High Reliability and Excellence in Staffing

**Executive Summary**

- Nurse staffing is a complex issue, with many facets and no one right answer.
- High-reliability organizations (HROs) strive and succeed in achieving a high degree of safety or reliability despite operating in hazardous conditions.
- HROs have systems in place that make them extremely consistent in accomplishing their goals and avoiding potential errors.
- However, the inability to resolve quality issues may very well be related to the lack of adoption of high-reliability principles throughout our organizations.

**IN THE TIME SINCE** the Institute for Medicine’s (IOM) sentinel 1999 and 2001 reports on quality (Institute of Medicine, 1999; 2001), there was a wave of activity to resolve quality issues. Yet, today, increased errors and decreased safety have proliferated despite health care organizations best attempts to change the trajectory (James, 2013). After the IOM reports, organizations such as the Agency for Healthcare Research and Quality reached out to industries such as aviation to help translate best practices into health care (Pronovost et al., 2006). One such best practice is the high-reliability organization (HRO).

This term has been around for about a decade in health care, yet many are still confused about what a HRO may look like, let alone understand if their institution is functioning as a HRO. Furthermore, what does this have to do with staffing? While it is known better staffing creates better outcomes (Aiken et al., 2014; Needleman, 2015; Saber, 2013), too many organizations are still reluctant to acknowledge that connection. Many believe Lean process is the key to improving staffing processes, thinking that alone will lead to improved quality and safety.

To be clear, HRO and Lean are two different concepts. HROs strive and succeed in achieving a high degree of safety or reliability despite operating in hazardous conditions (Weick & Sutcliffe, 2007). HROs are organizations with systems in place that make them extremely consistent in accomplishing their goals and avoiding potentially errors. Lean is process thinking that streamlines a production sequence to be as efficient and effective as possible. While both are good concepts, they are not synonymous nor do Lean processes necessarily create a HRO.

**Principles**

There are five principles to a HRO (Weick & Sutcliffe, 2007).
1. Sensitive to operations
2. Reluctant to accept simple explanations for problems
3. Preoccupation with failure
4. Defer to expertise
5. Resiliency

The five principles of Lean are (Marchwinski & Shook, 2008):
- Identify value.
- Map the value stream.
- Create the flow by eliminating waste.
- Establish pull.
- Seek perfection.

Note the differences in terms between the two. In reflecting about your organization, and staffing, what does that look like in a HRO? Think about these two examples.

**Example:** Imagine an airline determining actions and staffing levels of employees each day based on finances. Would you fly on that plane? Yet, many organizations have processes that do the equivalent. An organization may wait until the “right” number of patients is admitted to “justify” another nurse. Calling in a nurse an hour after shift starts and expecting him or her to “catch up” is not an example of an HRO. It is a practice that can lead to safety issues and patient harm.

Second, organizations may not give new registered nurses (RNs) the time they need to learn how to do their work properly and safely. In root cause analysis, organizations often determine communication played a role in errors. Perhaps this is more reflective of a new nurse’s developing critical-thinking skills more so than communication (Johnson, 2015). Less-experienced nurses may not know what information needs to be communicated.

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Example: What if the airline captain, out of flight school 6 months, was given the responsibility of flying the plane solo? What if the person in charge at the nuclear plant had less than a year of experience managing the reactor? None of us would feel safe. So why do we allow the least-experienced RNs to staff the night shift and then expect errors not to occur?

Reliability Drives Safety

As you think about HRO in your organization, consider the saying, do the right things because it is the right thing to do. Reliability drives safety. If you developed a staffing system around HRO principles, what would it look like? Consider the following statements in the context of your organization.

If our organization is sensitive to operations, then everyone in the organization is paying attention to what is happening on the front line (at the point of care).

If our organization is reluctant to accept simple explanations for problems, then we should encourage diversity in experience, perspective, and opinion, including that of the staff RN and chief financial officer.

If our organization is preoccupied with failure, then the entire C-suite would regard small, inconsequential errors as a symptom something is wrong daily, instead of a focus on daily productivity reports.

If our organization defers to expertise, then staffing and scheduling decisions would be pushed down and around the person with the most related knowledge and expertise – the staff RN.

If our organization is resilient, then we would develop capabilities to detect, contain, and bounce back from events that do occur.

Nurse staffing is a complex issue, with many facets and no one right answer. However, our inability to resolve quality issues may very well be related to the lack of adopting high-reliability principles throughout our organizations. Look at your organization’s staffing and scheduling processes, not only to a Lean methodology, but to that of a high-reliability organization. $