Title - Ready – HRO Principles Applied to Regulatory Readiness

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Principle

Understanding complexity and building an effective team focused on the principles of high reliability enabled our organization to achieve sustained readiness for regulatory surveys. Integration of regulatory preparedness in a system to support quality and safety has contributed to reductions in mortality, harm, and hospital acquired infections across a complex health system.

Situation

This paper describes the system of planning, preparation and practice at Cape Fear Valley Health System to insure we are ready when our patients need us and when regulatory agencies come to call. In the spirit of continuous improvement it is a “work in progress.”

Cape Fear Valley Health is a 765-bed system in Southeastern North Carolina. Component parts include acute inpatient care, behavioral health, rehabilitation, long-term acute care and a critical access hospital 37 miles from the main campus. The health system provides primary and specialty care across 22 separate sites in four counties. The inpatient facilities accommodate over 33,000 inpatient admissions and 122,000 ED visits.

While the principle focus of this paper is on the maintenance of readiness for surveyors of various sorts, the processes are based on reliable design principles, Deming’s concepts of profound knowledge, and the collection and use of data. Our goal is to achieve sustained readiness.

Methods of Implementation

To achieve a state of continuous readiness, we applied the 5 principles of High Reliability Organizations (HRO’s) described by Weick and Sutcliffe. By adapting the principles, our Regulatory Preparedness Team is now known as the HeRO Team (Highly effective and Reliable Organization).
First, we developed a closed feedback loop to promote organizational learning. Our HeRO Team received detailed briefings on the principles characterizing HRO’s. Through a series of breakout sessions centered on the five principles, fresh ideas were harvested, action plans developed and subsequently tested.

Responsibility for monitoring, measuring, and transmitting results to frontline staff members was shifted to frontline managers. Using a biweekly 12 to 15-item checklist, frontline managers survey their areas to assess readiness and submit their findings using an electronic survey tool. Unit-level assessment and data collection are accomplished in approximately 30 minutes.

Aggregated data is returned to the manager within 24 hours with unit-level and system-level data posted on area-specific performance improvement bulletin boards. Brief daily huddles around these boards are held to review the information and refine unit-level corrective action plans.

Quarterly, scheduled and unscheduled global assessments (FIFI - Find It, Fix It) are made by the entire HeRO Team including senior management (CEO, COO, CFO, etc.). On-the-spot repairs and corrections are made, front-line staff has an opportunity to rehearse with “surveyors”, and senior management demonstrates significant engagement. Data from the Hot Spots Tracers are then aggregated and the short manager’s checklists for the next quarter are formulated.

The HeRO Team meets biweekly to monthly to share solutions to common problems and identify unique problems that deserve focused attention. Members of the HeRO Team conduct Periodic Performance Reviews (PPR). An annual mock survey by an external organization validates the process.

Results

Cape Fear Valley Health System uses The Joint Commission Strategic Surveillance System (S3) to monitor ongoing readiness between triennial surveys. Our most recent quarterly S3 score was our lowest ever (40) and the mean score for the last 4 quarters was 78.75, a decline of greater than 50% in comparison with our baseline period.

A qualitative assessment of our system performance during an unannounced mock survey validated our tools and experience. Furthermore, staff engagement has improved with managers now actively participating in quarterly global audits of unit level performance. Frontline staff members readily engage surveyors and confidently respond to questions posed to them.

Conclusion

Cape Fear Valley Health System used HRO principles to shift culturally from a surge approach to regulatory preparedness to a state of continuous readiness. The change provides knowledge and experience that is transferrable to other processes of care improving global quality and patient safety.