The HR Department – Friend or Foe: Critical Patient & Caregiver Safety Events

August 16, 2018
Webinar Month 117

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Welcome

Charles Denham, MD

Chairman, TMIT

TMIT High Performer Webinar
August 16, 2018
Webinar 117
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The HR Department – Friend or Foe: Critical Patient & Caregiver Safety Events

Session Overview

The Human Resources department at many healthcare organizations have evolved from employee advocacy and concierge functions to becoming an employer’s “defense department.” In some cases HR has become weaponized against the very employees who trust them. The trend can put patient safety and quality leaders in a position of distrust with frontline staff. Cynthia Shapiro, a former HR leader and bestselling author of Corporate Confidential will be interviewed and read to caregiver patient safety cases and apply the “50 Secrets” of her book to the healthcare environment.

We will discuss the positive ways of ensuring your HR department behaves in a proper manner after an adverse event.

A panel of patient advocates and experts will react to the presentations.

We offer these online webinars at no cost to our participants.

Webinar Video, and Downloads

The webinar video will be available within five (5) business days after the webinar.

Speaker Slide Set:

The slides will be posted here before the webinar begins.
If you wish to follow us on Twitter, go to: http://twitter.com/TMIT1 or use #safetyleaders hashtag

Also, go to:
www.facebook.com/SafetyLeaders and related sites
TMIT Purpose Statement

Our Purpose:
We will measure our success by how we protect and enrich the lives of families...patients AND caregivers.

Our Mission:
To accelerate performance solutions that save lives, save money, and create value in the communities we serve and ventures we undertake.
Disclosure Statement

The following panelists certify: that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship medication or device companies discussed in their presentations.

Cynthia Shapiro is a world-renowned Author, Professional Speaker, Business & Career Coach, & Subject-Matter Expert for the Media. Her innovative and fresh advice on business and career issues appears regularly on 20/20, ABC World News Tonight, CNN, Fox News, and in the Wall Street Journal. She’s also been featured on Anderson Cooper 360, Good Morning America, The Today Show, PBS, MSNBC, in major newspapers and magazines across the U.S., and over 150 radio stations. She has nothing to disclose.

Dan Ford, MBA, LFACHE, developed a deep passion for patient safety as a result of medical errors experienced in Illinois by his first wife, Diane, and the treatment he experienced when he started asking logical and genuine questions. The mother of three children (11, 14, and 17 at the time) and age 47, Diane was pursuing her second master's degree, and suffered a morphine-induced respiratory arrest following a hysterectomy. She has permanent brain damage/short-term memory loss and a poor quality of life, and resides in an independent living facility. He has nothing to disclose.

Perry Bechtle III is a college student leader of Med Tac Training Programs that are offered at no cost. He has no healthcare device or pharmaceutical business relationships of any type.

Charles Denham, MD, is the Chairman of TMIT; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for Chasing Zero documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for Surfing the Healthcare Tsunami documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions and continuing professional education and consumer education. Dr. Denham is a collaborator with Professor Christensen.
Speakers and Reactors

Cynthia Shapiro
Perry Bechtle III
Dan Ford
Charles Denham
Voice of Patient and Family

Dan Ford

Voluntary Patient Safety Advocate
Spectrum Health EPFAC and Hospital Group Board Quality & Safety Committee Member
TMIT Patient Advocate Team Member
Retired Healthcare Executive Search Consultant
Veteran, Naval Aviation, Vietnam War
Rockford, MI

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In the News Update and July 2018 Webinar National Survey

Charles Denham, MD

Chairman, TMIT

TMIT High Performer Webinar
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Dozens overdose on synthetic marijuana in New Haven, Connecticut, authorities say

At least 71 people had OD from Synthetic marijuana. An official in the city said earlier there were a total of 25 overdoses over a three-hour span and that some overdoses were "in multiples of 4-6 at a time." All of those overdoses were in the area of the New Haven Green, said Rick Fontana, the city's director of emergency operations.
Health care facilities are themselves high-risk targets and must also be prepared as potential sites of attack. Hospitals, academic health centers, and other healthcare settings represent a unique set of challenges for active shooter planning.

Examined all U.S. hospital shootings between 2000 and 2011 in which there was at least one injured victim. They identified 154 incidents in 40 states causing death or injury to a staggering 235 people.

We believe that the “run, hide, fight” directive should be followed by any health care professionals, hospital workers, patients, and visitors who are able to comply with it.

Kits containing essential supplies for hemorrhage control, including tourniquets, gauze, and gloves, should be located inside all areas.

Health care workers have a duty to protect their patients, and 39% of laypeople and 27% of health care professionals indicated that physicians and nurses should accept a high or very high degree of personal risk in caring for patients who cannot get out of harm’s way.

A “secure, preserve, fight” strategy may allow health care providers to fulfill their ethical obligations to their patients while responding in a way that maximizes the odds of survival for both their patients and themselves.

Med Tac Update:
College and Scout Programs University of Florida

Perry S. Bechtle, III
Student
University of Florida
College Program Leader
Eagle Scout Mentor
Gainesville, FL

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A Medical-Tactical Approach undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.
Meaningful Use is dead. Long live something better!

University of Florida Med Tac Program

Inaugural Med Tac Program
Inaugural Med Tac Program

• Spring of 2018 First Course Launched.
• Even Well-versed Pre-med Students had little to no prior exposure to Bystander Care.
• High Interest in expanding across University
• Almost half of the students wanted to become Med Tac Instructors.
• Planning operating regular courses every 1-2 months for the 2018-2019 school year.
Half a dozen of the biggest names in technology – Amazon, Google, Microsoft, Salesforce, IBM, and Oracle – have joined together to pledge speedy progress towards true health data interoperability.

To achieve these goals, the group will work to implement and refine open data standards, including HL7 FHIR, which are “essential” for achieving true interoperability across disparate systems.

That agreement came only after industry furor raised by an ONC report that accused vendors of actively blocking information in an effort to remain competitive.

Since that time, the rise of artificial intelligence and the financial pressures of value-based care have accelerated the adoption of standards, including FHIR, across the industry.

With the support of heavyweight healthcare newcomers like Amazon, Google, and Salesforce, as well as important mainstays like Oracle, IBM, and Microsoft, interoperability is likely to remain on track to help support a fluid, open, and standards-based health data exchange ecosystem.


July 19, 2018
Webinar Month 116

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From Burnout to Esprit de Corps

Stephen Swensen, MD, MMM, FACR
Medical Director for Professionalism and Peer Support
Intermountain Healthcare
Senior Fellow of the Institute for Healthcare Improvement
Co-Lead, Joy in Work Initiative
Rochester, Minnesota

Pete Conrad
Global Patient Safety Award

Nancy Conrad
Founder Conrad Foundation
Conrad Spirit of Innovation Challenge

TMIT High Performer Webinar
July 19, 2018
Anonymous Survey Questions

I am interested in ADDITIONAL INFORMATION on:
Caregiver Burnout

93% Agreed and 71% Strongly or Very Strongly Agreed, and 53% Very Strongly Agreed

Caregiver Burnout Issues
Specific Topics I would like covered includes:

- 2nd victim; added healthcare harm; time management to care for each other
- Caregiver fatigue
- Compassionate self care-focusing on how to get burned out
- Data on burnout/stress and types of errors as well as affect on teamwork. Interested in the isolation of care givers when dealing with burnout.
- Dealing with depression
- Forgiveness in the workplace
- How do leaders and peers recognize burnout in others? What is the responsibility of allied health to prevent burnout in themselves and others?
- How support for the second victim of adverse medical events contribute to burnout
- How to get beyond quality improvement lip service mentality. You can implement action plans to improve, but it seems the primary focus is to improve a graph, not patient care.
- Methods to prevent burnout
- Physician frustration leading to staff frustration and mistreatment
- Redesign work related to top of license; reducing burnout - interventions related to ehr and productivity pressures
- Remediation or recovery of those experiencing burnout.
- Respite opportunities
- Staff are bombarded with constant changes, new information, new requirements/tasks - how do you help balance it all out to prevent that burnout.
- Stressors in practice: EHR use and input, testing for CME and MOC, licensure
- Supporting staff and providers after an adverse event.
- Want to hear from the frontline people who get burnout as well rns and mds not just the families and leaders; solutions.
Anonymous Survey Questions

There are NEW Patient Safety Issues THAT ARE KEEPING ME UP AT NIGHT:

56% Agreed and 46% Strongly or Very Strongly Agreed, and 40% Very Strongly Agreed

Specific Topics regarding
PATIENT SAFETY ISSUES KEEPING ME UP AT NIGHT ARE
I would like covered include:

• Cyber security in the healthcare environment. Raising modality security standards at a vendor, and or regulatory level.
• Electronic documentation issues - gaps- brevity- cut/paste
• EMR - learning curve when adopting a new system and impact on patient safety
• Medication reconciliation
• Novel anticoagulation therapies, missing incidental findings
• Opioid cri
• Patient caregiver communication
• Sepsis
• Suicide
• The constant movement of healthcare staff and younger staff not staying in one place to build true competency. Also, less and less actual clinical time and more simulation.
• The pt safety issues are not what keeps me up as a manager but more of how do you continue to do more with less when staff feel saturated
• Unsafe nurse staffing ratios and preventable medical errors, new reality for measuring nurse productivity other than nurse to patient ratios
• Use of the electronic medical record incorrectly

• Violent patients
• Weaponizing hr. What do we do?
• What i can't control and systems failed me

The HR Department – Friend or Foe: Critical Patient & Caregiver Safety Events
An Introduction

Charles Denham, MD
Chairman, TMIT
TMIT High Performer Webinar
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Two years ago, Dr. Ricardo Quarrie, a cardiothoracic fellow at Yale New Haven Hospital, was publicly accused of lying to a patient to cover up a surgical mistake.

The stories went viral and the ramifications were swift and severe: Quarrie says he became a "pariah" and potential employers have shunned him. Accused of such a heinous act, his promising future in a prestigious field disappeared.

Now, the lawyer who accused Quarrie has recanted.

"The statements attributed to Dr. Quarrie were made by another health care practitioner at the hospital, or his designee," Faxon wrote. "I hope this letter clarifies any misunderstandings."

"That's the power of the Internet and the digital age: You can cause extensive damage and ruin people's lives," said Craig Bullick, chief operating officer of Empathiq, a company that helps doctors manage their online reviews but which Quarrie does not use.

He said he's paying an online reputation company nearly $900 a month to help him reclaim his name.

Digital experts say old stories can rank higher if those old stories were particularly popular. They said negative stories -- in this case, the old stories about the surgical error and a coverup -- tend to be passed around on social media, giving them even more staying power through search engine optimization.

"The stories about the retraction won't have the same SEO 'juice' as the earlier negative stories," said Jonathan Catley, director of sales and marketing for MD Connect.

HR Departments Must Urgently Become Human Capital Departments

Human resources is not your friend. It's there to protect the company. Turns out, the role of HR was never to protect employees. Their number one priority was always to protect the company.

Human resources – in an age when the individual defines the business rather than the business defining the individual – doesn’t just need a strategy for evolution. It needs a complete shift in mindset from top to bottom: from human resources to human capital and resources.

HR must move beyond facilitating administrative processes to leading transformation from the center of the organization, especially in these uncertain times when managing growth is not enough.

If HR is going to do more than facilitate administrative processes and lead transformation it must not only be empowered to do so but also have the ability and desire to play a more intimate role within those other departments to identify and better understand what their people need and what the departments need to drive growth – both within the department and throughout the organization.

Source: https://www.forbes.com/sites/glennllopis/2018/01/08/hr-departments-must-urgently-become-human-capital-departments/#7c8bd9f8821a6
Humility is the greatest virtue a leader can possess. This doesn’t mean they are not self-confident – great leaders are very self-confident. It simply means they understand success is built by great teams and they share their success with their teams.

They rightly contend that employee energy and enablement are as essential to high levels of performance as engagement.

As I think back on projects that I have been associated with, it is clear that every success and failure was due not only to the level of engagement among team members but also to their energy level and the degree to which they felt enabled (or empowered) to achieve their goals. At a time when leaders everywhere are spending an inordinate amount of time identifying “A” players and getting them on the bus, it is also clear that the three Es — engagement, energy, and enablement — are the key to realizing the full potential of employees.
The Most Powerful Motivator isn’t Money; it’s the Opportunity to Learn, Grow in Responsibilities, Contribute, and be Recognized

Management, if practiced well, can be the noblest of occupations; no others offer as many ways to help people find those opportunities. It isn’t about buying, selling, and investing in companies, as many think.

If you’re not guided by a clear sense of purpose, you’re likely to fritter away your time and energy on obtaining the most tangible, short-term signs of achievement, not what’s really important to you.

And just as a focus on marginal costs can cause bad corporate decisions, it can lead people astray. The marginal cost of doing something wrong “just this once” always seems alluringly low. You don’t see the end result to which that path leads. The key is to define what you stand for and draw the line in a safe place.
Simon Sinek is an optimist, a visionary thinker, and a leader of the cultural revolution of WHY. Determining a company’s WHY is crucial, but only the beginning. The next step is how do you get people on board with your WHY?

He cites the Marine Corps for having found a way to build a culture in which men and women are willing to risk their lives, because they know others would do the same for them. It’s not brainwashing; it’s actually based on the biology of how and when people are naturally at their best. If businesses could adopt this supportive mentality, employees would be more motivated to take bigger risks, because they’d know their colleagues and company would back them up, no matter what.

Leaders are the ones who give us their time and give us their energy – not the ones who give us their money. According to Simon, “Giving money doesn’t count. It just biologically doesn’t work.” That’s serotonin at work. We put a premium on time, because it is an equal commodity and it is an non redeemable commodity. You spend money, you make money – you spend time, you never get it back. That’s why we put a premium on people who give us their time and energy. Doing things for people that requires one to sacrifice a little bit of time and a little bit of energy – something you will never get back – that’s what counts.
We perform better when our most pressing needs are met. That is common sense, and it is also supported by a raft of research. Even so, it’s far easier to treat people like machines, without worrying about how they’re feeling.

What fuels people at work is deceptively simple. We want to feel valued and valuable — cared for by our bosses and colleagues and encouraged to develop and express our talents.

No chief executive I have met appreciates and articulates this deeply human drama more clearly than Bob Chapman, who owns and runs a company called Barry-Wehmiller Companies, based in St. Louis. Over the last 40 years, Mr. Chapman has taken a small, failing tool-and-die business founded by his father and built it into a company with an annual revenue of $2 billion. Along the way, Barry-Wehmiller has achieved a 15 percent compounded rate of return to investors.

For too long, the primary value exchange between employees and their employers has been time for money, and not much more. Bob Chapman is suggesting a deeper, richer value exchange: We will invest in you not just as a worker but also as a human being. You’ll get better at both, and so will we.
Reset the Clock, is a unique process that prevents a plaintiff attorney from taking something leaders did wrong or did not do in the past and using it to challenge their future employee relations decisions. In effect, both employer and personal liability clocks are reset.

- Changes in terms of employment, procedure for implementing
- Corrective action meetings, how to prepare for and conduct
- Disabilities, addressing performance problems related to
- Disabilities, responding to a request for an accommodation
- Discharge meetings, how to prepare for and conduct
- Disclosure of a potentially contagious infection, responding to
- Discriminatory comments, disassociating yourself from
- Employee complaints, proper response to
- Erratic performance, how to address
- Generalized disparaging comments, how to address
- Insubordination, how to address
- Misconduct due to mental condition, how to address
- On-the-spot performance counseling
- Personal hygiene problems, how to address
- Personality and attitude problems, how to address
- Previously unaddressed behavior, how to address
- Serious misconduct, initial response to
- Sexual harassment complaints, proper initial response to
- Substance abuse, confrontation in obvious impairment situations
- Violence, responding to acts and threats

Source: https://resetclock.com/
We are here to serve our Porpoise

Caregivers and H.R. Department

Source: Adapted from Ryan Berkley 2007
| 1. | Tactics Characteristic of Sham Peer Review by Lawrence R. Huntoon, M.D., Ph.D. |
| 2. | SHAM PEER REVIEW: THE POWER OF IMMUNITY AND THE ABUSE OF TRUST by GREGORY R. PICHÉ |
| 3. | Risk Factors for Sham Peer Review by Lawrence R. Huntoon, M.D., Ph.D. |
Definition:

Sham Peer Review – An adverse action taken in bad faith by a professional review body for some purpose other than the furtherance of quality health care and that is disguised to look like legitimate peer review.

- Sham Peer Review is typically carried out in the hospital via a trial-like proceeding that can best be described as a “Kangaroo Court.”

- Kangaroo Court – David Townend, J.D., “Hospital Peer Review Is A Kangaroo Court,” Medical Economics, February 7, 2000

- A Kangaroo Court is An elaborately scripted event intended to appear fair while having the outcome predetermined from the start [Wikipedia]
Real Fraud, Ethical Breach, and Crime

Source: Tactics Characteristic of Sham Peer Review - Journal of the American ... by LR Huntoon - 2009

Sham Peer Review and Abuse of Power

Editorial:

Tactics Characteristic of Sham Peer Review
Video: Dr. Huntoon discusses tactics used by hospitals in cases of non-legitimate (sham) peer review. From AAPS workshop, Feb 5, 2010; https://aapsonline.org/lawrence-huntoon-md-phd-recognizing-tactics-that-are-characteristic-of-sham-peer-review/

The tactics used by hospitals and others in conducting a sham peer review are remarkably similar throughout the country. The common feature of these tactics is that they violate due process and/or fundamental fairness, and they often represent an attempt to make the incident or event “fit the crime.”

- Ambush Tactic and Secret Investigations
- Depriving Targeted Physician of Records Needed to Defend Himself
- Guilty Until Proven Innocent
- Numerator-Without-Denominator Tactic
- Misrepresenting the Standard of Care
- Trumped-Up and/or False Charges
- Abuse of the “Disruptive Physician” Label
- Dredging Up Old Cases to Justify Summary Suspension
- Ex-Parte Communications
- Hospital Attorney or Conflicted Attorney Used to Influence the Peer Review Process
- Bias

Over the years, through numerous contacts with physician victims on our AAPS Sham Peer Review Hotline, it has become possible to identify certain factors that can place a physician at risk for sham peer review.

In evaluating risk factors, it is important to recognize that peer review in hospitals does not happen in a vacuum. It often occurs in an environment of politics, power struggles, personality conflicts, turf battles (anti-competitive motives), disputes, professional jealousy, discrimination, personal animus, and conflicts of interest.

- Solo Physicians, Physicians in Small Groups, New Physicians
- Economic Competitors
- Physician Whistleblowers
- Economic Outliers
- Failure to Meet Revenue Goals of a Hospital-Physician Contract
- High-Risk Specialties
- Foreign Physicians
- Innovators/Entrepreneurs
- Highly Competent
- Independent Physicians
- Third-Party-Free Physicians
- Older Physicians
- Personal Animus

Although the foregoing is not an exhaustive, all-inclusive list of risk factors for sham peer review, it is hoped that by making physicians aware of these risk factors, they can take appropriate action to protect themselves, insofar as is possible, from a future sham peer review attack. Anything that makes a physician different from the rest of the hospital “herd” can make the physician a target for sham peer review.

In The News ...

Tactic Characteristics v. Risk Factors for Sham Peer Review

**Sam Peer Review Tactics**
1. Ambush Tactic and Secret Investigations
2. Depriving Targeted Physician of Records Needed to Defend Himself
3. Guilty Until Proven Innocent
4. Numerator-Without-Denominator Tactic
5. Misrepresenting the Standard of Care
6. Trumped-Up and/or False Charges
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**Sham Peer Review Risk Factors**
1. Solo Physicians, Physicians in Small Groups, New Physicians
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10. Independent Physicians
11. Third-Party-Free Physicians
12. Older Physicians
13. Personal Animus
Medical peer review is the process of evaluation of individual professional performance by qualified peers as part of a system to maintain standards and improve performance within the profession. If misused, peer review can be a powerful weapon to constrain competitors, to eviscerate political rivals and to energize personal egos through the diminishment of other professionals. In medicine, under the shelter of near absolute immunity provided by the Health Care Quality Improvement Act of 1980 (“HCQIA”) and state peer review counterparts, the system of review and accountability as enacted by the legislatures and reviewed by the courts assumes a high level of good faith and fair treatment of their colleagues by professionals. Like any system with a concentration of unaccountable power to destroy the professional reputation and livelihood of one's colleagues, there are bound to be abuses.

Robert Van Boven saves peoples' lives. He also pisses people off.

The Lakeway neurologist, currently embroiled in a years-long legal combat with the hospital that once employed him, the state agency that attempted to end his career, and a range of lawyers and officials who believe they can wear him down and defeat him, has a long record of getting crossways with the authorities. In one professional position after another, he has consistently refused to go along to get along, and his resistance has cost him dearly. He is described by most fellow professionals as an extraordinarily accomplished doctor – among other distinctions, he was a member of the legendary 1987 Johns Hopkins surgical team that performed a groundbreaking procedure to separate conjoined twins. But he has also repeatedly clashed with institutional expectations, rules, and administrators – and met with recurrent retaliation, most recently severe enough that he fears he may never be able to practice medicine freely again.
On July 25, 2018 AAPS filed a brief in support of Dr. Robert Van Boven’s pursuit of justice against hospital administrators who retaliated after he spoke out to protect patient safety.

AAPS has a strong interest in this case because the central issues concern the ability of physicians to act in the interests of patients, without fear of retaliation by a hospital against them. Judicial reviewability of retaliatory action, as presented in this case, potentially affects virtually every hospital in Texas, virtually every physician at every hospital, and nearly every one of their patients. Movant AAPS therefore has a direct and vital interest in the issues presented in this lawsuit before this Court, based on the harmful effect on the practice of medicine and the quality of patient care as caused by hospital retaliatory actions.

Definition:

Sham HR Review – An performance review undertaken in bad faith by human resources for some purpose other than the honest review of an employee’s work and that is disguised to look like legitimate performance review.

Tactics

Papering the File
Surprise Assessments
Similar Behaviors to Sham Peer Review Tactics
A New Program

The Innocence Project, founded in 1992 by Peter Neufeld and Barry Scheck at Cardozo School of Law, exonerates the wrongly convicted through DNA testing and reforms the criminal justice system to prevent future injustice.

The Healthcare Innocence Project builds on the successful model of The Innocence Project. Where it used the new technology of DNA 25 years ago, we will use the new technology of electronic records and the digital DNA in the E.H.R. and administrative records to protect the medical identity of patients and the professional identity of caregivers. Both patients and caregivers may be unjustly treated through intentional or unintentional behaviors of insiders or outsiders of healthcare organizations. They include weaponization of HR, sham peer review, discrediting patients and families after healthcare accidents, or unjust harm through outsider cybersecurity issues.
Weaponizing HR After an Accident

- Is the barrel defining the “bad apple” to reduce corporate liability?
- Is it “the barrel (policies and systems)” or is it “the apple” that has gone bad?
- 50 Secrets HR does not want you to know – Cynthia Shapiro.
- Is intimidation of employees and whistleblowers through HR is technically workplace violence?
- Weaponizing HR is an “insider threat”.

The Bad Apple or the Barrel?
HR – A Bridge To Nowhere…Bridge Rather Then Battle Lines

What do you do with a bridge when the river moves?

The often cited “bridge to nowhere” in Honduras was intended to span the Choluteca River.

Enterprises are dynamic organizations that must evolve with their internal and external environments.

How must HR evolve?

Source:
https://breathinglikestone.wordpress.com/2014/05/29/bridge-to-nowhere/
A Case Study Interview: Weaponizing HR

Cynthia Shapiro
Former HR Leader
Employee Advocate
Best Selling Author
Los Angeles, CA

TMIT High Performer Webinar
August 16, 2018
Cynthia Shapiro Books and Website

Website: http://www.cynthiashapiro.com/
Healthcare Overview Briefing of Cynthia Shapiro

- Healthcare has 4X the frequency of workplace violence. (GAO, 2016)
- More than 2/3rds of staff are afraid of reporting a medical error for fear it will be reported in their HR file. (AHRQ)
- More than 1/3rd of healthcare workers are afraid to speak up during a medical error for fear of retaliation. (AHRQ)
- Medical error is the 3rd leading cause of death in America. (BMJ, Makary)
- For profit and not-for profit healthcare organizations immediately make the caregiver the “bad apple” to save the barrel.
- Opposition research is immediately done to discredit the patient and family regarding a medical error. The goal is out of court settlement with a gag order.
- Boards are a “mushroom farm” who are kept in the dark and fed solid waste to protect professional managers.
- Boards actually credential doctors and caregivers, however do not know it is their duty.
- The internet, press, and blogs are being used as pre-trial damage control strategies to disqualify caregiver’s stories.
- The Innocence Project formed to exonerate wrongfully convicted based on the “new technology” of DNA. Healthcare Innocence Project is built on the “new technology” of electronic records – HR and Patient Records.
1. The law cannot protect your job.
2. Layoffs aren’t what you’ve been told.
3. Why no one will tell you when your job is in jeopardy.
4. It’s dangerous to do what your company says
5. Skills and talent aren’t what’s most important.
6. Talking to HR can cost you your job.
7. Age discrimination is alive and well.
8. There’s no right to free speech in the workplace.
9. If you alienate your gatekeeper, you’ll be locked out.
10. It’s not too smart to be too smart.
11. Gossip can make you look like a traitor.
12. Did you hit Send? Why e-mail is secretly killing careers.
13. Work friendships can be dangerous.
14. If you’re in the wrong “camp” you could be mistaken for the enemy.
15. Sharing personal information at work could undo all you’ve worked for.
16. Companies have very short memories.
18. Employees who deserve raises aren’t the ones who get them.
   Promotions are lost in the asking.
19. Performance-review scores aren’t about your performance.
20. It doesn’t matter if rumors are false.
21. Medical/maternity leave is not as “protected” as you’ve been led to believe.
22. You sue, you lose.
23. Expense reports are a secret test of loyalty.
24. If you’ve been given a new boss, you must take protective action—immediately.
25. The secret vacation trap.
26. You can gracefully recover from a mistake or failure.
27. The secret vacation trap.
28. Your appearance can be deceiving.
29. Your values are on your desk.
30. You can have an office romance without breaking your career.
31. You can inspire loyalty from your employer.
32. You need a flashlight, not a laser beam.
33. To move up, you must appear underwhelmed.
34. Want to become your company’s MVP? Catch the ball.
35. The trick to wow-ing your boss—every time!
36. There are four essentials all companies reward.
37. You have to get rid of your boss and co-workers.
38. To get to the top, your glass must be full.
39. At work you are always onstage.
40. You need to protect the “new you.”
41. The dirty truth about internal promotions.
42. Beware the gauntlet.
43. How you enter is more important than what you plan to accomplish.
44. If you hold on too tight you’ll never catch up.
45. If your employees aren’t performing up to par, it’s your fault.
46. If you’re trying to be liked, you may have already lost their respect.
47. You can’t solve problems for your employees.
48. Yearly performance reviews are not for giving feedback.
49. Leadership is not a pedestal, it’s a foundation.
50. Winning is everything.
The Boiling Frog Fable

The boiling frog is a fable describing a frog being slowly boiled alive. The premise is that if a frog is put suddenly into boiling water, it will jump out, but if the frog is put in tepid water which is then brought to a boil slowly, it will not perceive the danger and will be cooked to death. The story is often used as a metaphor for the inability or unwillingness of people to react to or be aware of sinister threats that arise gradually rather than suddenly.

Experiments supported this fable in the 19th Century, however contemporary scientists believe it is false.

It is a powerful metaphor regardless.
HR Friend or Foe? An Interview with Cynthia Shapiro

[Image of apples and eggs with a black sign saying "BLACKLIST"]
You cannot serve two masters at the same time. You will hate one master and love the other. Or you will be loyal to one and not care about the other.

Managing the Board - A Mushroom Farm:

“Keep them in the dark and you can feed them solid waste”
Blind to the Damage to Employees
"Papering the File" and "Image Crafting"
“Weapon of Reputational Mass Destruction”
Smear Campaign and Image Crafting

- Smear campaign
- Image crafting
- Corruption
- Scandal
- Defamation
- Political
- Corruption
- Scandal
- Smear campaign
- Image crafting
SCENARIO PHYSICIAN LEADER REVIEW

A physician leader at a major medical center who had significant primary clinical duties also led an educational service. She was presented with a negative performance review regarding that service by the administrator responsible for the operation of the educational service. This was presented without adhering to the written policy of having her review it before it was sent to her clinical chairman who was her boss. This negative review was used as a rationale to shut down most of the educational services and to cut costs. It appeared to the physician leader that the negative performance review of her work was used to justify a reduction of expenses, given the organization was going through very difficult financial times. Unfortunately, the negative performance review also impacted her bonus, professional advancement, and tenure track without her having the opportunity to defend her work with the facts.
“To Skate Along the Edge…
Unfair but not Illegal”
Corporate Confidential: 50 Secrets

1. The law cannot protect your job.
2. Layoffs aren’t what you’ve been told.
3. Why no one will tell you when your job is in jeopardy.
4. It’s dangerous to do what your company says.
5. Skills and talent aren’t what’s most important.
6. Talking to HR can cost you your job.
7. Age discrimination is alive and well.
8. There’s no right to free speech in the workplace.
9. If you alienate your gatekeeper, you’ll be locked out.
10. It’s not too smart to be too smart.
11. Gossip can make you look like a traitor.
12. Did you hit Send? Why e-mail is secretly killing careers.
13. Work friendships can be dangerous.
14. If you’re in the wrong “camp” you could be mistaken for the enemy.
15. Sharing personal information at work could undo all you’ve worked for.
16. Companies have very short memories.
17. Employees who deserve raises aren’t the ones who get them.
   Promotions are lost in the asking.
18. Performance-review scores aren’t about your performance.
19. It doesn’t matter if rumors are false.
20. Medical/maternity leave is not as “protected” as you’ve been led to believe.
21. Expense reports are a secret test of loyalty.
22. If you’ve been given a new boss, you must take protective action—immediately.
23. The secret vacation trap.
24. You can gracefully recover from a mistake or failure.
25. The secret vacation trap.
26. Your appearance can be deceiving.
27. Your values are on your desk.
28. There are four essentials all companies reward.
29. To get to the top, your glass must be full.
30. At work you are always onstage.
31. You need to protect the “new you.”
32. The dirty truth about internal promotions.
33. Beware the gauntlet.
34. How you enter is more important than what you plan to accomplish.
35. If you hold on too tight you’ll never catch up.
36. If your employees aren’t performing up to par, it’s your fault.
37. If you’re trying to be liked, you may have already lost their respect.
38. You can’t solve problems for your employees.
39. Yearly performance reviews are not for giving feedback.
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41. Winning is everything.
SCENARIO: RETALIATION PERFORMANCE REVIEWS

A Root Cause Analysis is undertaken after a patient dies of sepsis. When the RCA did not address the many hours lacking responsiveness of the attending physician to calls by the nursing staff regarding the deteriorating patient and the lack of action when she was reached, one of the nurses brought these issues up for discussion in the RCA. In the weeks that followed, the nurse was presented with what appeared to be a fabricated Performance Improvement Plan by his nursing supervisor and the director of HR. It was clear that this document was fabricated with damaging and inaccurate information and post-dated for prior actions. He had never seen it before and the written policy stated that such reviews should have been reviewed with the employee. He had the clear impression that the organization was weaponizing the HR department to quiet him or get him to leave. Given that the physician was employed by the hospital, he did not know what to do.
“Just one bad apple...our barrel is fine... when they are gone, can move on.
“Make them a Troublemaker

It will make this thing go away”
“Turn in your Passport…and your rights at the door”
SCENARIO: CAREGIVER ABUSE

An emergency medicine nurse is verbally abused by a patient and their family during the care of the patients late at night when the ED is overwhelmed with patient load. The only witnesses of the event are the family due to short staffing. The patient and family make a formal complaint against the nurse who are part of a wealthy family in the community who are benefactors to the hospital. The nurse is put on suspension and feels she is going be made the “bad apple”.
Emergency Medicine Nursing Abuse – Few Witnesses
Do we need a Rapid Response Team to address an HR Crisis?
Creating the Paper Trail
SCENARIO:
STUDENT NURSE BULLIED – DEGREE WITHHELD

An adult nursing student is finishing her degree with a very high GPA, very good reviews with all of her preceptors and teachers. She wants to be an ED nurse and applies to do her final 3 week elective before graduation in the Emergency Department. She is assigned to an older nurse who is continuously on her mobile phone, leaving the student nurse alone with high risk very sick patients, and not providing guidance. The student nurse follows the procedures offered by the organization to request a different preceptor. She is denied and called to have a meeting with the dean. She calls her brother who is an attorney who says she should not go to the meeting without representation. She writes an email to that effect, and does not attend the meeting. The nursing school withholds her degree. Follow up calls by her attorney and by an investigator cites that she was in the hospital drug seeking. The attorney decides not to represent her. She has no history of drug abuse and was in the hospital through a formal shadowing program with an ID card issued to her during the time when it is alleged that she was seeking drugs without authorization to be in the hospital.
Legality, Fairness, and Justice May Not Mesh
MeToo for Healthcare – Is it Coming?
The Innocence Project, founded in 1992 by Peter Neufeld and Barry Scheck at Cardozo School of Law, exonerates the wrongly convicted through DNA testing and reforms the criminal justice system to prevent future injustice.

The Healthcare Innocence Project builds on the successful model of The Innocence Project. Where it used the new technology of DNA 25 years ago, we will use the new technology of electronic records and the digital DNA in the E.H.R. and administrative records to protect the medical identity of patients and the professional identity of caregivers. Both patients and caregivers may be unjustly treated through intentional or unintentional behaviors of insiders or outsiders of healthcare organizations. They include weaponization of HR, sham peer review, discrediting patients and families after healthcare accidents, or unjust harm through outsider cybersecurity issues.
Physician A and Physician B from two different institutions are undertaking collaborative research and co-author papers together. Physician A publishes a peer reviewed article to specifically discredit Physician B. The article is fraught with verifiable fabrication and falsification of information about her. Careful scrutiny reveals the article is a public sham peer review of Physician B. Physician A did not declare his conflicts of interest, prior work with Physician B, and what funding he had gained from work with Physician B, or what he could gain from the article. Physician A is rewarded by assuming positions once held by Physician B which generate personal income him. He applies for and receives federal funding of research previously undertaken by Physician B. The federal funding is granted to Physician A’s organization. Physician A’s violation of conflict of interest disclosure guidelines of the peer review journal are clear, however the article is already published and in circulation.
Weaponizing Peer Reviewed Medical Articles
The Witch Hunt with No Checks or Balance
Operating in the Grey
With No Clear Guard Rails
Is there a Light at the End of the Tunnel…

…that is not a Train?
Corporate Confidential: 50 Secrets

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27. Your appearance can be deceiving.
28. Your values are on your desk.
29. You can have an office romance without breaking your career.
30. You can inspire loyalty from your employer.
31. You need a flashlight, not a laser beam.
32. To move up, you must appear underwhelmed.
33. Want to become your company’s MVP? Catch the ball.
34. The trick to wow your boss—every time!
35. There are four essentials all companies reward.
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National Survey Questions

I am interested in ADDITIONAL INFORMATION on:

**HR Issues and Patient Safety**

10
Very Strongly Agree

9
Strongly Agree

8
Agree

7
Neutral

6
Agree

5
Neutral

4
Neutral to Neutral

3
Disagree

2
Strongly Disagree

1
Very Strongly Disagree

Human Resources Issues

Specific Topics I would like covered includes:
National Survey Questions

I want an UPDATE ON COMMON ADVERSE DRUG EVENTS:

Very Strongly Agree
Strongly Agree
Agree
Neutral
Neutral
Negative to Neutral
Disagree
Strongly Disagree
Very Strongly Disagree

Specific Topics regarding COMMON ADVERSE DRUG EVENTS AND PATIENT SAFETY
I would like covered include:
Speakers and Reactors

Cynthia Shapiro  
Perry Bechtle III  
Dan Ford  
Charles Denham
Voice of Patient and Family

Dan Ford

Voluntary Patient Safety Advocate
Spectrum Health EPFAC and Hospital Group Board Quality & Safety Committee Member
TMIT Patient Advocate Team Member
Retired Healthcare Executive Search Consultant
Veteran, Naval Aviation, Vietnam War
Rockford, MI

TMIT High Performer Webinar
August 16, 2018