

Clinical CONNECTIONS

INFORMATION ON
MEDICAL TRENDS
THAT DIRECTLY IMPACT YOU
AND YOUR PRACTICE

A Culture of Safety: Do We Have It?

By Erik Swenson, MD, FACS
Chief Medical Officer, Capella Healthcare



As physicians we work daily in a high risk environment. By nature we are risk averse, and so we take many steps to lower our risk. What should we do for our patients so that the risk they face in the healthcare system is minimized? In addition to making a correct diagnosis and formulating a medical treatment plan, or implementing the plan through surgery or another procedure, our primary responsibility is the safety of our patients. This begs the question, should we be actively or passively involved in systems that will increase their safe voyage through the healthcare labyrinth, or are we just responsible

for our own actions? Some physicians might think that it is the hospital administration's or practice manager's job to create a culture of safety in our hospitals and offices. However, the reality is that a culture of safety cannot exist without full support, both intellectually and physically, from the physician staff.

Dr. Josh Williams from Safety Performance Solutions wrote in "Keeping People Safe: The Human Dynamics of Injury Prevention" that the key aspects of an ideal safety culture are: Systems/Conditions, Leadership, Communication, Behavior and Person Factors/Attitudes.

As physicians, we are leaders and we are the keys to how effective the communication is between all parties in our medical communities. There are ample studies showing how physicians' behavior and attitudes set the tone, good and bad, for their place of work.

So even without being on any committees (even though we should be) that develop policies and procedures for the system, we are directly responsible for four of the five aspects of a culture of safety.

In a study published in *Science* in 1997, H.S. Shannon found that the statistically significant factors leading to low complications, errors, and mistakes correlated to the amount of training employees had on issues related to safety, good relations between administration and workers, consistent monitoring of unsafe

work behaviors, and low turnover of staff. We should all do a self analysis of our medical communities and evaluate where we can positively influence these factors.

How are our relationships with our hospital administrative leaders? Are they as good as they could be? When was the last time we discussed the health of our medical communities, not our practices, with our hospital 'O's. If there is monitoring of hand washing, how do we respond when asked why we didn't wash our hands? Are we supportive or obstructive? Are the nurses uncomfortable telling us about things we may have forgotten, because our responses to previous suggestions have been arrogant or intimidating? We may not even be aware how the nurses view our actions.

Although physicians don't sign the employees' paychecks, they do set the tone for the work environment. A place that is enjoyable to work in and where the employees are appreciated and supported by the physicians will have a lower turnover rate. Friendly work environments have few openings. Physicians have a lot of knowledge gained through years of schooling, tens of thousands of hours in training, and many of us with over a decade of practice. We should be a resource for education to our nursing and support staffs. We should not hide behind the letters at the end of our names, which often seem to mean "my time is more important than yours."

A culture of safety can, and will, only happen when we the physicians live the roles we are privileged to have. That role as a compassionate, caring physician to all is the foundation for a culture of safety for us and our patients.

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2012 NPLG MEMBERS ANNOUNCED

Capella Healthcare has announced the members of the 2012 National Physician Leadership Group.

“Each hospital that’s part of the Capella family has a local Physician Leadership Group (PLG),” said Erik Swensson, MD, Chief Medical Officer. “With 6 to 10 members representing a cross-section of its medical staff, the PLG provides input to hospital leadership on all aspects of operations, including strategic development, key initiatives, quality improvement, and patient and employee satisfaction. The leader of each PLG also serves on the National Physician Leadership Group (NPLG), bringing the medical staffs’ perspective to the table in helping make decisions that impact all of Capella’s hospitals.”

Kevin Hale, MD, a family practitioner at National Park Medical Center in Hot Springs, AR, is currently serving as president, working in conjunction with Dr. Swensson to lead the group.

“One of Capella’s primary goals is to work through each of our hospitals to fully engage and partner with physicians, both at the local and national level. We can’t be successful unless physicians play a key role in all major decision-making processes,” Dr. Swensson added.

Members of the NPLG attended a conference in February to hear company updates and provide input on strategy. Attending were (from back left and moving clockwise):

- **Todd Stewart, MD**, River Park Hospital (McMinnville, TN)
- **Stephen Snell, MD**, Southwestern Medical Center (Lawton, OK)
- **Finley Turner, MD**, Saint Mary’s Regional Medical Center (Russellville, AR)
- **Ed Ferguson, MD**, Grandview Medical Center (Jasper, TN), attending on behalf of Richard Levine, MD



- **Matthew Bliven, MD**, Willamette Valley Medical Center (McMinnville, OR)
- **Erik Swensson, MD**, Chief Medical Officer, Capella Healthcare (Franklin, TN)
- **Robert Hipp, MD**, Capital Medical Center (Olympia, WA)
- **Jay Gregory, MD**, Muskogee Regional Medical Center (Muskogee, OK)
- **Kevin Hale, MD**, National Park Medical Center (Hot Springs, AR)
- **Victoria Damba, DO**, Mineral Area Regional Medical Center (Farmington, MO)
- **Alan Drake, MD**, White County Community Hospital (Sparta, TN)
- **James Spurlock, MD**, Stones River Hospital (Woodbury, TN)

Not pictured: **Hugh Don Cripps, MD**, DeKalb Community Hospital (Smithville, TN), **Richard Levine, MD**, Grandview Medical Center (Jasper, TN) and **Russell Ulrich, MD**, Jacksonville Medical Center (Jacksonville, AL).

THREE HOSPITALS EARN “EXCELLENCE THROUGH INSIGHT” AWARDS

Three Capella hospitals have been named 2012 “Excellence through Insight” award recipients by HealthStream, a leading provider of learning and research solutions for healthcare industry. Only 6% of the 625 medical entities who utilize HealthStream will receive an award in 2012.

Capella hospitals honored include:

- **Muskogee Regional Medical Center, Muskogee, OK**, “Most Improved Overall Physician Satisfaction” – large hospital category
- **National Park Medical Center in Hot Springs, AR**, “Most Improved Overall Outpatient Satisfaction” – medium hospital category
- **Saint Mary’s Regional Medical Center, in Russellville, AR**, “Most Improved Overall Physician Satisfaction” – medium hospital category

Each hospital received its specific recognition because of a commitment to excellence. The hospitals were chosen for their ability to excel in gaining insight into their constituents through research, and for using that information to build excellence within their organizations. To

qualify for an award, a hospital must have been a client of HealthStream in 2011 and conducted a minimum number of surveys.

“We are extraordinarily proud of these hospitals’ achievements,” said Michael Wiechart, Chief Operating Officer of Capella Healthcare. “Their leadership and staff members are committed to providing the highest quality of care along with outstanding customer service. These awards are tangible evidence that they are achieving results, above and beyond the industry averages.”

In a related event, Wiechart was a featured speaker at the annual HealthStream Summit, which drew hundreds of healthcare leaders from throughout the country to Nashville. He participated in a panel presentation on Thursday, March 8, focusing on “The Financial Impact of Value-Based Purchasing.”

His presentation showcased strategies and best practices that have accelerated Capella’s hospitals’ accomplishments in the areas of quality care and constituency satisfaction.



501 Corporate Centre Drive, Suite 200
Franklin, TN 37067
(615) 764-3000
Connections@CapellaHealth.com
CapellaHealthcare.com