

Spend Less Time Fixing Blame and More Time Fixing Problems

Instead, you must assume responsibility and seek solutions.

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Doctors attending practice management seminars are hoping to discover a “pearl”—something they can use to change their practices for the better, perhaps even measurably increase performance virtually “overnight.” In reality, most changes that are capable of improving medical practice performance require significant effort and are rarely able to be fully implemented in a day, a week, or even a month; however, there is an *approach to management* that can be implemented virtually overnight which, when employed, will help doctors prevent the same problems from recurring over and over again—thus increasing the performance of their practices.

Problem-solving skills are a prerequisite to running a successful business—with the business of medicine being no exception. When we examine how we, as doctors, spend our days, we are brought to the realization that the majority of our time is spent solving problems. As doctors, we are trained to solve clinical problems, but the fact that our practices are also businesses (which have their own unique set of problems) is often overlooked. We must also be capable of solving any business problems that arise.

Let us examine how we approach clinical problem-solving. We begin

with a history, perform an examination, order tests, and take x-rays. All of this information is then examined in light of our knowledge and experience, with the goal of identifying the underlying cause of the patient’s problems so that we can “cure” him/her. This cure will require that 1) we prescribe a treatment plan and 2) the patient understands the reasons for

they approach their business problems in this way, and this results in continuation, or worsening, of difficult situations. A change in management’s attitude can lead to major improvement in business performance. Dr. W. Edwards Deming, the guru of efficient, high quality, manufacturing processes, estimates that “Most troubles and most possibilities for im-

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our recommendations so that we can achieve maximum compliance. If we do our job well, we not only eliminate our patient’s symptoms, but we also fix the underlying causes of those symptoms, ensuring non-recurrence. While we recognize this as the best approach to patient care, many of us do not employ an equally successful approach to solving our business problems—one that will keep them, too, from recurring.

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provement add up to proportions of something like 94 percent belonging to the *system*.” This holds true for errors (both medical and business) that occur in our practices. For doctors, the “system” (referred to by Deming as being responsible for “most troubles” in manufacturing) is the assembly of tasks that make up a medical practice’s processes—the ones that deliver services to patients, staff, and third parties. Doctors do not prevent “troubles” (medical and clerical errors) by focusing on whom to blame; they prevent them through the employment of smart processes—ones that are efficient, track tasks, and have built-in controls.

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As in Deming's assessment of manufacturing processes, we are wrong 94% of the time when we blame an employee for something that has "gone wrong" in our practices. The fault actually lies in our business management processes—not with staff, and it is the doctors—not their employees—who designed and put these processes in place. Blaming staff will never fix an underlying cause; it will only create an environment in which employees attempt to hide their errors for fear of being reprimanded. Accused staff members become afraid to experiment or suggest changes that are likely to actually fix a "system," and this allows the same, or similar, problems to not only persist but accumulate. Since new problems will continue to arise, regardless of how competent a staff may be, a doctor focused on fixing blame will assure that his/her practice achieves continuous decline rather than continuous improvement.

We must accept the fact that we will always encounter problems in our practices. What we should not accept is for the same problems to be repeated over and over again. Our skill as managers is measured by how we approach and solve these problems. Any time spent fixing blame is wasted and leads neither to real solutions nor to a motivated, productive staff. When a mistake occurs—such as when a test is not ordered, a patient arrives without an authorization, a co-pay goes uncollected, a charge slip is not marked, or a third-party payment is delayed because of incorrect, or "missing, information,"—the emphasis should be placed on identifying *why* the mistake occurred rather than on *who* made that mistake. Once the "why" has been identified, doctors and staff can work on finding and implementing a creative solution directed at eliminating the underlying cause. This will actually "fix" the problem, preventing future recurrences.

Once a potential "solution" to a problem has been found, a doctor who wants to test its effective-

ness can develop reports that track the occurrence of a specific type of mistake, measure its frequency, and provide objective feedback that will identify whether the instituted "solution" is actually reducing the frequency of recurrence. The biggest payoff achieved from this approach is that it sets in motion a continuous mechanism whereby practice performance will be constantly improved.

aware of. When a manager reacts by pointing a finger and fixing blame, the implied message is that this problem is not his/her fault and that s/he shares none of the responsibility for it. This makes no sense, and it certainly does not solve the problem. Accepting responsibility, however, moves the discussion from fixing blame (where there are no good outcomes) to fixing problems. We

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Rather than focusing on putting out fires, everyone is seeking ways to prevent them; performance improves continuously, and everyone's job becomes both more productive and more satisfying.

When asked to what they attribute their success, most successful physicians unhesitatingly cite their staffs. For the majority of these doctors, staff salaries account for the largest portion of their practice overhead. Because salaries are such a significant investment, it is important that practices find and hold on to their best staff members. Successful managers realize that even the best of staff will make mistakes and that an environment of fixing blame will quickly result in the loss of talented members. A focus on fixing problems, rather than blame, however, generates a stimulating environment—one that leads to a sense of accomplishment. Imagine the level of productivity that can be achieved by talented staff members who tackle new problems without fear of retribution for any unsuccessful initial attempts.

While it is certainly possible that switching from a "fixing blame" to a "fixing causes" approach could be implemented "overnight," the reality is that changing any habit can be extremely difficult, and for many, fixing blame is a deeply ingrained habit—a response that we seldom are even

all recognize that, by definition, the person in charge is ultimately responsible for all that happens—regardless of when, or by whom, a mistake is made. The doctor is the person in charge of a medical practice, and everything that happens in that practice, both good and bad, is ultimately his/her responsibility.

Whenever a mistake or an oversight leads to a problem, a successful doctor/manager takes responsibility and motivates everyone to focus on a "fix" that will prevent the same thing from recurring in the future. This is what leaders do. The environment created by this "together, we can fix it" approach puts staff at ease and secures their active assistance in finding and implementing solutions. Although it can be difficult to change a mindset, know that the sooner the culture of a practice is turned from one of fixing blame to one of fixing causes, the sooner that practice will successfully capture a continuous flow of process improvement. **PM**



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