The Culture of the NP: Dynamics and Patient outcomes

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Introductions - People

• Us

• You
Introductions - How

- THINK
- FEEL
- TALK
- SHARE
Introductions - What

• Explore how culture impacts practice, using NP practice and survey results from LPCH as example

• Discuss strategy for NP’s to navigate an inter-professionally and hierarchically complex practice landscape

• Envision the NP role in a system re-designed to deliver safer, higher quality outcomes for patients
Exploring how culture impacts practice
Exploring how culture impacts practice

In Tibet, one greets friends and family by sticking out one’s tongue.

This demonstrates you are not the reincarnation of a cruel king, Lang Darma, who had a black tongue.

https://marcostambloggo.files.wordpress.com/2014/04/tibetan-tongue.jpg
What is culture?

**Definition: culture**  
1. The beliefs, customs, arts, etc., of a particular society, group, place, or time  
2. A particular society that has its own beliefs, ways of life, art, etc.  
3. A way of thinking, behaving, or working that exists in a place or organization (such as a business)
What is culture?

Today we are going to consider how the culture of your organization is contributing to sleepless nights....
What is culture?

What part of your professional practice keep you up (or wakes you up) in the middle of the night?
What is culture?

Organizational culture sets the tone and the expectation around what is acceptable in how we interact and communicate.
What is culture?

Organizational culture is created and communicated by leadership and sustained by action, reaction and consistent behaviors that are rewarded in some way in staff.
What does culture impact?

• How would each of these impact you???

  – Questioning your supervising attending/physician when you note their approach is not the standard of care?

  – Going outside of you level of implied position in the hierarchy of your organization?
What does culture impact?

• How would each of these impact you???
  
  – Pointing out a breach in sterile field, or inappropriate technique that is known to cause harm to a surgeon? To a team member? To a colleague you don’t know?

  – Sharing with your boss/colleagues that you accidently ordered the wrong dose medication (with risk of harm to the patient as a result)
What does culture impact?

• Local NP practice culture
  • ‘Physician extender’ versus ‘NP’
    – Depersonalized versus acknowledged?
    – Disempowered technician versus independent professional?
    – NP hired to contribute to patient care or to be ‘delegated tasks’
What does culture impact?

• Local NP practice culture

• Other NP’s employed at your worksite?
  – NP’s part of care team or part of staff?
  – Are you the only one? The first one? One of many?
  – Token or purposeful professional development and career opportunities?
What does culture impact?

• Local NP practice culture

• NP managed by a nurse, NP, MD, office manager?
  – NP’s should manage NP’s.
  – Professionals are not managed by non-professionals.
  – Typically, professionals manage themselves; instead of being managed, professionals are led or influenced by management.
What does culture impact?

• Regional NP practice culture

• Medically underserved vs saturated market?
  – Encouraged/enabled to practice to maximum licensure or restricted practice?
  – Limited to low reimbursement care provision opportunities? If in saturated market, how do you think this influences your practice and opportunities?
What does culture impact?

• Regional NP practice culture
  
  • Independent, interdependent or dependent practice?
    – Business owner vs. arrangement vs. restricted scope of practice
    – NP’s
What does culture impact?

- Regional NP practice culture
  - Liability limits, malpractice culture, state based
    - Large variation in licensure limitations by state that are not evidence based
    - Could the varying geographic practice limitations contribute to challenges in expectation setting by and for NP practice, from a liability standpoint?

What does culture impact?

• Regional NP practice culture

• Liability: The most frequent allegations against NP
  – Failure to diagnose/delay in making correct diagnosis (CVA, stoke, cancer, infection, sepsis)
  – Failure to provide proper treatment and care
  – Medication prescribing errors (failure to recognize a known contraindication or interaction, and improper Rx)

What does culture impact?

• Regional NP practice culture

  • Adult medical, primary care and family practice NP’s are most likely to have a claim filed against them

  • With NP’s shifting into primary care roles, malpractice claims are likely to continue to go up. Are following trend seen in MD family practice/primary care claims seen about 15 years ago.

  • Within medical world, primary care/family practice is the number one most likely outpatient location/specialty to have a claim filed by a patient.

What does culture impact?

• National NP culture
  – All the media around MD vs. NP – skewed both ways
    • The nurse who sent Ebola patient home in Dallas
    • “Boy Dies After Call to NP for Flu Symptoms”
    • I looked for more ‘famous’ examples….anyone have one?

Versus

• The MD who sent a septic kid home in NYC
• The doc who proceeded with biopsy (when not taking selfies) on fashion police star, who was in extremis under GA
• Michael Jackson and the propofol assisted sleep
What does culture impact?

• National culture

• Our health care system:
  – Volume impacted in setting of not enough providers, highly dependent on geographic location
    » NP can go from ZERO to HERO depending on where he or she is in practice (geographically – HPSA or MUA? Or flooded market, lots of competition with doctors???).
    » Is the same variation in expectation and scope of practice true for other professionals? Dentists? PT? MD? Psychologists?
  – Do inconsistencies/gaps in our healthcare infrastructure impact or shape the culture (expectation, tone, remuneration, professional growth, economic viability, etc.) of the NP?
What does culture impact?

• National culture
  • 970,000 MD’s to 150,000 NP’s

• Comparatively fragmented NP professional representation
  – AMA (the primary and thus, well known representation of MD) has power of numbers
  – AANP, ANCC, NAPNAP, ACNP, GAPNA, etc.
    » Lobbying challenging when numbers and resources are relatively small to begin with, further diluted by lack of a primary organization to represent the NP
What does culture impact?

• NP’s work in a larger system, with many other professional/practice cultures:
  • Hospital - Academic or community?
  • Clinic - MCO, IPA, large or small private practice? MD or NP or corporate owned?
  • Other professional groups: MD, PA, RN, RT, EMT, MA, admin/support staff
  • Other professional organizations
  • Payers
What does culture impact?

- Reflect on how you feel the impact of:
  - Local culture
  - Regional culture
  - National culture
  - What impacts your practice the most?
  - What should be the priority focus for all NP to influence or change? Why?
Culture in the literature: Summary

• Bad culture eats good outcomes

And

• Good culture feeds good outcomes
Examining the Culture

• Identifying the culture(s) that exist in an organization is essential to understanding opportunities to improve
  – Safety
  – Quality of care
  – Engagement
  – Satisfaction
  – Collegiality
The power of culture

The culture in which we all practice will shape

The risk
The reality
The outcome

associated with a mistake or error.
What we do at LPCH

• MD/NP Engagement Survey
• Engaged employees are present, active contributors
• Degree of engagement is a reflection of culture
What we do at LPCH

• Our NPs report:
  – Interest in leadership opportunities
  – Sense of autonomy
  – Satisfaction with compensation and benefits
  – Seeking increase support for
    • Professional growth and development
    • Development of clinical skills
    • Professional behavioral expectations in the workforce
What we do at LPCH

• Culture of Safety Survey
  – Strong culture of
    • Teamwork
    • Manager support of safety
    • Reporting safety events
  – Opportunities to improve
    • Non-punitive response to error
    • Communication openness
Communication Openness

• Reflection of culture and hierarchy
  – Will staff speak up?
  – Will staff question?
  – How does authority gradient influence questioning and speaking up?
Remember these Questions?

- How would each of these impact you???

  - Pointing out a breach in sterile field, or inappropriate technique that is known to cause harm to a surgeon? To a team member? To a colleague you don’t know?

  - Sharing with your boss/colleagues that you accidently ordered the wrong dose medication (with risk of harm to the patient as a result)
The toxic culture

<table>
<thead>
<tr>
<th>Shaming</th>
<th>Passive Hostility</th>
<th>Team Sabotage</th>
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<tbody>
<tr>
<td>Humiliates others</td>
<td>Distrusts opinions of others</td>
<td>Monitors team members’ behaviors</td>
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<tr>
<td>Makes sarcastic remarks</td>
<td>Displays passive aggressive behavior</td>
<td>Meddles in teamwork</td>
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<td>Takes pot-shots</td>
<td>Protects own territory</td>
<td>Uses authority to punish others</td>
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<td>Points out the mistakes of others</td>
<td>Has difficulty accepting feedback</td>
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<td></td>
<td>Is clueless that behaviors are toxic</td>
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Strategies for Managing a Complex Culture
All case studies in this presentation are totally and completely fictional – they are not modeled after actual events. They were created randomly and entirely for the purpose of demonstrating the principles of culture.
Case Study 1: Rory Staunton

A 12 year old boy shows up to his p office
How did/could culture have affected the outcome?
What strategies would help the cultural issues?
Case study 2: Perfect storm
How did/could culture have affected the outcome?
What strategies would help the cultural issues?
Case study 3: Gray areas and the NP
Envisioning the practice culture of the NP in a re-designed system
Ideal practice culture….let’s reflect

• What does it look like?
• Sound like?
• Feel like?
High reliability and High Reliability Organizations (HRO)

What is a ‘high reliability’ organization?
• An organization that performs reliably and safely in high risk, hazardous conditions

• The airline and nuclear power industries are now, after much hard work, identified as HRO’s

Why bother?
• Powerful way to improve performance

• Utilizes tools and strategy to design a strong, human centered culture of quality and safety
Models of high functioning systems and cultures

HIGH PRESSURE, HIGH RISK industries that experienced disaster, and went on to create a culture around the customer (quality, safety)

• Aviation
  – People pay attention to airplane crashes (bad for business!!)
  – Aviation industry had a burning platform to fix their model/culture/approach.
  – By comparison, healthcare’s platform has mainly ‘smoldered’
Models of high functioning systems and cultures

Nuclear power:

- After the 3 mile island and Chernobyl disasters, the nuclear power industry had to revolutionize their safety protocols and learn from their mistakes, or go out of business
  - Chernobyl ended up being known as: “A nuclear disaster anywhere is a nuclear disaster everywhere”
  - The term ‘safety culture’ came out of the many analysis of the 3 mile island event
Models of high functioning systems and cultures

Nuclear Power:

• The root cause for meltdown at both plants was determined to be a deficient safety culture, from design of the plant through management of staff, culture and active reactors

• Systems were re-designed, modeled around the principles of high reliability across the industry and with great success

• As of January 2015, 30 countries worldwide are operating 437 nuclear reactors for electricity generation and 71 new nuclear plants are under construction in 15 countries

• Nuclear power plants provided 12.3 percent of the world's electricity production in 2012.
Traits of a high reliability organization (or practice)

- Sensitivity to operations
- Reluctant to simplify
- Preoccupied with failure
- Resilient
- Defer to expertise

What **behaviors** do you see in the **culture** of HRO that demonstrates these traits?
Behaviors of a high reliability organization (or practice)

- Sensitivity to operations → Paying attention to the front line
- Reluctant to simplify → Encouraging input and opinion
- Preoccupied with failure → Always finding opportunity to improve
- Resilient → Systems to support “bouncing-back”
- Defer to expertise → Decisions made by the right people

What behaviors do you see in the culture of HRO that demonstrates these traits?
Assess the Culture

• Know your culture

AHRQ
Agency for Healthcare Research and Quality
Advancing Excellence in Health Care
http://www.ahrq.gov

• The SCORE (Safety, Communication, Operational Reliability, and Engagement) Survey
Flatten Hierarchy

Establish clear, actionable expectations for professional behavior
Flatten Hierarchy

- Establish clear, actionable expectations for professional behavior with associated accountability structures

Flatten Hierarchy

• Increase professional visibility
• Build autonomy
• Establish clear roles and expectations
• Develop anticipateable, recurring opportunities for extraprofessional communication, collaboration and development
• Get to know each other
Increase Standardization

• Eliminate unnecessary variability

• Communication
  – SBAR- Situation, Background, Assessment, Recommendation
  – Handoffs and transitions
  – Closed loop communication

• Processes, practices and protocols

• Checklists, checklists, checklists
Foster Resiliency

• Model setbacks as opportunities
• All teach, all learn
• Strategies to manage stress
• Work life balance
• Celebrate success
• Coach and mentor
Traits of a high reliability organization (or practice)

Questions:

• Could the US healthcare system benefit from modeling in some of these principles?? (Yes!!!)

• Could NP’s lead the charge??? (Of course!!!)
High reliability and High Reliability Organizations (HRO)

Who has done this well? Examples of awesome systems:

- Thedacare (https://www.thedacare.org/)
- Intermountain (http://intermountainhealthcare.org/Pages/home.aspx)
- Virginia Mason (https://www.virginiamason.org/)
Opportunities for NP’s

Design and model your clinical practice around principles of high reliability

The Joint Commission, IOM, PSO’s and most of all, your patients, will thank you
Opportunities for NP’s

• **If self employed** - Create a highly reliable organization out of your business or clinic

• **If employed** – Look for opportunities within your current organization to inject or expand upon high reliability principles

• **If looking for work or a change**– HRO’s have (or are working towards) the kind of culture we all described as ideal…..
What is needed to get us to a better system

You are!

Go forth and conquer NP’s
Review

• Culture is powerful
• Organizational culture in healthcare influences the practice of NP’s (and everyone else)
• Strategy can help NP’s navigate the complex healthcare landscape
• The best patient outcomes come out of high reliability organizations, which create and manage culture mindfully
• The principles of high reliability can help us re-design our system (and our professional practice) to create better, safer, higher quality outcomes