

Medication Safety Issue Brief

Tapping Into Your Staff's Energy

6

of 6 in a series

Series II

Encouraging creative problem-solving among staff members is the focus of this final installment of a six-part series designed to help senior managers reduce preventable patient harm in their hospitals. This series of six issue briefs was developed by the American Hospital Association, the American Society of Health-System Pharmacists and *Hospitals & Health Networks* with the generous support of Aventis Pharmaceuticals. You may tear out this card for future reference. Additional copies of both an earlier series, published in 2001, and this series are available in PDF versions on the ASHP and *H&HN* Web sites (www.ashp.org and www.hhnmag.com). ASHP members can also call the ASHP's fax-on-demand service.

• SUMMARY

The front-line workers in a hospital are its greatest resources, particularly when it comes to improving safety. After all, they know the crucial details about day-to-day operations and can offer innovative solutions to problems. But staff members don't always feel comfortable getting involved in change. To tap this hidden well of talent, hospital leaders should train staff in systems thinking, cultivate a culture of safety and make it easy for employees to contribute their ideas.

• ISSUE BRIEF

Patient safety solutions often call for the latest technology or the best medical know-how. But encouraging creative thinking among staff members is another key to building error-free systems. It's a task laid directly at the doorstep of hospital executives and requires an honest self-examination of your management style.

The usual admonishments about engendering a "culture of safety" and reducing fear of reporting errors apply here. But so do the basics of management and motivating the people who work for you. "The environment is created by the leadership of the organization," notes Kasey Thompson, director of patient safety at the American Society of Health-System Pharmacists. "It drives whether or not the staff is engaged on a day-to-day basis."

So it's not enough to have a suggestion box outside your office if it's never opened or if the ideas inside are ignored. Staff members, like all human beings, want to know that their contributions are noticed and valued. Pay attention to those new ideas and avoid the temptation to reject them at first glance. "I'm a big fan of the pilot test," Thompson says about working with his own staff. "I'll say, 'Sure, why not. Go ahead and try it.'"

When a staff member's notion works out, be sure that everyone knows. This can be accomplished through such low-cost, low-tech tools as recognition by a supervisor at a staff meeting, or a mention in a newsletter, on a bulletin board or on the intranet. Some organizations use more tangible incentives for good ideas, such as cash, gift certificates and pizza parties.

But as many hospitals have found, their employees are motivated more by recognition of a job well done than by prizes. "Being recognized by a supervisor in front of peers results in the biggest morale boost," Thompson says.



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ACTION Agenda

Here is a list of action items you can use to increase creativity within your organization:

- Take steps to make employees feel safe reporting problems and potential solutions. Measure your culture of safety using one of the tools available online.
- When useful ideas are implemented, give the responsible staff member recognition, both personally and in public via newsletters, bulletin boards, on the intranet.
- Provide specific ways for staff members to submit ideas, via a telephone hot line or conversation with an accessible manager.
- Consider incentives for good ideas—a monetary bonus, a weekend trip, a pizza party for the unit.
- Ensure that everyone in the hospital—whether clinical staff or not—understands systems thinking and accepts it as part of everyday work.
- Send the CEO and other top executives on rounds regularly. This sends the message to staff members that safety is taken seriously and gives their ideas a direct route to top managers.

ADDITIONAL RESOURCES

- Patient Safety Lessons, Virtual Learning Center, Department of Veterans Affairs; available online at www.appc1.va.gov/med/osp/cgi-bin/patient_brow_int.asp. For more information about the center itself, contact Victor Wahby, M.D., or Laura Warfield at (202) 745-2200, or by e-mail at osp@med.va.gov.
- Safety Climate Survey, available at www.qualityhealthcare.org.

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An organization that has less hierarchy and more teamwork is better prepared to be open to good ideas from all levels. That communication is helped when those levels mix as often as possible. For instance, executive rounds that bring administrators to medical units to discuss patient safety issues on a regular basis send the message that input is welcome.

It's also helpful if everyone understands some basics of safety science such as systems theory, which holds that errors occur when systems fail. That understanding results in "systems thinking," which prompts staff members to automatically examine the ways a process went wrong rather than conveniently pinning the blame on a person.

An organization that is truly committed to safety has that message embedded throughout the staff, contends Louis Diamond, M.D., medical director of Medstat Group and a board member of the National Patient Safety Foundation. "If you go in and ask them who is responsible for safety and they say, 'It's the safety committee,' they haven't gotten to where they need to be," Diamond says. "The answer should be, 'It's all of our responsibility.'"

• CASE STUDY

Veterans Health Administration Virtual Learning Center: In 1999, the Veterans Health Administration set up an online repository for innovative ideas to improve care and operations of its hospitals across the country. The Virtual Learning Center was initially available only to VA employees, but has since opened much of its content to the public via the Internet. It contains more than 2,000 recommendations, including nearly 90 ideas on patient safety topics.

The learning center's developers decided early on to maintain a low threshold for contributions to encourage as much participation as possible. As a result, not all the ideas listed have the same level of usefulness. That's why the VHA set up a rating system for submissions, with a top score of 4 or 5 earning an idea the label of "best practice."

The database is already used as a source of fresh ideas by VA hospital managers, and can be tapped by community hospital leaders for the same purpose. Beyond that, health care leaders in the private sector can copy the idea, setting up an online repository of innovation on the hospital's or system's intranet as an easy way to share quality ideas and recognize those who contribute.

The VHA's Office of Special Projects runs the online center and offers help to community hospitals interested in setting up their own versions (contact information is below). The center's director, Victor Wahby, M.D., has three pieces of advice. "First, make sure that leadership is behind you." Second, bring in representatives from around the organization to help set it up. Finally, "be flexible and maintain an open mind for yourself." Wahby says that the VA Web site has changed over the years as it incorporated suggestions for improvement. ●

