rates, and other areas such as that.

Dan Zuhlke: How about employee safety rates? We talk about creating a culture around patient safety, and without having a culture that really focuses on employee safety it seems like we won't get there. I'd be curious to know how active your employee safety programs are.

Laura Easton: Employee safety is an integral part of our quality and safety committee. It's something we cover at every meeting. We have scorecards and data reports about employee safety, and we do root cause analysis.

Carol Watson: Attention to employee satisfaction is a longstanding commitment partly because we're self-insured for workers compensation. So there's motivation to address that issue; it's been a longstanding agenda item for the board.

Dan Zuhlke: Sometimes we look at the employee safety piece as a risk management issue vs. an employee engagement issue. As I think about it, one of the critical collaborative relationships that we need is with risk and quality to make sure that we're driving that agenda in an appropriate way, not just as a cost issue.

Georgene Saliba: From my perspective it's largely dependent on the size of the organization. Sometimes, depending on size it's the same person that wears all those hats. In our organization, which has a thousand beds, I wouldn't be wearing all those hats. But

employee safety is integral to risk management, and collaboration is integral to human resources. I'm always concerned about the patient and the caregiver at the bedside. I need to be the person that can look at things differently, even to the point of environmental issues and building design. My focus is a little different than even the care providers.

Laura Easton: We treat employee injuries just like patient injuries. With a patient injury, we assemble a team and everyone involved sits down and debriefs on the situation and identifies root causes. We do that within 24 hours of an employee injury.

Molly Seals: About six years ago our board felt that it was not getting enough information on HR, not having enough opportunity to spend adequate time analyzing and discussing HR issues. They established an HR committee to delve into HR issues and challenges. They want to know the overtime rate and what it is as a percentage of total hours; they want to know about any kind of staffing agency that's working anywhere in the organization. They want to know what the labor cost per FTE is, and in what direction it's going. Diversity is also on the scorecard, and they want to understand what we're doing about the employee engagement, vacancy time to fill, and other factors.

It was driven by the belief that you were talking about, Marty, that one of the biggest assets we have is our people. It was our board's perception that that belief required some in-depth attention at the highest level in the organization.

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Carol Watson: I think we haven't equally addressed the patient safety and quality issues as well as the staff safety and staff quality issues. We truly haven't really tackled the whole scope. I think we focus heavily on patient safety. But do we give that same kind of attention to staff safety?

Walker: *We talked at length at the ASHHRA board retreat about what health care human resources, and health care in general might look like in the year 2018. We tried to look far enough out that we could think expansively about what the environment might look like, and what the needs might be. ASHHRA has a leadership opportunity to strengthen hospital and health systems' ability to help transform the role of HR leaders in not only quality and patient safety, but also in addressing the workforce shortage, and a variety of other areas. If you think out seven to 10 years from now, what's the greatest opportunity for HR leaders to play in hospitals and health systems, a role that they may not be playing today?*

Carol Watson: The issue out there that's most frequently talked about is that we're not going to have enough health care workers in the future.

I think that's the wrong question. I think the question should be, are we using the health care workers that we have in the right way? I think that HR can certainly be engaged in that. I don't think we're using our health care workers in the right way. We know that we have lots of inefficiencies in the system, and I don't think our current models are sustainable. We have to get really serious about truly transforming the work environment, from the way facilities are designed to the way work processes are carried out to the way we use technology to leverage and change the work of our staff. I think that will change the number and types of workers that we will need in the future.

Georgene Saliba: I think as organizations and as personal membership groups that we can benefit from more collaboration, because I think we have some of the same challenges today that we will have in 2018. What resources will we have available? How can we work together to deliver safe health care for the patients that we serve? We need to continue to collaborate together on how we can meet that goal.

Marty Fattig: The power is going to reside in an entirely different place than it does today. For the most part today, we tell employees what to do and how to do it. In 2018 the employee may come to us and say, "Look, I'll do it this way and I'll work on these days and I'll do it for this amount of money, or I'll find somebody who will meet my needs." Employees will have more of the power.

We as health care providers need to find a way that we can collaborate with our employees so that we're both on the same page. Employees will be much more in the driver's seat. HR is going to have to help us with those things.

Paul LaCasse: Very short term, recruitment and retention is big on my mind right now. But when you're talking another decade or so, it's going to be about how HR can be a catalyst to create the engagement that we started off talking about today, creating a culture to get maximum performance from our workforce.

Are they engaged? Do we give them the tools to be most efficient at what they do? Have we brought the technology into the organization to create that? That's what I would be looking for in the future from our HR executive, to help get us to that next level of performance.

Dan Zuhlke: As you think about an HR leader in the future, what are a couple of critical skills or competencies that we will need to ensure so that as a professional organization we can develop programs, services and education to support those new competencies, and not rely on the old set of competencies?

Paul LaCasse: I think one of those competencies has to do with the efficiency tools that we talked about earlier, whether it's Six Sigma, lean management or something else. We all are in the process of learning more about these production improvement resources, and I think a key competency for our HR executive is to know more about the best approach that's going to be key to us. Bringing value in health care is going to be a major thrust in the next decade, and bringing those tools on board for our employees is going to be important. It's the training in and development of those kinds of competencies that I think are important for the HR executive.

Marty Fattig: I want to be able to look at a set of data and know what it means and be able to relate that to HR.

Georgene Saliba: It's important to understand the scorecard components that relate to what's going to keep good employees. Retention is going to probably be the harder piece.

Carol Watson: I think HR departments will transform from focusing primarily on transactions to how to transform the organization. It will require HR leaders to be dynamic, proactive participants on the executive team.

Walker: *We've had a good, wide-ranging and robust discussion this morning on some important issues, and dozens of practical ideas have emerged from our conversation. I hope that this has been valuable for all of you who have taken your time to be a part of this very first Thought Leader Forum. ASHHRA greatly appreciates your commitment to advancing the value of the HR profession for America's hospitals.*

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Thought Leader Action Ideas

for Maximizing the Role of Health Care Human Resources in Improving Health Care Quality and Patient Safety

Engagement and Recognition

- Stimulate and nurture a “culture of engagement” that connects all employees to their critical role in improving quality and patient safety.
- Lead initiatives that tap the wealth of employee ideas for ways to improve quality and patient safety.
- Shift organizational emphasis from a focus on employee satisfaction to a commitment to employee engagement.
- Ensure that every employee has a sense of ownership in and commitment to the hospital’s most critical quality and safety priorities.
- Facilitate the development of quality and safety champions at every level in the organization.
- Develop innovative reward and recognition programs that highlight individual and collective efforts to improve quality and patient safety.

Communication

- Work with senior leadership to develop communication strategies that ensure consistency in quality and patient safety messaging throughout the organization.
- Create processes for collecting and sharing quality and patient safety stories across the organization, creating new learning and approaches to quality and patient safety improvement.

Work Transformation and Skills Development

- Set the organizational agenda for improving employee competency and commitment, with a direct connection to achieving quality and patient safety objectives.
- Lead efforts to streamline internal processes that improve quality and patient safety.
- Direct and lead organization-wide employee training connected to quality and patient safety initiatives and expectations.

- Lead the development of new employee orientation programs that focus on each individual’s role and accountabilities in improving quality and patient safety.

Culture, Motivation and Commitment

- Provide leadership to ensure that workers of every generation embrace the organization’s commitment to quality and patient safety.
- Drive the expectation of individual responsibility and empowerment in quality and patient safety.
- Nurture a “no blame” culture that encourages and expects all employees to speak up forcefully when quality and patient safety is at risk.
- Provide leadership in developing avenues for employees and departments to “showcase” their innovative ideas and initiatives for improving quality and patient safety.

Strategic Leadership

- Be a catalyst for developing innovative new ways to maximize workforce performance.
- Ensure that human resources leaders are actively involved as leaders in quality and patient safety councils and committees.
- Be the organization’s leading advocate for improvements in quality and patient safety processes that affect employees in their work.
- Be forceful and courageous in standing up for the organizational changes necessary to ensure improvements in quality and patient safety.
- Be the conscience of the organization, the voice of reason, and an advocate for employees in their efforts to improve quality and patient safety.
- Ensure that meaningful human resources metrics are included in the organization’s performance measurement reporting.



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