

# Bridging the Administration Barrier

Speaking Patient Safety in Operational Terms

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# Why this topic? Why now?

- What is the basis for this topic?
- Why should the risk professional care?
- How is this different in every organization?
- What is the role of implicit bias?
- Is this an insurmountable barrier?



By the end of this presentation, you will be able to:

Discuss

Discuss the challenges inherent to open communication between risk professionals and administrative leadership

Describe

Describe how implicit bias can influence effective listening and transmission of information

Identify

Identify strategies for breaking the status bias barrier in patient safety communication



Discuss the challenges inherent  
to open communication  
between risk professionals and  
administrative leadership

Common Barriers to  
Communication  
between  
Risk Professionals  
and the C-Suite

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Incomplete understanding of the  
role scope of risk management

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Incomplete understanding of the  
role of leadership in patient safety

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Incomplete comprehension of  
administrative harm

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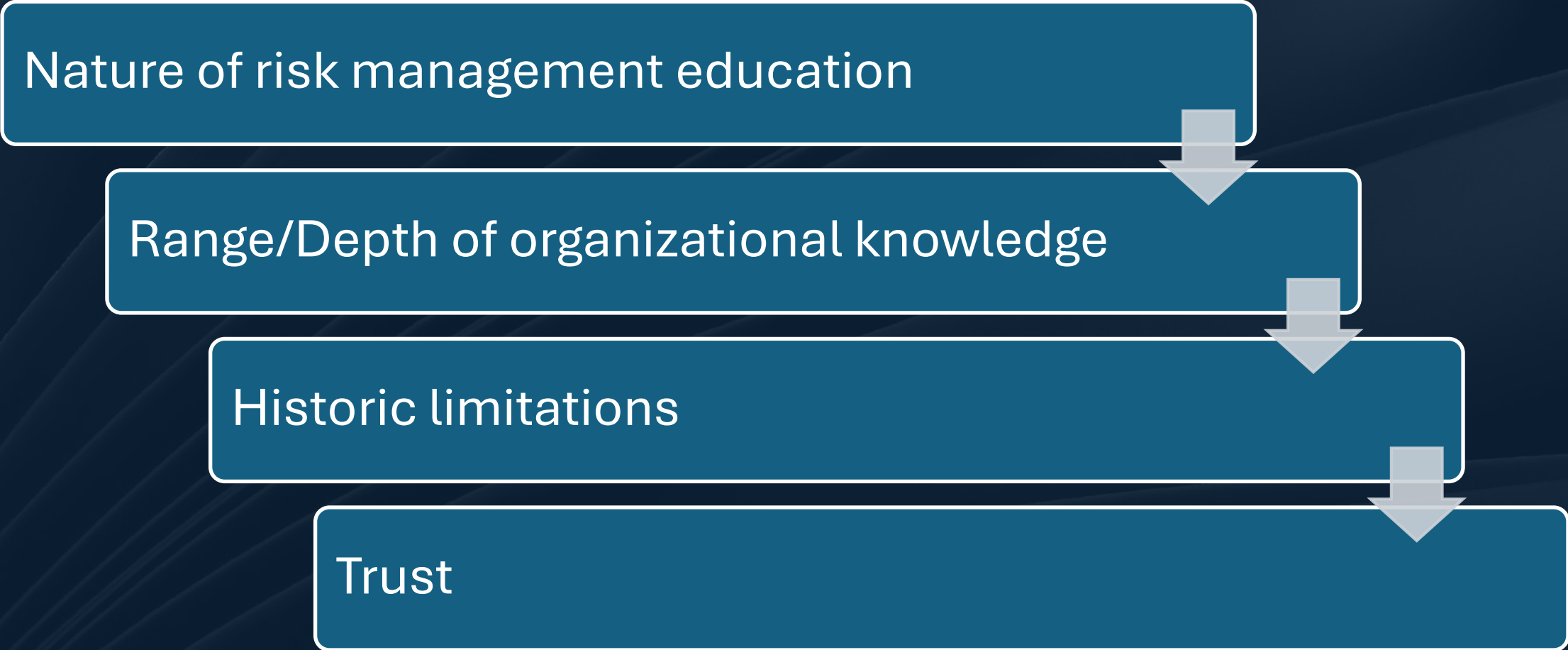
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Magical thinking

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# Incomplete Understanding of Risk Management

Nature of risk management education



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graph TD; A[Nature of risk management education] --> B[Range/Depth of organizational knowledge]; B --> C[Historic limitations]; C --> D[Trust];
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Range/Depth of organizational knowledge

Historic limitations

Trust



# Leadership Drives Patient Safety

Leadership sets the vision and direction

Provides all the required resources

Maintains safety as a core value

## Potential Roadblocks to Leadership's Role in Safety

Disconnect between what they are being told or believe, and reality

Selective hearing to reduce stress

Disconnect between administrative decisions and care

Inadvertent misalignment of priorities

# Incomplete Understanding of Administrative Harm



Decisions Made upstream affecting  
actions and results downstream

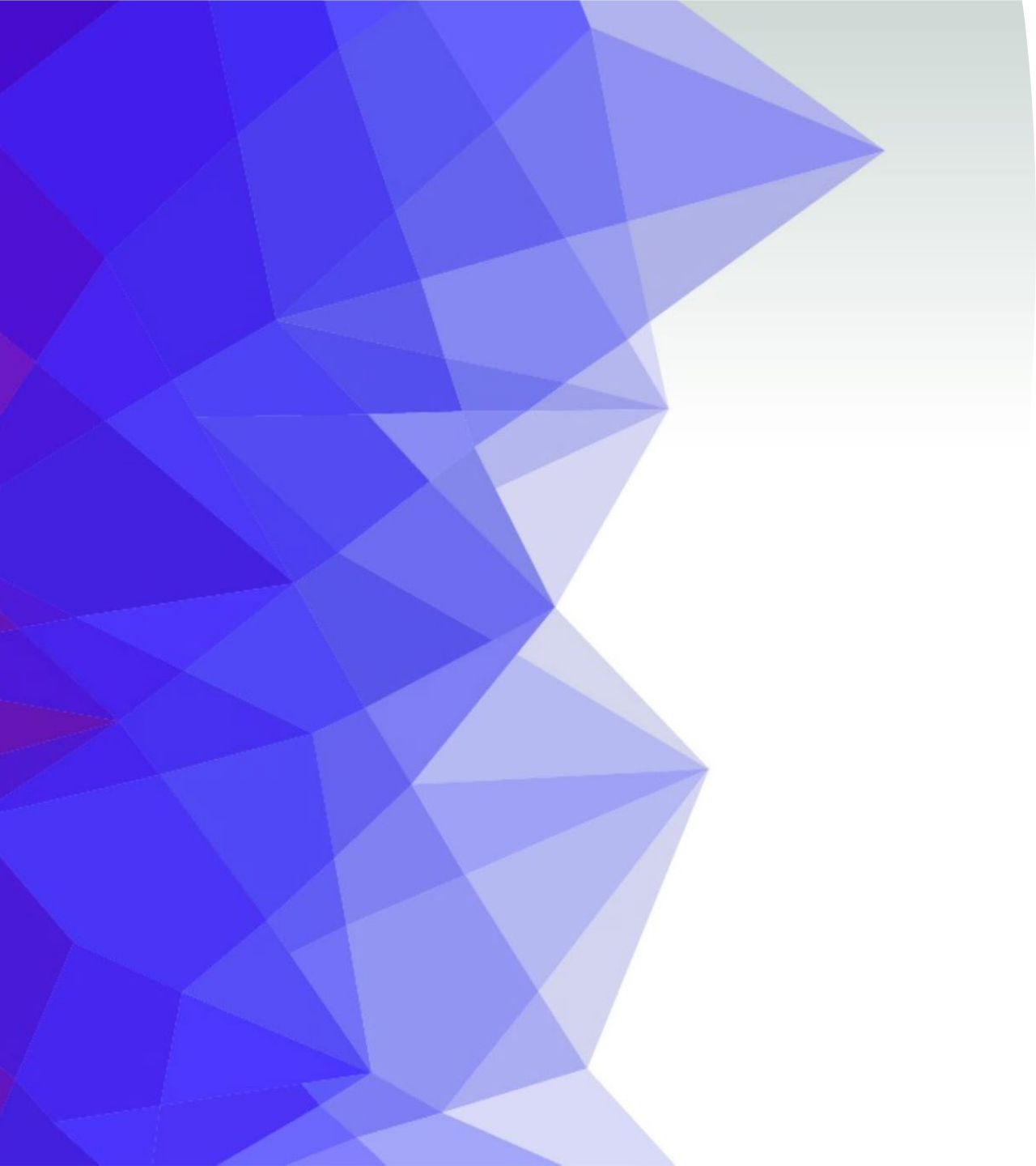


Unintentional harm due to limited  
insight

# Examples of Administrative Harm in healthcare

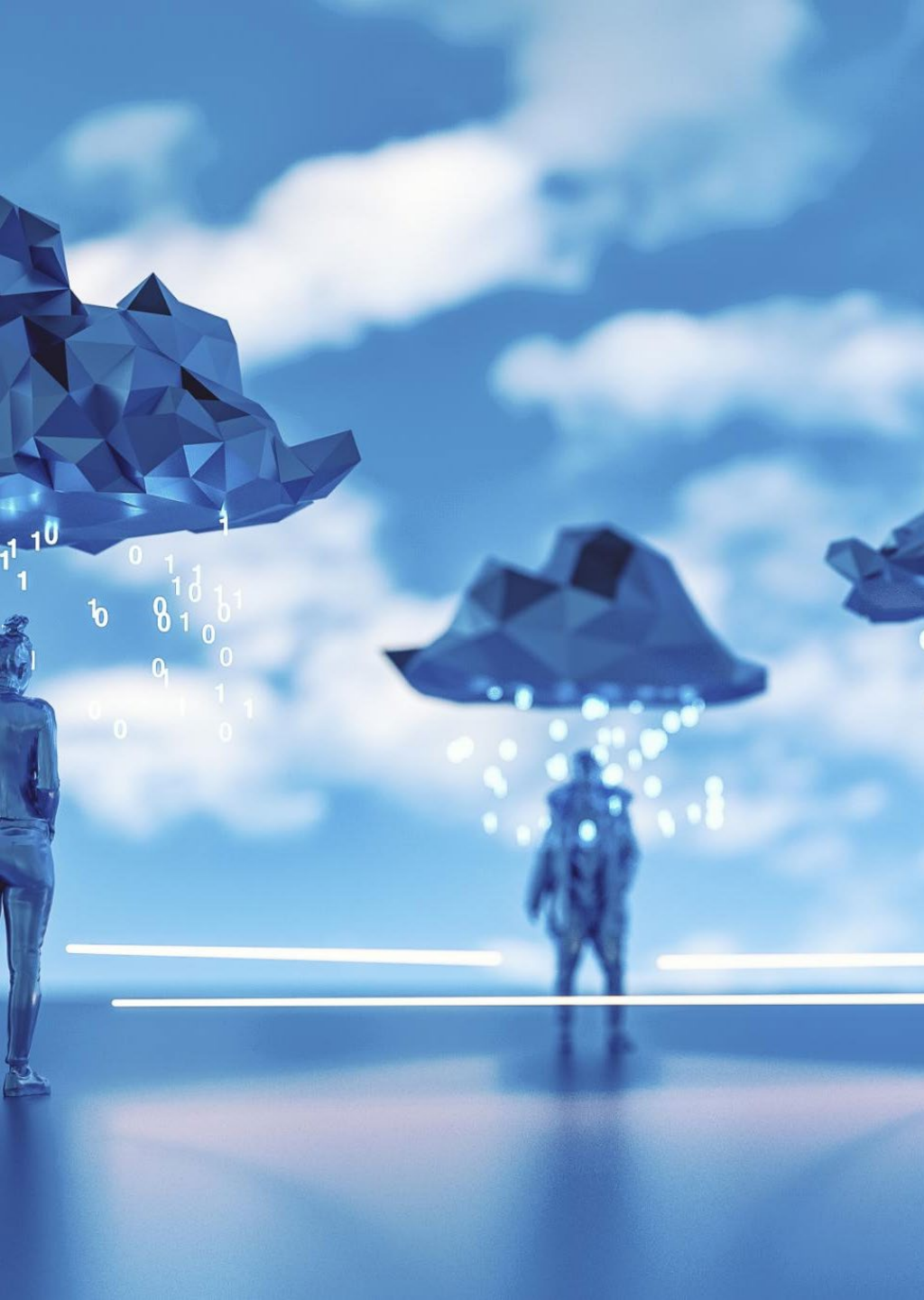
- Access Barriers
- Hallway boarding/cancelled surgery
- Patient/clinician ratio
- Burnout and moral distress
- Unsafe environments
- Resource diversion
- Profit driven decisions
- Strict protocols





# Magical Thinking

- Normal cognitive distortion
- Belief that one's thoughts behaviors or actions can directly affect an outcome
- Often early learned patterns of coping
- Gives a sense of control
- Usually seen in high stress situations
- Usually harmless, but can be unhealthy if rigid or interferes with daily functioning



# Magical Thinking in Management

Relying on Wishful Beliefs – Ignoring facts

Ignoring Practical Constraints – Hopes lead to big wishes

Negative Impact on Performance – Hinders problem solving



Describe how implicit bias  
can influence effective  
listening and transmission of  
information

# Reflect:



Think of a time when you were completely misunderstood in a communication situation and were surprised. What was the situation? What about it surprised you?

Chances are that this disconnect was caused by seeing the situation differently from each other.



# MOST BIAS IS HARMLESS

We call them “preferences”  
and they guide our everyday  
choices.

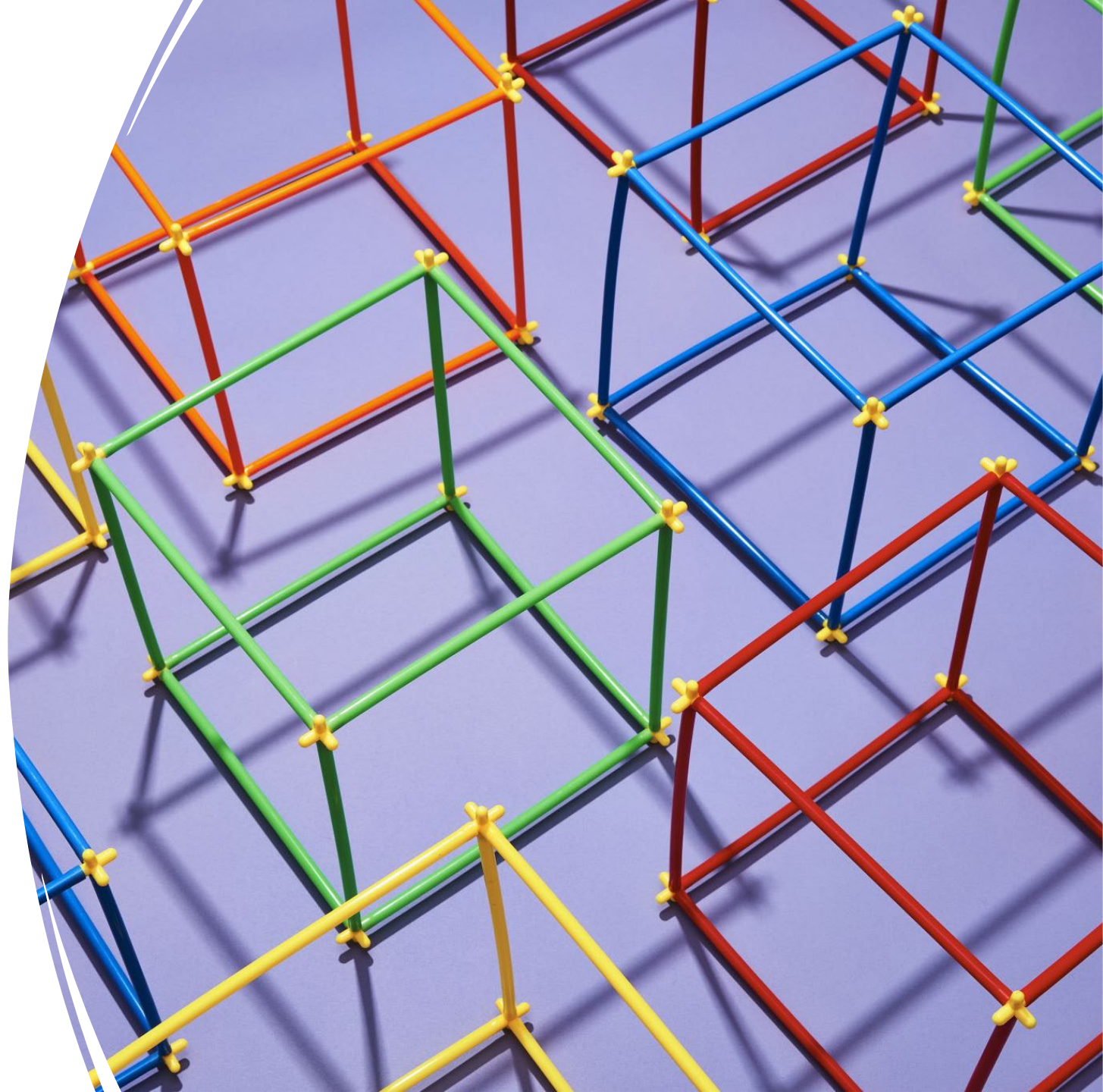


VIEW IS THE  
“WATER” WE  
SWIM IN  
EVERY DAY  
IN OUR  
LIVES....



IN COMMUNICATION,  
BIAS (VIEW) CAN  
MAKE US BLIND TO  
IMPORTANT  
*INFORMATION* THAT  
CAN MAKE LIFE  
EASIER, AND  
COMMUNICATION  
MORE ACCURATE

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# Indicators of Inherent Bias

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Beliefs (Something we “know” to be true.)

Assumptions (Something we “hold” to be true without proof)

Clue: Emotional Reactions



BELIEFS AND ASSUMPTIONS  
ARE NOT FACTS ABOUT THE  
SITUATION.

THEY ARE LEARNED  
RESPONSES.

OFTEN, THEY ARE BOTH  
UNPROVEN



Identify strategies for breaking  
the status bias barrier in  
patient safety communication

# Learn strategies for communicating upwards

- Listening up the ladder
- How to provide suggestions to those in greater rank
- Understanding leadership frustration
- Provide information in multiple formats
- Identify biases (yours and theirs) and work to minimize their impact



## Broad strategies to improve communication with leadership

Create bridge communication that starts with leadership concerns and brings them to what you need to present

Communicate frequently about issues important to leadership

Identify pain points for leadership to address

“Market” yourself as the “go-to” person for information and knowledge on the relations of safety and its financial impact

# Prepare Using the Right Tools for the Right Leader

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What do they care about?

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What data do they respect?

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What do they worry about? (Hint: It might not be the same as you)

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What is their favored method of communication?

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When are you more likely to get their attention?

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Give problem; context; implications; to the point "ask"; have an alternative

# Relate your message to Scorecards

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Patient experience scores (HCAHPS)

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Quality measures (CMS star ratings)

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Employee engagement and the cost of turnover

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Accreditation status

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Regulatory compliance Status

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Operating margin

## Communicate using their language to address their concerns

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Not: “This is a patient safety issue”, but “This exposure could put our CMS star ratings and reimbursements at risk...”

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Not: “We need more staff”, but “Our current staffing creates a sentinel event probability. That would jeopardize our....*accreditation, community reputation, etc...*”

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Not: “Nurses are concerned about this policy”, but “*Frontline feedback suggests this policy creates documentation gaps that weaken our legal defensibility*”

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Not: “This sterilization company has a bad reputation” but “*Online evaluations show that this company has had multiple suits involving patient deaths*”

# Back Up With Data

- Use Concrete Data
- Link Metrics to Argument
- Visualize Trends and Outcomes



# Don't be “noise”! Be the “signal”

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Dashboard rather than long reports (Let them know you have more data if they want it)

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Emerging “signals”, but only once a quarter. Do not overwhelm.

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Ensure the Board sees the landscape, not the bushes.

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Shout the wins, evaluate the set-backs privately before sharing (Don't be the consistent bearer of bad news; THAT will become how you are seen.)

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When you have to break bad news to leadership, be prepared, and have a solution in mind.

## Be Reliable

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Always timely

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Always follow up

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Admit what you don't know

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Deliver bad news early (early warning, not early complainer)

# Human Elements for Improving Communication With Leadership



Leadership doesn't want simply "facts", they want validation that their fears have a basis and you recognize it



How do you do that

# Mistakes to Avoid

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Failing to listen

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Failing to acknowledge

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Failing to appreciate

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Giving too many details, or failing to get to the point

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Blaming others or throwing them under the bus

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Making excuses

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Writing missives

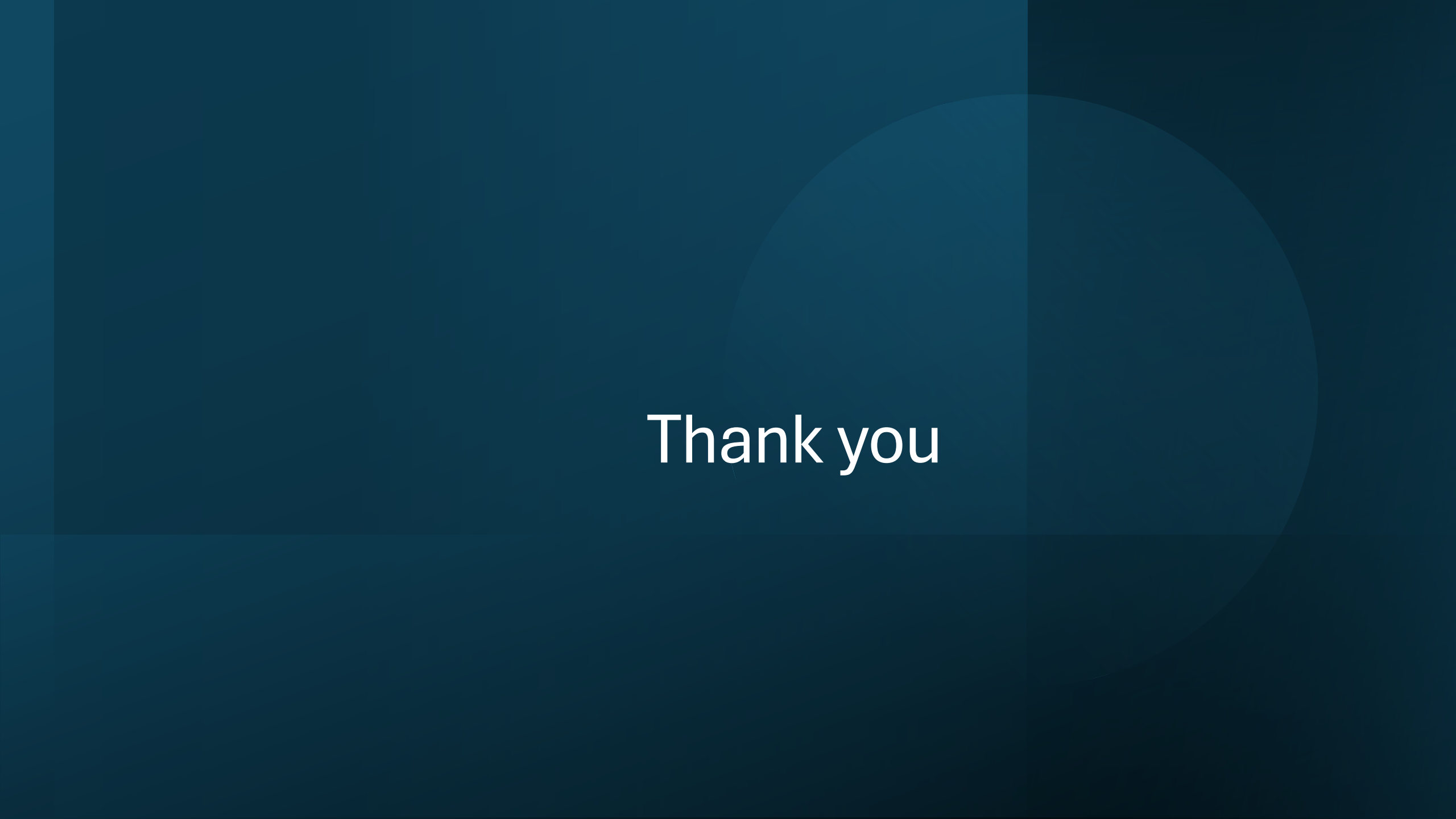
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Bragging

WE SEE THINGS AS  
WE ARE, NOT AS  
THEY ARE.

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Thank you

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