

"New Competencies for the Health Care System",  
ESQH 2007 AUTUMN WORKSHOP IN BARCELONA

## Transforming Health Professionals Education for improving healthcare

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## Educating the staff: Organization role and responsibilities



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## Staff Education

- Provide patient-centered care
- Work in inter-disciplinary teams
- Employ evidence-based practices
- Apply quality improvement concepts
- Utilize informatics
- Provide organizational orientation



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## Staff Orientation

- Provide Orientation on
  - Organization's mission and values
  - Department's, service's mission
  - Scope of services provided
  - Policies and procedures
- Define Position's responsibilities



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## Missing Foci in Professional Education

- Systems thinking and analysis
- Human factors knowledge
- Teaming concepts
- Communication skills (including apology)



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## The Broad "Answers"

- Standardization
- Simplification
- Safe system design
- Teamwork
- Prudent implementation of technology



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## Clinical Core Competencies

- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- **Systems-based practice**

### **Systems Thinking**



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## Physician Responsibility Before Systems Thinking

- **My** knowledge, skills, memory
- Do no harm to **my** patient
- **My** error
- Credential and privilege peer
- Review peer's performance
- Judge peer
- Discipline peer



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## Physician Responsibility With Systems Thinking

- The **system** – people, technology, processes, information
- My role in **system**
  - Build on human strengths
  - Protect against human weaknesses
- Goal: do no harm to **our** patients
- Improve system performance
  - Performance measurement
  - Quality improvement
  - Root Cause Analysis
  - Failure Modes and Effects Analysis
- Maximize system, optimize parts



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## Human Factors Knowledge

- Human factors engineering is not new but suffers from a link to the design of medical devices or information technology
- The U.S. Institute of Medicine has identified better use of human factors principles as a key strategy in making health care safer



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## Human Factors Knowledge

- Too often the front-line workers use creative “patches” when problems arise
- Such “workarounds” do not fix the underlying problem



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## Human Factors Knowledge

- Some key engineering concepts include:
  - Visibility – The operation of tools and equipment should be apparent to the users.
  - Constraints – Make the right way to do things easy and the wrong way hard.
  - Standardization – Allows users to develop consistent expectations about how things work.



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## Team working concepts



## Information Technology Assistance

- Communication
- Memory
- Information available at point of use
- Standardization
- Clinical decision support
- Push new information to user

## Improving Communication

- Assist all staff in understanding the critical nature of all communications
- Address first the communication of complex critical information
- Standardize forms, processes and location
- Build communication into staff education, especially the orientation of new staff
- Make communication a component of every quality improvement effort

...and more for new Staff coming from other countries

## Two worldwide challenges

- Shortage of HCP
- HCP migration flows around the world

## An example

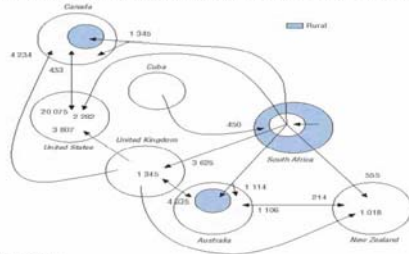
Numbers of nurses from overseas who applied for registration in UK						
Country	1998/99	1999/2000	2000/01	2001/02	2002/03	2003/04
Philippines	52	1052	3396	7235	5593	4338
India	30	96	289	994	1830	3073
South Africa	599	1460	1086	2114	1368	1689
Australia	1335	1209	1046	1342	920	1326
Nigeria	179	208	347	432	509	511
Zimbabwe	52	221	382	473	485	391
Ghana	40	74	140	195	251	354
New Zealand	527	461	393	443	282	348
Zambia	15	40	88	183	133	169

Table shows six years of registration of overseas nurses in the United Kingdom. In 1999/2000, overseas admissions to the register started to increase rapidly.

Source: WHO

## Another example

9 – Figure. Principal Axes of International Mobility of Health Professionals between the Old Commonwealth Countries, the United States and Cuba (by Country of Birth).



Emmett and Meyer 2004 p428

## Europe environment

- Fearing the flight of Czech physicians after EU expansion on May 1st, *The Lancet* featured crisis planning in the Czech Republic. With neighboring EU countries offering wages four times higher, the Czech Republic anticipated mass exodus. One coping strategy is to recruit nearby Slovak doctors.

(Mareckova, M. (2004) 'Exodus of Czech doctors leaves gaps in health care', *The Lancet*, Vol. 363, No. 9419, pp. 1443-46.)

## Europe environment

- Polish physicians working in Germany. German physicians flying to England to work at weekends. Angolan nurses working in Portugal. Estonian pharmacists working in Finland. (Eurohealth, november 2007)

## Consequences

- Shortage worsens on the developing countries
- New problems arise on the destination countries

## Level of responsibility

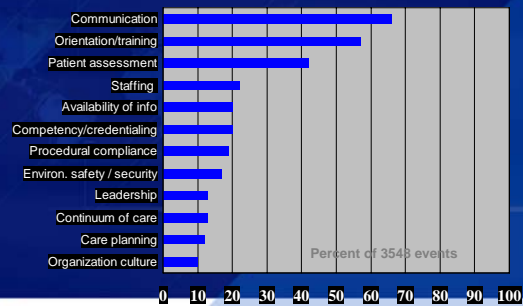
- Shortage worsens on the developing countries: WHO, EU, individual Countries
- New problems arise on the destination countries: individual Countries, individual healthcare facility

## Problems at receiving organization

- New Staff Values and beliefs
- Organization Culture
- Language barriers
- Credentials
- Privileges

## Root Causes of Sentinel Events

(All categories; 1995-2005)



## Communication as a Root Cause

- Mode of communication
  - Oral (55%)
  - Written (35%)
  - Electronic (10%)
- Participants
  - Among staff (60%)
  - With or among physicians (25%)
  - With patient or family (15%)
- Other communication issues
  - Transcription
  - Change-of-shift report
  - Paging systems

## Provide education..

- On language skills
  - Written
  - oral
- On communication skills
  - Verbal
  - Not verbal
- On Patients rights
- On Patients education and information needs