

Estimate of the Situation

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Top Improvement Opportunities, Part 4

The factors that limit human performance in the clinical setting can be found in four major categories: systems and work process factors, resource factors, organization factors, and institutional culture factors.

In the last three issues, we discussed commonly encountered performance limiting factors from the system and work process, resource, and organization factor categories. In this issue, we'll talk about institutional culture factors.

Among the factor categories that define the limits of human effectiveness in the clinical setting,

institutional culture factors are by far both the most powerful and the most difficult to change. Institutional culture is defined by the beliefs of patients, the governing body, the community, medical staff, management, and department employees and by the behaviors and expectations that flow from those beliefs. Examples of culture defining factors are the medical staff's assumptions about its relationship with the hospital, the focus and values of management, and employee beliefs about what constitutes a fair work load.

We recommend that these subcategories be thoroughly explored when looking for improvement opportunities.

Patients: How do patients rate the hospital with respect to clinical and service quality?

Governance: Does the governing body enjoy a positive relationship with the organized medical staff? Does it work collaboratively with physicians and other stake holders in the development of institutional goals?

The Community: Do residents choose to go elsewhere when hospital care is needed? Is the hospital's medical staff well thought of in the community? Is the hospital regarded as a positive community asset?

Medical Staff: Do members of the medical staff believe that the hospital is an important and supportive component of care to their patients? Or do they see the hospital as a bureaucratic impediment to their practice of medicine and a potential competitor? Does the organized medical staff define its relationship with the hospital as mutually collaborative? Do individual medical staff members habitually refer patients out of the area for diagnostic and treatment services and specialty medical consults that are internally available?

Management: Do department heads and executives define themselves as a team working together toward well-defined institutional goals? Or do they consider themselves to be representatives of their profession or discipline and see securing the interests of their profession and department as their primary responsibility?

Employees: Are the hospital's employees proud of their association with the hospital? Do they see the hospital as a fair employer? How do they represent the hospital in their conversations with families, friends and other members of the community?

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