Cohen (2011) makes a business case for use of evidence-based human-capital management practices in health care organizations where at least 60% of budgets are allocated to labor costs and notes the financial benefits of such practices for staff recruitment, selection, development, and retention. For example, a poor executive hire could cost the organization 6 to 10 times that individual's annual earnings. Pfeffer and Sutton (2006) recommend that managers relentlessly seek new knowledge from both inside and outside their companies and industries so that they can keep updating their skills and knowledge, just as medical professionals must do.

Because clinicians and health administrators have different professional cultures, research orientations, and decision-making styles, evidence-based practice concepts need to be translated from the clinical to the management arena (Walshe & Rundall, 2001). "Until both components are in place—identifying the best content (i.e., EBM [or **evidence-based medicine**]) and applying it within effective organizational contexts (i.e., EBMgt [or **evidence-based management**])—consistent, sustainable improvement in the quality of care received by US residents is unlikely to occur" (Shortell, Rundall, & Hsu, 2007, p. 673). The following case study describes the use of evidence-based medicine and management to improve patient safety.

Case Study: Improving Responses to Medical Errors With Organizational Behavior Management

A 146-bed general acute care community hospital in southwest Virginia conducted an assessment of patient safety needs and the various **organizational behavioral management** techniques used by hospital managers in response to the nine most frequently reported patient safety events. The most frequently reported category of patient safety events (errors) was procedure/treatment variance, and the least effective management responses were to witnessed falls. The organizational behavioral management intervention therefore selected managers' follow-up responses to procedure/treatment variance and witnessed falls as targets.

Managers first received the results of the needs assessment, then were instructed to (a) respond to the two targeted event types with corrective-action communication combined with individual and group behavior-based feedback and (b) use positive recognition to support behavior that prevented harm, including reporting events. For the 3-month intervention period, researchers Cunningham and Geller (2011) reviewed 361 patient safety event follow-up descriptions, with a total of 527 interventions that achieved the following results:

1. Reports of targeted event types increased in the first month of intervention, then decreased in subsequent months, indicating that the intervention increased employees' sensitivity to the need to report close calls and learn from them.
2. The two targeted events displayed opposite trends in impact scores associated with managers' follow-up actions during the intervention phase. The impact

scores for follow-up behaviors for procedure/treatment variance increased sharply in the first month, then gradually declined in the next 2 months. In contrast, impact scores for follow-up behaviors for witnessed falls increased slightly in month one, then sharply in subsequent months.

3. Managers significantly increased use of individual and group feedback during the intervention phase and decreased use of no intervention, a significant improvement in the management of patient safety errors. Especially significant was the increased use of group feedback.
4. Participating managers and health care workers expressed positive perceptions of the intervention techniques used and related outcomes. Managers received summaries of the monthly events and intervention follow-up reports at monthly managers' meetings and were encouraged to share them with their employees. Intervention perception survey results found that both managers and workers perceived an increase in managers delivering praise for behaviors to prevent harm than delivering reprimands for errors.

This study demonstrates the benefits of applying an evidence-based intervention strategy by teaching health care managers to (a) communicate more effectively in follow-up responses to patient safety events, (b) more carefully document their follow-up actions to learn what intervention behaviors do most to promote patient safety, and (c) provide group rather than individual feedback when appropriate. This intervention demonstrably improved patient safety and offers a model for managers in other organizations to follow.

Reflection Questions:

1. How does the trend in impact scores for managers' follow-up actions reflect the Hawthorne effect?
2. Why was the increase in managers' use of group behavior-based feedback important?
3. What would you recommend to sustain the use of the intervention strategy?