

## HEALING THE HEALTH CARE SYSTEM

by Leah Curtin RN PhD

The *Chicago Tribune* held it up to a microscope, and found it wanting. The *New York Times* published a whole series about it, wondering if it could be saved. The IOM just released another report about it (The first one was called "To Err is Human," this one is called "Crossing the Quality Chasm." Chasm, mind you! No little bitty hole this time!) It is, of course, the U.S. Health Care System, or illness care non-system, if you want to get technical. Following the publication of "To Err is Human," safety experts testified before Congress and blamed the system. They also suggested that the surest way to heal this system is to change the culture.

The culture they we're referring to is the corporate culture, and the healing most needed is in the organizational frame of reference, or OFOR. We commonly presume organizations are technical, rational instruments designed to mobilize their members' efforts to achieve planned goals. Not! Non-rational behaviors develop in interactions between and among the organization's purpose, its culture (OFOR), and its various stakeholders who evaluate outcomes as they relate to their personal or groups' positions. According to Shrivastava et al, "Organizational Frames of Reference are contested terrain, and constitute the ideological apparatus of the organization." The way an organization frames, or even defines a problem relies upon the collective, fundamental assumptions, cognitive elements and maps, as well as the reality tests which comprise - and

are determined by - the OFOR. It also delineates what questions the organization explores.

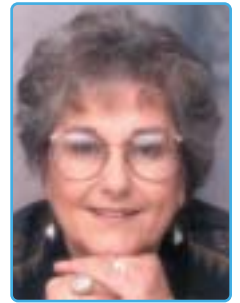
Prior to 1985, hospitals' OFOR was reasonably well articulated as a community service model. Science, and scientific enquiry was alleged to be that value which legitimized a choice (certainly in the care of patients!), and influenced decisions to adopt various treatments, purchase equipment, reference when making diagnoses and often other decisions having to do with allocation of resources. Thus, organizational influence and authority rested in expertise, and its twin brother, specialization. Because almost all U.S. hospitals were started by religious groups, public communities, or governments, their funding depended in large part on the community services they offered (whether through grants, tax exemption or fund-raising). Thus power was vested in meeting community needs. And finally, this shared commitment to community well-being gave a firm foundation to cooperative efforts.

The majority of those working in hospitals in the 1990s were Baby-Boomers: and an idealistic subsection of them, at that! This generation, always activist, gave rise to the Civil Rights movement, the women's movement, the Vietnam War protests, to innumerable groups ranging from ZPG to PETA. Those who chose to work in the health care sector, by and large did so because they wanted to earn their living by serving some of the intense personal needs that human beings experience. Their values were clearly articulated - and they meshed almost perfectly with hospitals OFOR.

To put this in organizational terms, the ASA (attraction, selection, attrition) cycle was at its peak. The ASA cycle assumes that people are attracted to organizations because they share similar values. The organization selects them for hiring and promotion primarily because they demonstrate organizational values in their behavior/choices/actions and attrition eventually occurs as they retire or change jobs. The higher along the scale, (generally this is measured by job tenure) the stronger the organizational culture.

Corporate culture heavily influences how well the organizations' various systems (financial, clinical, administrative) cope with one another, with organizational challenges, and with environmental (social, scientific and financial) changes. Implicit, invisible, and informal though all corporate cultures are, they constitute the organization's self-image, and they shape its members role expectations and behavior.

By the 1980s, an aging population, coupled with astounding technological advances, and a national commitment to the care and cure of the ill, began driving costs to unanticipated heights. First came government intervention with DRGs, and by the late 1980s private sector driven managed care. Along with this grew the conviction that costs were out of control because hospitals were poorly managed, overspecialized and staffed, and extravagant in the overuse of technology. Little attention was given to the



**Therapeutic Humidification Anything less is.....<sup>1</sup>**

**ThermoFlo™ System**  
**ARC Medical, Inc.**  
 Changing Humidification Since 1990.  
 322 Patterson Ave. • Scottsdale, GA 30079  
 Phone (404) 373-8311 • FAX (404) 373-8385  
 Order Toll Free **(800) 950-ARCI (2721)**  
 arcmedical.com

1. No reported incidences of ET tube occlusions in 15 years.

**CIRCLE READER ACTION CARD # 25**

# Oxygen Therapy For The 21<sup>st</sup> Century.

by  **Oxy-View**

Innovative  
eyewear for  
patients requiring  
continuous  
supplemental  
oxygen.



Call today to find out more about  
Oxy-View oxygen therapy eyewear.  
877-699-8439

Oxy-View, Inc.  
109 Inverness Drive East, Englewood, Colorado 80112  
P. 877-699-8439 www.oxyview.com F. 303-790-4588

**CIRCLE READER ACTION CARD # 41**

## Soft fleece covers for C-PAP & BI-PAP hoses!!



- Decreases condensation!
- Decreases nighttime awakenings!
- Improves quality of sleep & patient compliance!
  - Matches patient personality & room decor!
  - Looks & feels great!
- Eco-friendly (made from recycled soda bottles!)
  - Hypo-allergenic & anti-pill!



APSS  
Booth 1042

Snugglehose, LLC. 459 E. 1300 S. Salt Lake City, UT 84115  
E-mail: snugglehose4u@aol.com  
Homepage: www.snugglehose.com



**CIRCLE READER ACTION CARD # 42**

*Healing the Health Care System... Continued from page 28*

dearth of preventive, primary and maintenance care, the upfront costs of the biomedical revolution, or the shunting of all sorts of social problems ranging from unwanted pregnancies, to drug addictions, and social violence, to the chronic ailments associated with aging - to the health care system.

Thus, the conviction grew that if hospitals were run on a more business-like basis, significant savings could be realized. Byzantine regulations, startling malpractice settlements, and confusing reimbursement schemes gave impetus to this movement, the upshot of which was the restructuring craze of the early to late 90s. The adoption of a market-based business model imposed alien values on hospitals very strong OFORs. Legitimacy was vested in profit rather than science. Organizational influence and authority rested in low cost generalization rather than expertise. Power was vested in market dominance rather than meeting community needs. And thus, inevitably, competition replaced cooperation in both external and internal markets as everyone vied for a larger piece of the monetary pie.

This inversion of values gave rise to enormous pain, as cross-trained, minimally educated workers replaced nurses and paraprofessional personnel, as generalists replaced specialists, and as CPAs replaced CEOs in the corporate world. The decisions that flowed from the competitive, business-oriented OFOR produced what I can only call Organizational Schizophrenia. As the years passed, key personnel from the 'old' culture were replaced by personnel who reflected the values of the new OFOR - and thousand more 'little' and big decisions influenced every single aspect of health service delivery in the USA. The culmination came when Justice Souder wrote in Pegram versus Herdrich, "...the profit incentive to ration care [which goes] to the point of any HMO scheme." Perhaps the greatest irony of all came from the business sector itself which scathingly denounced hospitals for a willingness to cut corners at the cost of lives - and publicly announced that they would only do business with hospitals that put their priorities and their resources in patient safety (the Leapfrog Group).

The outcome is apparent for all to see. Perhaps the greatest irony of all is that the "business model" OFOR ended up costing more - a lot more - than the old community services model. Physicians are sick and tired - AMA reported that over 1/2 of MDs over 50 retired by 2005. Nurses are sick at heart and tired - and they're leaving the hospital: only 61% of RNs work in hospitals today as opposed to 80% in 1990. The cure is to adopt the values of the community service model, and to articulate them in words and behavior. Management can start by replacing the word 'cost savings' with 'clinical elegance' (just the right amount of what the patient needs given at just the right time and for just as long as the patient needs it). And in decisions. Management already is seeking more RNs, Intensivist physicians, specialists in various fields...And in the deployment of resources. Purchasing a computerized physician order entry system is a start, hiring clinical specialists and clinical educators is a close second. Reining in the all-but-impossible span of control heaped on the shoulders of first line managers is yet another. And there is more, much more to do, but we are at least beginning to heal ourselves!