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DEVELOPING AN ORGANIZATIONAL CULTURE OF SAFETY
Interview with Howard Cohen MD, Neonatologist, Chair of Quality and Safety for Northwest
Newborn Specialists P.C. primarily at Salem Hospital; Patient Safety Officer,
Chair of Pharmacy and Therapeutics Committee at Salem Hospital
Salem Oregon
November 1, 2010

Howard Cohen MD
…short story… old white guy, proud husband and father, who likes to run and read

footprints: mid 1990s work with Vermont Oxford Neonatal Collaborative doing quality improvement work modeled after New England Cardiovascular collaborative with focus on key habits leading to improvement including habit for evidence based practice, habit for systems thinking, habit for collaborative learning, habit for change; evolved into broader work for my hospital and system in Illinois around 6 IOM aims especially patient safety and patient/family centered care. similar focus after coming to Oregon in 2005. | **key areas of interest & expertise**: patient safety/patient and family centered care

key guides & inspirations: strong belief that individual caregivers and health care organizations have three jobs:
1. provide highest quality patient care to each individual patient in our care, 2. improve our systems of care,
3. improve our own competency and capabilities | **motivations & passions**: to make care safer—highly reliable and ultrasafe, and better | **what makes it all worthwhile?** seeing that safer care happens as well as seeing caregivers and organizations begin to understand how to make that happen

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Q: Howard, what one or two issues would you like to address for this interview and why?

A: Making care safer through developing a culture of safety. To develop a culture of safety, organizations have to work to develop a culture of learning to be safer, and individual caregivers have to be safety mindful. Those require big organizational changes.

Health care providers, individually and collectively (organizationally)—

· Have expectations of perfection.
· Don't easily understand error science.
· Take a disciplinary approach to errors and risk.
· Have a history of accepting disrespectful behaviors so as not to jeopardize finances.
· Have been risk adverse and secretive.
· Don't understand or trust quality improvement methods.

> " *I am guided by a strong belief that individual caregivers and health care organizations have three jobs:*
> 1. *Provide highest quality patient care to each individual patient in our care;*
> 2. *Improve our systems of care; and,*
> 3. *Improve our own competency and capabilities…* "

Q: What do you see as potential solutions?

A: I would start by reading [EDITORS' NOTE: See below]. Healthcare professionals need to learn a bit about cognitive science. We need to restructure our thinking about making errors. Errors will happen. We need to improve our approach to preventing future errors. If we can "live out" the three jobs outlined by Paul Bataldan [see box above] we will begin to solve the problem. Talk to people you work with, work with

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colleagues to prevent errors, keep track of what you have done, pick projects you can measure.

We are good at taking care of patients and most of us do work at improving our competencies such as taking CME courses, but most of us are not good at being involved in improving our systems. Professionally we all need to put effort into those. If physicians notice something that is wrong, they should do something about it.

The system must be welcoming and supportive. All of us should ask ourselves how we might improve our accomplishing the three jobs.

Q: If you had one wish for an ideal, what would that be? Or a vision? However you want to answer this...

A: I know this is a repeat, but my ideal is that organizational leaders would really understand and act on the ideals embodied within those three jobs within their organizations.

Q: What would it take for that to happen?

A: An intuitive understanding and real belief in patient safety at the very top of organizations.

Q: What do you see as potentially helping medical leaders and others with what you've selected to address?

A: More reading and listening on these topics, internalizing this vision and not getting distracted by external "noise."

Q: Do you have favored resources for any groups on the topics you are addressing?

A: the articles by Bataldin and Davidson on Quality Improvement. Work on organizational safety by Reason, Charles Vincent, David Marx.

Q: Do you have other general favored resources? Medical or otherwise?

A: Besides those mentioned, I would recommend some general books: John Lantos: *Do We Still Need Doctors?*, Arthur Frank: *Renewal of Generosity* or his others, good novels, Isaiah Berlin: *The Proper Study of Mankind*. Any of books of essays from Lewis Thomas.

> " *The system must allow people to come forward to help improve it...* "

Q: Any <medical leaders . org> interview candidates that you'd like to hear from?

A: David Marx would be fun.

Q: Do you have a favorite story for us?

A: When I went on my first job interview in 1978, I stayed with my sister who lived there (in Champaign-Urbana, Illinois). In the middle of the night, the pediatricians with whom I was interviewing, called me and asked if I would come in to help them with a sick baby. I spent a couple of hours in their nursery with them at 2 AM. Afterward, they sent me a lovely leather brief case to thank me; and also offered me a job, which I accepted. I moved on after three years there, but I still use that old brief case.

Q: And almost lastly, the best medicine is to be happy, yes? What's your favored flavor-of-the-moment to make you or any of us more happy? Toss us a little tidbit from your medicine cabinet, please.

A: Try or learn something brand new every day even if it only takes a few minutes.

Q: Now tell us something fun about you?

A: I still think I can run a marathon under 3 hours. I always carry a book of poetry in my back pack.