

## How To Go Naked

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In my last column, I briefly described transparency as one of the most powerful methods by which leaders generate the will to implement difficult changes. Many leaders have asked me to be more specific about *how* to be more transparent. So with your consent as an adult, here are some examples of good leadership practices in how to “go naked.”

**Start undressing at the top:** Reluctance to talk openly about quality and safety performance usually begins in the boardroom. Too many boards hear mostly good news, and therefore tend to think that quality is far better than it actually is. As a result, when a serious problem *does* surface, the board is surprised, and that’s never a good thing. So the first step in transparency is to make sure that board reports clearly display the good, the bad, and the ugly in ways that your board can understand, without phrases that explain away suboptimal performance. Suggestion: review your last 3 board quality reports and look specifically for comforting language such as “These rates....are within the expected range for a hospital of our size and complexity.” Once you start seeing these phrases, you’ll see them everywhere. Here’s another suggestion: once you’ve excised these comforting words, substitute the following phrase. “If our performance were at the level of the best hospitals in the world, the number of our patients who experience these defects would be \_\_\_\_, instead of \_\_\_\_.” That will start a different conversation at the board!

**Don’t hide behind your lawyer:** Many hospital lawyers require that discussions of safety data occur behind a thick veil, in a small room, in the apparent belief that by so doing they are protecting the institution from legal risk. But as one health system lawyer told me, “Patients don’t learn they got hurt by seeing their name on a Powerpoint slide.” She went on to say, “They don’t sue us because of our data. They sue us because of broken relationships. And how can we get on with the job of making care better if we can’t talk openly about what goes wrong?” I think she nailed it. As leaders, your primary job is the *mission of the organization*. If you think you must choose between *fulfilling the mission* and *protecting the institution*, your choice is clear. Besides, it’s not an either/or. Many hospitals have made dramatic improvements both in safety *and* in risk management claims, by talking more candidly about safety data. So here’s a specific suggestion: focus on the mission, not on protecting the institution. And if your legal counsel can’t live with that, here’s another suggestion: get a different lawyer.

**Keep it simple:** Some hospitals make data transparency a key feature of their home pages, websites, and social media. But “naked” doesn’t mean “electronic.” Some of the most powerful leadership practices are very simple, involving paper, pencil, and masking tape. Bill Rupp, CEO of Mayo Clinic Florida, asks unit managers to post simple charts of key performance data such as compliance with infection control bundles on the walls of their units, visible to all who walk by, including patients, families and staff. More important, he is especially keen on posting the data *before* it has improved—not after the managers are finally proud of it. He has repeatedly found that performance—especially suboptimal performance—improves rapidly when it’s out there for everyone to see. Suggestion: ask your managers to post quality and safety data such as “days since last serious safety event” and “% compliance with infection control bundles this week” in public spaces, along with a simple explanation about what you’re trying to accomplish, and why. And as Bill Rupp says, “do it by 3 pm today.”

Some leaders worry that if they go naked with such data, their patients will go to competitors who tout their successes, but hide their problems. But patients don’t seem to make choices about care based on

publicly reported data, even when the data are terrible.<sup>1</sup> Your own staff *do* pay attention, however. And when they see data they don't like, they tend to shape up. Or as Tapscott and Ticoll phrase it, "*If you're going to be naked, it's good to be buff.*"<sup>2</sup>

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<sup>1</sup> Jha, A, L Zhonghe, EJ Orav, AM Epstein: Care in US Hospitals—The Hospital Quality Alliance Program. N Eng. J Med 2005;353: 265-274+

<sup>2</sup> Tapscott D and D Ticoll: The Naked Corporation: How the age of transparency will revolutionize business. Free Press, New York NY, 2003