Case Study: Crucial Conversations in Leadership

BACKGROUND: *This script was written to bring a case study to life for an eLearning course on leadership skills in healthcare. The script was recorded by voiceover talent and developed in Storyline 360 using stock images in a scenario-style sequence; video recording was not viable due to budget restrictions.*

Screen 1 (Title Screen: Left in Limbo)

(Main narrator)

In this case study, you get to see how a challenging patient transfer is handled by a CNO. You'll follow a conflict that unfolds between a 330-bed community hospital and a privately-owned Day Surgery Center on its campus.

Screen 2

(Main Narrator)
This case study features several key players. Take a moment to familiarize yourself with them, noting their roles within their organizations.

Images of characters w/ background image of hospital (see Appendix B)
(ER Director and Director of Care Management wear white lab coats.)

Joanne, CNO

Lisa, Manager of Day Surgery Center

Marise, Director of Hospital's Care Management/Bed Board Center

Rosa, Nursing Director of Emergency Room

Victor, Hospital CEO

Karl, VP Day Surgery Center

Screen 3

(Dramatized reading by voice actors with sound effects)

Scene 1

Friday afternoon

Sound of a cell phone ringing starts the scene.

Joanne: Hi Marise! What's going on?

Marise: Hi Joanne. There's a situation with Lisa at the Day Surgery Center. She just called me, telling me we need to admit a patient from their center. The patient requires extended post-anesthesia care. Mind you it's 4:30 on a Friday. I explained to Lisa that the hospital has no empty beds, in fact we're in a Bed Alert Code. We've got over 60 patients waiting for beds from the ER and from our own PACU! I don't see how we can accept this patient as a direct admission.

I asked Lisa if her staff could hold the patient in their area, at least until the discharges start occurring and the hospital's Bed Alert is cleared. Well, Lisa said that wasn't an option and hung up on me.

Joanne: This isn't a good way to end this hectic week. Well, the day center closes in about ten minutes, so it's probably best if I talk to Lisa on Monday when things have cooled down. Thanks Marise.

Scene 2
3 minutes later...

Sound of a cell phone ringing starts the scene

Marise: Joanne, I just got a call from Rosa that there's a PCT from the Day Surgery Center in the back corridor of the ER with the patient. The PCT is telling the ER staff this is their patient now. No chart, no documentation, no nurse report. The ER staff is blocking the PCT to enter further into the ER from the back corridor!

Joanne: Rosa's calling me right now too - I'm already on my way.

Scene3
In the Emergency Department

ER background noise starts the scene

Joanne: (Speaking to Rosa) Rosa, have George and Renata admit the patient immediately. Then have the patient assessed by our ERMD. She can have a direct conversation with the surgeon that worked on the patient. I'm going to talk to Lisa.

Scene 4

Joanne then calls Lisa...

Sound of landline phone ringing starts scene

Joanne: Hi Lisa, it's Joanne. I'm very concerned that one of your PCTs just brought the patient to the ER without authorization, documentation, and a nurse-to-nurse report. This is definitely not how we transfer patients.

Lisa: You know what, Joanne? We have a transfer agreement and it's *your* ER that's in violation by refusing the patient. And don't forget the center closes at 5pm. There's **no way** my staff are staying overtime to care for this patient. It's the hospital's responsibility.

Joanne: Lisa, of course we have a transfer agreement. However, As Marise told you, the ER is having a bed crisis. I would've hoped our facilities could work better together under these circumstances, in the best interest of the patient.

Lisa: Your bed crisis is your problem. You need to accept the patient. (Sound of the phone hanging up)

Scene 5
Debrief

Hospital background noise starts scene

Joanne: Ladies, I totally understand your feelings of frustration and anger towards Lisa. She hung up on me too, and that kind of attitude is hard to swallow. But let's back up a moment and consider the pressure Lisa was under. She was trying to adhere to the policies of the Day Surgery Center. The problem, as I see it, is a gap in transfer procedures. This is an example of how poor systems and processes set people up to *not* be successful, which results in bad decisions. However, patients should never be caught in the middle, no matter how justified we think our position is.

Rosa: You're right. But what do you think we should do for this patient, now?

Joanne: Talk with your staff and check on the patient's status. I'm going to talk with Victor about what happened. I'll pull together a meeting to examine the issues. We should be able to come up with some solutions.

Scene 6
Saturday morning, the hospital CEO's office

fade-in of Joanne talking opens the scene

Joanne: … so that's what happened with the Day Surgery Center. It was certainly stressful. The patient is OK, which is the most important thing. I recommend we have a meeting with Karl and possibly other leadership to revisit the transfer policy. We need to add appropriate contingencies so staff are clear on how to handle outlier situations. How do you see it?

Victor: (tone changes, sounds annoyed) It sounds like you're casting the blame on Karl. Mistakes happen, and the ER certainly played a role. Let me remind you the surgery center is top tier thanks to Karl's superb leadership.

Joanne: (surprised) Victor, I think you're missing the point. Give me a minute and I'll go through the chain of events again…

Victor: (firm and annoyed) I heard you the first time! You're making a big deal out of nothing and wasting my time on a weekend.

Joanne: (calmly) I must not be communicating well. It seems to me that you're frustrated and that this meeting isn't off to a good start. We need to go over the issues so that we both gain a better understanding of how serious the situation was, so we can prevent this from happening again. I need your help. We can craft a good solution together.

Victor: (Pausing, tone change, calmly) Okay. I hear you and you're right. A meeting between our two organizations is required. I'll take the lead so staff can recognize the seriousness of the work that needs to be done.

Scene 7
Monday morning, Victor's office

Sounds of indistinct talking starts the scene

Karl (possibly clearing his throat): Joanne, I'd like to apologize personally for the situation on Friday, and how it played out. Lisa should never have sent a post-op patient to your back door without any documentation. I also understand Lisa faced unnecessary pressure as a result of our own policies. Clearly we need to flesh out our transfer processes.

Joanne: And I apologize for the behavior of the ER staff. I was heartsick when I learned that they were blocking a patient in need from entering the ER! However, the transfer policy set our people up to not behave in the best interests of our patient. We need to revise it accordingly.

Victor: Joanne, thank you for taking the reins on this. I agree with everything said. What are our next steps?

Joanne: We'll pull up our sleeves and identify the RCA team. From there, we'll chart out what happened, find where the default occurred, and make changes accordingly.

Karl: And I'll work with my team to review the actions on our side. There seems to have been an error with this patient's post-op care plan.

Victor: I'm glad to hear it. I don't want any other calls about our two facilities getting into conflict over patient care. We're a team!

Screen 4

Left in Limbo Reflection Q1

(Main narrator)

In this reflection activity, you'll be presented with two questions. Read the situation and apply the principles of communication as you enter your answer in the text field provided.

When you're ready, click to check your response with an expert's answer. Continue to the next question when you're done.

Question: What happened with this case from your viewpoint?

(Text input box for learner, and "Compare Expert Response" Button)

Expert Response:

A high-stress situation requires parties to remain calm and not become reactive.

An early mistake involved Marise, the Director of Care Management. She assumed that Lisa, the OP Surgery Manager, had accepted that the hospital could not take her patient. That assumption led Marise to focus on the more pressing issue of the hospital's bed crisis.

Marise should have taken Lisa's initial request directly to the CNO for council. Joanne's involvement at that point could have prevented the adverse outcome of a patient left in limbo.

Screen 5

Left in Limbo Reflection Q2

(Main narrator)

What changes would you like reflected in the new policy? Enter your answer in the text field provided. When you're ready, click to check your response and continue to the next question when you're done.

Question: What changes would you like reflected in the new policy?

(Text input box for learner, and "Compare Expert Response" Button)

Expert Response:

Changes are needed with the hospital's on-call staffing policies to assist ER staff during times of high ER holds.

Policy revisions should be specific and guide staff with external transfers, such as transfers from the OP Surgical Center. Specifics should include who to call and the documentation required to allow for better hand-offs.

Policy should also reinforce service behaviors. **AIDET** should be followed.

Acknowledge: Greet patient warmly by name.

Introduce: Introduce yourself and your role

Duration: Explain what will be done and the estimated time to complete.

Education/ Explain action: Take whatever

action is required, explaining each step as you go.

Thank the patient: Once action or care is complete, thank the patient. Before leaving, ask "Is there anything else I can do for you? I have the time."

ER staff did not follow AIDET. Instead, they engaged in a heated exchange with the OP Surgery staff, which did not help the patient feel safe, informed, heard, and comfortable. Policy should be clear that when in doubt, attend to the patient first, and escalate issues to management versus arguing in front of the patient.

Screen 6

(Main narrator)

Joanne is known for keeping calm during crises. She alerted the CEO about the incident because of the hospital's relationship with the surgery center. Joanne needed the CEO to intervene directly with the center's VP regarding the behavior and decisions of their manager.

Joanne stated the facts, told her story, asked Victor for his perspective, was tentative when Victor was upset, and experimented with how they could work together.

Crucial conversations are not cut and dry. In hindsight, Joanne would have set up the conversation differently to first acknowledge Victor's personal interest in the issues (his friendship with Karl), rather than diving directly into the facts of the event. She didn't anticipate Victor's defensive response to the assertion that the surgery center contributed to the adverse event. However, when Victor responded defensively, Joanne shifted from content to "context" and addressed his vehement reaction.

Joanne restated the purpose of the meeting in a way that he could hear the urgency of the issue. Together they could evaluate the issues and make policy changes so as to know what to do when these situations should present themselves in the future.

Click the button to review the STATE Method for crucial conversations.

(Text on Screen)

Joanne's Defining Moments

- •Kept calm during a crisis
- •Used the STATE Method in her crucial conversation with Victor
- •Should have acknowledged Victor and Karl's friendship at the start of the conversation
- •Reset the conversation in response to Victor's reaction
- •Focused on working together to evaluate and make policy changes for the future

STATE Method (Optional appears if learner click "View STATE Method" button)

Share the facts.

Tell your story, share the assumptions you've made based on the facts. End with, "am I missing something?"

Asking for the other's paths to gain a deeper understanding of each person's perspective and resolve the situation. Ask questions and go deeper by saying things like "How do you see it?" or "That's how it looked to me, am I wrong somehow?"

Tentatively. Share your story tentatively, as a possibility rather than a certainty. Use phrases such as "It seems to me that…" or "It makes me wonder if…"

Encourage testing things out by having the other person share their views. You may have to move slowly, with caution, and provide space where they feel comfortable sharing their viewpoint. "Sometimes you gotta slow down to go fast."

Note**:** Take the time to use your communication skills and employ active listening, watch for nonverbals, and pause when you need to.

Screen 7

(Main Narrator)

While this was an unfortunate event, several important policy changes were made to the transfer policy between the facilities and internally within the hospital and Day Surgery Center. Read the outcome for this case and continue when you're done.

(Text)

The Outcome

Joanne established an RCA team made up of hospital staff involved in the event. The RCA team created a timed flow chart of all the events and examined the points where defaults occurred. From there, they identified two areas for improvement and developed solutions:

1. To better respond to a bed crisis in the future, the RCA team created new, on-call float staff positions to assist the ER when they were holding an overflow of patients.
2. The team also amended the hospital's transfer protocols with the Surgery Center, adding effective guidance for "outlier" events such as what happened in this case.

Karl and the Surgery Center had their own process. During analysis, they found that the patient was a candidate for extended post anesthesia care; the surgery should have been done at the hospital to begin with. As a result, they made changes to their surgery criteria to avoid another incident where a patient could be left in limbo.

All parties discussed the poor choices and corresponding behaviors that occurred. Everyone agreed that what happened did not reflect their best selves, nor did it support the mission and values of either organization.

Screen 8

(Main Narrator)

The staff involved in the analysis of this event appreciated how the process focused on bad processes, not bad people. This prevented anyone from feeling demonized, and helped staff reflect on their own choices and behaviors. This approach to root cause analysis is an excellent example of the nurse executive supporting a just culture after an adverse event.

You successfully completed the Left in Limbo case study, where you learned how crucial conversations can address an adverse event. You can complete this activity again or continue to the next topic.

(Text)

You reached the end of the Left in Limbo case study. What would you like to do?

Replay Button (Complete case study again)

Continue Button (Go to next topic)