

Building a Patient Care Culture of Accountability

Charlotte F. Hughes January 14, 2019

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A Practical Framework
For Tying Organizational Culture to Patient Experience

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AGENDA

Creating a Culture of Accountability

People - Leadership & Change

Process - Tools & Frameworks

Outcomes - Value-Based Care

Patient Care Equity & Healthy Living







Global
Accountability
Workplace
Study

Leaders
Spend
Time:

Strategy 74%

Culture 26%







Yet 92% Say
Culture Has
Greater Impact on
Achieving
Business
Outcomes

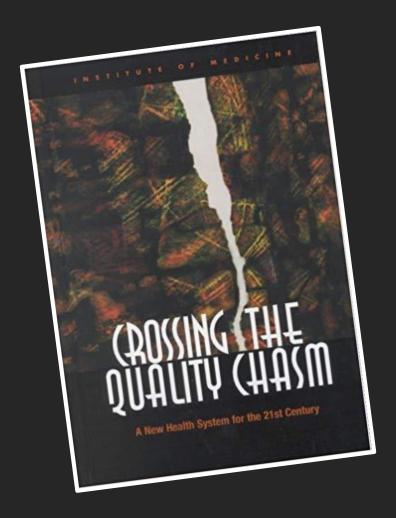


Why do leaders spend more time and resources on strategy than culture?



What are key challenges in creating a Culture of Accountability that delivers value-based quality care?





The GAP

Safety & Quality of Care What is vs. Should be

Key Elements:

Efficiency
Effectiveness
Safety
Timeliness
Patient-Centered
Equity



Wait & See

Cover Your Tail Just Tell Me What To Do

BLAME GAME®

Finger Pointing

Not My Job

Deny Ignore



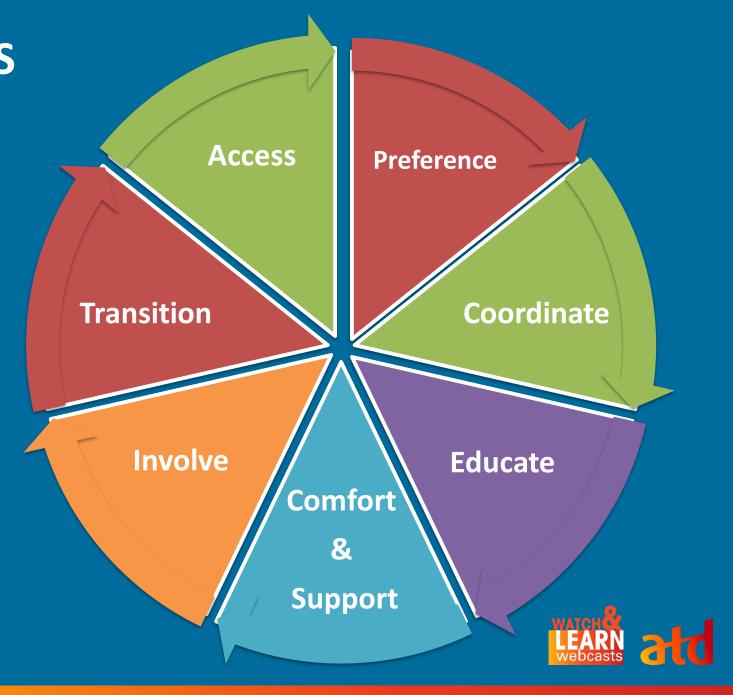




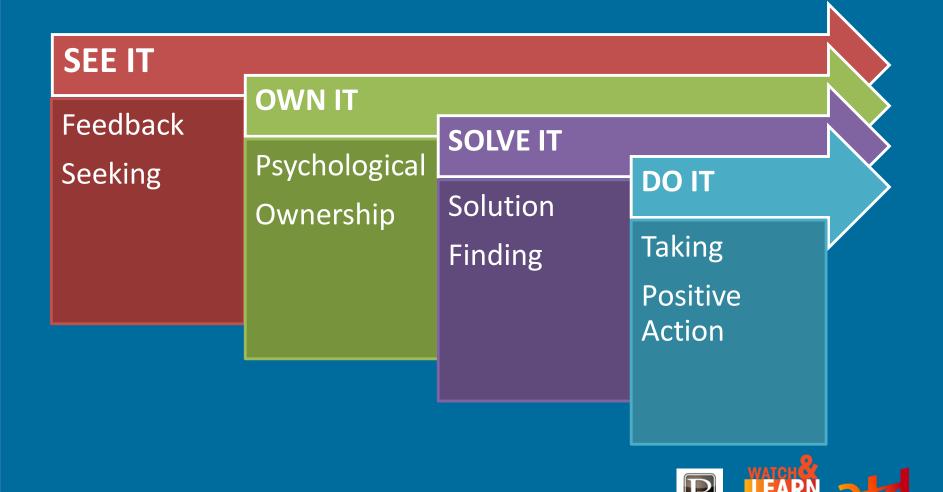
	Culture of Blame		Culture of Accountability
	People are the problem		People are problem solvers
Believes	Problems are headaches		Problems are learning opportunities
	Admitting weaknesses is career limiting		We are all still learning
		1	
	Who is wrong		What is wrong
	The individual		The process
Focused on	Fault-finding		Fact-finding
	The past		The future
	Assigning punishment		Improving future results
	Making assumptions		Considering alternatives
	Hoarding decision-making authority		Delegating decision-making authority
	Hiding problems		Surfacing problems and solutions
	Finger-pointing and CYA behaviour		Learning from mistakes
Results in	Distrust		Trust
	Turf wars		Cross-functional cooperation
	Risk adverse		Calculated risk taking
	Wait until told		Taking initiative
	Lack of innovation		Innovation



PICKER'S
Patient
Care
Model



Steps to Accountability®



Steps to Accountability®

SEE IT

Obtaining perspective of others; patients, family members, and fellow care givers, being open in my communication, asking for and offering feedback, and hearing the hard things so I openly see the reality of the situation.

OWN IT

Being personally invested, learning from both successes and failures, aligning my patient care work with the organizational care model and desired patient experience results, and acting on feedback I received.

SOLVE IT

Constantly asking "what else can I do?" overcoming crossfunctional boundaries, creatively dealing with obstacles, and taking the necessary and appropriate risks.

DOIT

Doing the things I say I'll do focusing on the top priorities, staying Above the Line not blaming others and sustaining an environment of trust.









How do you change culture?



What are the barriers to culture change?





Results-Focused
Clear Goals | Feedback | Storytelling







Mayo
Model
Improving
Service
Quality

Multi-Source Data

Mayo Clinic Model of Care

Recognition & Reward

Accountability

Monitor & Control

Service Consultation & Tools

Education & Training

Service Values & Behaviors

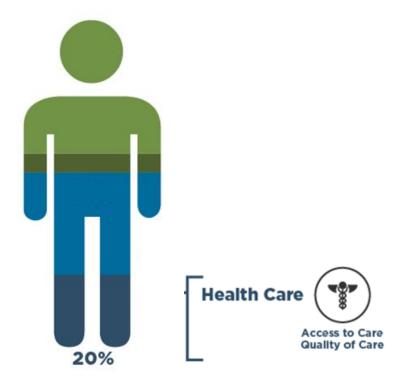


Mayo Practice Service Performance & Quality Behaviors Loop Department Scorecard Chairs & Metrics Administrators Patient Clinical Experience Practice Feedback Loop



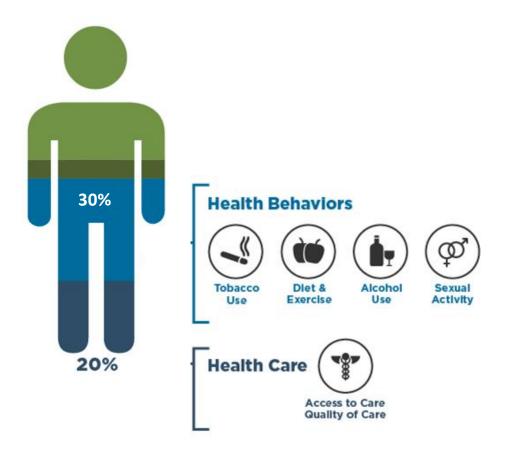
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)





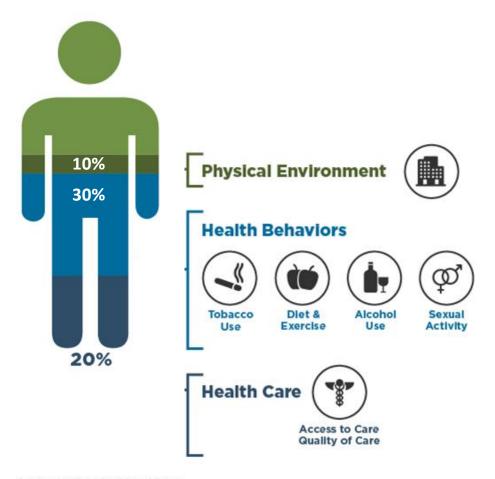
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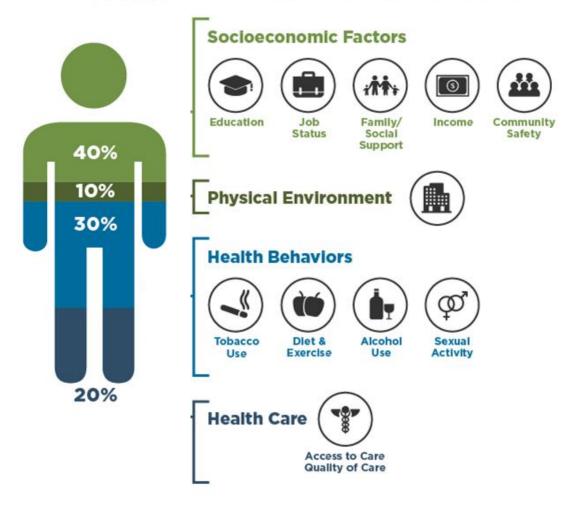
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Social Determinants of Health Factors

(Health-related social needs)



Housing instability/homelessness:

Having difficulty paying rent or affording a stable place of one's own, living in overcrowded or run-down conditions



Utility needs: Not being able to regularly pay utility bills (e.g., electricity, gas, water, phone), and/or afford necessary maintenance or repairs



Food insecurity (hunger and nutrition): Not having reliable access to enough affordable, nutritious food



Interpersonal violence: Being exposed to intentional use of physical force or power, threatened or actual, that results in or has a high likelihood of resulting in injury, death, psychological harm, etc.



Transportation: Not having affordable and reliable ways to get to medical appointments or purchase healthy foods



Family and social supports: The absence of relationships that provide interaction, nurturing, and help in coping with daily life



Education: Not having access to high school or other training that might help someone gain consistent employment



Employment and income: Not having the ability to get or keep a job, or gain steady income

Source: Deloitte analysis.



Results Pyramid®







Address Determinants of Health Reduce Costs and Emergency Room Utilization





ACHIEVING HEALTH & MENTAL HEALTH EQUITY AT EVERY LEVEL

Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.

Prevention Health Care **HEALTHY PEOPLE** Mental Health Services Child Development, Education, and Culturally/Linguistically Appropriate **Literacy Rates** and Competent Services Food Security/ **Income Security** Nutrition **HEALTHY COMMUNITY** Housing **Built Environments** Neighborhood Safety/Collective Efficacy Discrimination/ **Minority Stressors Environmental Quality HEALTHY ENVIRONMENT HEALTHY SOCIETY**



Address Gaps in Care







Providing services and education where community members shop, eat, pray or convene can expand the safety net and address gaps in care. It also is critical in fostering trust between health care organizations and the communities they serve.







Additional Resources and Successes



CHNA - Community Health
Needs Assessment



Surgeon General Prevention Strategy



Deloitte Research





Predictive Models to Design Interventions









Accountability is a Personal Choice Culture is the Inspiration



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