The Importance of Culture in Health Care Settings [and its relationship to safety and quality]

Professor Jeffrey Braithwaite, PhD
Centre for Clinical Governance Research
Australian Institute of Health Innovation

March 24 2014
1:30pm – 2:30pm
Boulevard Auditorium
Brisbane Convention & Exhibition Centre
Australian Institute of Health Innovation’s mission

Our mission is to enhance local, institutional and international health system decision-making through evidence; and use systems sciences and translational approaches to provide innovative, evidence-based solutions to specified health care delivery problems.

http://www.med.unsw.edu.au/medweb.nsf/page/ihi
Background - the Centre

The Centre for Clinical Governance Research undertakes strategic research, evaluations and research-based projects of national and international standing with a core interest to investigate health sector issues of policy, culture, systems, governance and leadership.

Research team

• Professor Jeffrey Braithwaite
  Foundation Professor and Director, Australian Institute of Health Innovation, UNSW

• Professor Enrico Coiera
  Professor and Director, Centre for Health Informatics

• Professor Ken Hillman
  Professor and Director, Simpson Centre for Health Service Research

• Professor Johanna Westbrook
  Professor and Director, Centre for Health Systems and Safety Research
Culture – let’s begin at the start …

• Anthropology: 1952
• Famously, Kroeber and Kluckhohn compiled 162 definitions of culture that were current in the anthropological literature at the time
• High culture = cucumber sandwiches, Royal Doulton and Queen Elizabeth
Sourdough bread

• Made by Cathy and Franck from Fournil97 Bakery
• The starter/mother dough - culture
• Fed quality flour and water
• Every bakery’s sourdough is different, due to the culture, starter and humidity.
• The same starter has been used at a San Francisco bakery since 1849.
Sourdough culture

- Culture of the sourdough is unique to the locality
- Takes two days to go sour
- Sour = lactobacilli
  Activating wild yeasts
- And micro-organisms
- Careful: moulds or yeasts can produce toxins
- You can’t stop the mother culture
Sourdough tips

Notes for potential bakers:
1. It takes time to care for the starter culture
2. Feed it weekly with flour and water – it needs nourishing
3. Watch out for excessive lactic acid, toxins and micro-organisms that can spoil the experience
Another type of culture

- Workplace culture: sets of beliefs, ideas, practices and behaviours
- “The way we do things around here”
- Our: worldview, assumptions, taken-for-granted, outlook, norms, values
- The collective things we agree on, taking these things for granted
Where do these cultures emerge? What kinds of healthcare settings?

- Hospitals - private (and public)
- Community health settings
- Aged care facilities
- Medicare Locals
- General practices
- Others?
Incidentally, I thought I would review the literature

- Exciting! I found a paper in the medical literature on this topic:
  - A Study On The Cultural Differences Between Public And Private Hospitals …
  - In Bucharest
Culture – models

The iceberg model of culture

Above the waterline lie the observable workplace behaviours, practices and discourse: this is 'the way we do things round here'.

Below the waterline lie the underlying beliefs, attitudes, values, philosophies and taken-for-granted aspects of workplace life: 'why we do the things we do round here'.

[Braithwaite, 2011]
Culture – models

Schein’s model

Visible artefacts [eg, structures, dress, ceremonies]

Espoused beliefs and values [eg, assertions, strategies, goals]

Unconscious assumptions [eg, taken for granted expectations, thoughts, feelings]
Culture – models

Quinn and Rohrbaugh’s competing values model
Culture – book: selected contents

- Management cultures
- Performance and culture
- Professional conflicts
- Bullying
- Team climate
- Clinical information systems
- Networks, culture and reform
Culture – what to do about it

• You run a part of a private health system, work as a manager, or director of a division, or have some quality, or patient safety, or other role?

• You want to change [influence, shape, intervene, manipulate, alter] the culture?

• Do this … .
Culture - observations

• Use a model [which one appeals or fits your purpose? Iceberg? Schein’s? Quinn’s?]
• Enrol colleagues/supporters
• Create a critical mass
• Develop a plan and vision
• Take some baseline measures
• Go to it – try to change things
Relating this to safety and effectiveness

• Stop!
• That was if you want to change the culture
• And of course you do, but the title of this talk is

The Importance of Culture in Health Care Settings [and its relationship to safety and quality]

• What have we done already to do this?
We’ve done all this

- Safety improvement programs [training]
- Root cause analyses
- Incident monitoring
- Met/RRTs
- Accreditation
- Credentialling
- Standards
- Policy

- Guidelines
- Procedures, checklists
- Restructuring
- Inquiries when things go wrong
- Try harder
- Hope
- [Insert your favoured strategy here]
Why have we done all this?
The quality and safety problem

<table>
<thead>
<tr>
<th>The incidence of:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing an adverse event in an intensive care unit [1]</td>
<td>1 : 2</td>
</tr>
<tr>
<td>Being injured if you fall in hospital [2]</td>
<td>1 : 2</td>
</tr>
<tr>
<td>An adverse event in ICU being serious enough to cause death or disability [3]</td>
<td>1 : 10</td>
</tr>
<tr>
<td>Experiencing an adverse event or near miss in hospital [4]</td>
<td>1 : 10</td>
</tr>
<tr>
<td>Experiencing a complication from a medication or drug [5]</td>
<td>1 : 20</td>
</tr>
<tr>
<td>Developing a hospital acquired infection [6]</td>
<td>1 : 30</td>
</tr>
</tbody>
</table>

The quality and safety problem

<table>
<thead>
<tr>
<th>Event</th>
<th>Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being harmed while in hospital [7]</td>
<td>1 : 300</td>
</tr>
<tr>
<td>Dying from a medication error in hospital (as an inpatient) [8]</td>
<td>1 : 854</td>
</tr>
<tr>
<td>Having a retained foreign body after surgery (intra-abdominal) [9]</td>
<td>1 : 1,000</td>
</tr>
<tr>
<td>Being subjected to wrong site surgery [10]</td>
<td>1 : 112,999</td>
</tr>
<tr>
<td>Dying as a result of anaesthesia [11]</td>
<td>1 : 250,000</td>
</tr>
<tr>
<td>Contracting HIV as a result of a screened blood transfusion [12]</td>
<td>1 : 2,600,000</td>
</tr>
</tbody>
</table>

The other side of the quality and safety problem

- The levels of appropriate care delivered in Australia?
  - Care in line with evidence or guidelines?
  - Answer: 57%
Relating this to safety and effectiveness

- There is evidence that higher levels of group culture are associated with higher levels of safety climate [Hartmann et al 2009]
- Building a culture of patient safety requires …
Relating this to safety and effectiveness

- Creating partnerships with patients, service-users and carers
- Having good relationships between clinicians i.e., teamwork
- Ensuring effective communication between clinicians and patients
Relating this to safety and effectiveness

• Prioritising education, training and research on patient safety

• Providing decision-makers [clinicians and managers] with useful information

• Reporting, analysing and learning from adverse events
So far so good …

• But …
  • what underpins culture?
  • Answer: people and networks
Networks
The Dunbar theory of friendship. Each successive layer includes the people in the previous layer.

Graphic: Remi Blanchi
Burt & Ronchi 2007: The small world of organisations and markets
Six degrees of separation

"HEY... I HAVE AN AUNT SHIRLEY FROM TOLEDO TOO!"

Joe Sutliff Science magazine
Yet healthcare looks like this …
Thus …

• It’s utterly essential we have multi-disciplinary teamwork
• To capitalise on the six degrees of separation model and better leverage our connections
Question

- Do we have connected, multi-disciplinary teamwork?
- Let’s check:
- Who’s ever worked in a well connected, multi-disciplinary team?
Question

• Not everyone then
• Let’s check again:
• Who works in a well connected, multi-disciplinary team now?
But we need teams don’t we?

“Nurse, get on the internet, go to Surgery.com, scroll down and click on the ‘Are you totally lost?’ icon.”
But …

• Have I mentioned how tribal health care is?
We do research looking at social networks

- Two friends at RNSPH
- Family
- Connector
- School friends
- More friends
- Nurse from SHSEH
- Nurses from SPH
Social network analysis in an ED

- Problem solving networks in an ED

Nurses
Doctors
Allied health
Admin and support

[Creswick, Westbrook and Braithwaite, 2009]
Social network analysis in an ED

• Medication advice-seeking networks in an ED
  Nurses
  Doctors
  Allied health
  Admin and support

[Creswick, Westbrook and Braithwaite, 2009]
Social network analysis in an ED

- Socialising networks in an ED

Nurses
Doctors
Allied health
Admin and support

[Creswick, Westbrook and Braithwaite, 2009]
And so …

• Health care is *very* tribal?
Insights into clinicians’ tribalism

Doctors tend to respond here or here, decisively

AHPs tend to respond here

Nurses tend to respond in a block here or here or here

[Source: Braithwaite and Westbrook; several studies]
Just how networked and tribal are we, here, then?

• Let’s find out ...
Discussion, questions?
Thank you
Contact details

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