

Leadership 301

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Is Your Organization's Psychological Safety As Good as You Think it is?

Every month, as part of LifePoint Health's Foundational Five*, our hospital administrative team does a quality/patient safety/teamwork focused round on all the departments. These are called Executive Patient Safety Rounds (EPSR's) and when we round, we focus on another element of the Foundational Five, the Patient Safety Board (or some call it Learning Board). I must also mention that once we made EPSR's a priority, our quality/safety efforts really took off (we have not missed a monthly EPSR since August of 2015).

In fact, the National Patient Safety Foundation indicates that "units with >60% of caregivers reporting exposure to at least 1 EPSR had significantly higher safety climate, greater patient safety risk reduction, and better feedback on actions taken as a result of EPSRs compared with those units with <60% of caregivers reporting exposure to EPSRs".



If you stop and think about it, that's a pretty hefty statistic and one to give all of our leaders reason to pause and re-evaluate the very little time it takes to do an EPSR relative to the results.

A few months back, in a webinar with Huron's Craig Deao, he listed 3 questions to ask when rounding and so I tried one of his suggestions in our EPSR's in June. The question is "If you had to break a rule or policy to develop safer, better care, what would it be?". I was actually just attempting to change up the routine but what I didn't realize was this was really a litmus test for the psychological safety in the organization. For the next 3 months, I have 12 departments I am assigned to on the latest EPSR, when I asked this question, I got some really nervous looks from the participants (and our Teamwork/Safety Climate score is 88/100 and we are a 100 Best Places to Work hospital 3 years running). However, in 3 of those 12 departments, we actually got some answers. I was so proud of two of our lab techs, Jennifer and Sara, who nervously said that even though they weren't allowed to walk a patient to the bathroom, they would intervene, if they walked in on a patient going to or coming from the bathroom, to prevent a fall. I got some responses as well on our geropsychiatry unit and from our case managers. This was exciting.

I then tried it again in July adding a little different twist, like "Have you ever..." or "Okay, if you can't think of a rule, in general, would you break one?" I still got some nervous folks. Even my close nursing friend Shawn said "Now Jim, this isn't going on my record is it?". I loved it when I went back to the lab and asked this to a different lab tech, Lillian. When she couldn't think of an example, I looked over and Jennifer chimed in, rather proudly, with her response from last month.

Craig's question revealed something new to a process that is firmly hardwired here. First, our staff are thinking about safety and the rules and policies that cause them to think twice when needing to act. Second, it gave me the chance to affirm that I supported their decisions to deliver better, safer care. Thirdly, it schooled me to the notion that we still have a long way to go in promoting psychological safety. But this last month, I had the opportunity to gain a new employee's trust when I asked her the question. She quickly said no and then I asked two of her coworkers who I queried the prior month. They proudly answered yes, explained the situation and the fact no laws or ethical concerns were breached. I stuck out my fist and they both bumped it with theirs. Then, the new employee said "Oh, now I see what you mean. Yes, I have broken a rule to benefit a patient." And I fist-bumped her.

If you're looking to further your quality/safety results or if you're attempting to better your organizational culture and you're not doing EPSR's, then here's your opportunity. If you are doing EPSR's and you want a feel for your psychological safety, try Craig's tip above. Thanks Craig!

*[The Foundational Five](#): Briefs, Debriefs, Huddles, Leader Walkarounds, Patient Safety Boards

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