

FACTS & FEATURES



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Elevating Safety: Taking a Page From the High Reliability Playbook by Diana Mahoney

More than 250,000 Americans die each year from medical errors, accounting for approximately 9.5% of all deaths annually in the United States. This finding, [reported](#) this month in *The BMJ* by researchers from Johns Hopkins Medicine, shines a harsh light on what the study investigators call “medical care gone awry as a cause of death.” It also signals an urgent call to healthcare leaders to elevate patient safety to the top of their list of strategic priorities.

Patient safety became a hot-button topic in the healthcare industry in 1999, when the Institute of Medicine issued its landmark [report](#), *To Err Is Human: Building a Safer Health System*. The report identified profound defects in care delivery that contributed to as many as 98,000 deaths annually, based on the authors’ estimates. Since then, other researchers, including the authors of the *BMJ* report, have suggested that the number of deaths attributable to medical errors might be as high as 400,000 annually.

“Despite widespread efforts to improve the quality of healthcare, many patients still suffer preventable harm every day,” said Dr. James Merlino, president and chief medical officer of Strategic Consulting at Press Ganey. “The truth is, we can talk about improving the quality of the care we deliver, but there is no quality if the care isn’t safe.”

Most medical errors occur because systems are not in place to prevent them, not because of a failure by an individual doctor or nurse. When healthcare practices and processes are

not consistently reliable, patients and the providers caring for them are vulnerable. As such, hospitals and health systems must adopt comprehensive strategies for detecting, correcting and preventing system weaknesses that could lead to harm. Most importantly, they must develop and nurture a positive safety culture that recognizes the inevitability of error and seeks to identify and prevent the underlying causes.

“There has been a lot of focus on improvement processes and technology in healthcare, and those are all well and good, but culture is the top system contributor to safety,” Steve Kreiser, Press Ganey Strategic Consulting Director, said in a presentation at the 2016 Press Ganey Regional Educational [Symposium](#) in San Diego.

“A true safety culture is one in which leadership is visibly committed to safety improvement and staff are encouraged and expected to openly share safety information and report adverse events and unsafe conditions,” Kreiser said. When the question around every serious safety event becomes “What went wrong?” rather than “Who is at fault?” the organization can establish processes and protocols to shore up the infrastructure to prevent the same mistake from happening again.

A former U.S. Navy fighter pilot, Kreiser draws parallels between healthcare, naval aviation and other high-risk industries. “In a high-risk

AT A GLANCE

- Medical error is the third leading cause of death in the United States, according to a new report.
- To reverse this trend, healthcare organizations must borrow the High Reliability principles that drive safety optimization in other industries, such as naval aviation, where these practices have reduced error rates dramatically.

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environment like aviation or healthcare, you have to be right every time. One mistake or system breakdown can have tragic consequences,” he said.

When failure is not an option, organizations focus their energies on developing highly reliable processes, policies, technologies and mindsets to prevent it. “High Reliability Organizations make safety a precondition of organizational design,” said Kreiser.

“Realistically, ‘being right every time’ is an impossible outcome, but it’s a necessary objective, and it’s one that has been successfully adopted in other industries. In naval aviation, for example, between 1954 and 2014, the mishap rate per 100,000 flight hours dropped from 54 to less than two,” Kreiser said. The dramatic improvement came as a result of fundamental structural, organizational and educational changes and meticulous attention to human factors designed to reduce the probability that errors would occur.

“The changes reflect the core principles of High Reliability Organizations described by Karl Weick and Kathleen Sutcliffe,¹ which are fully transferable across high-risk operations, including healthcare,” Kreiser said.

These include:

- **Preoccupation with Failure:** operating with a chronic awareness of the possibility of unexpected events that may jeopardize safety, and engaging in proactive and preemptive analysis and discussion
- **Sensitivity to Operations:** paying attention to what’s happening on the front line, and participating in ongoing dialogue about the human and organizational factors that determine the safety of a system as a whole

- **Reluctance to Simplify Interpretations:** taking deliberate steps to question assumptions and collect information to create a more complete and nuanced picture of operations
- **Commitment to Resilience:** developing capabilities to detect, contain and recover from errors that have already occurred before they get worse and cause additional harm
- **Deference to Expertise:** yielding decision-making authority to the person or people who have the most expertise with the problem at hand, regardless of organizational position

In healthcare, as in other industries, developing systems to prevent errors requires knowing where errors are likely to occur. To this end, organizations must promote an environment in which event/problem reporting is welcomed and encouraged and “near misses” are explored with as much scrutiny as sentinel events. “Even small, inconsequential errors are a symptom that something is wrong,” Kreiser said. In the immediate short term, a “healthy” reporting culture will lead to an apparent increase in safety events, not because more events are occurring, but because the actual events and near misses are more visible.

For safety-focused cultural transformation and improvement efforts to take root, leaders must demonstrate a commitment to High Reliability, and everyone within the organization must own the safety mission. The steps toward achieving this may vary by organization, but the net result is the same: the creation of a safety culture with measurable improvements in safety outcomes.

¹Weick, Karl E., and Kathleen M. Sutcliffe. 2001. *Managing the Unexpected: Assuring High Performance in an Age of Complexity*. San Francisco: Jossey-Bass.

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Employers Ramp Up Healthcare Recruiting



Q1 2016 HEALTHCARE EMPLOYMENT SNAPSHOT

112,000

new healthcare positions¹⁻³



Hospital hiring accounted for 45,000 positions (36%)³

Employers using Health eCareers to recruit healthcare professionals continued to ramp up their hiring efforts. More than 3,300 posted a total of 56,169 opportunities, a 12 percent increase in recruiting over Q4 2015. Areas of particularly impressive growth included nursing, therapy, physicians and allied health.⁴

Survey Finds Dermatologists Among Highest Paid and Most Satisfied Specialties⁵

As the demand for physicians has increased, so has their compensation. Medscape's 2016 Physician Compensation Report included data collected from nearly 19,200 physicians in over 26 different specialties. Among survey respondents, the three highest-earning specialties were orthopedists (\$443,000), cardiologists (\$410,000) and dermatologists (\$381,000).

Physicians from most specialties reported salary increases in 2016 and 52 percent said they feel their compensation is fair. Among those most satisfied overall with their careers were dermatologists (65 percent), oncologists (59 percent), and psychiatrists and pathologists at 58 percent.

Q1 PHYSICIAN RECRUITING⁴

28,747

positions advertised



increase over Q4

Rotating Night Shifts May Lead to Heart Disease in Nurses⁶

Q1 NURSE RECRUITING⁴

11,930

positions advertised



increase over Q4

Among nurses, those working rotating night shifts may be at greater risk for heart disease. A recent study, published in *The Journal of the American Medical Association* and led by researchers at Brigham and Women's Hospital in Boston, examined data from the Nurses' Health Study and found that those working such shifts for 10 or more years had at least a 15 percent increased risk of developed coronary heart disease compared to nurses who did not work night shifts.

NPs and PAs in Florida Will Have Authority to Prescribe Controlled Substances in 2017⁷

NP And PA demand has been attributed to growing patient rosters and diminishing physician supplies, bringing the importance of allowing greater scope of practice to the forefront of many discussions. With the recent addition of Florida, nearly all U.S. states will soon allow NPs to prescribe controlled substances. Florida will also join the ranks of states allowing PAs to prescribe controlled medications—leaving Kentucky as the only holdout.

Q1 NP and PA RECRUITING⁴

7,915

positions advertised



increase over Q4



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SURVEY: STARTING SALARIES FOR PHYSICIANS SPIKING

Demand Driving Increases for Primary Care and Specialist Physicians

Starting salaries for both primary care and specialist physicians spiked in the last 12 months, according to a new report, reflecting a rising demand for physicians and a growing physician shortage.

Prepared by Merritt Hawkins, the nation's leading physician search firm and a company of AMN Healthcare (NYSE: AHS), the *2016 Review of Physician and Advanced Practitioner Recruiting Incentives* tracks the 3,342 physician and advanced practitioner recruiting assignments the firm conducted from April 1, 2015 to March 31, 2016. Now in its 23rd year, the report indicates that starting salaries increased year-over-year in 19 of the 20 medical specialties for which the report provides data.

Annual starting salaries and year-over-year increases for select specialties include: family medicine, \$225,000, up 13% year-over year; psychiatry, \$250,000, up 11%; obstetrics-gynecology, \$321,000, up 16%; dermatology, \$444,000, up 13%; urology, \$471,000, up 14%; otolaryngology, \$380,000, up 15%; non-invasive cardiology, \$403,000, up 21%; and general surgery, \$378,000 up 12%.

"Demand for physicians is as intense as we have seen it in our 29-year history," said Travis Singleton, senior vice president of Merritt Hawkins. "The expansion of health insurance coverage, population growth, population aging, expanded care sites such as urgent care centers and other factors are driving demand for doctors through the roof, and salaries are spiking as a consequence."

A Crisis in Mental Health

The five types of medical specialties in most demand, according to the report, are family medicine, psychiatry, internal medicine, hospitalist, and obstetrics-gynecology. The 2016 report marks the first time psychiatry has ranked as high as second on Merritt Hawkins' list of most in-demand physicians, underscoring an emerging crisis in mental health.

The federal government has designated 3,968 whole or partial counties as Health Professional Shortage Areas (HPSAs) for mental health, and close to half the counties in the U.S. have no mental health provider. In Texas, 185 of 254 counties (73%) have no general psychiatrist, according to Merritt Hawkins data.

Physician Employment and Value-Based Pay

Merritt Hawkins' report also suggests a potential reemergence of private, independent physician practice. Five percent of Merritt Hawkins' search assignments in the previous year featured an independent, solo



practice setting, up from less than one percent two years ago. Many of these solo settings feature the "concierge" or "direct pay" practice model. However, approximately 90% of Merritt Hawkins' search assignments in the last year featured employment of the physician by a hospital, medical group, urgent care center, Federally Qualified Health Center (FQHC) or other employer, indicating that employment remains the dominant physician practice model.

In addition, the new report suggests that the use of value-based physician incentives is gaining momentum. Of those Merritt Hawkins clients offering physicians a production bonus last year, 32% based the bonus in whole or in part on value-based metrics such as patient satisfaction, compared to 23% the previous year. However, the report indicates that only 6% of total physician compensation is tied to quality or value-based metrics.

A slide show including results of Merritt Hawkins' *2016 Review of Physician and Advanced Practitioner Recruiting Incentives* can be accessed at <http://bit.ly/2016MHreviewshare>, and a complete report can be obtained by calling Merritt Hawkins at 800.876.0500 or visiting www.merrithawkins.com.

About Merritt Hawkins

Merritt Hawkins is the largest physician search and consulting firm in the United States and is a company of AMN Healthcare (NYSE: AHS). More information about Merritt Hawkins can be accessed at www.merrithawkins.com.

Hospitals Prepare For FLSA Changes



With changes to the Fair Labor Standards Act (FLSA) on the horizon, HR professionals at hospitals across the country are assessing the potential impact to their organizations. How can you maintain compliance without considerable disruption to budgets, staffing levels, and employee morale? These are important questions, and being proactive in responding to the published changes will help result in a smoother transition and, ultimately, an engaged workforce.

On May 18th, the Department of Labor (DOL) published an update to the FLSA, focusing on the salary and compensation levels needed for executive, administrative and professional workers to be exempt. The final ruling includes a significant increase in the salary threshold level from \$23,660 to \$47,476 annually. The effective date of this ruling is December 1, 2016, leaving employers with a tight deadline to implement changes to ensure compliance.

To help you navigate the published FLSA changes successfully, Compdata has put together the **FLSA Changes Tool Kit** for you. This free resource covers 3 key areas:

(1) overview of the changes, (2) areas of your organization that will be impacted and (3) actions you can take today.

The complexities of the changes are broken down for you, giving you information you can share with leadership, peers and others at your organization. Access it by clicking the button below. It will display on your screen for you to save or print.



As you review the tool kit, if you identify areas that need deeper exploration, you may benefit from further discussion. The team at Compdata is always happy to speak with you about your priorities and challenges.

For a detailed discussion and introduction to the Compdata team of experts, call Theresa Worman at 800.300.9570 or email TWorman@compdataconsulting.com

SAVE THE DATE

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