

Just Culture

From theory to application

What We will Cover

- Pre-requisite paradigms
- Basis for organizational response to mishaps
- Recognized Just Culture Behaviors
- Decision Support Tool
- Case Study and Debriefing

**CRM Based Team
Training**

***High
Reliability***

Safety Culture

**Just and Fair
Culture**

**Top Leader
Engagement**

Adapted from multiple sources:

Frankel, A.S., Leonard, M.W., Denham, C.R. *Fair and Just Culture, Team Behavior, and Leadership Engagement: The Tools to Achieve High Reliability*. Health Services Research 41:4, Part II August, 2006.

Kapur, N., Parand, A., Soukup, T., Reader, T., Sevdalis, N. *Aviation and Healthcare: a comparative review with implications for safety*. Journal of the Royal Society of Medicine Open. 2015.

USAF Thunderbird Mishap Mt. Home, Idaho - 2003



www.f-16.net



Healthcare



Human Error

Is zero error possible?

Are there certain errors that we can expect to never occur?

Paradigm #1 (Error)



- *Human error is ubiquitous and inevitable*
- *Human error is not a behavioral choice*
- *No one is immune*

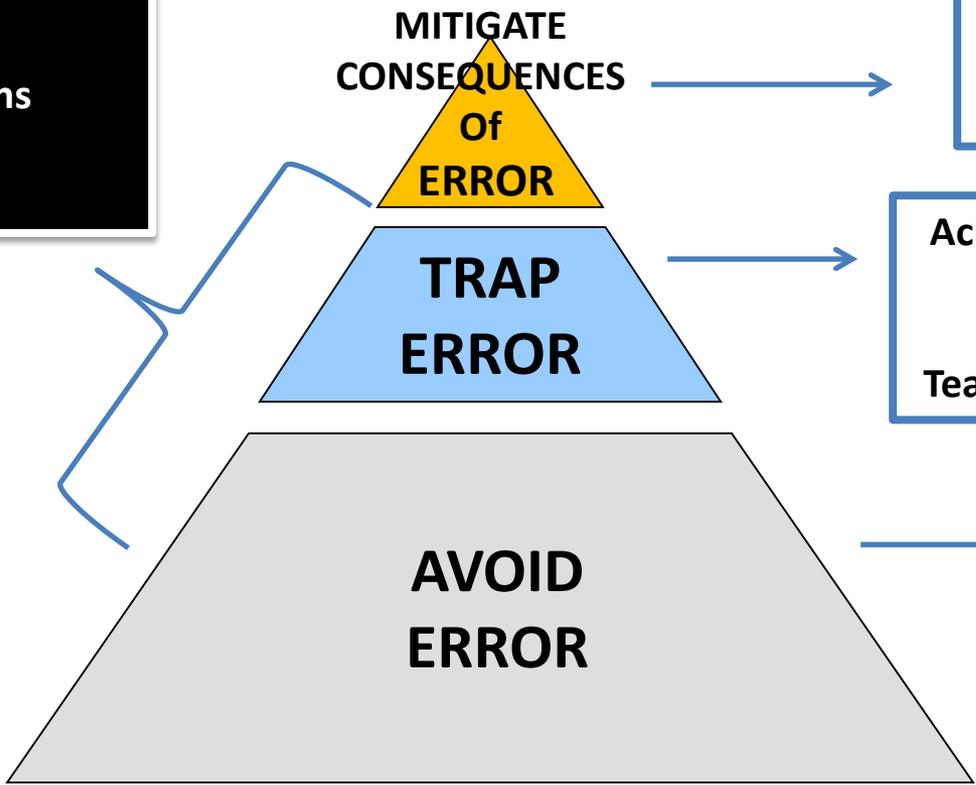
Error Tolerant System



System tolerates errors but still functions successfully...

Creating Error Tolerance

**Automation
Technology
Forcing Functions
Fail Safes
Redundancies**



**Just Culture
Immediate Reporting
Procedures for Resiliency**

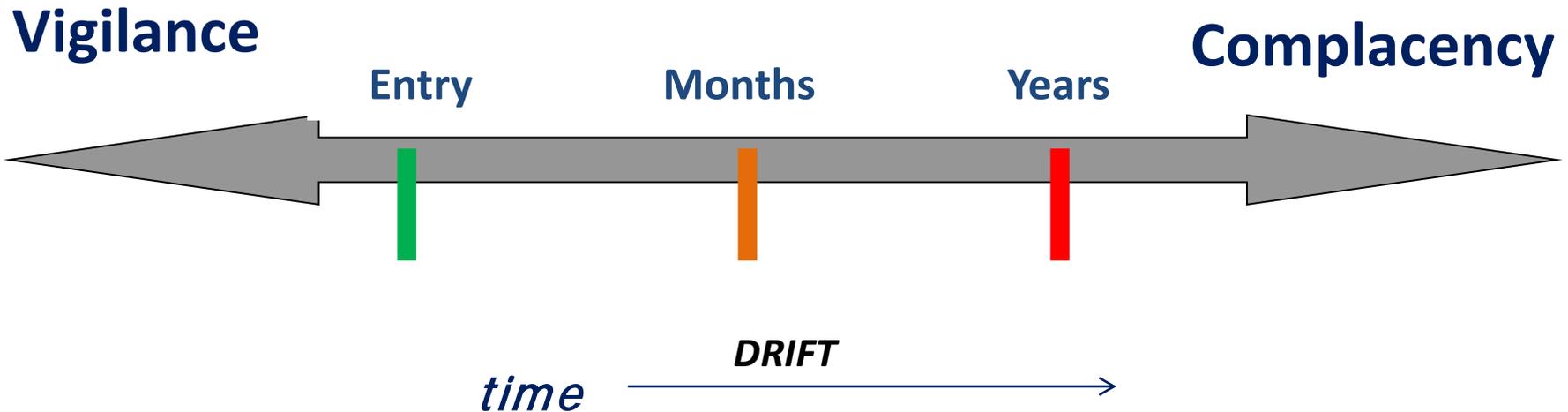
**Acknowledgements (Closed Loop)
Redundant Double Checks
Time Outs
Team Monitoring & Crosschecking**

**Briefing
Debriefing
Checklist
Inquiry & Advocacy
Standardization
Fatigue Management**

Drift

Losing our way.....

Vigilance - Complacency Continuum



Paradigm #2 (Drift)



- *Drifting is ubiquitous and inevitable*
- *Drifting is a behavioral choice*
- *No one is immune*

Paradigm #2

Why do we drift into failure?

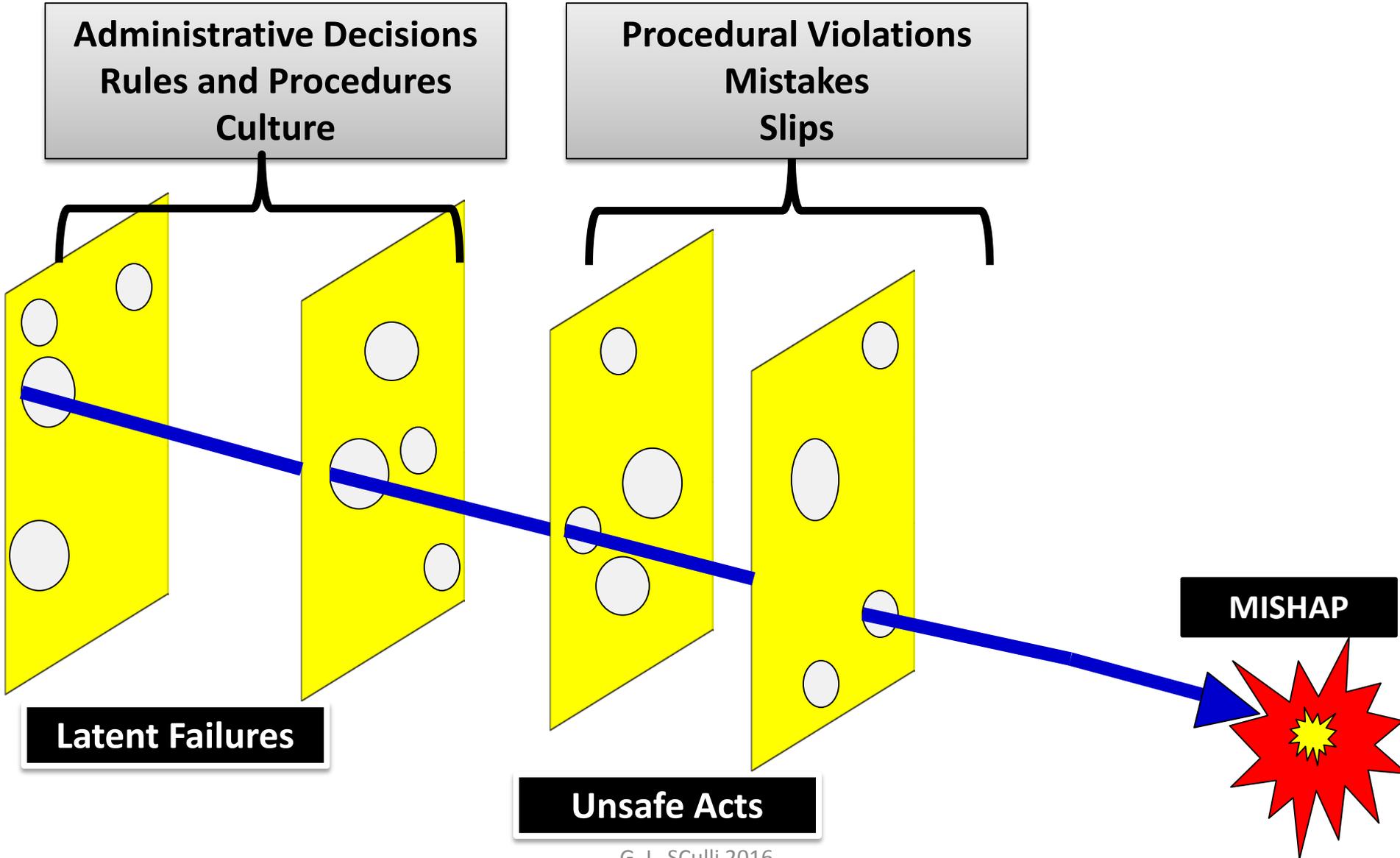
- **Culture**
 - Production Pressures
 - Hierarchy / Intimidation
- **Absence of catastrophe**
 - Becoming immune to the feeling of risk
- **Lack of training**
 - Standards and procedural knowledge gets stale

2 Approaches - Pick one

- Approach 1 – Person or “Bad Apple” Theory
 - Focuses on the errors and unsafe acts of individuals
 - Blames individuals for forgetfulness, inattention and moral weakness
- Approach 2 – Systems
 - Virtually all unsafe acts have a causal history that extends back in time and up through the levels of the system
 - Human error and Drift are ubiquitous and inevitable
 - The best people can make the worst errors

Systems “Swiss Cheese Model”

Reason, J. (2000) *BMJ. Human Error Models and Management*





“People Report what they cannot hide”

Lucian Leape MD, Harvard School of Public Health

Organizational Response

Disciplinary Decision Making Strategies

YES

NO

• Outcome – Based

• Rule – Based

• Risk – Based

Organizational Response

Disciplinary Decision Making Strategies

	YES	NO
• Outcome – Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Rule – Based	<input type="checkbox"/>	<input type="checkbox"/>
• Risk – Based	<input type="checkbox"/>	<input type="checkbox"/>

Organizational Response

Disciplinary Decision Making Strategies

	YES	NO
• Outcome – Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Rule – Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Risk – Based	<input type="checkbox"/>	<input type="checkbox"/>

Organizational Response

Disciplinary Decision Making Strategies

	YES	NO
• Outcome – Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Rule – Based	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Risk – Based	<input checked="" type="checkbox"/>	<input type="checkbox"/>

What's worse?

1



Irwin Baby

2



ECMO Baby
(Extra Corporeal Membrane Oxygenation)

Duty to Avoid Causing Unjustifiable Risk

- Highest duty owed
- Owed in the presence or absence of rules



Two schools of thought.....

- Stakes too high
- Human failure
- Severity of outcome
- Discipline warranted
- **Punitive**



- Humans within fallible system
- System Accountability
- Discipline not warranted
- **No Blame**

Balance

- Stakes too high
- Human failure
- Severity of outcome
- Discipline warranted
- **Punitive**

Just Culture
**Finding
Balance**
21st Century



- Humans within fallible system
- System Accountability
- Discipline not warranted
- **No Blame**

Just Culture

Defined

An atmosphere of trust in which people are encouraged (even rewarded) for providing essential safety-related information.

Individuals trust that they will not be held accountable for system failures; but, are also clear about where the line must be drawn between acceptable and unacceptable behavior.

Establishing The Rules

Behavior	Choose Behavior	See the Risk	Response?
Human Error			
At Risk Behavior			
Reckless Behavior			

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Human Error – An inadvertent mistake, cognitive slip or lapse that causes an outcome other than intended



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How to respond

Behavior	Choose Behavior?	See the Risk?	Response?
Human Error	NO	NO	
At Risk Behavior			
Reckless Behavior			

Just Culture

How to respond

Behavior	Choose Behavior?	See the Risk?	Response?
Human Error	NO	NO	CONSOLE Review System
At Risk Behavior			
Reckless Behavior			

Alleviate grief, sorrow, or disappointment –
providing comfort and solace

For the Manager - Console

Just Culture Training for Managers – Healthcare Edition Outcome Engenuity 2012

- The consoling conversation is one that acknowledges the event, the emotions of the employee and seeks to provide an appropriate comforting response
- Employee and manager may choose to discuss the error to better understand how it occurred and may be managed in the future
- Be prepared to look at the system to consider improvements to limit further errors (***caveat here***)

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At Risk Behavior - Occurs when competent professionals develop unhealthy norms.

Behavioral choices are shortcuts, “routine rule violations”. Risk is not recognized; or recognized but believed to be justified.



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At Risk Behavior.....



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How to respond

Behavior	Choose Behavior?	See the Risk?	Response?
Human Error	NO	NO	CONSOLE Review System
At Risk Behavior	YES	NO / YES	
Reckless Behavior			

Just Culture

How to respond

Behavior	Choose Behavior?	See the Risk?	Response?
Human Error	NO	NO	CONSOLE Review System
At Risk Behavior	YES	NO / YES	COACH Review System
Reckless Behavior			

Teach and supervise, to act as a trainer, to give instruction

Remove incentives for “at risk” behaviors

Create incentives for “safety” behaviors

For the Manager – Coach

Just Culture Training for Managers – Healthcare Edition Outcome Engenuity 2012

- It is a conversation that involves raising awareness and/or changing the perceptions of risk – not just knowledge of policies
- This may be as simple as explaining to an employee that a particular choice may create more risk than they see

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Reckless Behavior - **Behavioral choice** to consciously disregard a substantial and unjustifiable risk.



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Reckless Behavior - Zero tolerance...



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How to respond

Behavior	Choose Behavior?	See the Risk?	Response?
Human Error	NO	NO	CONSOLE Review System
At Risk Behavior	YES	NO / YES	COACH Review System
Reckless Behavior	YES	YES	

Just Culture

How to respond

Behavior	Choose Behavior?	See the Risk?	Response?
Human Error	NO	NO	CONSOLE Review System
At Risk Behavior	YES	NO / YES	COACH Review System
Reckless Behavior	YES	YES	PUNISH Review System

**Formal Discipline
Punitive Action**

DECISION SUPPORT TOOL

STEP 1: Choose the column that best describes the employee's action. Read down the column for recommended responses.

The employee was impaired by illegal or legal substances.	The employee wanted to cause harm.	The employee knowingly violated a rule and / or made a dangerous or unsafe choice. The decision appears to have been made with little or no concern about risk.	The employee made a potentially unsafe choice. Faulty or self-serving decision making may be evident. Short cuts.	The employee makes or participates in an error while working appropriately and in the patient's best interest.
IMPAIRED JUDGEMENT	MALICIOUS ACTION	RECKLESS ACTION	Routine rule violations. RISKY ACTION	UNINTENTIONAL ERROR
<ul style="list-style-type: none"> Discipline is warranted if illegal substances were used. The employee's performance should be evaluated to determine if a temporary work suspension is helpful. Help should be actively offered to the caregiver . 	<ul style="list-style-type: none"> Discipline and/or legal proceedings are warranted. The employee's duties should be suspended immediately 	<ul style="list-style-type: none"> Discipline may be warranted. The employee is accountable and needs re-training The employee should participate in teaching others the lessons learned 	<ul style="list-style-type: none"> The employee and should receive coaching. The employee should participate in teaching others the lessons learned 	<ul style="list-style-type: none"> The employee is not accountable. The employee should be consoled. The employee should be interviewed and consulted during any systems level analysis.

STEP 2: If 3 other employees with similar skills and knowledge would do the same thing in similar circumstances.

Behavior	Choose Behavior?	See the Risk?	Response?	The system supports reckless action and requires fixing. The employee is probably less accountable for the action. Leaders share in the accountability.	The system supports risky action and requires fixing. The employee is probably less accountable for the action. Leaders share in the responsibility.	The system supports error and requires fixing. Leaders are accountable and should apply error management in the system via human factors-based improvements.
Human Error	NO	NO	CONSOLE Review System			
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Reckless Behavior	YES	YES	PUNISH Review System			

STEP 3: If history of repeated mistakes, the employee may be in the wrong position. Evaluation is warranted and coaching, transfer or termination should be considered. The corrective action should be modified accordingly.

Adapted from: Leonard, M.W., Frankel, A., The path to safe and reliable healthcare. Patient Educ Couns. 2010 Sep;80(3):288-292.

Please Chat

EXAMPLE CASE

Example Case

(Modified Case) Retrieved from <http://www.webmm.ahrq.gov/case.aspx?caseID=257> Dec 2012

A resident physician is conducting morning patient rounds with her team and the attending (the chief). They stop at Mr. Platt's room to discuss his treatment plan and status. The attending states that he would like Mr. Platt's Coumadin (blood thinner) discontinued. The resident began entering the order. The medical center had a robust computerized physician order entry (CPOE) system and allowed providers to enter orders using hand held devices and smartphones in real time. At that moment she received a text from a friend about an upcoming party upon which she confirmed her attendance. The resident never completed the order and moved onto the next problem. The blood thinner continued for several days. Mr. Platt developed a pericardial effusion and required an emergency procedure – pericardiocentesis . The patient expired during the procedure.

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Group Discussion Work

2 JUST CULTURE CASE EXERCISES

Case #1

Mr. Jones is a patient who came to the ER with chest pain, SOB and anxiety. After evaluation, the ER physician decides to admit the patient for further testing. Its been 6 hours. The ER is getting really busy and they need to send Mr. Jones to the Cardiac Floor. The ER nurse, after talking to the house supervisor to confirm bed placement, calls the floor to give report and move the patient. Unfortunately the house supervisor was called to deal with an emergency on another unit and did not notify the Cardiac Floor about the admission.

Case #1 (cont)

The Cardiac nurse refused to take the patient. Policy states that all admissions from the ER must be arranged and communicated by the house supervisor. The ER nurse explained both that she confirmed it with the supervisor and that the supervisor was dealing with an emergency. She also told the Cardiac nurse that Mr. Jones had been in the ER a long time and it was getting busy. The nurse simply said, "I follow the policy, when I get a call I'll take the patient." Mr. Jones ended up staying in the ER for another 2 hours. During that time he attempted to get off of his gurney and fell, hitting his head very hard on the floor.

Case #1

Explanations

Cardiac Nurse:

- A. “I wanted to take the patient and almost did. But I decided not to. The last time I deviated from policy for what I thought was best for the patient, I was chewed out by the house supervisor. I was really upset about it.”

- B. “Those ER nurses always do this!! They always hold onto patients then they want to turf them off on us towards the end of their shift. Anyway – I followed the policy”

Step 2 - Substitution Test:

More than 3

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Case #2

A phlebotomist is working the early morning shift and drawing a type and cross on Mrs. Smith. Mrs. Smith was sleeping soundly and is not happy about being awakened and having bright lights on in her room. The phlebotomist decides to turn off the lights. Procedure calls for all blood samples to be labeled at the point of care. The phlebotomist takes the tube samples to the nurses station. While he has his head down a nurse comes by and lays down an unlabeled tube of blood nearby. The phlebotomist grabs the tube thinking it is one he just collected and labels it for Mrs. Smith. Mrs. Smith has a severe transfusion reaction two days later. She survives but spends a month in the ICU.

Case #2

Explanations

Phlebotomist:

“The patient was so angry. I encounter this all the time when I do the morning blood draws. She was already mad because it took 2 attempts to access a vein. I thought it would be fine. I just turned off her light and I went to the nurses station right outside the room. I feel terrible about this”

Step 2 - Substitution Test:

Several staff said that this was a common problem – patients being very unhappy during lab collection in the morning. While no one admitted that they had done the same thing, several said they feel pressure to do so – especially since the director has made it clear that patient satisfaction scores must improve.

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Disciplinary Policy Language

Marx, D (2009)

- You are a fallible human being, susceptible to human error and behavioral drift.
- As your employer we must design systems around you in recognition of that fallibility.
- When errors do occur you must raise your hand to allow the organization to learn.
- When you make a mistake you will be consoled.
- When you drift into a risky place believing that you are still safe, we will coach you.
- When you knowingly put others in harm's way, we will take appropriate disciplinary action.

Thank You