

Here are 13 specific items to assess in your organization. Your assessment should guide your next steps in creating and sustaining a culture of safety. The items are grouped into three areas for creating a supportive culture: training, hardwiring behavior, and leadership actions.

Effective Training

Assessment Item #1: Training must be provided to all clinicians and staff involved in providing care.

Sustainability begins with effective training. In order to effectively change thought processes and therefore behaviors, teamwork training must be:

- **Interdisciplinary.** The purpose of the skills workshop is to train teamwork, communication and coordination skills, and requires complete healthcare teams, including ALL team members, to do this. The “teams” working together in your classroom educational activities should closely mirror the teams providing care in your organization. Each classroom “team” should have physician, nurse and staff representation. Training nurses without physicians, or vice versa, is ineffective and sometimes counter-productive. Actual patient care is provided by a team; therefore, teamwork training must be provided to the entire team.
- **Skills-based.** The training must teach actual skills; therefore it must be experiential, with opportunities for practice and feedback. Knowledge-based training is insufficient to satisfy the responsibility to teach behavioral skills.ⁱ Information gained from knowledge-based learning is perishable and will not be sustainable. “Telling” is not “Training.” Knowledge is important to learning new skills, but not sufficient to change behavior. Avoid training sessions that are strictly knowledge based. Effective training gives your staff the ability “to do” – actually practice the specific behaviors in their daily work activities. Courseware must be based on discrete observable behaviors and the training must equip staff to perform those behaviors.
- **Attended by leadership.** Make sure your leaders learn and practice the skills as well. To get the maximum buy-in from the staff, it is extremely important that your leaders support these behaviors by modeling them for the entire organization.ⁱⁱ

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

- 1 **No Training** 2 **Some Training** 3 **Interdisciplinary** 4 **Exactly as Described**

Assessment Item #2: Conduct periodic refresher training on teamwork skills.

The skills utilized in teamwork-based patient safety programs are just like technical skills and knowledge. If not used and refreshed, they decay over time.ⁱⁱⁱ Use it or lose it. A single didactic exposure is not enough to sustain long-term change.^{iv}

Organizations must identify which teamwork skills are decaying most rapidly through data collection and analysis. Direct observational studies, error and near miss reporting systems, sentinel event root cause analysis, and quality data can be mined to highlight which skills need focus and attention through refresher training.

CRM Rating for Each Unit

Average ratings
Scale: 1 = poor ... 5 = excellent

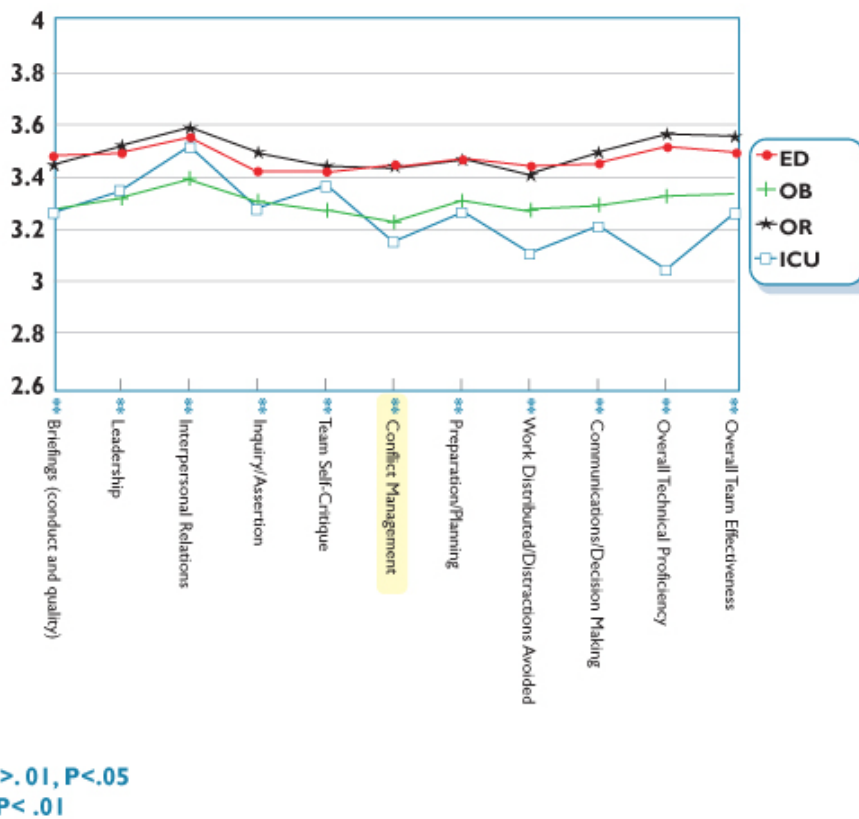


Figure 1: Data from Direct Observational Study of Teamwork Behaviors

The graph above shows how facilities can conduct direct observational studies of teamwork performance to determine which skills should be refreshed during the next training cycle.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

- 1** No Refresher
- 2** Some Refresher
- 3** Regular Refresher
- 4** Data-Driven & Regular

Assessment Item #3: Conduct new-hire training.

Healthcare employee turnover in most states averages 15.6%. For every 100 staff members involved in your team training initiative, about 16 of them will be replaced in the coming year. Each one of those new employees will need teamwork training to equip them with the same skill sets the rest of the team now has, and to align them with the corporate focus on teamwork and safety. Research has shown conclusive evidence of the impact of this approach. Alignment between the values of the organization and the teamwork competencies of employee is a key indicator of motivation and satisfaction. If an employee’s values and abilities are close to those defined as “core” by the hospital, they are more likely to be productive, motivated, satisfied, and well rewarded - four critical elements to long-term sustainment of your training initiative.^v

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|--|----------|--|----------|---|----------|---|
| 1 | No New-Hire Teamwork Training | 2 | Some New-Hire Teamwork Training | 3 | Fully Embedded in New-Hire Teamwork Training | 4 | Training & Mentoring Provided to New-Hires |
|----------|--|----------|--|----------|---|----------|---|

Hardwire Teamwork Behavior

Assessment Item #4: Customized, site-specific safety tools (e.g. checklists, communications scripting, standard operation procedures, etc.) thoughtfully adapted from HROs, must be created and implemented.

Effective, experiential, interdisciplinary classroom or simulator training is only the first step in sustainability and in most cases will not permanently change behavior^{vi} or create culture changing habits. Safety tools, such as checklists, standard operating procedures, and standard communication protocols are needed to ensure the behaviors learned in the training are actually used on a daily basis. Successful tools have these important characteristics:

- They are created by the people who do the work. Tools “borrowed” from other organizations and not locally customized are rarely effective as they don’t account for local and site-specific work flows. These sorts of

| "I M STABLE" TRANSFER NOTE | | | | | | | | | |
|--|---|----------------------|--------------|---------------------|------------------|---------------------|--|---------------------|--|
| I | I D - (Name, Age, DOB, MRN, Stat Name, Sex) | | | | | | | | |
| M | M O - Mechanism of Injury / Chief Complaint, Time of Incident | | | | | | | | |
| S | S tatus- V/S, Neuro Status, Airway type PTA ED | | | | | | | | |
| T | T reatment- Meds, Procedures PTA ED | | | | | | | | |
| A | A llergies | | | | | | | | |
| B | B ackground- PMH, Meds (home), Surgical History | | | | | | | | |
| L | L ast... Meal, LMP | | | | | | | | |
| E | E xtras - Additional information/ Injuries | | | | | | | | |
| Report Times | <table border="1" style="width: 100%;"> <tr> <td>Report (Print name):</td> <td>File Number:</td> </tr> <tr> <td>From _____ To _____</td> <td>Trauma 3-1120</td> </tr> <tr> <td>From _____ To _____</td> <td></td> </tr> <tr> <td>From _____ To _____</td> <td></td> </tr> </table> | Report (Print name): | File Number: | From _____ To _____ | Trauma 3-1120 | From _____ To _____ | | From _____ To _____ | |
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| From _____ To _____ | | | | | | | | | |
| <small>*Any entry should be documented with time or unit (L/F, ED, etc.) **Not part of medical record</small> | | | | | | | | | |

off-the-shelf tools have no personal investment and support from the people who use them. Tools should never be “dropped” on a work group with orders to “Use this.” Even the designers of the WHO Surgical Safety Checklist recommend their product be customized locally.

- They are updated and refined frequently. Tools are rarely perfect the first time they are used. They must be treated as living documents, to be revised and updated as needed by the people doing the daily work.
- Every written tool (e.g. checklist, briefing guide, etc.) must have the tool owner’s name, version number and date clearly visible. This allows the team to know who is responsible for the updating and revision process and that they are using the most current version of the tool. This also reinforces the thought process that this is a living document to be refined as needed.
- All tools created must be formally embedded into the organization’s Policy and Procedure Manual or other formal unit documents describing how work is accomplished in the department.

Safety tools that hardwire behavior are the “engine” producing real and measurable change and the key ingredient of sustainability. Long after the effects of classroom training have worn off, safety tools will ensure permanent behavior change.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|---------------------------|----------|--------------------------------------|----------|-----------------------------------|----------|---|
| 1 | No Checklists Used | 2 | Off the Shelf Checklists Used | 3 | Customized Checklists Used | 4 | Checklists Used Exactly as Described |
|----------|---------------------------|----------|--------------------------------------|----------|-----------------------------------|----------|---|

Leadership Action and Organizational Structure

Assessment Item #5: Managers and administrators must “Round” on departments that have implemented teamwork training and safety tools.

Rounding is a version of “management by walking around.” Rounding means that managers get up, leave their office, and daily and personally visit departments conducting teamwork training and implementing safety tools. Leaders touch base with physicians and staff to find out what is working with the training initiative and what improvements can be made. This is the key leadership action that will help ensure sustainability. In our experience, every organization that has failed to sustain their performance improvements over time has also failed to Round. An effective leadership Rounding program will:

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- Be conducted according to a written schedule with people, places, and times specifically designated. Without a specific schedule, Rounding will not happen.
- Be emphasized in the first month after the first safety tool is implemented in the department.
- Include key executive leadership such as the COO, CMO, and CNO, as well as departmental leadership such as the Chief of Service and departmental directors and managers. Leaders must be present in the unit and demonstrate support of the team training initiative by providing positive messages about the initiative and positively reinforcing observed teamwork behaviors.^{vii}
- Collect key information on the success of the initiative by having managers ask these questions:
 - What is working in our initiative?
 - What needs to be fixed?
 - Who should I thank for doing a good job?
 - Do you have everything you need to make this successful?
- Analyze and act upon the information collected during Rounding. Leaders should make sure there is a formal feedback program for the information obtained during these Rounds. Managers must fix what needs to be corrected and ensure their efforts and improvement results are publicized to their personnel.
- Reward positive behavior that is helpful to your teamwork training initiative discovered during Rounding. Be especially alert for significant examples of supportive behavior from champions and difference makers. When discovered, send personalized “Thank You” notes, write letters of appreciation for personnel files, and recognize individuals during departmental meetings.
- Staff members want to know the effort they are expending on this initiative is important. The presence and interest of their managers and leaders signifies its importance. Additionally, they want to know that what they’re doing has an impact and makes a difference to their patients. Rounding enables leaders to collect the anecdotal success stories for publication and dissemination.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|---|--------------------|---|----------------------|---|-------------------------|---|-------------------------------|
| 1 | No Safety Rounding | 2 | Some Safety Rounding | 3 | Regular Safety Rounding | 4 | Rounding Exactly as Described |
|---|--------------------|---|----------------------|---|-------------------------|---|-------------------------------|

Assessment Item #6: Leadership must be willing to conduct coaching conversations with low performers and impose consequences for poor performance.

Research shows that in the typical healthcare organization 34% will improve performance after training and stay at their new level, 58% will improve and stay there if their performance is reinforced and 8% will not improve.^{viii} The “eight percenters” must be held accountable. Leaders must coach them to change performance and terminate them if performance does not change. By hanging on to the low performer, organizations are negatively impacting the sustainability of their team training initiative.

What you permit, you promote. Toxic colleagues who are allowed to persist with low performance will cause 48% of your staff to decrease the quality of their work and 78% will decrease the level of their commitment to the initiative.^{ix} Failing to impose consequences on low performers will cause those who support your training initiative to be pulled backwards and your champions will become frustrated. Dealing with low performers is one of the most critical leadership actions needed to ensure sustainability of training.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|------------------------------|----------|----------------------|----------|---|----------|--|
| 1 | No Accountability | 2 | Some Coaching | 3 | Willing to Impose Consequences | 4 | Uncompromising Accountability |
|----------|------------------------------|----------|----------------------|----------|---|----------|--|

Assessment Item #7: Ensure safety and teamwork become part of the corporate mission or annual goals.

Behavioral change begins and is sustained when leadership communicates its vision for the role of teamwork in achieving safe and quality care. Sustained individual behavior change is more likely to occur when the strategic priorities and mission are clearly communicated. Written corporate mission statements, yearly goals, and other organizational commitments must include an emphasis on teamwork and its role in safety and quality. Additionally, institutions have little chance of convincing their medical staff and employees of their serious commitment to teamwork and safety without the willingness to put that commitment in writing.

Here are a few examples of mission or vision statements from hospitals that have successfully sustained their teamwork training improvements over time:

“General Hospital provides care that is safe, efficient, patient-centered, timely, effective, and equitable. To do this, we will excel technically, be experts in teamwork, and follow our policies, procedures, and protocols to provide the highest standard of care.”

“Memorial Hospital provides safe, efficient, compassionate care of the highest standard through teamwork, technical proficiency, and adhering to guidelines, policies, and procedures.”

Notice that both examples include the concept of “teamwork.” Teamwork must become part of mission statements, yearly goals and other written commitments because executive performance assessment and compensation tend to follow those corporate goals (as discussed in Assessment Item #9). The more closely aligned the written corporate goals are with your training initiative, the more executive assessment systems will be aligned with your teamwork training program and the more focus and attention your leaders will give the effort.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|---------------------------------|----------|---|----------|---|----------|---|
| 1 | Safety not Mentioned | 2 | Safety Mentioned but not Important | 3 | Safety Takes a Backseat to Other Goals | 4 | Safety Drives Everything We Do |
|----------|---------------------------------|----------|---|----------|---|----------|---|

Assessment Item #8: Safety and quality metrics must be part of the dashboard used to measure performance.

Many hospitals today use a dashboard system of metrics to gage their financial and clinical health. Daily dashboards must also include metrics that include teamwork-based safety and quality issues. Measurement and transparency will drive accountability and allow leaders and staff to adjust their actions to get the results they want. Data collection and analysis also allows the organization to objectively hold individuals accountable for results. Lastly, including teamwork-based safety measures in the corporate or unit dashboard allows alignment of daily behaviors to the goals of your initiative. If teamwork-based safety performance isn't measured, organizations won't get the behaviors they need to make the initiative a success. As results improve, passion is ignited in the organization for the initiative and sustainability becomes easier.

Here's an example of how the failure to include safety and quality issues in the corporate dashboard affected organizational performance. As we began our work with one large hospital in the south, not one dashboard metric covered safety or quality issues. Every single metric focused on efficiency, through-put, or profitability. It came as no surprise when we discovered the hospital had one patient harming event in surgery every 60 days. The staff was clearly rushing and focusing on through-put, trying to respond to what was important to leadership. Leaders wanted more through-put to compensate for the reduction in reimbursement rates. By driving the staff to see more cases, the hospital generated more revenue on the front end but

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they were losing much of that revenue on the back end in errors and claims. Realizing this, the leadership changed their dashboard to include safety and quality metrics.

A typical example of a dashboard for a successful teamwork-based patient safety initiative is shown below:

| GOAL / OUTCOME | MEASURE |
|----------------------------------|---|
| 1. Safety/Quality Outcomes | <ol style="list-style-type: none"> 1. Reduce surgical error (9) 2. Eliminate OR sentinel events (8) 3. Eliminate wrong surgeries (5) 4. Reduce post op infections (5) 5. Increase compliance with pre-op antibiotics (3) 6. Improve surgical mortality (2) 7. Days between wrong surgeries 8. Eliminate retained objects |
| 2. Teamwork and Communication | <ol style="list-style-type: none"> 1. Improvement in Employee Satisfaction Scores (12) 2. Improved physician satisfaction (11) 3. Decreased turnover among staff (3) 4. Improved Patient Satisfaction 5. Decreased vacancy rate 6. Improved communication between SPD & OR 7. Improved communication between surgeons and anesthesiologists |
| 3. Efficiency | <ol style="list-style-type: none"> 1. OR turn-around times (13) 2. Improved first procedure start times (13) 3. Decreased instances of required equipment not there or not operable (3) 4. Reduction in unexpected delays (2) 5. Fewer last minute cancellations (1) |
| 4. Reliability / Standardization | <ol style="list-style-type: none"> 1. 100% compliance and use of Hardwired Safety Tools <ol style="list-style-type: none"> a. Briefing & Debriefing compliance b. Std scripting compliance c. SBAR compliance d. Checklists, Posters, Pause for the Cause compliance 2. Decreased specimen errors (2) 3. Decrease in returns to surgery (2) |

Figure 2: Example of Data Collection and Analysis Plan

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

1
Not Part of Metrics
2
Collected but Unused
3
Collected and Used
4
Central Part of Leadership Dashboard

Assessment Item #9: Executive assessment and reward systems must be aligned with teamwork-based safety initiatives.

Teamwork training initiatives must have continual management attention and focus to be sustained over time. Therefore, executives and managers must be held accountable and rewarded for meeting the goals of the initiative. Without alignment between your organizational teamwork training goals and individual performance assessment and reward, management attention will drift and become devoted to what is assessed and rewarded. Managers will pay attention to the projects that affect their personal performance evaluations.

An organization might want to see a 20% improvement in compliance with the Universal Protocol but if a manager’s evaluation is not tied to this metric, the increase is merely a nice idea – not a “must do” for that manager. If, however, the manager’s assessment system is revised to reflect that increased compliance in the department becomes 10% of her evaluation, the initiative will get constant leadership attention. There is a simple principle at play here - behavior that gets rewarded gets repeated. Sustained organizational change requires the on-going support of leadership.^x

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|-----------------------|----------|-----------------------------------|----------|--------------------------------------|----------|----------------------------------|
| 1 | Not Considered | 2 | Part of General Assessment | 3 | Rewarded Without Compensation | 4 | Part of Compensation Plan |
|----------|-----------------------|----------|-----------------------------------|----------|--------------------------------------|----------|----------------------------------|

Assessment Item #10: Physicians must be actively recruited as “partners” in support of the teamwork-based safety and quality program.

Physicians play a critical role in the sustainment of teamwork-based training initiatives. Physicians are clinical workplace leaders and set the teamwork example and influence the standards of conduct for the organization. Without their active support and partnership, few facilities will be able to sustain their training improvements. The physician that treats his or her patient with care, cooperation, and effective communication when working with that patient but otherwise displays a complete lack of teamwork and collaboration with the staff will undermine the clinical team’s ability to sustain the teamwork training initiative.

Leaders of the training program cannot allow physicians to sit on the sidelines and wait for the training program to bear fruit. They must convince physicians of the need for their commitment from the very beginning of the initiative and that their influence, example, and leadership are critical to sustained success. In our experience, following a strategy of “Let’s train everyone else and hope the physicians come onboard later” is not a winning game plan. Sustainable training initiatives follow these steps in creating and supporting physician partners:

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- Provide the “evidence” for teamwork – the data and literature that support teamwork training as a method to improve processes and clinical outcomes;
- Insist on physician involvement in experiential, skills-based teamwork training. Prescriptive training conducted with the rest of the clinical team is critical for performance improvement;
- Provide feedback on performance data collected and analyzed to measure progress of the training initiative. Ensure you physicians can see the results of their efforts in a systematic and comparative way;
- Recruit physician champions to the cause and equip them with the “scripting” and data to conduct “one on one” conversations with their peers. The support of respected physicians for the team training program is crucial in the informal process of convincing physician colleagues to make practice pattern changes;
- Ensure physicians are crystal clear about your organization’s behavioral expectations resulting from your teamwork training program. “Over communicate” your revised Mission, Values, and behavioral standards. Where needed, revise Med Exec By-Laws to include verbiage supporting your teamwork behaviors and ensure these are well communicated to all physicians;
- Create patient demand for teamwork by making your patients aware of the collaborative role you expect them to play. Patient expectations for teamwork can have a tremendous influence on physician behavior;
- Reward and recognize supportive physician behavior discovered during Rounding and observations.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|-----------------------------|----------|-------------------------------|----------|---|----------|--|
| 1 | No Physician Support | 2 | Some Physician Support | 3 | We Have Strong Physician Champions | 4 | We Have True Physician Partnerships |
|----------|-----------------------------|----------|-------------------------------|----------|---|----------|--|

Assessment Item #11: Revise the Policy & Procedures Manual and other unit documents to include teamwork and behavioral guidelines.

If the hospital desires specific teamwork and communication behaviors from its physicians and staff, it must put those expectations in writing. Policy and Procedure manuals and other written documents governing how work gets done should contain behavioral guidelines for teamwork, communication, coordination, decision-making and performance feedback. These written policies will drive procedures and practices on a daily basis. Including these performance guidelines creates alignment between the organization’s philosophy, as expressed in their mission statement, their written policies, and the daily practices of the staff. Employees are keen to discern any disconnects between the mission, value, policies and actual daily work practices. If the organization is unwilling to create policies supporting the new teamwork-based safety initiatives, there is great risk that the effort will fail. Changing the policies is a way for leadership to commit publicly, in writing, to the necessary changes.

It is difficult to implement any sense of the standards of teamwork behavior until the standards are clearly articulated. By revising the documents that govern how work is done, the organization is simply saying, “This is how we do things here.” Including behavioral guidelines for teamwork and collaboration helps create a system where teamwork is not dependent on which team or which department chooses to use them but rather all teams in all departments all of the time will have the same behavioral standards.

Here are examples of policy statements a hospital inserted into its P&P Manual to support training sustainment:

“All members of the surgical services team at General Hospital will be trained in teamwork skills and are expected to use these teamwork skills in their daily work and in their professional communication with other members of the General Hospital healthcare organization.”

“It is the personal responsibility of each member of the team to cross check other members of the team.”

“Any Red Flags, or potentially unsafe or non-standard situations shall be brought to the attention of the team and team leader in a respectful but assertive manner.”

Figure 3: Examples of Teamwork and Behavioral Guidelines in a P&P Manual

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|---|----------|--|----------|--|----------|---|
| 1 | Teamwork Skills not Mentioned in P&P | 2 | Unspecific Teamwork Skills Mentioned in P&P | 3 | Specific Teamwork Behaviors Listed in P&P | 4 | Specific Teamwork Behaviors & Safety Tools Included in all Written Documents |
|----------|---|----------|--|----------|--|----------|---|

Assessment Item #12: Employed physicians, nursing, and staff member evaluation systems must include teamwork and communication behavior metrics.

Most of the assessment systems in use in healthcare organizations have a heavy emphasis on clinical performance and procedure. Few assessment systems evaluate communication and teamwork behaviors. True change in support for teamwork training programs in aviation organizations did not occur until flight crews were assessed on their teamwork skills and the same is true for healthcare personnel. What is assessed becomes important to those being evaluated. The evaluation system becomes the linking bridge between the employee and the organization's goals. Changing the evaluation system changes the employee.

Additionally, the assessment program can feed valuable data back to the training program so that future teamwork training targets areas of need as indicated by data analysis.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|--|----------|---|----------|---|----------|--|
| 1 | Teamwork Behaviors not Included | 2 | Some Teamwork Behaviors Included | 3 | All Required Teamwork Behaviors Included | 4 | All Required Teamwork Behaviors Included & Assessed |
|----------|--|----------|---|----------|---|----------|--|

Assessment Item #13: Institute a system to capture teamwork-based safety program successes and publicize those to the organization.

The culture of silence is so pervasive in many healthcare organizations that most departments have no idea of their actual safety record. For instance, many of the surgical departments with which we have worked are shocked to find out that their department has had a record of wrong surgeries. That culture of silence also prevents many institutions from documenting and publicizing those instances where a staff member did assertively speak up and prevent an impending adverse outcome.

Without transparency of unit performance and knowing the state they are in, many staff members will see no reason to do anything differently. As well, if the staff never sees the results of the effort they have invested in, they see no reason to continue that effort. In short, success breeds success. The institution must absolutely capture, document, and publicize the improvements in safety and quality to sustain their teamwork training program.

RATE YOUR ORGANIZATION:

Circle the numbered box below that is most closely aligned with your organization.

| | | | | | | | |
|----------|--|----------|--|----------|---|----------|---|
| 1 | Safety Metrics Never Discussed with Staff | 2 | Safety Metrics Available to Staff | 3 | Safety Metrics Regularly Communicated with Staff | 4 | Safety Metrics Communicated & Celebrated |
|----------|--|----------|--|----------|---|----------|---|

Assessment items with a rating of 2 or less should become part of your action plan for creating and sustaining a culture of safety.

Conclusion

Sustaining the gains in performance due to teamwork training programs is best accomplished by creating an organizational culture supporting the teamwork, communication, and collaboration behaviors provided by the training initiative. Supportive cultures begin with providing effective, skills-based, and interdisciplinary team training to the organization. Effective teamwork training programs also include periodic refresher training to prevent atrophy of skills, and new-hire training to equip new employees with the same skills possessed by incumbent staff.

Sustainability is also dependent on the ability of the organization to hardwire teamwork behaviors into daily work life. Successful training initiatives will equip physicians and staff with the skills to create and employ customized, site-specific safety tools such as checklists, communication scripts and standard operating procedures, to make it easy to do the right thing and hard to use the wrong behavior. Hardwiring behavior is an iterative process and hardwiring tools must be constantly refined by those who use them.

Finally, and most importantly, sustainability is primarily a function of specific leadership actions and the changes made to the organizational structure by those leaders. Only leadership can blast through the many sources of organizational inertia. Only leadership can motivate the actions needed to alter behavior in any significant way. Only leadership can get change to stick, by anchoring it in the very culture of the organization. Key leadership actions to change the culture are Rounding, coaching low performers, terminating hard-core resisters when needed, recruiting physician champions, and collecting, analyzing, and publishing performance data documenting the effect of the training initiative.

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ⁱⁱⁱ Helmreich, R., Merritt, A., & Wilhelm, J. The evolution of crew resource management training in commercial aviation. *The International Journal of Aviation Psychology*, 9 (1), 19-32, 1999.

^{iv} Beeson, S., *Practicing Excellence*. Gulf Breeze: Fire Starter Publishing, 2006.

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^{vi} Sarafino, E. P. *Behavior Modification* (2nd ed.) Boston: McGraw-Hill, 2001.

^{vii} Tannebaum, S.I., Yukl, G., Training and development in work organizations. *Annu Rev Psychol*. 43: 399-441, 1992.

^{viii} Studer, Q., *Results That Last*. Hoboken: John Wiley & Sons, 2008.

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^x Kotter, J., Cohen, D.S.: *The Heart of Change: Real Life Stories of How People Change Their Organization*. Boston: Harvard Business School Press, 2002.