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Delivering World Class Healthcare

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2012 healthcare leaders must streamline processes, avoid uncompensated hospital acquired conditions, optimize the patient/family experience, compete for top tier patient satisfaction and quality, and provide the best value healthcare in the midst of unprecedented uncertainty in reimbursement along with policy turmoil. Although doing our best to fulfill our covenant with the public, we often overlook the actual healing interface between patients and their care providers. Fundamental tasks and processes at the point of care are crucial to avoiding patient safety errors, tragic complications, lengthened stays, disappointed and noncompliant consumers, and dissatisfied, disengaged employees.

Recent research related to omitted care processes is particularly disturbing because of the reported prevalence, and the potential impact on patient safety, mortality and morbidity. Nine types of missed care are most frequently reported including ambulation, turning, delayed or missed feedings, patient teaching, discharge planning, emotional support, hygiene, intake and output documentation, and surveillance or assessment (Bittner, Gravlin, Hansten, Kalisch 2011).[1] The impact of gaps in task completion can be severe, especially in vulnerable populations, leading to hospital acquired conditions as pressure ulcers, deep vein thrombosis, pneumonia, failure to rescue, falls with injury, and uncompensated readmissions. Patients receiving deficient care would not be apt to score highly on their satisfaction surveys, thus driving the hospital's percentiles below their competitors. A sample of 4086 staff revealed that missed ambulation topped the frequency charts at over 70%, mouth care at >60%, team conferences at >60%, turning at ~60%, focused reassessments at 30%, with patient assessments performed each shift being missed at ~10% (*the mean of "missed frequently, always, or occasionally" at 10 hospitals;* Kalisch et al., 2011)[2]. The reasons behind these serious treatment gaps include insufficient (or perhaps inadequately deployed) labor resources, materials, or communication.

2012 leaders cannot afford these lapses in basic care that Florence Nightingale used to improve mortality by 40% in the Crimean War.

Field experience from my national consulting work in approximately 170 healthcare organizations, focusing on care delivery models, professional practice and RN leadership at the bedside, and teamwork practices, offers evidence of several major issues that prevent best clinical outcomes and allow basic patient care breaches.

1) Lack of a shared mental model for team practices at the point of care: Without a clear map in mind for expert hand-offs, for inclusion of all interdisciplinary team members in the plan of care including patient/family short and long term goals, gaps will occur that are filled with lack of accountability, role confusion, and missed care. Chaotic environments are inevitable; therefore plans that provide structure for initial instructions, checkpoints, and debriefing will allow

flexibility along with creativity to meet emerging demands. For example, all members of an expert team envision a blueprint that clarifies hours the patient will be repositioned, who will round and when.

2) The Team's lack of experience or education: Some team members are unclear on their statutory practice responsibilities and are ineffective delegators and clinical supervisors. Some expect that assistive personnel will just "do their jobs" without leadership. Often, improbable patient care assignments designed so that assistive personnel (nursing assistants and technicians) report to more than two team members create further hurdles to the patient experience. The patient/family's real life outside of the acute care setting is often unknown or disregarded due to the team member's lack of experience or education in home health and ambulatory care. Discharge planning is not coordinated or individualized for the particular patient's needs. Leadership, delegation, supervision, and coordination are complex clinical reasoning skills that include expert social intelligence and require seasoned expert professionals.

3) Lack of knowledge about maximizing healing encounters that emphasize patient results: Physicians, nurses and other healthcare providers are often born with the capacity for expert emotional, social, and appreciative intelligence, but whether or not this talent flowers is a function of years of practice, or from being taught distinct, evidence-based skills. Creating a healing environment goes beyond rote "service excellence" courtesy. Best practice providers choose to become an empathetic, authentic presence, helping the patient focus on his priorities and goals. Diminished pain and better patient compliance with discharge instructions are correlated with expert patient interaction practices. Satisfied healthcare professionals report that it is truly a practice gift to learn to help patients engage in their own healing processes by focusing on important outcomes.

Action steps for 2012 healthcare leaders, whether skeptical or convinced, begin with assessment of quality indicators and patient satisfaction results. Question whether some of your basic care is being missed. Evaluate the current level of patient care and teamwork. Teach nurses to lead at the point of care, and assess for reasonable, planned, deployment of assistive personnel. Coach RNs to develop the complex skills necessary to lead and coordinate individualized nursing care. Evaluate your care model for inclusion of all disciplines and a structure for proceeding through the shift or case with teamwork principles including initial direction, periodic inspection, reciprocal feedback, and debriefing. Develop results-oriented healing conversation skills for patient care providers.

In the words of former Marriott leaders Dow and Cook, *"You must be brilliant at the basics to become world class."*[3] In healthcare, we must progress beyond hotel service skills, again focus on basic patient care tasks and processes, participate as an interdisciplinary team in patients' healing processes, choosing authentic presence as we navigate patients and families safely through the most challenging times in their lives.

That's world class health care.

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