Changing Healthcare Culture

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Overview

• What is culture?

• Impact of culture on implementing healthcare policy/programs

• Ontario’s Critical Care Response Teams

• After implementation – sustaining change
What is culture?

- Little consensus on precise meaning of culture and how organizational culture evolves with time
- Is it capable of being “changed” or manipulated?
What is culture?

- The word *culture* is derived from Latin meaning “to tend crops or animals”

- A culture metaphor was applied by anthropologists to describe a process of socialization through family, community, educational, religious or other institutions
Culture in organizations

• Organizational effectiveness – is it a function of culture?

• Hawthorne studies observed how the informal, social dimension of enterprise mediated between organizational structure and performance and how these dimensions could be manipulated to effect employee effort and commitment.

• Roethlisberger, F. *Management and the Worker: An account of a research program conducted by Western Electric Co.* Harvard University Press, 1939
Culture in organizations

- Culture as an attribute
- Culture as a metaphor
- Modifying culture is a complex undertaking, but the effort is both necessary and feasible
Culture in organizations

- In short, across the literature there are broad concepts and definition of culture and its role or impact on organizations.

- A set of beliefs, values and norms, together with symbols and personalities representing the unique character of an organization providing context for action in it and by it.
Culture in Healthcare

- Culture does affect many aspects of organizational performance (Fisher, Alford 2000)
- Associated with elements of organizational performance that impact quality and patient safety
- Linked to safety, and creation of patient safety culture is key part of improving patient and staff safety (Clark, 2002)
- Also linked to improved financial performance
Culture in Healthcare

- Clear that culture impacts organizational effectiveness and readiness for change
- Links between culture with organizational learning and continuous quality improvement
- Ontario Critical Care Strategy – example of multi-organizational culture shift / change
Critical Care Response Teams

- Introduction of CCRT challenged many paradigms of culture that existed in hospitals
- Program development and implementation had to take into consideration long held practices, values and beliefs that existed
Critical Care Response Teams

- Changing a culture
  - Creating a sense of need
  - Organize people / teams including key partners
  - Create a vision with input from key partners
  - Communicate the vision
  - Support the change with structure / processes
  - Phased implementation
  - Measure
  - Build on change
Maintaining positive change

- Must **EVALUATE** programs / policies
End-User Survey

- Ward Nurses
  - 1-day surveillance of all nurses working on units serviced by the CCRT
  - 3131 completed questionnaires returned (67% response rate)

- Physicians
  - Web-based survey of physicians working on the units serviced by the CCRT
  - 1528 completed questionnaires
End Users’ Satisfaction with CCRT Service

1. Satisfaction with timeliness of the CCRT service?
2. Satisfaction with quality of the CCRT service?
End-Users’ Perception of CCRT

- CCRT is a valuable addition to the hospital
- Compared to before the implementation of CCRT I feel more supported in caring for patients on the ward
- Implementation of CCRT has led to positive changes in patient safety at this hospital
Barriers to Calling the CCRT

- I perceive that the CCRT is too busy
- CCRT is not friendly
- I am uncertain as to who to call
- I am uncertain as to what number to call to activate the CCRT
Barriers to Calling the CCRT

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Percentage of Respondents</th>
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<tbody>
<tr>
<td>Not a Barrier</td>
<td>80% MD, 60% RN</td>
</tr>
<tr>
<td>Somewhat of a Barrier</td>
<td>20% MD, 40% RN</td>
</tr>
<tr>
<td>Moderate/ Extreme Barrier</td>
<td>10% MD, 20% RN</td>
</tr>
</tbody>
</table>

- The medical and/or surgical team discourages CCRT calls
- The manager on the ward discourages CCRT calls
- I feel uncertain about my patient assessment
- I am uncertain about the criteria for calling the CCRT
- CCRT responds negatively/is not polite if they deem the call inappropriate
Adult CCRT Monthly New Consult Rates

New Consults per 1000 admissions

Jan-07 | Mar-07 | May-07 | Jul-07 | Sep-07 | Nov-07 | Jan-08 | Mar-08 | May-08 | Jul-08 | Sep-08 | Nov-08 | Jan-09 | Mar-09 | May-09 | Jul-09 | Sep-09 | Nov-09 | Jan-10 | Mar-10 | May-10 | Jul-10 | Sep-10 | Nov-10
Adult Monthly Cardiac Arrest Rates
(Expansion Sites)
Adult Monthly Mortality Rates
(Expansion Sites)
Maintaining positive change

• Use information from evaluation to inform policy and program re-development
Conclusion

• Organizational culture impacts healthcare improvement initiatives and patient safety

• Change agents must integrate organization culture into programs being implemented to achieve significant impact

• Failing to account for the impact of culture can result in modest or unsustainable results
Questions