LNP 100
How Employee Engagement Affects Medical Errors
Julie Ann Sullivan

Pat: Welcome to Legal Nurse Podcasts. This is Pat Iyer and today I'm speaking with Julie Ann Sullivan who works with organizations that want to create a workplace environment where people are productive, engaged and appreciated, and who doesn't want that?

Julie Ann is a communications specialist, a collaboration strategist and a change steward. As the founder of "Learning Never Ends", her purpose is to create a more positive culture one person at a time. She has a diverse educational background, which includes a BA in Psychology and an MBA in accounting.

In my experience Julie Ann, those typically don't go together.

Julie: That's the truth.

Pat: She was a CPA. She's spent decades involved in the financial industry and in the corporate world. Her goal is to change the world one person at a time.

You call yourself a recovering accountant, Julie Ann. What does that mean?

Julie: I was an accountant for a very long time. The best way for me to explain that is I went to sponge a wall for my son when he was little and I was so frightened. If you've ever sponged a wall, the whole idea with paint is to be kind of free flowing. I was panic stricken that I was just going to have dots in a straight line across and then another row of dots all the way across.

I kind of had to let myself go. So when I say I'm a recovering accountant anything you've done for a long time. . . this could be biting your nails, being an accountant or eating badly. It doesn't really matter. There is recovery because your life is geared in that direction. When I decided to become a professional speaker and trainer because of some of the things I have done as an accountant, it is really a

recovery period of living life in a different way. That's what I mean by that.

Pat: And then from accounting you got interested in workplace engagement. Tell us first of all what does that term "workplace engagement" mean and how did you transition to that area?

Julie: Workplace engagement means in a very simplistic way when your employees get up in the morning they actually want to come to work. That's the most simplistic way that I can explain it. Now that word has been used so much now that people almost don't even understand what it means.

We will talk about this a little more a little later, but it's really a process of again getting people to get up in the morning saying, "I want to go to work at XYZ Corporation this morning and see what I can do to better myself, and better the company". That's what engagement means.

How I got into it was I has this undergraduate degree in developmental psychology. Once I came out of that degree I became a life long learner. What I mean about that is, I have deliberately learned about human behavior every day. I made a deliberate choice to either learn something about my behavior or the behavior of the many humans around me and learn something new, how people act, react, how they think and how things make you feel.

Combine that with my business expertise because I was in public accounting for most of the time I got to see how a lot of different types of companies worked, large, small and the manufacturing service. Putting the two together gives me a really valuable insight into how organizations work from the inside out. It just became a good way to look at employee engagement and what's going on in the real workplace culture because if that's not working nothing else really works well.

Pat: I think many of the legal nurse consultants who are listening understand this concept from the standpoint of medical errors which occur when there's lack of communication, the number one reason for medical errors. Some of that may be related to people who don't feel

invested in their jobs and don't go that extra step to investigate a situation, to try to figure out why something is happening, to take a risk, be a patient advocate and feel committed to the job.

Can you give us an understanding of what else might happen when employees are not engaged in their jobs?

Julie: Not only is this a maybe, there's been tons of research that has been done now on not only medical errors but errors in manufacturing also when people are not engaged in their jobs. First of all they lose focus, so one of the buzz words around these days is “mindfulness” and people basically paying attention. They call it mindfulness, but it's really just paying attention.

People don't pay attention as well if they don't feel vested in the culture that they're in for a third of their life every day. They do lose that focus and that's where errors occur. They have found through research that when people are more engaged, safety and quality can go up 40% to 50%. It's a lot. In medical errors you don't want it to be any, so numbers like that are pretty scary.

The other part too and you also alluded to this is that people when they are more engaged become better problem solvers. And of course when they are more engaged they just care more. When they see something that's not working, if the environment they work gives them a safe place to do this, they can step up. They can say, "You know what this doesn't work and here's my idea for how to solve it."

In fact, I've worked with leaders on the words to use to get people even more engaged when they come forward with an issue by allowing them to work on a solution. Sometimes people think they have great ideas until they sit and think about it and they miss the big picture, which hopefully the leaders have.

Instead of a leader saying, "You're solution is ridiculous", say to somebody, "I hear what you're saying. Could you go back and work through that and come back to me with an overall plan". Some of those people are never going to return because they don't want to do the work. They are just complainers. Some people will work through it and come back and say, "Oh my gosh this won't work because of

XYZ," but they found that answer themselves as opposed to feeling less valuable because someone said to them that's a ridiculous idea.

Of course there's loss in productivity when people are not engaged and better excuses about why not to come to work. I read an article once where these were some reasons people said they didn't come to work. One was, "I just put a pie in the oven," another one was, "I accidently got on a plane" and yet another one was, "I woke up this morning in a really good mood and I didn't want to ruin it by coming to work."

That last person actually is someone I would want to talk to because they care enough to be honest. I want to know what makes them feel that way because maybe that will give me a key focus on something that needs to be fixed.

Pat: That's an interesting point because health care heavily relies on everyone showing up for work and being engaged in doing their jobs. When people call in sick at the last minute it's very difficult to replace them, which means that everyone in that environment has to work harder and take a greater patient load in order to fill in the gaps for the person who's not there. If people are not engaged and interested in going to work in healthcare, it could have a direct impact on patient safety.

Julie: You know Pat, it happens in health care. To say, “Let's build a culture where no one will ever call off at the last minute” is unrealistic. A better plan would be to give the people who will be there under those circumstances better skills to deal with the frustration, the extra load and etcetera. That's a way of being pro-active to give that person the skills to say, "Okay, that person did not call off just to ruin my day". Because a lot of people take things personally. Types of skills like that, they will work better during the day instead of somebody saying, "Hey Sally called off today. Ted called off today. We're all going to have more work. Just put your head down and do it." That's not the best way to deal with that situation.

There's certain situations in organizations that you already know are going to happen sometimes. You don't want to live in La La Land

right. You want to live in reality. If you know that's going to happen, find ways to get people prepared for those circumstances.

Pat: Before we continue, I want to share a resource with you that will give you the insight you need to analyze medical errors in hospitals. Dr. Michael Grossman, a nurse with a PhD and a business as a consultant to health care, sat down with me to discuss errors in hospitals. His audioprogram is called *Medical Errors in Hospitals: Causes and Effects.*

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Let's return to the program.

If we switch the focus for a minute, some of us as legal nurse consultants have employees with staff who are assisting us in our

business. Some of those may be people who are on the payroll. Some of them may be virtual assistants. Could you give us any tips on how feeling appreciated and being engaged affects productivity?

Julie: First and foremost the work is of higher quality because people feel engaged. They feel vested. They feel more apart of the organization as a whole and so in the work they're doing they are being more focused and they want it to be better. The bar gets raised. They raise it themselves. Also, the team dynamics increase so that the interpersonal relationships, which is not a soft skill and very important, works better. People again want to come to work.

Here's the real key about people who feel engaged. They have a willingness to grow and develop within the organization. That is something I feel should be instilled. I don't like to use that word "should", but I see that there's more success in an organization where everyone including the organization as a whole is willing to grow and develop.

Pat: Have you seen strategies that work in small businesses to increase productivity, engagement and appreciation?

Julie: Those are three very different aspects and there are very different skill sets for each of those and different ways in which leaders can approach each of those.

First of all, the most important strategy is that all of this is a journey. It's not going to happen in a day and with reinforcement and repetition new ideas become the fabric of your business. To do that, you have to start with the essential skills like how to talk to one another.

Now you might think "Well, of course people know how to talk to each other." When I go into companies what I find a lot of the time is people don't know what words to use. I help people find the words to have a difficult conversation. Find the words to ask for something. Find the words to set barriers. Most people bring on way too much in their lives because they don't know how to say "No". They don't know the words and so they allow their lives to have no barriers and then they feel overwhelmed. They then have a poor attitude etcetera and you see how that goes.

The other strategy is that people are put into leadership roles that really don't have the skills necessary to grow themselves or their team and I see that a lot. People don't want to spend money on having a coach for their leaders, but what happens is then their leaders aren't good leaders. It's the number one reason people leave their jobs, so you end up losing good employees or you end up having other employees who wonder what the heck you're doing keeping this "leader" in this role when they really can't lead.

You can see how everything gets very convoluted. We have enough stress in our life without creating more stress for our staff, so every time we ignore these or what they used to call soft skills, these essential skills, then we're really costing ourselves money. As we know in business Pat, you got to spend money to make money. You can't just wake up one day and go "I got business." It doesn't work that way and it's the same thing with having an engaged team. You have to spend the time, money and the expertise that you may not have because nobody has them all to do that.

Those are some of the strategies. There are so many. None of this is black and white. There's at least 102 other ideas that would work.

Pat: I'm thinking about a People Magazine issue that I just recently read about encouraging employee engagement from a different perspective. The Top 50 companies that were reported on in this article have what I think is a consistent theme of encouraging their employees to do something to give back to the community. That seems to be highly effective in helping people feel like they are assisting somebody else.

Julie: Right. Their corporate social responsibilities or the CSR have become a really big reason why people choose to work where they work, but again that's just a piece.

Pat: You may have heard of Nurses Week, which is the same week every year that healthcare providers typically offer recognition for their nursing staff. What do you think of that plan?

Julie: Can I be brutally honest?

Pat: Absolutely.

Julie: It's not enough. If that's all you're doing for these angels and that's what I call nurses, then it becomes like a card on Mother's Day. Mothers all over the world love to get cards from their kids, but they love it a lot more if they would get to see their kids more than just Mother's Day. That's not the only day they want to feel valued as a mother and nurses are the same way.

It's an important part, but for this to be successful it needs to be a piece of a system that gives recognition all year-round. There's again thousands of different ways to do that. One of my specialties is going in and working with leaders on all the different ways for their particular company that would work so that these people feel valued all year-round. When you do that then when you have Nurses Week, that's really special. Otherwise you're going to have nurses saying, "Oh boy now they're going to be nice to us this week and then they will forget all about us next week."

You know what, that's what nurses all over the world are doing if that's the only time they are getting recognized. Nurses Week needs to be elevated because it's going to be different. "It's going to be super special this week, but here's what we do all year-round." You might even have some kind of contest or something like that where the awards are given during Nurses Week, but people are doing things all year-round to get there.

Pat: Come back to being an employer. Because I think that weighs heavily on our minds when our businesses develop to the point that we have employees or we look at cases in which there's some breakdown of communication between an employee and an employer for whatever context that occurs in. Can you share with us the skills that you see as being critical to being an effective employer?

Julie: I think the first thing you talked about was communication, so I'm going to say one of the skills that nobody ever teaches you unless you sit in one of my communication courses or someone else's is how to listen. People don't know how to listen. And it's not their fault because again maybe we had a speaking course in high school, maybe we took a speaking course in college, but whoever took a course in listening. It's a skill that needs to be practiced and there's many different ways to teach people how to listen, but what happens when people listen more

is they get more accurate information. That creates a better communication.

Communication isn't just about speaking. It's about listening and sharing ideas and people forget about that. You ask 10 people what's communication and most of them are going to say it's when you talk, and that's their answer. That's a critical skill for an employer to have is to listen.

Another one is to be open to growth yourself. Leaders always want their workforce to grow, develop, learn, be receptive of new ideas, be happy at work, be attentive and be communicators. But you've got to do that yourself. It's got to be, "Do as I do," not "Do as I say, not as I do," so it's, "I can do something different, but I want you to do this and you better do that."

That doesn't work, so people want to see their leaders performing in the same way they want them to perform and being open, and vulnerable as well. That is one of the reasons I have a new podcast idea of going into companies and doing internal podcasts. One of those internal podcasts would be up close and personal with the leaders so that people have a connection. It's not about business, but where do you like to go on vacation and what was your favorite movie and why or what was your favorite book and why.

It's getting that connection because what the research has found is that when people feel a connection with their leaders they are more engaged. We talked about the use of words. One word makes a huge difference and that is the difference between "for" and "with".

Do leaders talk about people working "for" them like their servers or do they talk about everyone working "with" them?

That one word makes a huge difference on both sides of how they think about the team. The team is the entire company and everybody has their value. Everybody knows that they're a spoke on the wheel and if they break, the whole wheel breaks.

The other thing is really important on so many levels and it's to create a safe place for feedback and new ideas. We talked about this a little earlier. Suppose the nurses are in the field doing the work and there is

some new procedure that they need to follow and it's not working for some reason with the patients. If they don't feel like they can go to their supervisor and tell them you can have a whole slew of problems.

A lot of times people don't feel like they have that safe space. They feel like maybe they will lose their job, have some kind of retribution or be snubbed. They need to know that they can have a safe place to say this isn't working and this is why or this was the outcome of this. That is really important and that's true for everyone.

GM has had these huge recalls and when you go back to the source it's because somebody saw a problem but was afraid they would lose their job if they spoke up. You talk about would it be better to spend the money to have somebody come in and show you how to create a safe place for communication or would it be better to have a recall on 20 million cars?

Pat: That issue also comes up with the pharmaceutical industry. Legal nurse consultants get involved in cases where products are pushed through and there's data that shows that this drug is not safe to be released. There's so much pressure on the company to be able to get the return on this enormous investment that they just made.

Julie: Yes and again it's a skill to teach people to think about the greater good, but for them to be able to do that they have to feel safe. You can also teach them skills about safe or not I'm going to say something, but it's a lot easier to give them the safe space to speak up.

Pat: I had an experience with this early on after I got my bachelor's degree when I got hired at a diploma school of nursing. It was a culture in which we were not allowed to be critical or to disagree with anything that the Director of Nursing said. She was very resistant to any new ideas and the end result was that 50% of the faculty turned over every year.

Julie: How expensive was that?

Pat: Very.

Julie: On many levels.

Pat: Yes. I took over a teaching position in which there were virtually no notes, no preparation for the lectures that I was expected to give because the previous person was so angry, burned out and upset that she just quit. I walked into having to recreate all that information again. I lasted a year and then I left.

Julie: Right because nobody really wants to be in that situation, so that's unfortunate. Sometimes I coach people that sometimes the answer is to leave that job. That may be the only answer. You don't want to be somewhere where you feel like you know something that is detrimental and that's being ignored because then you have to live with that as well.

Sometimes you either find something that's joyful that's what I say in the job or you find something else because you have to live with you. You and I were just talking about this before we went on the air Pat. But the end result you're accountable to you. You can blame people all day lone, but in the end you got to live with you.

Pat: That's a perfect ending for this show, Julie Ann. I so appreciate you sharing your information with our listeners. How can they learn more about what you have to offer?

Julie: I'm going to give them my phone number and its (724) 942-0486. They can call me anytime with any questions. I have a website and its www.JulieAnnSullivan.com, and you can also go to www.MereMortalsUnite.com to listen to a podcast on "Super Powers Everyone Has" and also a new series called "Businesses That Care". You can find that on iTunes, Spreaker, iHeartRadio or anywhere there's music and podcasts you can find "Mere Mortals Unite".

Pat: Just to clarify, your time zone for that phone number that you gave.

Julie: Yes don't call in the middle of the night, thank you for that. I'm on Eastern Standard Time. You can call me anywhere between 8:00 am and 10:00 pm.

Pat: Okay, terrific.

Thanks so much for listening to Legal Nurse Podcasts today. We've been talking with Julie Ann Sullivan about employee engagement, productivity and appreciation.

Thanks so much for being with us as listeners. We appreciate your comments and your attention, and keep listening.

Julie: Thanks again.

Pat: Be sure to check out *Medical Errors in Hospitals: Causes and Effects*. Use the link http://lnc.tips/hospitalerrors and obtain the program and transcript for $9.97. Use the code Listened to get a 25% discount.

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LNP 101

Legal Nurse Consultant Review of Medical Errors

I'm Pat Iyer. In this issue of *Iyer's Insights,* I talk about a complex area of LNC practice: medical errors.

Legal nurse consultants work within the high stakes arena of medical malpractice errors litigation. We are often asked to screen medical malpractice cases for merit – does the case meet the criteria for a winnable case – for the plaintiff or the defendant?

Other industries, such as aviation, manufacturing, and energy developed safety interventions needed to reach a zero-defect level. Health care has not been as successful.

We have an incredibly complex system with multiple opportunities for error. I envision patient safety as resting above a safety net. The holes in the safety net range from small to wide.

We had an expression in my legal nurse consulting business: "It is a dangerous world."

Swiss Cheese Model

The **Swiss Cheese Model** is a way to view patient safety. In James Reason's model, the holes or the flaws in the healthcare system line up. A patient get injured by the flaws. A series of errors occur. Have you ever worked on a case involving several errors? If anyone along the chain of events had done something different, the patient would not have been injured.

Those of us who work in the medical malpractice errors arena can think of cases where this unfortunate cascade of errors has occurred.

For example, I worked on a nursing malpractice case involving a man who received the wrong type of blood. Another patient and he had the same name; a mix up of identity occurred. The admissions clerk, laboratory technician, unit secretary, hematologist and several registered nurses were part of the chain. The nurses did not check the blood bag at the bedside with the patient's identification band. He died as a result of receiving the incorrect blood type.

You've heard this joke: A surgeon told a patient there was a 1 in 100 risk of a certain complication occurring in the operating room. The patient asked, "What number am I in your total of 100?"

How often are we hiding medical malpractice errors?

I think nurses will agree that not all errors are reported- in fact, a fraction of them remain hidden. Before I started my business, I was in an administrative position in a hospital. I sat in a hospital Pharmacy and Therapeutics Committee meeting while the director of nursing had to explain each of the 6 medication error incident reports that had occurred that month in a 600 bed hospital.

The physician leader said, "I want there to be zero errors!" After the meeting, I pulled the vice president of nursing aside and said, "We're not getting accurate reporting. Statistically, there should be a much larger number of incident reports." She disagreed.

However, the nursing department disciplined nurses who made errors. The nursing department terminated a nurse after three errors. Not surprisingly, nurses were reluctant to report errors. They functioned within a culture of fear.

That culture of fear still exists, and prevents staff from making a full disclosure after an error has occurred. Plaintiffs still come to attorneys to get answers about what occurred, and legal nurse consultants help to provide the answers when they screen medical malpractice errors cases.

Before we continue, I want to share a resource with you that will give you the insight you need to analyze medical errors in hospitals. Dr. Michael Grossman, a nurse with a PhD and a business as a consultant to health care, sat down with me to discuss errors in hospitals. His audioprogram is called *Medical Errors in Hospitals: Causes and Effects.*

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As an example of medical errors in hospitals, injury during alcohol withdrawal which may lead to a medical malpractice case. An attorney asks you to consult on a case involving a patient who is injured during delirium tremens. She asks, "Is there alcohol withdrawal liability?"

You know as a nurse that patients may be injured while going through alcohol withdrawal. Delirium tremens is the most severe form of alcohol withdrawal and occurs 3-10 days after the last drink. It is fatal in 5-15% of the cases.

Complications include vomiting and inhaling vomit into the lungs, cardiac arrhythmias, respiratory depression, respiratory arrest and need for intubation, and oversedation. Respiratory depression and oversedation are the most common causes of death.

Delirium tremens is associated with a period of heavy drinking, especially if the person was not eating a sufficient amount. But it may also occur when a person is a steady, daily drinker.

I used to dread taking care of patients in delirium tremens. They were so difficult to keep in control and to communicate with. The medical record may contain these observations about the patient:

- Rapid heart rate
- Sweating
- Confusion
- Hallucinations
- Nausea
- Tremors

- Anxiety
- Agitation
- Seizures
- Fever
- High blood pressure

Physician Responsibilities for Alcohol Withdrawal Liability

Malpractice suits may be filed against physicians because of these alcohol withdrawal liability issues:

1. Failing to diagnose alcohol withdrawal
2. Failing to order adequate doses of benzodiazepines (Valium and Librium are used); the doses may need to be quite large such as Librium 50 mg. Alcohol withdrawal may be easily treated with benzodiazepines on a proactive basis. The medication is given around the clock to ease the patient through the worst of the withdrawal process.
3. Failing to rule out other causes for altered mental status in patients with suspected withdrawal from alcohol
4. Assuming that a seizure is due to withdrawal without ruling out other causes of seizures
5. Giving alcohol to an alcoholic in DTs; alcohol does not prevent seizures or DTs.
6. Failing to admit a patient to the hospital who is in DTs

Malpractice suits have been filed against nurses for the injuries that occur during DTs. Patients who survive the withdrawal process may be injured or injure others.

Nurses are responsible for routine questioning of all patients who are admitted to the hospital to ask them about their alcohol use. This is also a question covered by physicians during the history and physical.

I have a relative who is an alcoholic. If he were to go even a day without being able to drink, he would be in bad shape. His anxiety would increase and he'd be headed to a liquor store. If he went to the hospital, and did not tell his healthcare providers he was an alcoholic, he would begin to go through withdrawal within 24 to 72 hours after a hospital admission.

Many patients are not honest with their healthcare providers about how much they drink: “I drink socially.”

“Social drinking” means different things to different people. I once taught a class on documentation to physicians. I asked them to write on a piece of paper their definition of social drinking. The variation in responses was amazing. One person wrote. “A social drinker is someone who drinks as much as I do.”

Nurses are expected maintain a quiet, calm environment, offering support and protecting the patient from falls and injuries. Patients going through DTs require one on one monitoring to prevent alcohol withdrawal injury. They can be wildly out of control and impossible to reason with. Nurses are responsible for preventing aspiration by placing the patient on his left side or noting the need for intubation.

Once the acute phase is over, patients should be approached and offered counseling and support to help them deal with their disease and live without reliance on alcohol. Several centers specialize in helping a patient detoxify from alcohol.

Dealing with delirium tremens is high risk for both the patient and the healthcare provider. There are many ways alcohol withdrawal liability may occur.

Alcohol withdrawal is one of the many clinical conditions that contains a risk of injury. You provide a valuable role to help the attorney sort through the liability issues.

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