



Laurie Patterson,  
Employee Ombuds

Akron General Health System

## 2010 Data

Births: 3,249

Admissions: 32,619

Employees: 5,576

Volunteers: 1,307

Medical Staff: 1,099

Surgeries: 18,537

ED Visits: 99,884

# Today's Content

I. Implementation

II. Challenges of Health Care Conflict

III. Ombuds Function

IV. Types of Conflict/Visitor Need

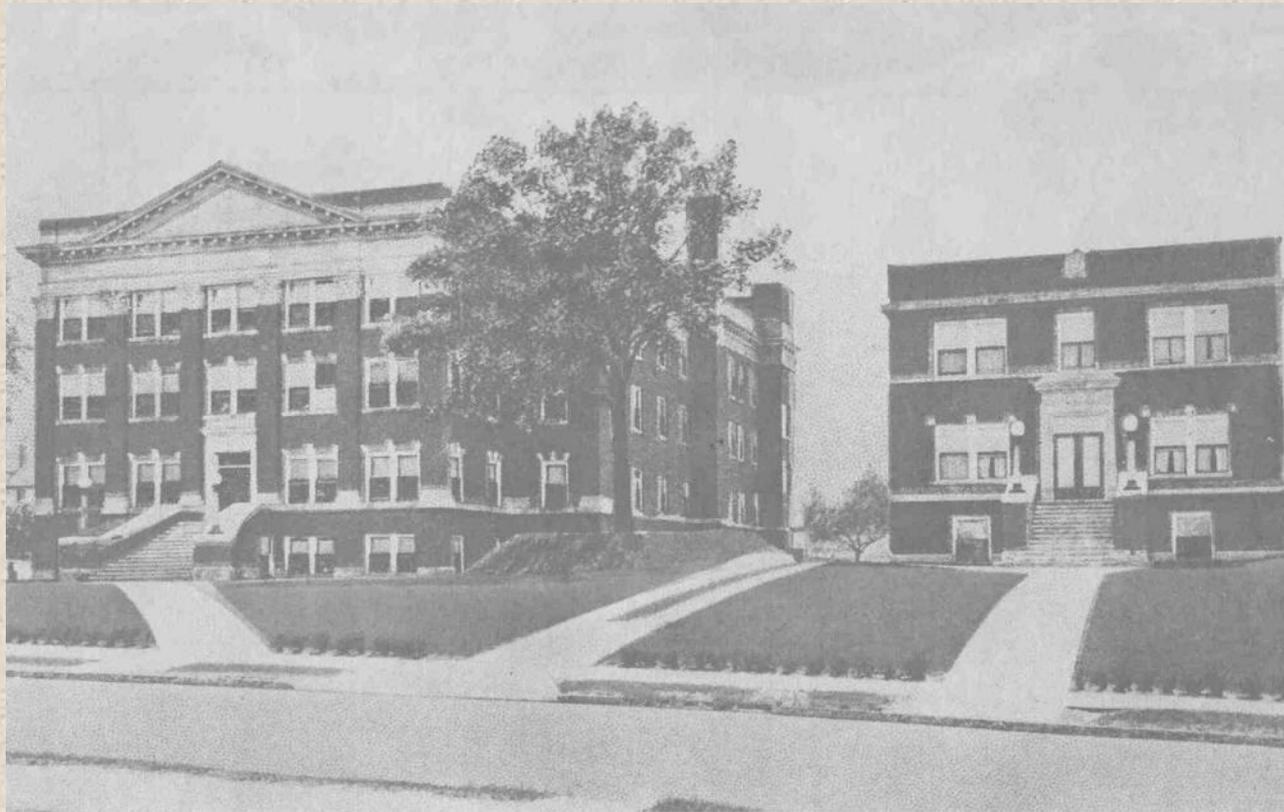
# I. Program Implementation



## Formation of AGHS Ombuds Office: a DyADS Model

- A sixteen-member interdisciplinary team, facilitated by two FMCS mediators, worked for fourteen months to discuss and design a conflict management system that would meet their needs.
- Design team included equal numbers of members from four groups: Professional Staff Nurses Assoc./Ohio Nurses Assoc., United Steel Workers, management, and non-bargaining healthcare workers.

# Common History: The People's Hospital, 1914



## Common Organizational Mission:

Akron General Health System is a not-for-profit healthcare organization with the mission of improving the health and lives of the people and communities we serve.

Common wish for the program they were developing:

to provide assistance to employees regarding work-related conflict and to leadership regarding issues that affect the hospital and the population it serves. Through this process, conflicts will be addressed and resolved as early and as close as possible to the time they are recognized. By improving communication and efficient work processes, early intervention by the AGREE Ombuds will supplement other organizational efforts that support patient safety and quality of care

# Challenges of Implementation



# Voices From the Design Team,

## Management:

Bring together a group of 16 disparate individuals, with very differing, if not at times conflicting interests. Make certain that not only do the individuals not know one another, but also many have never even met. Give them a goal of creating an alternative dispute resolution program without specific vision on what this should look like, nor any template from which to draw....To spice up this year long effort, picture one group engaging in an 11-day work stoppage half way through this vague process, thus calling a complete halt to the work at least temporarily....Rather miraculously, out of that journey emerged a viable, active, respected alternative dispute resolution process that continues to flourish ...

# Voices From the Design Team,

## United Steel Workers:

Speaking on behalf of USW Local 1014L, I believe the creation of the ombuds position has given our members a place to go and talk freely and confidentially about workplace conflict and to find solutions that cannot be found in our contract or in any policy. Employees need to know there is an avenue to deal with the universal problem of disputes and conflict in the workplace.

## Voices From the Design Team,

### Non- Bargaining:

My eyes were opened a lot.... I discovered that people were actually obtaining degrees in conflict resolution and an understanding of an ombudsman. I remember well how concerned we were that the hospital would fund our hiring of an ombudsman and our relief when the president came to our meeting and expressed his support....I am very proud to have been a collaborator in this effort. I would like to say that because of my involvement, I feel I have become a better person, better able to deal with conflict in my own life, and with a renewed faith in people that by working together for the good of the institution we can improve our own lives.

# Voices From the Design Team,

## Nursing:

The PSNA [Professional Staff Nurses Association] has been pleased with the options made available through the AGREE program for assisting members with non-contractual conflicts. The program has added considerably to the array of methods employed to resolve problems/concerns of our members and we enthusiastically embrace the AGREE Ombuds program when trying to resolve conflicts and improve our members' work lives. ONA [Ohio Nurses Association] /PSNA is proud to be a part of the development and ongoing expansion of the conflict resolution program at AGMC.

## Sustainability Efforts:

- Quarterly house rounding on all three shifts.
- Meet monthly with President, AGMC, and multi-disciplinary joint operating committee.
- Ongoing marketing in general health system newsletter and physicians newsletter — highlight facilitation services.
- Address Management Team
- Build and maintain alliances with Corporate Compliance, Union Leadership, Quality Improvement, Residency Directors, Partial Hospitalization, Social Work, Spiritual Care, Patient Advocacy, Human Resource Development, Security...

## 2010 Data, Ombuds Office

Training Totals: 540

Visitor Totals: 639

210 (32.8%)=Management for Conflict Coaching

## Recent Ombuds Office Successes:

- Engaging Nursing Administration to support Grand Rounds on Bullying and Lateral Violence
- Creating curriculum to address the science of self-care, burnout, communication skills, conflict resolution skills, relationship-building skills and methods for improving work processes
- Establishing value of Ombuds Office to President and other administrators by offering trending information and a sense of staff perspectives
- Linking conflict resolution efforts to patient safety and quality of care

## II. Challenges of HC Conflict

Following are a few characteristics of health care culture.

These are easy to find in most health care systems, hard to work around, and even harder to change without clear organizational intention and purpose.



How health care staff describe their environment:

Little Control with  
Full Responsibility

Increasingly Fewer Resources

Feeling Unheard

Constant Oversight by Regulatory Bodies

Chaos

Very Little Time for Effective Communication

Confusing Processes

Extreme Responses to Conflict Commonly Modeled

Rumors and Myths Replacing Facts

## Hierarchy

“The hierarchical nature of the health care system has significant consequences that can lead to patient harm. Unless all members of the team are empowered to act and speak freely and openly in clinical situations, potentially dangerous clinical environments are fostered and patient well-being is at risk.”



Kathleen Rice Simpson

## Retention Concerns

Despite all the attention focused on retaining nurses, many documented exit interviews still list *an unhealthy work environment* as the reason nurses leave.



Vestal, Katherine. "Lessons Learned." Nurse Leader (December 2006): 6-7.

## Need for Training

- Approximately half of the of residents felt it would be helpful to extremely helpful to have training in resolving conflict between them and junior residents that involved patient care.
- Sixty-five to 75% of the residents felt it would be helpful to extremely helpful to have training in resolving conflict among the junior residents.

“Chief Attitudes Toward Teaching Junior Residents,” Jennifer Savitsky MD, Sara Bazan DO, Melissa Kirven MD, Karen Gil PhD, Laurie Patterson



# The Implicit Curriculum

Words act on us: ways of speaking shape ways of knowing and being in the world. Thus, if we are looking for reasons why relations among OR team members are not improving with new generations at the rate that educators would like, the implicit curriculum embedded in team communications may be worth our attention.



“Team Communications in the Operating Room: Talk Patterns, Sites of Tension, and Implications for Novices” Lorelei Lingard, PhD, et al. *Academic Medicine*, Vol. 77, No. 3/March 2002.

## Intimidation

Almost half (49%) of all respondents told us that their past experiences with intimidation had altered the way they handle order clarifications or questions about medication orders.

Three quarters (75%) had asked colleagues to help them interpret an order or validate its safety so that they did not have to interact with an intimidating prescriber.

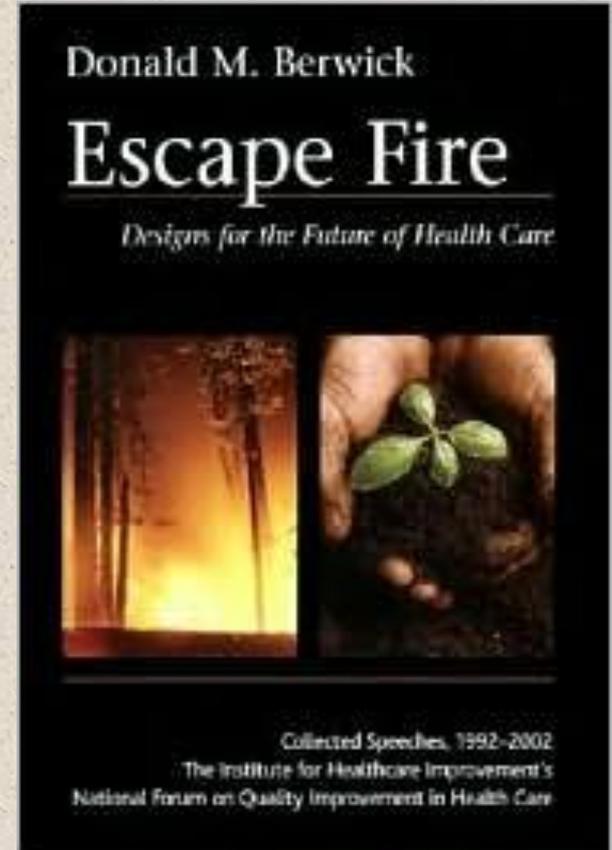


From the Institute for Safe Medication Practices. "Intimidation: Practitioners speak up about this unresolved problem (Part I)," 2004

# Many “Undiscussables”

Our challenge is to have the courage to name clearly and boldly the problems we have—many—at the size they occupy—immense. We must find ways to do this without either marginalizing the truth teller or demoralizing the good people working in these bad systems.

Donald Berwick, “Escape Fire”



### III. Ombuds Function

# IOA Standards of Practice

- Confidentiality
- Neutrality
- Independence
- Informality



<http://www.ombudsassociation.org/>

## IV. Types of Conflict/Visitor Need

Examples of types of conflict one might encounter in a health care system:

- Interdisciplinary
- Intradisciplinary
- Interdepartmental
- Intradepartmental
- Hierarchical
- Values/priorities



In addition to assistance with conflict resolution, visitors come to my office for:

- Management coaching
- Help with engaging employees and building teams
- Dialogue or meeting facilitation
- Training
- Anonymous upward feedback
- Confidentiality
- Viable options

