



Root-Cause Analysis for Healthcare

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A patient comes to his doctor's office and complains of such symptoms as lethargy, headaches, insomnia, loss of appetite and weight loss, and a decreased libido. A skilled clinician would recognize this immediately as the vegetative signs of depression.

Isn't healthcare suffering from something remarkably similar? Couldn't what we see around us be diagnosed as an industry-wide depression? The symptoms of this depression include the same issues every organization grapples with—lack of medical staff engagement and low job satisfaction, struggles with workforce recruitment and retention, and decreased medical staff effectiveness. Don't these issues, in turn, have a direct and negative impact on patient safety and patient satisfaction? Wouldn't these then serve to increase medical-legal liability while simultaneously increasing our risk of "never events"? Ultimately, don't they lower our financial performance?

Now, let's take it one step further. Isn't it possible that these same issues are the cause of poor performance in key measures like patient satisfaction and service excellence? Then, isn't it possible that these exact issues are behind the hard-to-solve operational issues such as bottlenecks in throughput and the predicament of ED call coverage?

Before we answer, let's spend a moment looking at how we as an industry have historically tried to solve these challenges. First, we have looked to leadership training solutions and organizational development that may not have been created specifically for the healthcare industry. Beyond that, we've tried to focus on our operations through performance improvement initiatives and process re-engineering.

How can we expect process-improvement initiatives or service excellence training to gain traction with our medical staff when we haven't yet built the proper foundation? As an industry, we have to realize that we're spending millions each year treating these symptoms rather than treating the root cause of the disease. If a doctor treated the symptoms of our

depressed patient, the patient might be given a dozen different medications: one to remedy headaches, another for the insomnia, yet another for libido or lethargy. And yet, the patient only has one disease: depression. Treat that and the other symptoms are remedied as well.

The same is true of healthcare and yet we have a very hard time getting to the root cause of our disease. One root-cause analysis that I particularly like involves the Jefferson Memorial in Washington, D.C. As it turned out, the memorial was deteriorating every few years and the cost of repair was \$2,500,000. After seeing the hefty price tag, someone started asking questions. Why was it deteriorating so quickly? The answer was that the memorial required frequent cleanings with power washers and strong detergent. The next question was why the memorial required these frequent cleanings—because of the sparrow droppings. And why were there sparrow droppings? Because the sparrows were attracted by the spiders. Why were there so many spiders? The spiders were attracted by the midges. And why were there so many midges? The midges were attracted to the bright lights that turned on automatically before dusk. The result of this analysis was to adjust the timing of the lights...and save \$2.5 million dollars.

Something similar can be applied to healthcare. If we're successful, the impact in quality of patient care, employee/physician engagement, lives, and even the bottom line will be astounding.

So, how does one conduct a root-cause analysis for healthcare? Let's take a look.

Why is healthcare so difficult? That one's easy: as an industry, we are inherently divided into a massive array of tribes and sub-tribes. At the most basic level, in fact, each hospital often boils down to a huge number of tribes of one. You might think this isn't the case, surely there are unifying groups. All the doctors might be a single tribe, but think again...

Often there is a real divide between surgeons and all other groups (primary care providers, medical subspecialties or hospital-based physicians). Then all the surgeons might be a tribe, right? But is that really the case? Aren't the trauma surgeons divided from neurosurgeons or orthopedists or cardiac surgeons or urologists? Okay, you can see that point but surely the orthopedic doctors are one tribe. But are they? Not really. What about the hand surgeons versus the hip specialists versus the shoulder versus the knee...? In the end, you might end up with one doctor who is his or her own tribe.

What does this mean? The more divided we are, the harder it becomes to find common ground. What happens then? We demonize the opposition. Why? Because we're used to

working alone and that autonomy and our individual interests trump the common good. Anyone trying to infringe on that autonomy (administration, the board, or even physician competitors) becomes the enemy.

What happens then? We come to rely on the heroic efforts of single individuals because those divisions among us mean our teamwork invariably fails us. Even worse, we start working around everyone else in order to preserve that autonomy. Then the risks become greater and the chances of something going wrong increase exponentially. This only reinforces the idea that if we want something done right, we have to do it ourselves. And a vicious cycle repeats itself...again.

And why is all of this happening? Because we really don't trust one another.

Could it be so simple? Absolutely. At the root of each of us in healthcare is the desire to care for the patient, to be good at what we do, and to get positive feedback in our daily, professional lives. That means we really all have the same goals. The problem is that we express ourselves differently and often those differences are misunderstood or misinterpreted, leading to division.

At the Jefferson Memorial, the solution was to dim the lights a bit longer. The solution for the industry is to shine a bit more light on each other and to begin to build the foundation on our common ground.

Brian Wong and The Bedside Trust have done numerous root-cause analyses to help organizations solve their most vexing problems. To read more, or to contact Dr. Wong, visit www.bedsidetrust.com.