



Provider Approachability

A Look in the Mirror

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“Fear Wars” Video

Joint Commission Sentinel Event Alert

Culture of Safety

Disruptive Behavior

Culture

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Hierarchy

Social Context

APPROACHABILITY

Lateral Violence

Ideal Patient Care

Safety Climate

PERCEPTIONS

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A.M.A.
Code of Conduct

Bullying

Mutual Respect

**Behaviors that Undermine
a Culture of Safety**

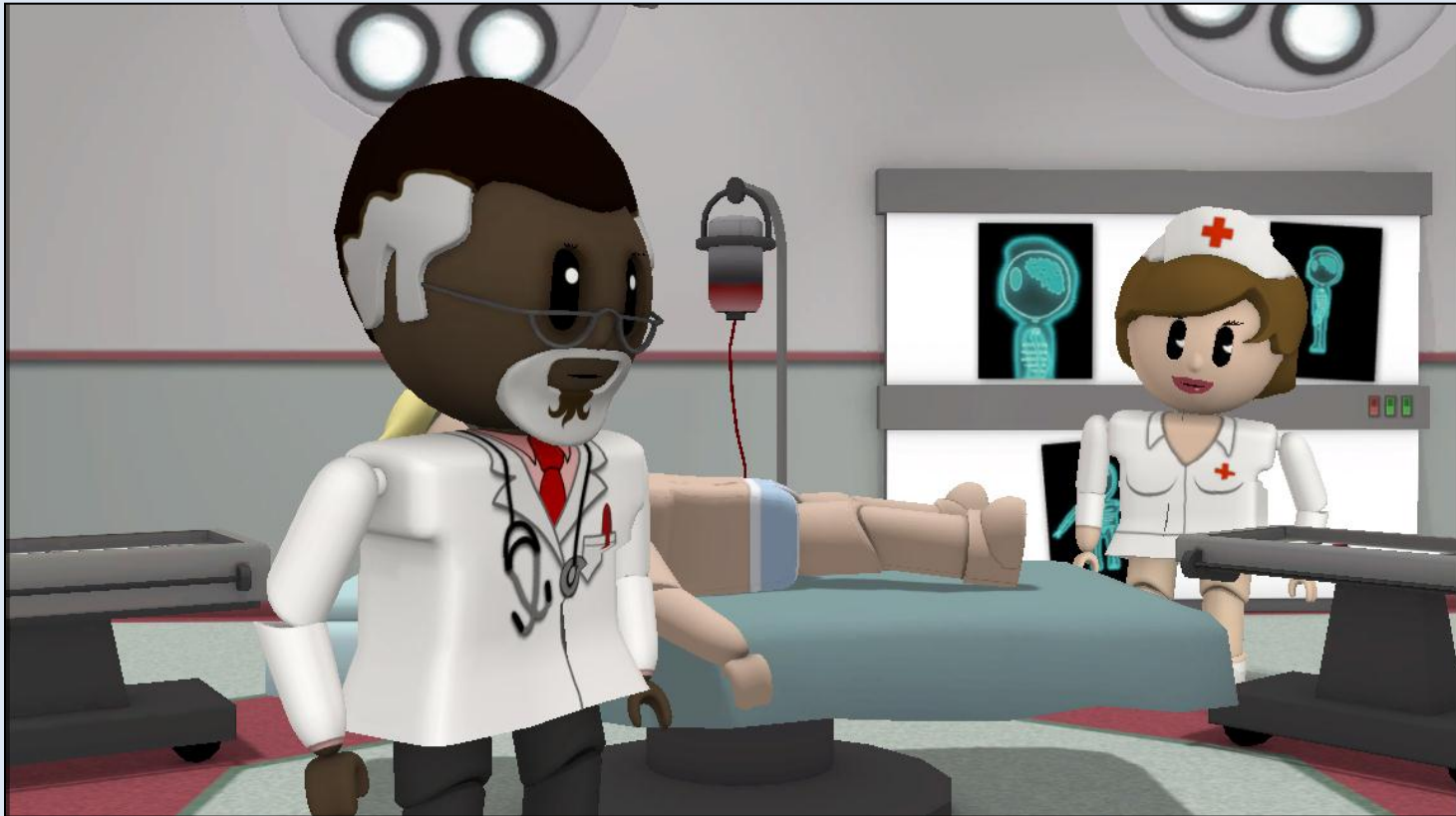
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After attending this presentation, attendees will:

- Understand the ***importance of approachable behaviors*** by medical staff
- Understand the ***potential impact of provider behaviors*** on safety, quality, and the financial health of an organization
- Recognize approachability feedback as a ***crucial component of medical staff professional development***
- Understand how a ***transparent, all-staff survey approach*** was used in one practice setting
- Verbalize the ***key principles and process steps*** required to implement a successful approachability survey process

Agenda

- Introduction
- Situation
- Background
- Assessment
- Response
- Results



INTRODUCTION

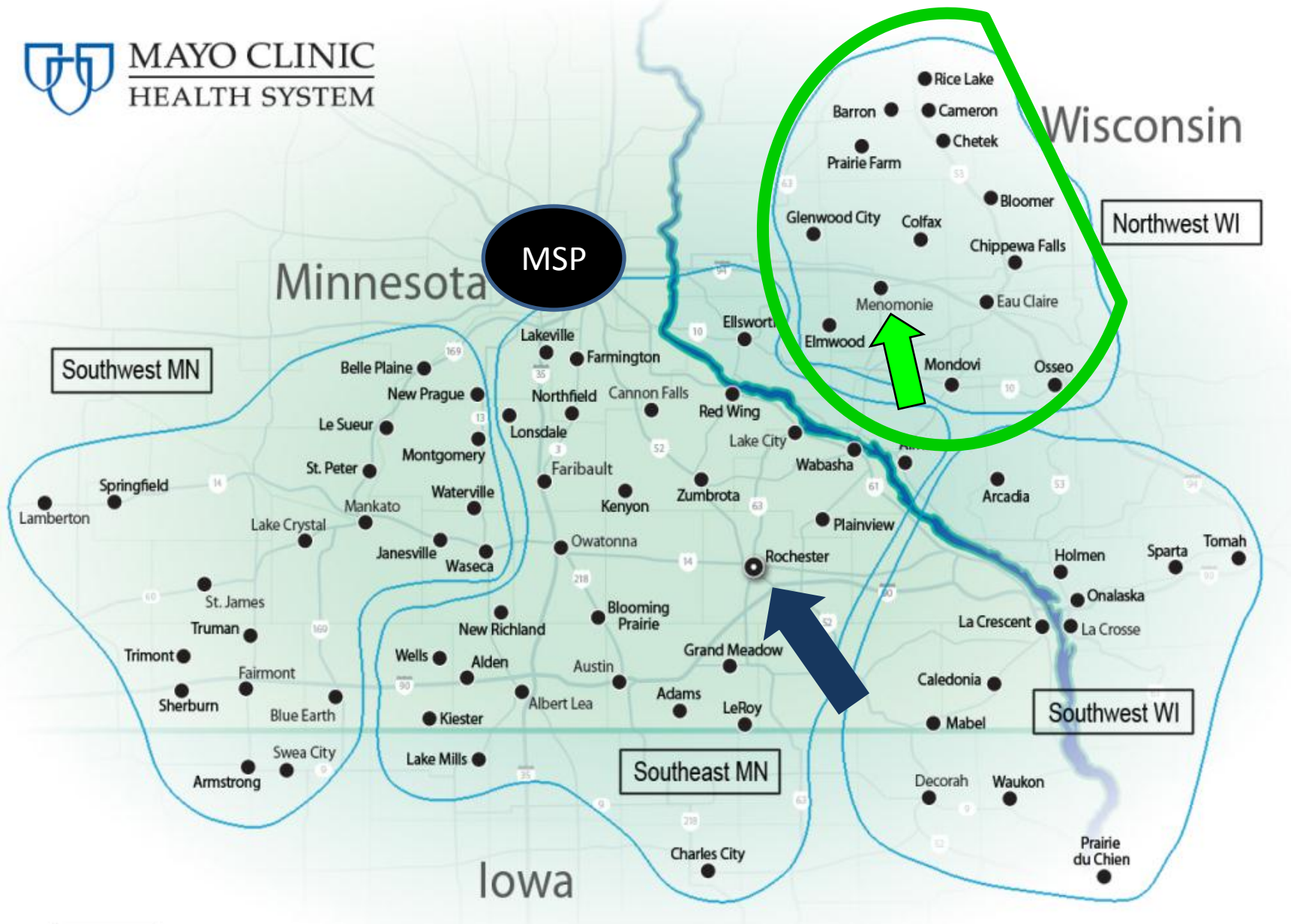


Menomonie, Wisconsin



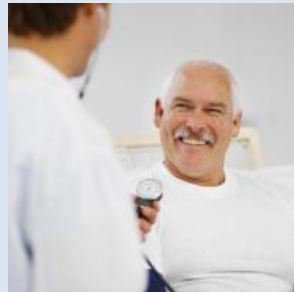


MAYO CLINIC
HEALTH SYSTEM



Pre-Survey:

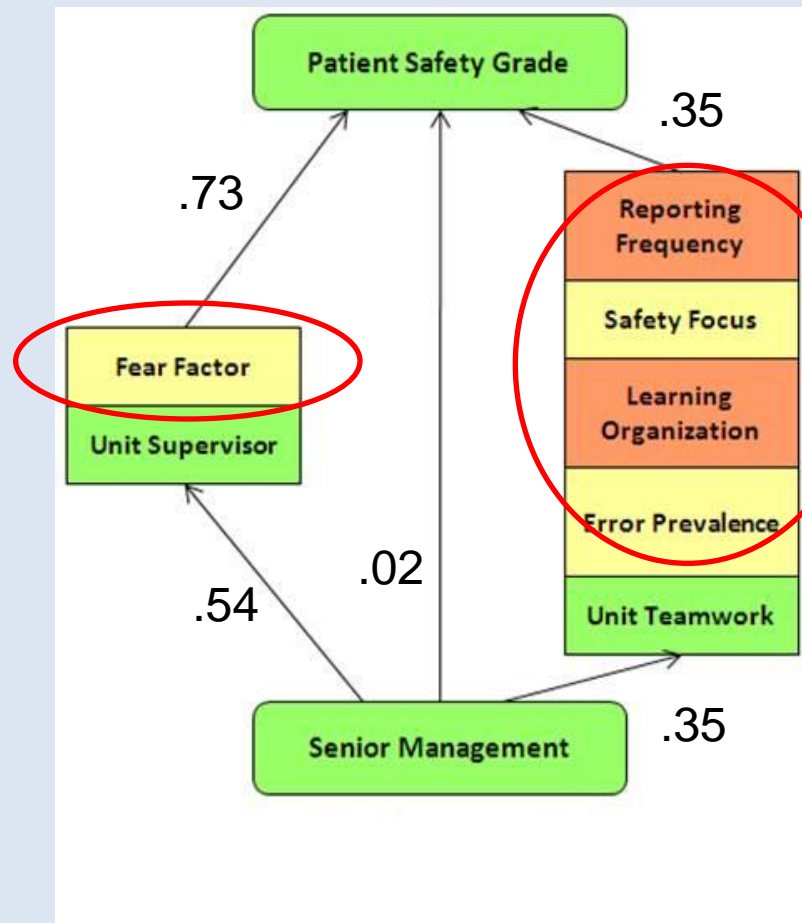
- Financially Healthy
- Satisfied Staff
- Good Clinical Outcomes
- Satisfied Patients
- Safe Care





SITUATION

VHA Patient Safety Causal Analysis



2010 VHA Culture of Safety Survey

Do I Smell Smoke?



49% *Reluctant to question* those with authority, even regarding patient care issues



34% *Afraid to ask* questions when something does not seem right



22% *Will not speak up* if they see something that may negatively affect patient care

Other Wisps...

- Staff ***unwilling to report*** events and near misses
- Formal ***root cause*** activities
- ***Fair and Just Culture*** implementation
- More ***new staff*** (6% growth in FTE in two years)
- ***Anticipated stress*** of Electronic Medical Record implementation



Provider Self-Improvement Pre-Survey

- 360 evaluations
- Peer Case Review



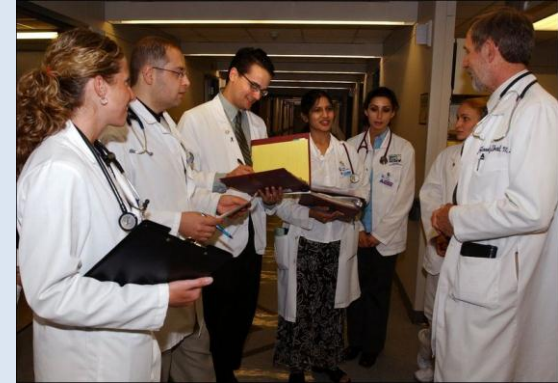
“That’s just how Dr. Phillips is.”
“Why complain? Nothing changes...”





BACKGROUND

The Obvious



- Medicine is highly trusted profession
- Blatant BTUCS long recognized¹
- Professional Codes of Conduct²
- Behaviors not always addressed consistently³
- Perception that behaviors must be severe/frequent

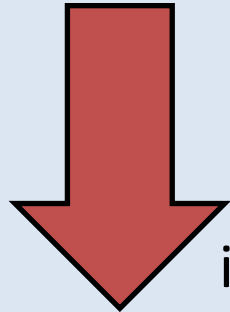
Today



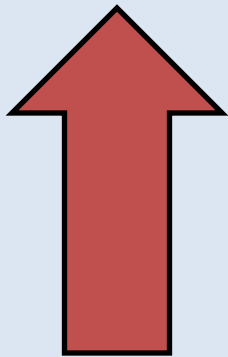
- 2008 TJC Sentinel Event Alert and Leadership Standard: ***Behaviors that undermine a culture of safety (BTUCS)***⁴
- 2012 TJC- communication breakdown contributing factor in 61% of sentinel events ⁵
- BTUCS-related topics in quality, safety, nursing and medical literature

Impact of BTUCS

references 6-15



patient satisfaction
quality and safety
market share
institutional reputation
confidence in senior leaders



administrative issues
malpractice claims
medical errors
compliance issues
adverse events
nurse turnover



Provider BTUCS - Root Causes

references 16-22

- ***Systems Issues and Pressures***
- ***Chemical Dependency***
- ***Education***
- ***Psychological Issues***
- ***Societal Norms***
- ***Burnout?***



Often triggered by ***perception of unmet expectations.***

Prevention/Elimination of BTUCS

Rosenstein, Grenny and others suggest:

(references 17, 20, 23-29)

- ***Accept BTUCS exist***
- Foster a ***professionally safe*** environment
- ***Draw attention*** to the issues
- ***Give providers insight*** into their behaviors
- Provide ***improvement tools***
- ***Be consistent*** in addressing ongoing behaviors and ***respond to escalation***

Surveys: What's Out There?¹⁹

- Focused specifically on nurse/physician interaction
- Nurse driven, from nursing theory base
- Designed for ICU setting
- Used varying concepts
- National or Global scope



ASSESSMENT

Concept Selection: Trust

references 30-32

An acceptance of vulnerability based on the expectations of how others will act. ³⁰

Trust may foster:

- ***Cooperation***
- ***Inter-professional collaboration***
- ***High performance***
- ***Positive attitudes***
- ***Positive perceptions***



Concept Selection: Approachability

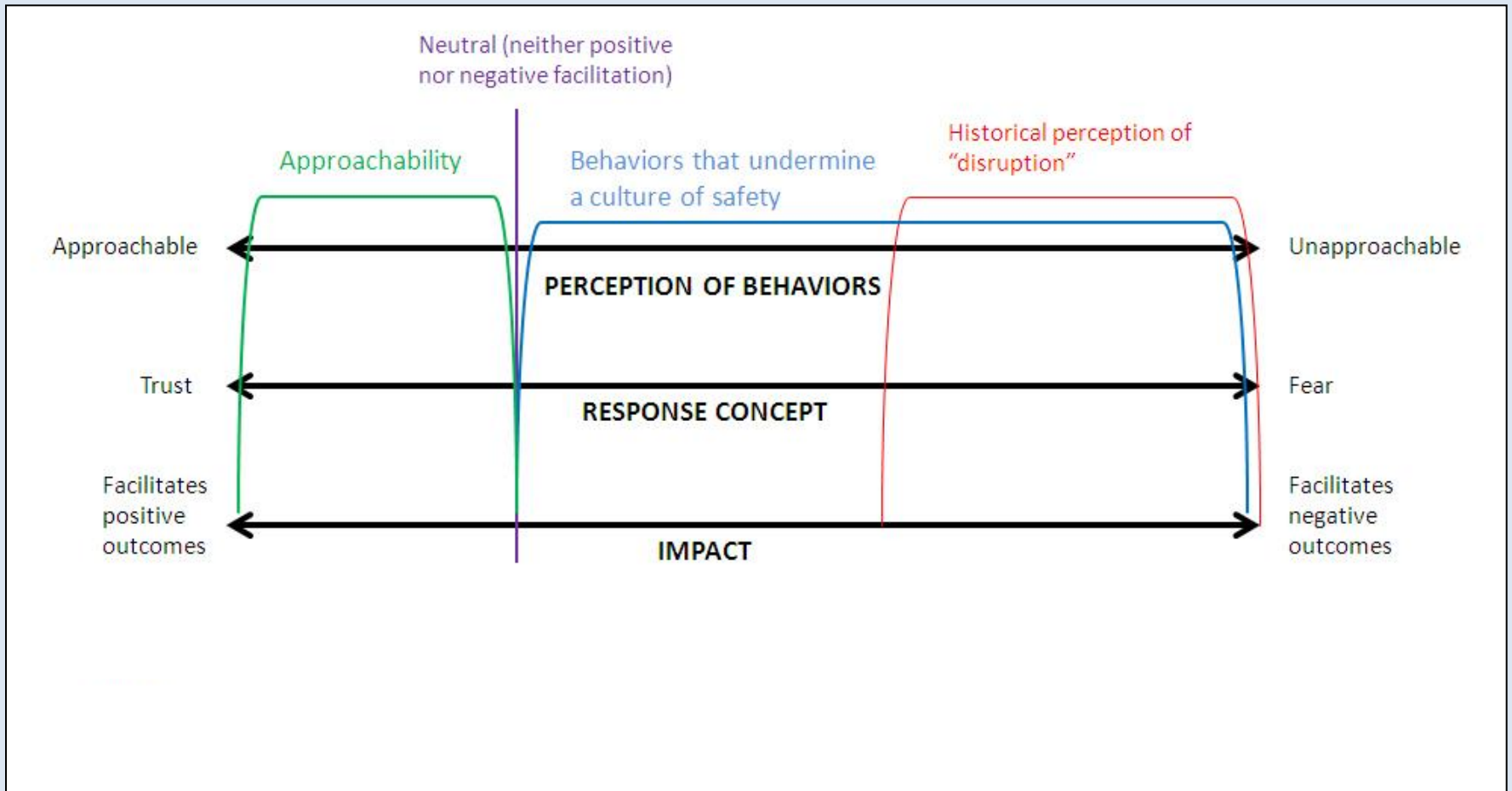
Approach:

To make advances especially in order to create a desired result. ³³

Approachability (our definition):

An individual's ***perceptions of the actions, language, and behaviors*** of another that ***reduce or eliminate fear*** of interaction.

Approachability, Trust, and Outcomes

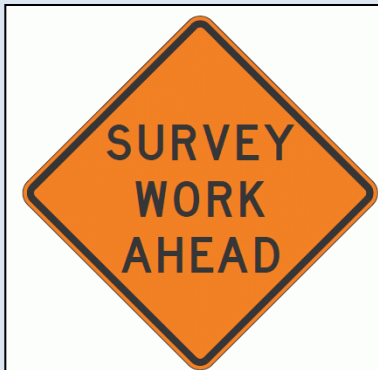




RESPONSE: SURVEY AND RESULTS

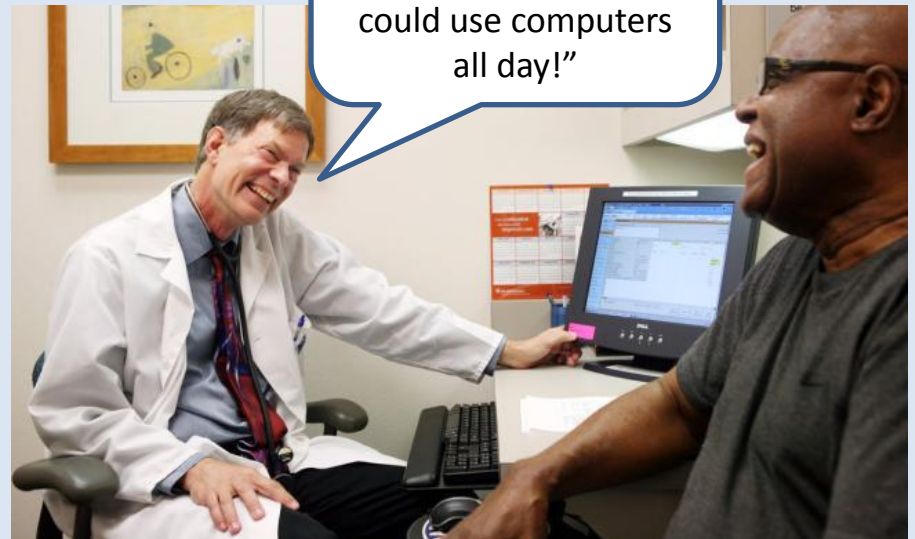
Project Plan

- Leadership endorsements
- Provider-Specific Survey/Resurvey
- Share results transparently
- Offer resources
- Keep the process safe



Initial Concerns

- “Cheap Shots/Pot Shots”
- Duplication of existing processes
- Risk of unintended negative outcomes
- Concurrent Stressors



...so I said, “what a coincidence, I DID go into medicine so I could use computers all day!”

Survey 1

- Measuring Perception vs. Reality
- All Staff
 - Rated approachability
 - Identified the most and least approachable providers
 - Opportunity to add free text comments
- Patient Care and Non-Patient Care
 - Additional questions about avoidance behaviors

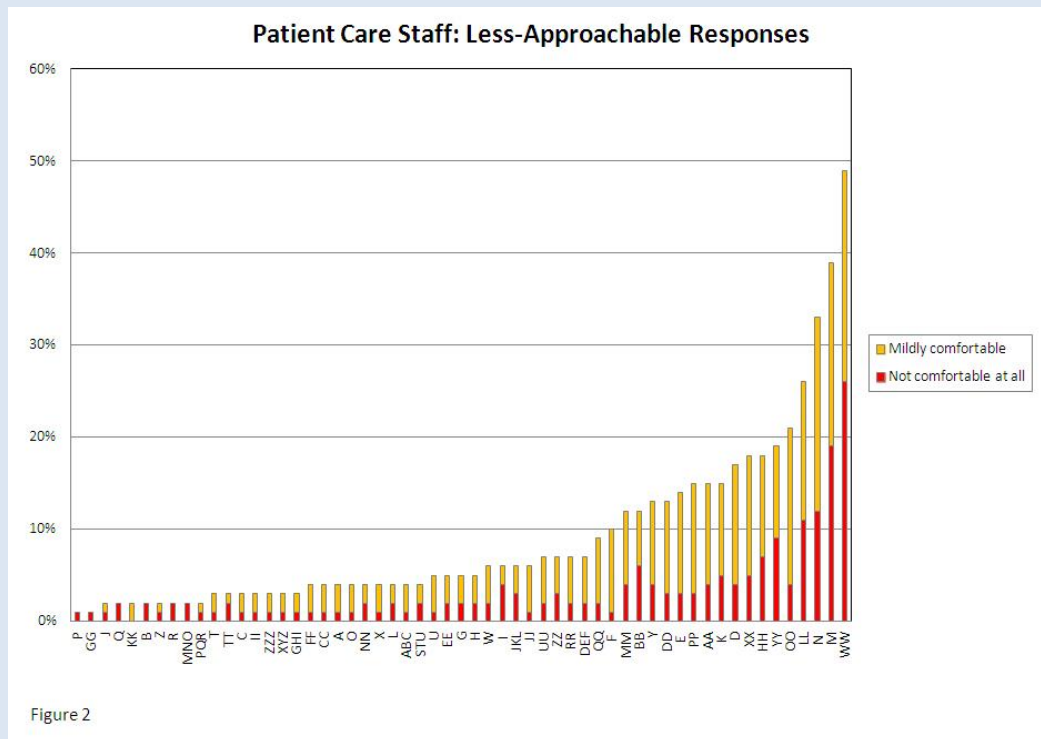
Survey Distribution

- Pre-survey communication
- Survey link e-mailed to all staff
- Promoted survey at meetings
- Reminder memo sent at the halfway point
- Participation rate
 - Provider: 91.7%
 - Overall: 59%

Results – Survey 1

- **Survey tool choices**
 - “Very, Moderately, Mildly, Not” comfortable
- **Created approachability score**
 - “more approachable” / “less approachable”
- **Data Display**
 - “less approachable” graphs used for visual impact
 - goal of zero “less approachable”

Provider-Specific Packets



- Graphs
- Relevant free text comments
- List of improvement resources

Results Sharing

- **50th through 89th percentiles**
 - Paper packet with memo
- **25th to 49th percentile**
 - Personalized note and brief visit from a medical director
 - Minor, yet specific coaching provided
- **25th percentile or lower**
 - In-depth sit-down meetings with medical director where each question and response was reviewed
 - Coaching provided

Overall Results – Survey 1

- Outcome
 - Mean approachability 0.896, SD 0.090
 - Upper three quartiles 0.87 to 0.97
 - Six providers 0.80 or less – lowest was 0.52
 - Those six were low on all 5 questions
- Correlation between provider and non-provider results

**S1-Correlation of Provider and Non-Provider "Less-Approachable"
Response Scores**
(Each Diamond Represents One Provider, $r = 0.79$)

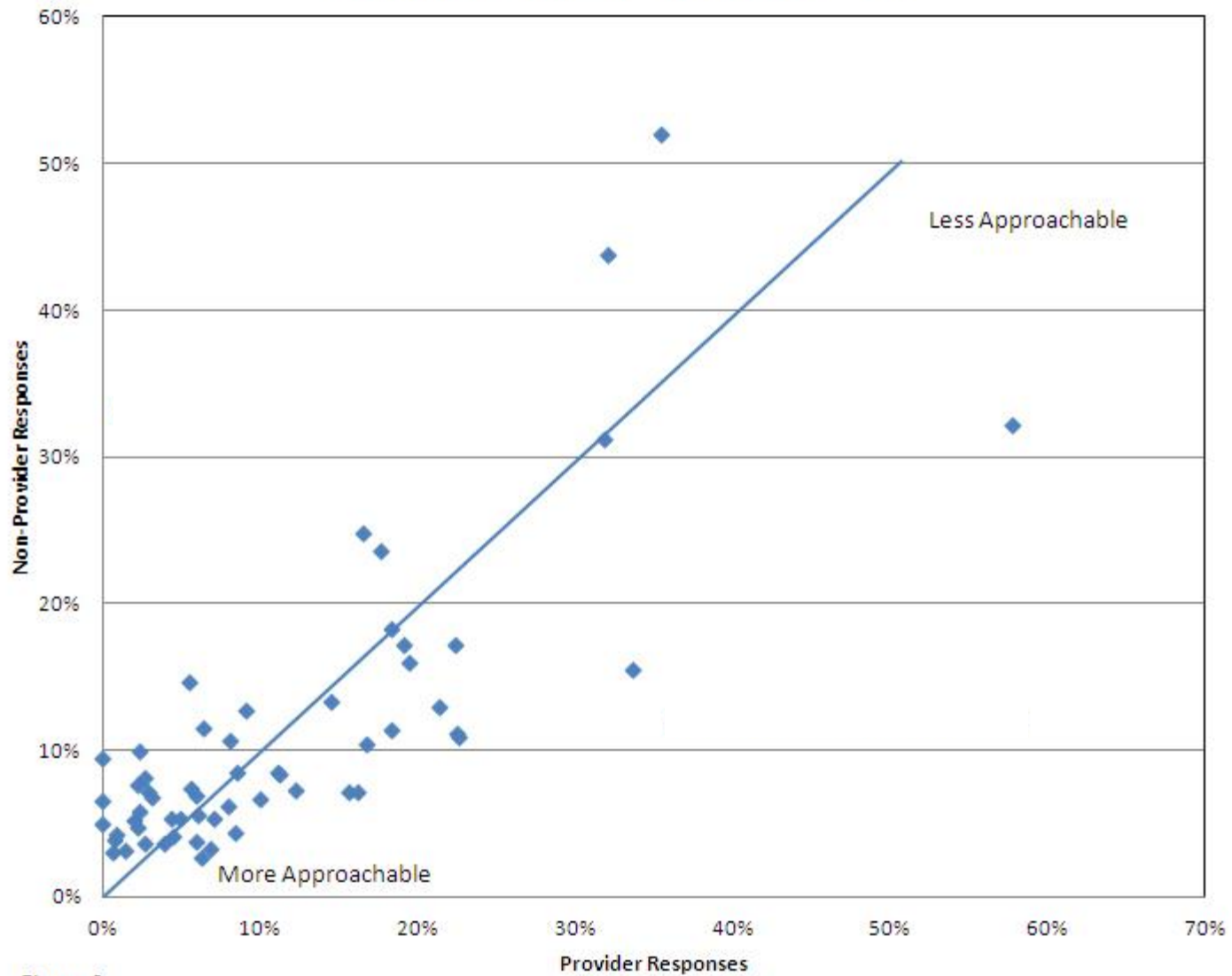


Figure 3

Reported Avoidance/Disrespect

- **Patient Care staff:** Frequency of involvement in situation where the needs of the patient were not met (or safety was at risk) because provider not contacted due to concern over how the provider might have reacted
 - **Rarely: 14%, Sometimes: 10%, Always: 0%, Never: 76%**
- **Patient Care staff:** Percent who have been afraid to approach a provider with a patient care issue
 - **Yes: 37.8%, No: 62.2%**
- **Non-Patient Care staff:** Frequency of conversations with a provider where felt not respected
 - **Rarely: 27% , Sometimes: 20%, Almost Always: 2%, Never: 51%**

Free Text-The Good

- *...doctors here are more personable and genuinely care about their patients. ..not just a number ...*
- *...have not had a bad experience...*
- *...comfortable approaching any of our providers...*
- *...I believe our providers are pleasant and helpful...*

Free Text-The Bad

- We are here to work together for our patients, **but *some of the doctors make it difficult.***
- Even on their busiest days, those providers that I've included as "comfortable" are always approachable and pleasant. **Some of the "uncomfortable" providers, I believe, *enjoy intimidating nurses.***
- For the most part the doctors are very easy to work with. ***With the exception of a few of course.***

Free Text-The Ugly

- *...very approachable some days - you just don't know which days that would be...would be nice to not have to play games and try to guess which days are approachable days and which are not.*
- *...a physician should (not) feel that they are so much better than you that they deliberately make you feel intimidated, or less than them. ..I am not a physician but I am still just as an important person and fellow coworker as they are, we are supposed to be a team. ..How can a physician do his job to help others but yet at the same time hinder their coworkers, or just plain be mean to them?*
- I needed to confirm a lab for a patient that was not in the system, his nurse assured me I could talk to him about it. *He was very angry and swore repeatedly* during our conversation *complaining how many people does it take* to enter a lab. He *did not fix the situation, he was too angry* but his nurse was able to reenter the lab for the patient. The way he spoke to me was *uncalled for and completely disrespectful*. It was at least a *10 minute delay* during these conversations. *I will never contact him with an issue again.*

Survey 2 Structural Changes

- Removed ranking of top and bottom 3
- New questions
 - Providers: What did you do since Survey 1?
 - All Staff: If you were CEO or Medical Director...

Results – Survey 2

- Process – Identical to survey 1
- Participation rate
 - Provider: 64.4%
 - Overall: 46.7%

Results – Survey 2

- Improved scores in 44 of 51 providers (86%)
 - Mean approachability 0.914, SD 0.090 (T-test <0.001)
 - Continued correlation between provider and non-provider results
 - In-depth review of S1 results correlated with improved perceptions in S2

S2-Correlation of Provider and Non-Provider "Less-Approachable" Response Scores

(Each Diamond Represents One Provider, $r = 0.66$)

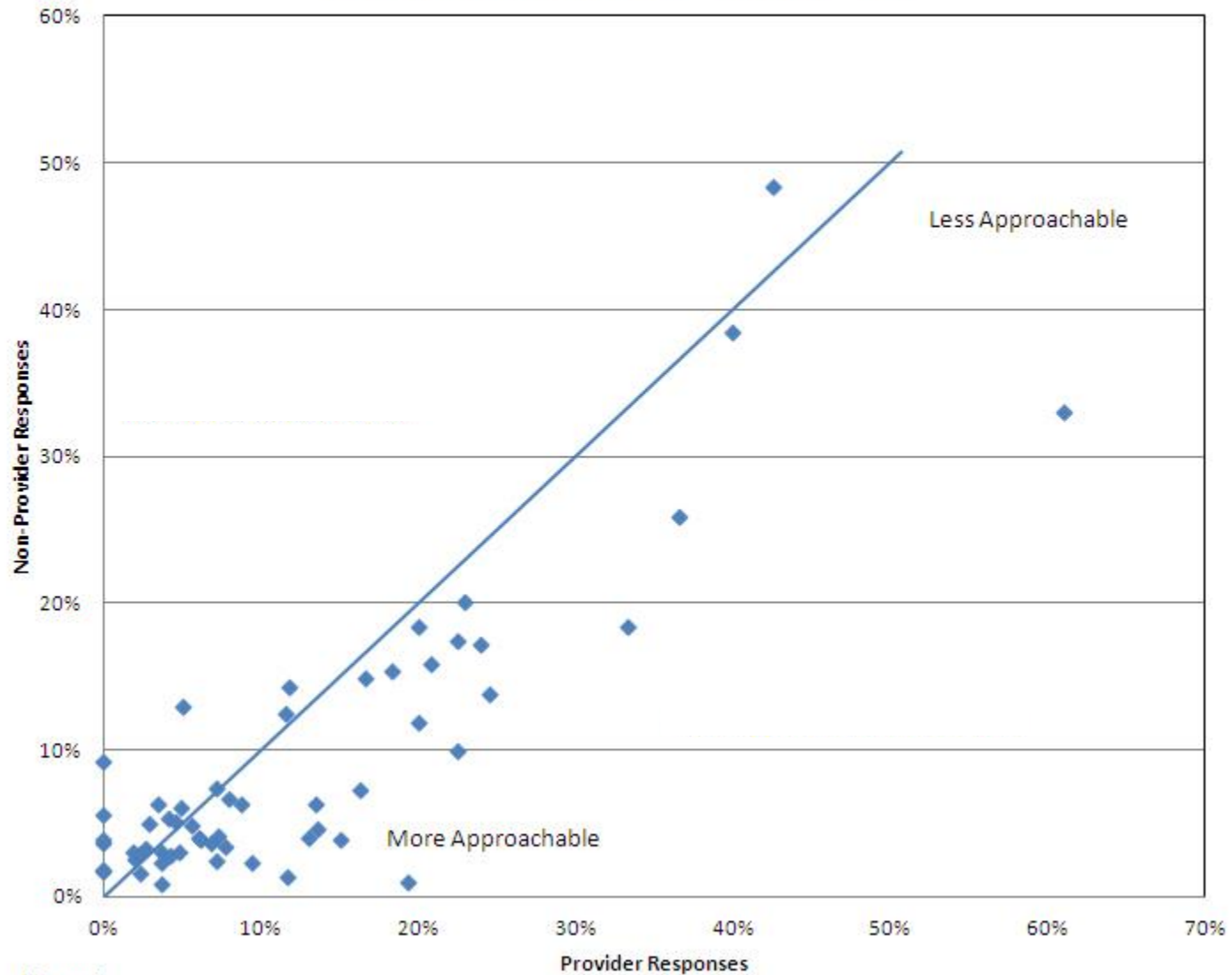


Figure 6

Distribution of "Less-Approachable" Response Scores Reported

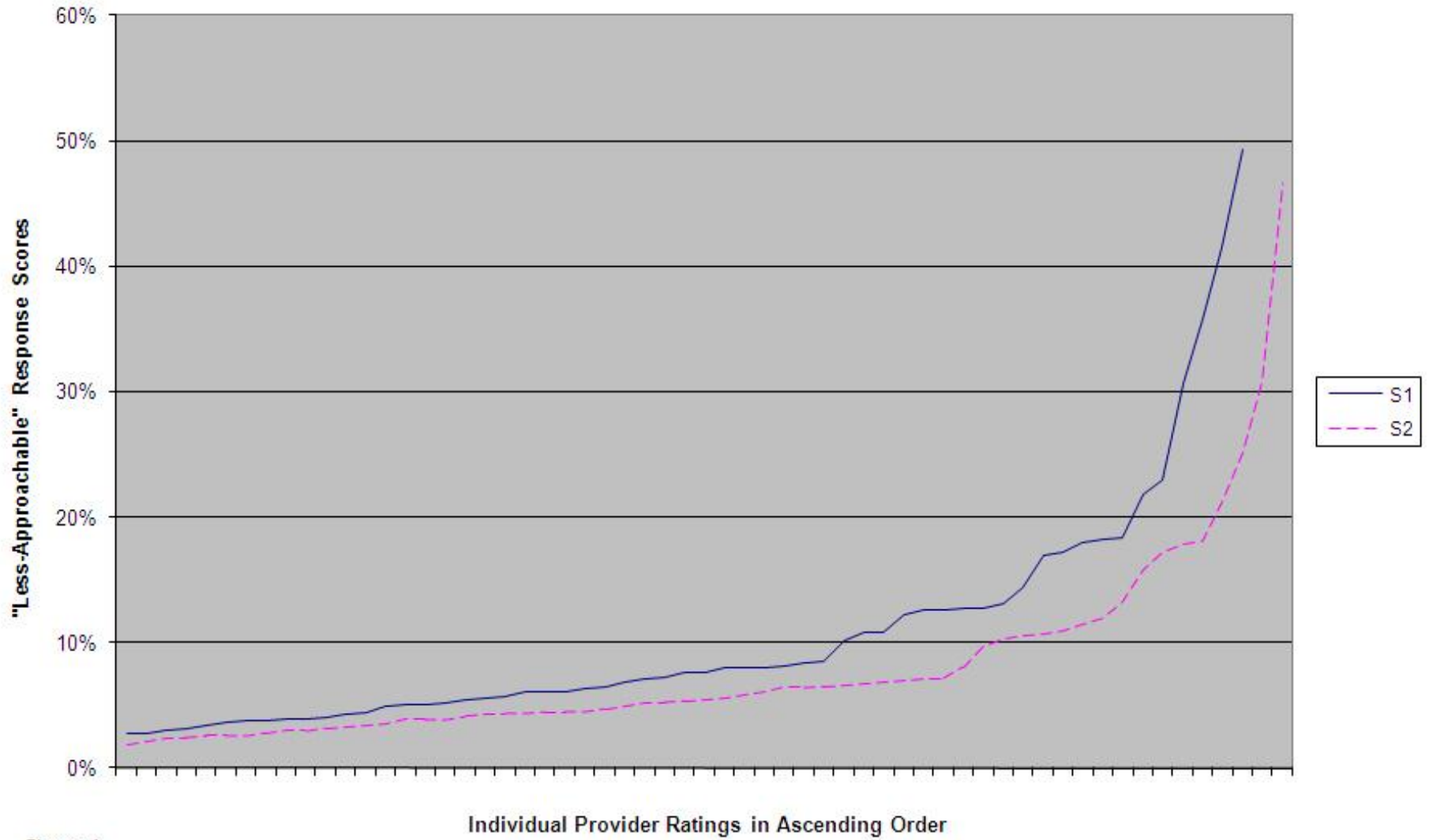


Figure 4

Percent Change in Individual Provider "More-Approachable"(Approachability) Responses From S1 to S2

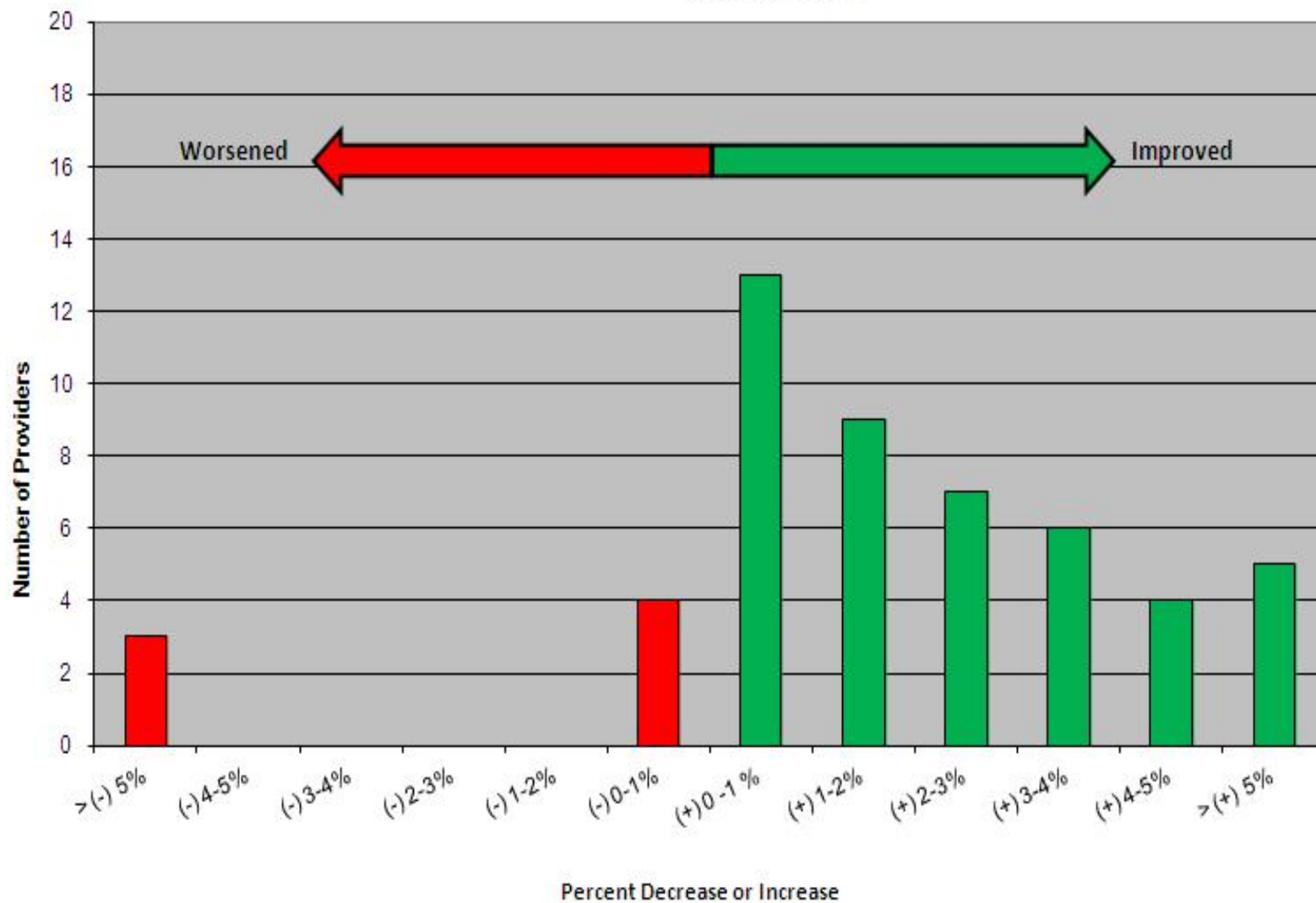


Figure 5

Results – Survey 2

- Less avoidance behaviors reported (38% vs. 29%)
- Less perceived disrespect reported (49% vs. 28%)
- Staff perceptions of the impact of S1 Process
 - 44% of all perceived culture of safety improved
 - 54% of all perceived no change
 - 2% of all perceived a decrease
 - 51% of Provider respondents perceived culture of safety improved!

Support for Survey 2

- *I think the **survey is good**. I respect the medical center for trying to solve problems with input from staff.*
- *I **appreciate** the fact that the facility is **taking the time to look at this issue**. **Certain providers have certainly improved since the results of the last survey have come out**. Thank you.*
- ***Thank-you for caring enough to address this issue**.*
- *I appreciate that MCHS- Red Cedar is **brave enough to do this type of survey**. It is **difficult to address some of the softer approachability issues** in everyday practice as we have a tendency to brush it off. It can, however, leave a **lasting impression**. I would challenge leadership to **take this type of survey to heart and hold people accountable for improvement**, if needed, and don't miss out on the opportunity to take advantage of this information. **Staff is trusting** that the time and energy they spent on this survey will **help administration make a difference** in creating a culture of safety. I hope these improvements will be visible in at least some general way.*

Provider-Reported Improvement Efforts

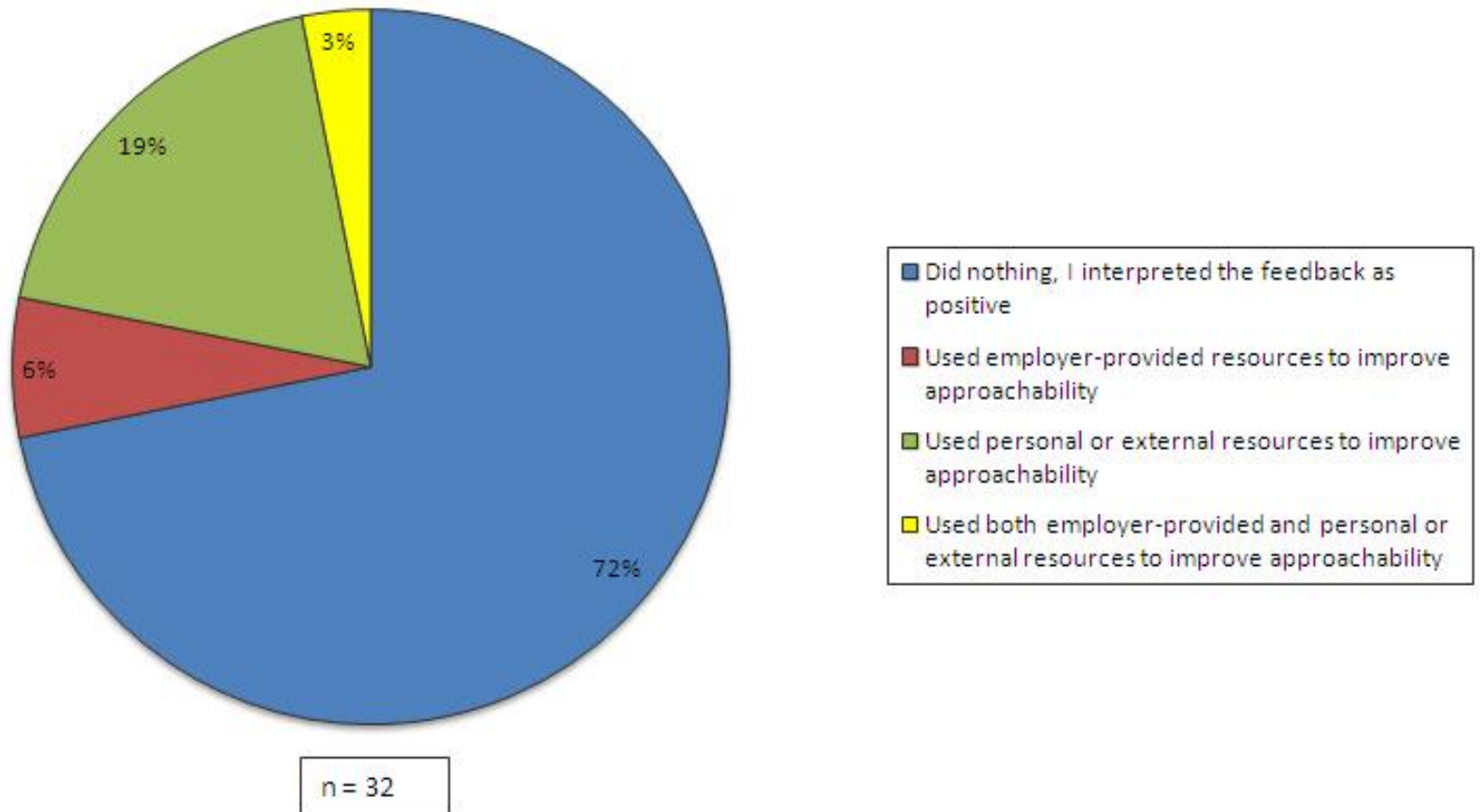


Figure 7

Results – Survey 2

If you were CEO or CMO, how would you address ongoing BTUCS?

- Attempt to **understand the cause** of the provider's behavior
- **Coach/educate** the provider
- Create an **action plan** for the provider
- **Hold** providers **accountable**
- **Treat** providers **the same** as non-providers
- Create a **financial consequence** for behavior
- **Terminate** the provider if behavior does not improve

Staff Comments Video

Next Steps

Another Survey/Resurvey

- Providers
- Non-Providers?

Publication

Research on Approachability in Healthcare?

Closing Video

Q+A

- Importance of approachable behaviors
- Potential impact of provider behaviors
- Approachability feedback as a crucial component of medical staff development
- Key principles and process steps for a successful transparent, all-staff survey approach

Joint Commission Sentinel Event Alert

Culture of Safety

APPROACHABILITY

Disruptive Behavior

Culture

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REFERENCES

Ideal Patient Care

Lateral Violence

PERCEPTION
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Code of Conduct

**Behaviors that Undermine
a Culture of Safety**

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Bullying

Mutual Respect

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**Behaviors that Undermine
a Culture of Safety**

Bullying

Mutual Respect

Provider to Provider S1 Questions

1. How approachable would you rate each of these colleagues in the following settings?
Please use the following scale: 1- Not Comfortable at all, 2- Mildly Comfortable, 3- Moderately Comfortable, 4- Very Comfortable, NA- Not Applicable

Curbside conversation about a patient "Curbside Consult"
Obtaining a formal consult on a patient
Handing off care of a patient to this provider
2. Who are the colleagues you feel most comfortable approaching?
3. Who are the colleagues you feel least comfortable approaching?
4. Additional Comments

Provider Questions- Survey 1

Patient Care Staff S1 Questions

1. Are you aware of any situation where the needs of the patient were not met (or safety was at risk) because you or another staff member did not contact a provider due to concern over how a provider might have reacted when contacted? Yes or No
2. If yes, how often do they occur (that you were personally involved in)? Rarely, Sometimes, Almost Always, Not Applicable (N/A)
3. Have you personally been afraid to approach a provider with a patient care issue? Yes or No
4. How comfortable would you feel speaking to or calling the following providers regarding a patient because of a concern over the provider's reaction? Not Comfortable at all, Mildly Comfortable, Moderately Comfortable, Very Comfortable, No Interaction
1. Who are the providers you feel most comfortable approaching?
2. Who are the providers you feel least comfortable approaching?
3. Additional Comments

Patient Care Staff Questions- Survey 1

Non-Patient Care Staff S1 Questions

1. Have you ever had a conversation with a provider in which you felt you were not respected? Yes or No
2. If yes, how often do they occur (that you were personally involved in)? Rarely, Sometimes, Almost Always, Not Applicable (N/A)
3. How comfortable would you feel speaking to, calling, or asking the following providers to complete a task needed for you to do your job? Not Comfortable at all, Mildly Comfortable, Moderately Comfortable, Very Comfortable, No Interaction
1. Who are the providers you feel most comfortable approaching?
2. Who are the providers you feel least comfortable approaching?
3. Additional Comments

Non-Patient Care Staff Questions- Survey 1

S2 Provider to Provider Re-Survey Questions

- 1) How approachable would you rate each of these colleagues in the following settings?
(1- Not Comfortable at all, 2- Mildly Comfortable, 3- Moderately Comfortable, 4- Very Comfortable, NA- Not Applicable)
Curbside conversation about a patient "Curbside Consult"
Obtaining a formal consult on a patient
Handing off care of a patient to this provider
- 2) Due to the initial Provider Approachability survey, the culture of safety has...
Improved
No Change
Decreased
NA
- 3) Select the answer that best describes the actions you took in the past year regarding how others perceive you:
Did nothing, I interpreted results as positive
Did nothing, I don't believe the feedback was accurate
Utilized one or more employer provided resources to actively work on my perceived approachability
Utilized one or more personal or external resources to actively work on my perceived approachability
Utilized both employer provided and personal resources
- 4) If you were the CEO or Medical Director, how would you respond to providers who consistently display behaviors that impair effective communication and safe care?
- 5) Additional Comments

Provider Questions- Survey 2

S2 Patient Care Staff Re-Survey Questions

- 1) In the past 12 months, how many times have you had a conversation with a provider in which you were not respected? (Please share examples or comments) 0 times, 1-12 times, More than 12 times
Delayed phone contact regarding a patient care issue
Not contacted provider at all regarding patient care issue
Avoided speaking to provider face to face regarding patient care issue
Comments
- 2) How comfortable would you feel speaking to or calling the following providers regarding a patient because of a concern over the provider's reaction? Not Comfortable at all, Mildly Comfortable, Moderately Comfortable, Very Comfortable, No Interaction
- 3) Due to the initial Provider Approachability survey, the culture of safety at MCHS-RC has...
Improved
No Change
Decreased
NA
- 4) If you were the CEO or Medical Director, how would you respond to providers who consistently display behaviors that impair effective communication and safe care?
- 5) Additional Comments

Patient Care Staff Questions- Survey 2

S2 Non-Patient Care Staff Re-Survey Questions

- 1) In the past 12 months, how many times have you had a conversation with a provider in which you were not respected? 0 times, 1-12 times, More than 12 times (Please share examples or comments)
- 2) How comfortable would you feel speaking to, calling, or asking the following providers to complete or do a task needed for you to do your job? Not Comfortable at all, Mildly Comfortable, Moderately Comfortable, Very Comfortable, No Interaction
- 3) Due to the initial Provider Approachability survey, the culture of safety at MCHS-RC has...
Improved
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- 4) If you were the CEO or Medical Director, how would you respond to providers who consistently display behaviors that impair effective communication and safe care?
- 5) Additional Comments

Non-Patient Care Staff Questions- Survey 2

MEMORANDUM

TO: Dr XXXXXX, MD

FROM: Mark Deyo-Svensden, M.D., Medical Director

DATE: June 6, 2011

RE: Approachability Survey

Hi XXXX,

I had hoped to hand out all of these surveys in person, but have not been here when you were in the office.

The purpose of this survey, which is patient safety - a key value of ours, is outlined in the first few pages. The pages following delineate your personal results.

The results indicate that there are a few "outliers" in the organization. Anyone else, not in the 5-6 on the far right of each graph, may not be significantly different from anyone else. There are many reasons for the differences in how we are perceived – some relate to others' view of our competence or work ethic, some are related to what mood people find us in when they ask for help, and some are just unable to find us when they need us.

I am available to talk with you about this in person – just drop me an e-mail and we can set something up.

Thank you.

Resources Available for Improvement:

- These individuals at Mayo Clinic Health System-Red Cedar are available (but not necessary) to facilitate access to the resources listed below
 - Dr. Mark Deyo-Svendsen- Medical Director
 - Dr. Nathan Rich- Service Excellence Physician Champion
 - Rebecca Rahn- Service Excellence Coordinator
 - Dr. Mike Phillips- Associate Medical Director

- Organizational Consulting/Professional Development at Mayo Clinic Health System-Eau Claire
 - This comprehensive program can be utilized for a variety of needs such as:
 - Goal Management
 - Professional Development
 - Self Awareness
 - Emotional Support
 - Work/Life Balance
 - Contact Employee Assistance Program at 838-xxxx

- Peer to Peer Coaching
 - Dr. XXXX or Dr. XXXX at Mayo Clinic Health System -Eau Claire.
 - Contact XXXX at 838-xxxx

- Crucial Conversations- Mayo Clinic Rochester
 - Continually improving safety, quality, service, and staff satisfaction is important. What you may not know is how these things are dependent upon creating a safe environment in which our employees and teams can work through difficult situations and solve recurring problems.
 - Crucial Conversations is a course offered to all employees and physicians to learn and practice proven communication strategies that can transform difficult work environments into productive, trusting and collaborative work environments.
 - Contact Mayo Clinic Human Resources at 507-284-xxxx or enroll online at: XXXXXXXX.

- The Program for Distressed Physicians- Vanderbilt
 - The vision of the Center for Professional Health faculty at Vanderbilt is for all physicians with disruptive behavior in the United States to have an opportunity to learn new behavioral skills to enable them to function in an increasingly complex medical environment, document specific behavioral changes and maintain their position and privileges in their practice or hospital staff.
 - Cost \$4500 for 3 day program and follow-up
 - 615-936-0678 or website: <http://www.mc.vanderbilt.edu/root/vumc.php?site=cph&doc=16001>

- Physician Wellness Services- Minneapolis
 - At Physician Wellness Services, the goal is to help physicians manage day-to-day stress and work and life issues. They provide a coordinated, comprehensive and confidential suite of services designed specifically for physicians.
 - Cost Varies per program
 - 1-877-731-3949 or website: <http://www.physicianwellnessservices.com/about/index.php>

Example of Existing Survey Tools (not used in our project)

- Collaborative Practice Scale (CPS)
- Collaboration and Satisfaction with Care Decisions (CSACD)
- The Jefferson Scale of Attitudes Toward Physician Nurse Collaboration
- Collaboration with Medical Staff Scale (CMSS) of the Nurses Opinion Questionnaire (NOQ)
- ICU RN-MD Questionnaire
- Practice Environment Scale-Nurses Work Index Inventory
- American College of Healthcare Executives Doctor-Nurse Behavior Survey