The Just Culture Overview & Orientation

For Healthcare

South Carolina Hospital Association
helping those who build a better world
The Just Culture

• A culture of shared accountability

• A culture where we shift the focus from severity of events and outcomes to choices and risk

Key Questions in a Just Culture

• What are the quality of our choices?

• How are we managing the risk?
Expecting Perfection

Whack a Mole

The Price We Pay For Expecting Perfection

David Marx
The Medical Staff
objectives

• Describe how the Just Culture model improves patient safety

• Understand how to reduce risk through managing behavioral choices and system redesign

• Describe the steps in an event investigation

• Apply Just Culture Algorithm to example cases

• Identify your role in creating a culture of safety

• Discuss next steps to implement Just Culture
The Concepts
The Severity (Outcome) Bias

- The severity bias affects our ability to develop systems that effectively:
  - Allow feedback loops from errors
  - Promote open communication about risk, system issues
- The severity bias causes us to “label” people & events into categories.
- Does this help us define performance issues

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The Just Culture Community
core objective I: create a learning culture

• eager to recognize risk at both the individual and organizational level

• risk is seen through events, near misses, and observations of system design and behavioral choices

• without learning we are destined to make the same mistakes
Do not Assume...
core objective II: create an open and fair culture

• move away from an overly punitive culture and strike a middle ground between punitive and blame free

• recognize human fallibility
  ✓ Humans will make mistakes
  ✓ Humans will drift away from what we have been taught
Who will share now??
core objective III: design safe systems

• reduce opportunity for human error

• capture errors before they become critical

• allow recovery when the consequences of our error reaches the patient

• facilitate our employees making good decisions
System design...
core objective IV: manage behavioral choices

• humans will make mistakes. we must manage behavioral choices in a way that allows us to achieve the outcomes we desire.

• cultures will drift into unsafe places.

• coaching each other around reliable behaviors.
Is harm intended?
Focal Points: Doing This Well

the mission

System Design

Values and Expectations

Behavioral Choices

Good or Bad Outcomes

Learning Systems

Justice and Accountability
Understanding Risk...
We Must Manage in Support of Our Values

Our Values Compete
The Behaviors
The Behaviors We Can Expect

• **Human Error**: an inadvertent action; inadvertently doing other than what should have been done; slip, lapse, mistake.

• **At-Risk Behavior**: a behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.

• **Reckless Behavior**: (Intolerable behavior) a behavioral choice to consciously disregard a substantial and unjustifiable risk.
The Three Behaviors

**Human Error**
Product of Our Current System Design and Behavioral Choices
Manage through changes in:
- Choices
- Processes
- Procedures
- Training
- Design
- Environment

**At-Risk Behavior**
A Choice: Risk Believed Insignificant or Justified
Manage through:
- Removing incentives for at-risk behaviors
- Creating incentives for healthy behaviors
- Increasing situational awareness

**Reckless (Intolerable) Behavior**
Conscious Disregard of Substantial and Unjustifiable Risk
Manage through:
- Remedial action
- Disciplinary action

**Console**
**Coach**
**Discipline**
manage error by consoling

- Empathetic and/or sympathetic discussion.
- Purpose: comfort the individual in light of their human fallibility.
- Method: Acknowledging
  - the error
  - their emotions
- Facilitating the learning process for the individual around both their own fallibility and the system design.

- Don’t most of us punish ourselves for an error
At-Risk Behavior: Biggest Risk

Why? We Think We Are Safe!

- Cutting corners to save time
- Perception that rules are too restrictive
- Belief that rules no longer apply
- Lack of rule enforcement
- New workers see “routine violations”
  - Think this is the “norm”
- Insufficient Staff to perform tasks
- Right equipment is not available
- Extreme conditions
- Perception that practice is safe
at-risk behavior

• Driven by perception of consequences
  • Strong: Immediate and certain
  • Weak: Delayed and uncertain
  (Rules)
• Manage
  • Add forcing functions
  • Change perceptions of risk
  (coaching)
  • Change consequences
• System improvement opportunities.
manage by coaching

- Defined as a supportive discussion with the employee on the need to engage in safe behavioral choices.

- Purpose of coaching is to improve performance, often by eliminating, mitigating, or reducing risk.

- Achieved through raising awareness and/or changing the perceptions of risk, and establishing an understanding of the consequences.
Which of the following would be considered an at-risk behavior?

A. Misreading a critical accounting value.
B. Driving a company truck while intoxicated.
C. Purposefully ramming a forklift into a train.
D. Performing a critical procedure by memory.
reckless (intolerable) behavior

• Remediation is always available.

• Discipline: Actions beyond remedial, up to and including punitive action or termination.

• Punitive Action: To cause to refrain from undesired behavioral choices and to achieve realignment with values and expectations.

• How will you achieve the best outcome?
manage by discipline/punishment

- **Discipline:**
  Defined as actions beyond remedial, up to and including punitive action or termination.

- **Punitive action:**
  The purpose of the punitive deterrent to cause an individual or groups to refrain from undesired behavioral choices. Achieved through disciplining the individual to achieve realignment with the organization’s values and expectations and, in some cases, using punishment as a deterrent for others.
three scenarios

Version #1
On a snowy winter night, John had to run to the store to buy milk. His car was parked in the driveway. John got into the car and turned his head to back out of the driveway. Although he carefully looked at the path behind the car, his vision was limited. He inadvertently hit his neighbor’s mailbox and destroyed it.

Version #2
On a snowy winter night, John had to run to the store to buy a new formula for his colicky newborn. His wife had not slept in 24 hrs. so tension in the home was high. He got into the car and backed out of the driveway looking at his upset wife in the doorway, but not looking in his rear view mirror. In his haste, he hit his neighbor’s mailbox and destroyed it.

Version #3
On a snowy winter night... John yelled “yee haa,” closed his eyes and hit the throttle. He never saw his neighbor’s mailbox.
Reliable Systems – System Design

Controlling Contributing Factors
• Try to change the system pre-cursors to human error and at-risk behavior

Add Barriers
• Try to prevent individual errors

Add Recovery
• Try to catch errors downstream

Add Redundancy
• Try to add parallel elements
system design strategies
Reliable Systems - Human Performance

- "Make no mistakes?":
  - Perfection is not possible!

- Knowledge and skill: training & experience
  - Know your limits

- Performance shaping factors
  - Fatigue, distraction, environmental, stress

- Perception of high risk
  - Prioritization of task verses values
exchange of rights

Individual
- Life
- Liberty
- Pursuit of Happiness

Employer
- Perform job
- Produce outcomes
- Follow policies / procedures
If we cannot balance life, liberty, and the pursuit of happiness, we have imposers who will. Imposers enforce a set of standards.
We are all Accountable

• Creating reliable ‘personal systems’

• The quality of our choices and management of risk

• Reporting issues and vulnerabilities

• Management is accountable for creating and maintaining reliable systems

• What we don’t correct – we condone!
The Three Duties
The Duty to Produce an Outcome

- Be to work on time
- Bring badge
- Get the up-to-date history and physical to the hospital
- Keep email up and running (IT)
- Stop at a stop sign

States an expectation or a desired outcome. Employee “owns” the system on how to accomplish the outcome.
The Duty to Follow a Procedural Rule

Describes a process, spelled out in detail or specific protocol. Employer creates and “owns” the system. Employee complies.

- Two patient identifiers
- Hand hygiene
- Filing patient records
- Admission Procedures
- Accounting controls
The Duty to Avoid Causing Unjustifiable Risk or Harm

- Do the right thing for the patient
- Do the right thing for coworkers
- Do the right thing for the family and visitors
- Do the right thing for the organization

The highest duty. What we all owe each other. The duty that is breached when we place a VALUE, PERSON, or PROPERTY in position of potential or actual harm.
Event Investigation
Event Investigation

What happened?

What normally happens?

What’s procedure require?

Why did it happen?

How were we managing it?
common traps

- Guessing or assuming
- “I’ve seen this before.”
- Not doing an investigation
- Not talking to the people involved
- Arriving at a conclusion early
The Just Culture Algorithm
Putting organizational interest or value in harm’s way.
Potential or actual harm to persons.
Potential or actual harm to property.

Duty to Avoid Causing Unjustified Risk or Harm

A rule, process, or procedure is in place.
The system is largely controlled by the employer.

Duty to Follow a Procedural Rule

The employee knows what the goal is but is not told “how” to reach the goal.
The system is largely controlled by the employee.

Duty to Produce an Outcome
The Just Culture

- It’s not just about the Algorithm
- It’s about so much more!

- Setting expectations
- Raising perception of risk
- Promoting key behaviors to manage risk
- Prioritizing our tasks to protect our values
- Engaging the workforce
- Making good choices and doing the right thing
- Collaborating for success....

.....We Stand in Judgment of Ourselves
duty to follow a procedural rule

Was the duty to follow a rule known to the employee? Yes → Was it possible to follow the rule? Yes → Did the employee knowingly violate the rule? Yes → Did the social benefit exceed the risk? No → Did the employee have a good faith but mistaken belief that the violation was insignificant or justified? No → Consider punitive action.

No → Investigate circumstances leading to failure to know of duty.

No → Investigate circumstances leading to impossibility.

No → Console employee and conduct human error investigation.

Yes → Support employee for decision to violate rule.

Yes → Coach employee and conduct at-risk behavior investigation.
duty to avoid causing risk or harm

- Was it the employee’s purpose to cause harm?
  - Yes: Consider Punitive action
  - No: Did the employee knowingly cause harm?
    - Yes: Was the harm justified as the lesser of two evils?
      - Yes: Support employee in decision
      - No: Consider Punitive action
    - No: Did the behavior represent a substantial and unjustifiable risk?
      - Yes: Should the employee have known they were taking a substantial and unjustifiable risk?
        - Yes: Coach employee and conduct at-risk behavior investigation
        - No: Do not consider employee action
      - No: Did the employee consciously disregard this substantial and unjustifiable risk?
        - Yes: Consider punitive action
        - No: Do not consider employee action
    - No: Did the employee choose the behavior?
      - Yes: Consider punitive action
      - No: Do not consider employee action
duty to produce an outcome

Was the duty to produce an outcome known to the employee? Yes → No

Was it possible to produce the outcome? Yes → No

Did the social benefit exceed the risk? Yes → No

Is the rate of failure to produce the outcome within the expectations to whom the duty is owed? Yes → No

Investigate circumstances leading to failure to know of duty

Investigate circumstances leading to impossibility

Support employee in decision

Accept outcome

Assist employee in producing better outcomes, or consider punitive action

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