Leadership & Psychological Safety

Allan Frankel, MD
Michael Leonard, MD
Leadership

Leaders create high degrees of psych safety and accountability.

Leaders model the desired behaviors to drive culture of safety.

Training and support exists for building clinical leadership.

Episodic, completely dependent on the individual clinician.

Absent for the most part.

**GENERATIVE**
Organization wired for safety

**PROACTIVE**
Playing offense – anticipating

**SYSTEMATIC**
Systems in place

**REACTIVE**
Playing defense – reacting to events

**UNMINDFUL**
No awareness of safety culture
Where is Your Leadership?

What are the strengths of your leadership - both senior and clinical

Where do you have opportunity?

How would you measure and sustain your work?
Local Leadership Domain

Percentage who agreed slightly or agreed strongly with each question.

In this work setting, local leadership....

...is available at predictable times. (4178)

...communicates their expectations to me about my performance. (24957)

...provides meaningful feedback to people about their performance. (24895)

.....provides useful feedback about my performance. (24932)

...provides frequent feedback about my performance. (24973)

...regularly makes time to provide positive feedback to me about how I am doing (25034)

...regularly makes time to provide positive feedback to me about how I am doing (25034)

...regularly makes time to pause and reflect with me about my work. (25018)
Effective Leadership

Set a positive active tone

Think out loud to share the plan – common mental model

Continuously invite people into the conversation for their expertise and concern

Use their names
Leadership Characteristics

- Non Negotiable Mutual Respect, Every Interaction, Every Day.
- Paul O’Neill – “Once you get used to taking the high road, putting values over expedience, and treating people like people and not the means, it gets easier and easier.”
In this work setting, local leadership provides meaningful feedback to people about their performance.

Benchmarks: 2017 Q1
25th: 56%
50th: 63%
75th: 68%

Percent Positive Percentiles
n = 158,484 responses
From 106 hospitals/facilities
Culture and Leaders

MI = Michigan
EWR = Executive WalkRounds
FB = Feedback

<table>
<thead>
<tr>
<th>Category</th>
<th>MI 2015 (n=16,797)</th>
<th>EWR FB Yes (n=4074)</th>
<th>EWR FB No (n=5598)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning Env</td>
<td>56</td>
<td>42</td>
<td>38</td>
</tr>
<tr>
<td>Psych Safety</td>
<td>73</td>
<td>52</td>
<td>38</td>
</tr>
<tr>
<td>Psych Safety</td>
<td>63</td>
<td>69</td>
<td>38</td>
</tr>
<tr>
<td>Teamwork Climate</td>
<td>44</td>
<td>38</td>
<td>33</td>
</tr>
<tr>
<td>Work Life Balance</td>
<td>61</td>
<td>52</td>
<td>56</td>
</tr>
</tbody>
</table>
Leaders:

All formal authority positions: Chairs, Managers, Directors, Charge RNs, etc.

All MDs, DOs, etc.

Informal opinion leaders

Anyone responsible for a group of people
Emergent Leaders (Followers)

Four main qualities of effective emergent leaders:

Self-Management
Commitment
Competence
Courage

The success and failure is not only dependent on how well a leader can lead, but also on how well the followers can follow.

A Surgical Safety Checklist to Reduce Morbidity and Mortality in a Global Population


The NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

ABSTRACT

BACKGROUND

Surgery has become an integral part of global health care, with an estimated 234 million operations performed yearly. Surgical complications are common and often preventable. We hypothesized that a program to implement a 19-item surgical safety checklist designed to improve team communication and consistency of care would reduce complications and deaths associated with surgery.

METHODS

Between October 2007 and September 2008, eight hospitals in eight cities (Toronto, Canada; New Delhi, India; Amman, Jordan; Auckland, New Zealand; Manila, Philippines; Ilahera, Tanzania; London, United Kingdom; and Seattle, WA) representing a variety of economic circumstances and diverse populations of patients participated in the World Health Organization's Safe Surgery Saves Lives program. We prospectively collected data on clinical processes and outcomes from 3,733 consecutively enrolled patients 16 years of age or older who were undergoing noncardiac surgery. We subsequently collected data on 3,955 consecutively enrolled patients after the introduction of the Surgical Safety Checklist. The primary end point was the rate of complications, including death, during hospitalization within the first 30 days after the operation.

RESULTS

The rate of death was 1.5% before the checklist was introduced and declined to 0.8% afterward (P = 0.003). Inpatient complications occurred in 11.0% of patients at baseline and in 7.7% after introduction of the checklist (P < 0.001).

CONCLUSIONS

Implementation of the checklist was associated with concomitant reductions in the rates of death and complications among patients at least 16 years of age who were undergoing noncardiac surgery in a diverse group of hospitals.

Introduction of Surgical Safety Checklists in Ontario, Canada

David R. Urbach, M.D., Anand Govindarajan, M.D., Reffik Saskin, M.Sc., Andrew S. Wilton, M.Sc., and Nancy N. Baxter, M.D., Ph.D.

The NEW ENGLAND JOURNAL OF MEDICINE

SPECIAL ARTICLE

ABSTRACT

BACKGROUND

Evidence from observational studies that the use of surgical safety checklists results in striking improvements in surgical outcomes led to the rapid adoption of such checklists worldwide. However, the extent of mandatory adoption of surgical safety checklists is unclear. A policy encouraging the universal adoption of checklists by hospitals in Ontario, Canada, provided a natural experiment to assess the effectiveness of checklists in typical practice settings.

METHODS

We surveyed all acute care hospitals in Ontario to determine when surgical safety checklists were adopted. Using administrative health data, we compared operative mortality, rate of surgical complications, length of hospital stay, and rates of hospital readmission and emergency department visits within 30 days after discharge among patients undergoing a variety of surgical procedures before and after adoption of a checklist.

RESULTS

During 3-month periods before and after adoption of a surgical safety checklist, a total of 101 hospitals performed 109,341 and 106,370 procedures, respectively. The adjusted risk of death during a hospital stay or within 30 days after surgery was 0.72% (95% confidence interval [CI], 0.66 to 0.78) before implementation of a surgical checklist and 0.66% (95% CI, 0.60 to 0.70) afterward (odds ratio, 0.91; 95% CI, 0.80 to 1.01; P = 0.13). The adjusted risk of surgical complications was 3.86% (95% CI, 3.75 to 3.96) before implementation and 3.62% (95% CI, 3.71 to 3.92) afterward (odds ratio, 0.97; 95% CI, 0.90 to 1.03; P = 0.29).

CONCLUSIONS

Implementation of surgical safety checklists in Ontario, Canada, was not associated with significant reductions in operative mortality or complications. (Funded by the Canadian Institutes of Health Research.)
Cultural Maturity Model

**UNMINDFUL**
Who cares as long as we’re not caught _Chronically Complacent_

**REACTIVE**
Safety is important. We do a lot every time we have an accident

**SYSTEMATIC**
We have systems in place to manage all hazards

**PROACTIVE**
Anticipating and preventing problems before they occur; Comfort speaking up

**GENERATIVE**
Safety is how we do business around here _Constantly Vigilant and Transparent_

---

*Adapted from Safeskills 2001, "Aviation Safety Culture," Patrick Hudson, Centre for Safety Science, Leiden University*
Adaptive versus Technical Leadership

- Known v. unknown problems
- Differences in style
- Knowing when to shift your leadership style
Edgar Schein

Visible Attributes

Espoused Values

Hidden Values and Tacit Assumptions
Chris Argyris

Double loops of closure

Some things we don’t talk about

Some things we don’t talk about not talking about.
Patrick Lencioni
Perspectives on Leadership

- Generate Results
- Assign Accountability
- Build Commitment
- Manage Conflict
- Build Trust
Effective Leaders

Create psychological safety

Calibrate drift to minimize shortcuts and workarounds

Drive effective team performance

Model the values and behaviors that create value and reduce risk
**Psychological Safety**

- **GENERATIVE**
  - HRO - wired for safety and

- **PROACTIVE**
  - Playing offense - anticipating,

- **SYSTEMATIC**
  - Systems in place to manage hazards

- **REACTIVE**
  - Playing defense – reacting to events

- **UNMINDFUL**
  - No awareness of safety culture

- Primary responsibility of leaders, continuously modeled everywhere.
- Leaders model and expect the behaviors that promote psychological safety.
- In some units it feels safe to speak up and voice a concern.
- Personality dependent – it depends who I’m working with.
- Fear based – keep your head down and stay out of trouble.
Psychological Safety
We are our own image consultants and best image protectors

To protect one’s image, if you don’t want to look:

- STUPID
  - Don’t ask questions
- INCOMPETENT
  - Don’t ask for feedback
- NEGATIVE
  - Don’t be doubtful or criticize
- DISRUPTIVE
  - Don’t suggest anything innovative

Psychological Safety changes this paradigm

Source: Amy Edmondson
Speeding Up Team Learning

The most successful teams adapt quickly to new ways of working. Now, a study of 16 cardiac surgery teams offers intriguing insights on how to make that happen.

Cardiac surgery is one of medicine's modern miracles. In an operating room no larger than many household kitchens, a patient is rendered functionally dead—the heart no longer beating, the lungs no longer breathing—while a surgical team repairs or replaces damaged arteries or valves. A week later, the patient walks out of the hospital.

The miracle is a testament to medical technology—but also to incredible teamwork. A cardiac surgical team includes surgeons, nurses, anesthesiologists, surgeons, and a host of other health care providers. Each plays a critical role in the success of a patient's care. Yet, collaboration is critical, particularly when things go wrong.

Cardiac surgery. What we found sheds light on one of the key determinants of team performance: a team's ability to adapt to a new way of working. In corporate settings, teams frequently have to learn new technologies or processes that are designed to improve performance. Often, however, things get worse—sometimes for a long time—because teams adapt reactively and incrementally, by taking on new tasks, one at a time, and divvying up the work among their members. Sometimes, this approach leads to increased stress and decreased productivity. Often, it fails to improve performance. Sometimes, it actually makes things worse.

Most teams become proficient at new tasks or processes over time. But time is a luxury few teams—or companies—have. If you move too slowly, you may find that competitors are reaping the benefits of improved performance, as well as increased productivity and lower costs. So, how can you speed up this process? How can you adapt quickly to new ways of working? The answer, according to our study, lies in learning collaboratively instead of making contributions individually and then handing pieces of the project off to the next person.

by Amy Edmondson, Richard Bohmer, and Gary Pisano
Google

Laszlo Bock

Culture is imminently measurable

Julia Rozovsky

Two attributes of great teams:

1. Everyone speaks up in equal amounts

2. Team members are attuned to how others on the team feel and respond with “emotional intelligence”.

What Google Learned From Its Quest to Build the Perfect Team

New research reveals surprising truths about why some work groups thrive and others falter.

By CHARLES DUHIGG  Illustrations by JAMES GRAHAM
Psychological Safety

What are the things that make it hard to speak up where you are?

What are the 1-2 things we can do to make it better? Describe them in a way that they are actionable, visible, and measurable.
Teamwork Domain

Disagreements in this work setting are appropriately resolved (i.e., not who is right but what is best for the patient). (24714)

Communication breakdowns are NOT common when this work setting interacts with other work settings. (24658)

Communication breakdowns are NOT common in this work setting. (24819)

Dealing with difficult colleagues is NOT consistently a challenging part of my job. (24757)

The people here from different disciplines backgrounds work together as a well coordinated team. (25003)

It is easy for personnel here to ask questions when there is something that they do not understand. (24966)

In this work setting, it is NOT difficult to speak up if I perceive a problem with patient care. (24822)

Percentage who agreed slightly or agreed strongly with each question.
Teamwork Domain – By Facility

Percentage who agreed slightly or agreed strongly with each question.
In this work setting, it is not difficult to speak up if I perceive a problem with patient care.

Benchmarks: 2017 Q1
25th: 60% 50th: 65% 75th: 70%
Percent Positive Percentiles
n = 158734 responses
From 106 hospitals/facilities
Teamwork Item

Communication breakdowns are not common in this work setting.

Benchmarks: 2017 Q1
25th: 36% 50th: 43% 75th: 47%
Percent Positive Percentiles
n = 161536 responses
From 106 hospitals/facilities
Communication breakdowns are not common when this work setting interacts with other work settings.

Benchmarks: 2017 Q1
25th: 33% 50th: 39% 75th: 44%
Percent Positive Percentiles
n = 159179 responses
From 106 hospitals/facilities
Safe & Reliable Care

Knowing the plan - predictability

Feeling safe to speak up

Knowing that when you do speak up, someone cares and the team will respond appropriately

Planning forward / reflecting back through debriefing to feed the Learning System