

## **INITIAL LESSONS AND IMPRESSIONS FROM BIDMC SPIRIT TRAINING (SOLUTIONS PROMOTING IMPROVEMENT, RESPECT INTEGRITY & TEAMWORK)**

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Boston's Beth Israel-Deaconess Medical Center has begun what its CEO calls an "aggressive" program in quality improvement, with the goal of elimination preventable deaths and harm to patients and an increase in patient satisfaction with the hospital. They are in the early stages of an institution-wide strategy they have dubbed SPIRIT (Solutions Promoting Improvement, Respect Integrity & Teamwork). This approach is eminently adaptable to the police setting and to other non-profit settings. This essay looks at SPIRIT and discusses applicability to police. With a little imagination, one can see it being effective, with necessary adaptations, in many disinclines in the non-profit sector.

SPIRIT requires staff to pay attention first and always to the mission: Patient care. The question about every little practice and procedure, within the best known science and art, is 'does this help me help people or hinder me from helping people?' It reminds everyone to orient systems to that mission and to look out continuously for ways to eliminate what they call "hunting & fetching" practices that in effect work around problems. Everything is based on the caregiver-patient relationship and, secondly but not secondarily, respect for all hospital employees in the improvement process.

The basic idea is that you eliminate major problems by systematically addressing small problems and ideas called-out by front-line staff. The problems are those things that inhibit improvements in quality of service. The ideas are the solutions. The principal category of problem that SPIRIT has addressed in its first months is that "hunting and fetching." Scarce time is wasted on working around supply chain and specification

problems in the administration of care. The program's manager and the hospital's CEO described their approach in the Boston Globe earlier this year.<sup>1</sup>

Dr. Ken Sands, Beth Israel Deaconess's senior vice president of healthcare quality, said the first step in the new program will be to gauge the hospital's current performance to determine "all the differing ways patients get hurt." He said the hospital would express errors in stark terms that can easily be understood by the public.

"It's one thing to say our central line infection rate was 2.3 percent and our fall rate was 3 per 1,000 patient days," he said, using hypothetical statistics. "It's another to say we harmed 49 people last month. It makes it more tangible."

Like many other hospitals, Beth Israel Deaconess has long sought new ways to prevent harm. For instance, in an attempt to stop infections from central intravenous lines, it devised a kit that includes all the equipment to install the line, and a checklist of steps to follow. A central line is a large needle inserted into a major blood vessel and used as a portal for infusions, injections, or to withdraw blood. A slip in protocol - such as forgetting to sterilize the skin - can leave a patient vulnerable to infections that can be life-threatening. The rate of central line infections at Beth Israel Deaconess fell from 2 per 1,000 patient days in the fourth quarter of 2006 to 1.44 per 1,000 patient days in the fourth quarter of 2007.

Using the hospital's website to show how well the program is going "serves as a management tool so people hold themselves accountable to a higher standard," said Levy. "When you have that outside target, it cuts through the bureaucracies and the petty jealousies."

SPIRIT is based conceptually on the "Value Capture System," a philosophy and strategy for quality improvement developed out of one of the nation's most successful hospital improvement collaboratives (The Pittsburgh Regional Healthcare Initiative 2001-2003), written about by Atul Gawande MD in Better (2007). The Pittsburgh hospital system eliminated MRSA<sup>2</sup> infections by facilitating the proper washing of hands by doctors and nurses, among other process improvements.

The guiding ideas for the work in the Pittsburgh healthcare setting came from:

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<sup>1</sup> Boston Globe, January 17, 2008

<sup>2</sup> MRSA stands for methicillin-resistant Staphylococcus aureus. It's a strain of staph that's resistant to the broad-spectrum antibiotics commonly used to treat it. MRSA can be fatal.

JIM JORDAN

Strategic Solutions for Criminal Justice Organizations  
[jamestjordan@verizon.net](mailto:jamestjordan@verizon.net) // 617.799.0372

- First-line practitioners’ observations and insights
- The experiences in epidemiology of some staff;
- The example of Toyota in systematically enabling workers to see and solve problems on a daily basis and
- The experience of the Alcoa Corporation in creating what Value Capture considers “the world’s best worker safety performance.”

Former US Treasury Secretary Paul O’Neill’s ideas are a common variable in the Alcoa and Pittsburgh stories. He was chairman of Alcoa and also started the quality program in Pittsburgh when he agreed to run the system for a few years. He is the chair of Value Capture LLC, a firm he joined to promote the front line-oriented approach to effectiveness (*valuecapturellc.com*). O’Neill’s ideas are summarized in this citation from a speech he gave at Harvard Business School a few years ago.<sup>3</sup>

“If you want to know whether you are part of an organization that has the potential for greatness, ask yourself three questions.

1. Am I treated every day with dignity and respect by everyone I encounter? Not 'some people' or 'not by the people who work for me' but by everyone I encounter.
2. Am I given the knowledge, tools, and support that I need in order to make a contribution to my organization—and this is the important part—that gives meaning to my life?
3. Did somebody notice I did it?)\*

The key strategic point is that everything begins at the point of patient-caregiver/person(s)-in-need-police/officer interaction. Whatever the problem, the first question is, “Has the patient’s immediate need been met?” My impression is that its other three major operating principles are:

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<sup>3</sup> Paul H. O’Neill at HBS, November 4, 2002

\* Ideas Are Free, (2006) Alan G. Robinson and Dean M. Schroeder, Berrett-Kohler Publishers. They have a chapter (3) that provides some cautions about pitfalls to avoid in “rewards” programs.

JIM JORDAN

Strategic Solutions for Criminal Justice Organizations  
[jamestjordan@verizon.net](mailto:jamestjordan@verizon.net) // 617.799.0372

- Respect and gratitude for personnel who call out problems
- Get to the root of why the particular problem happened. Be prepared to ask “Why” 5 times. Assume you are wrong if your answer is a deficiency in a particular employee. 99.9% of the time the correct root cause is a systems problem. The measurement of success is the problem never recurring for the same reason (bearing in mind that similar-looking problems may emerge from different root causes).
- Establish the “Help Chain” that starts with the MD, nurse or other staff caring for the patient and proceeds along the “Chain” to the CEO, with players at various levels bearing different sorts of responsibilities. The Help Chain is a reconceptualizing of the chain of command.

As Robinson and Schroeder suggest in the citation on the cover of this memo, doing this work sets in motion new dynamics at the service-delivery level. We will liberate pent-up knowledge and could see significant improvements quickly. For example, detectives, patrol officers, supervisors, lieutenants and captains will begin to examine assumptions about substantive anti-crime practices, response tactics and internal business processes that have never examined before -- certainly have never examined together. I would bet my farm if I owned one that in the first 30 minutes of the first such session, a manager will say in tones of surprise, “I didn’t know that...” about something that has been interfering with the effectiveness of some process for years.

All the ideas cited in this proposal, from Holmes to Kelling to SPIRIT, argue the strategic importance of small ideas. Robin and Schroeder argue that “Perhaps the ultimate irony is that managing small ideas is the most effective way to get big ones...” (page 15)

Further, every time someone raises and solves a problem we take a step closer to the **habit** of strategic thinking about problem-solving. Every idea forwarded deepens a little more the proposer's ownership and accountability for the mission: safety. This is what I believe is also revolutionary about the problem-solving technique. People will in time (two to five years) get in the habit of removing obstacles and will learn that, as in Herman Goldstein's timeless phrase, "The need to go beyond handling incidents and to become more concerned with the substantive problems the police must handle *leads directly* to a concern for... effectiveness as the ultimate goal"<sup>5</sup> (emphasis added). Even the tracing to root cause of problems that seem exclusively internal in nature will help the department attain Goldstein's goal.

How much valuable police time is wasted on working around obstacles, real and perceived? We invest time in training and developing officers to be extraordinarily resourceful and knowledgeable. Even the least-performing PO in a district is a very knowledgeable public administrator. But we fail to leverage the asset because our fragmented systems get in the way.

By pushing in the right direction and paying attention we also make our own luck; we get wonderful unforeseeable benefits. Many of history's inventions and discoveries were products of a mind or minds pursuing a basically sound strategy, but not necessarily expecting to invent or discover the thing for which history remembers them. Columbus set out to find India. Alexander Graham Bell was trying to create hearing enhancements for his deaf parents and wife; Sir Alexander Fleming threw away his very first batch of penicillin and Charles Goodyear was at his wit's end when he left some rubber on a stove by accident. In each case the individuals were *following the learning*.

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<sup>5</sup> Problem-Oriented Policing, (1990) p. 35

# THE P.O.L.I.C.E. PROJECT

## Problem Oriented Learning & Ideas for Capacity & Effectiveness

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An adaptation of SPIRIT to the policing context

“Ever since Frederick Taylor first advocated that management’s job was to *think* and the worker’s job to *do*, this has been the default perspective. In most organizations around the world, the division between thinking and doing is “hard-wired” into policies, structures, and operating practices, although it is rarely explicit or even recognized for what it is... That is why the simple concept of going after employee ideas – when done properly – fundamentally transforms the way organizations are run, allows them to achieve levels of performance well beyond what they were previously capable of, and liberates the people working in them.”<sup>6</sup>

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“Although much attention is now focused on the potential in developing new forms of relationships with the community, we have been slower to recognize what might be realized from making fuller use of the skills, brains and time of rank-and-file police officers.”<sup>7</sup>

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“Obviously, some people have better ideas than others; some people are smarter or more experienced or more creative. But everyone should be heard and respected. They want it and you need it. Every brain in the game.”<sup>8</sup>

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<sup>6</sup> Robinson and Schroeder, p. 8

<sup>7</sup> Problem-Oriented Policing, (1990) Herman Goldstein, p. 27

<sup>8</sup> Winning (2005) Jack Welch, p.56-57

JIM JORDAN

Strategic Solutions for Criminal Justice Organizations

[jamestjordan@verizon.net](mailto:jamestjordan@verizon.net) // 617.799.0372

No two vocations analogize better – or more entertainingly – than do medicine and municipal policing. The nurses’ station of a busy medical-surgical floor looks very much like a stationhouse in a busy police district, attending to urgent human problems every day, around the clock. Practitioners in each vocation use a mix of science, judgment, heuristics<sup>9</sup>, technical proficiency, courage and compassion to diagnose problems and help people. And at the level of the Emergency Department it is not just an analogy; a significant subset of “frequent flyers” (both subcultures use this term as a darkly humorous label for their repeat customers) in the ED are first helped by cops.

The medical analogy has been floating around in policing for a long time, of course. Leading police thinkers such as Larry Sherman, Herman Goldstein, Frank Hartmann, George Kelling and others were teaching “the medical model” years ago. But since so little has come of the idea in practice (no fault of the thinkers) we have the sad fact and the great opportunity that their idea is still available to be tested in earnest.

Cops and docs make momentous decisions in scarcely-measurable units of time and then seldom get the chance to really think hard about what guides them. This passage from Dr. Jerome Groopman about doctors easily applies to police officers. Dr. Groopman (chief of Experimental Medicine at BIDMC) wrote, in How Doctors Think (2007),

Physicians at the bedside do not collect a great deal of data and then leisurely generate hypotheses about possible diagnoses. Rather, physicians begin to think of diagnoses from the first moment they meet a patient. Even as they say hello they take the person’s measure, registering his pallor or ruddiness, the tilt of his head, the movement of his eyes and mouth, the way he sits down or stands up, the timbre of his voice, the depth of his breathing...Research shows that most doctors quickly come up with two or three possible diagnoses from the outset of meeting a patient – a few talented ones can juggle four or five in their minds. All develop their hypotheses from a very incomplete body of information. To do this doctors use shortcuts. These are called heuristics.

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<sup>9</sup> *Heuristic*: Of or relating to a general formulation that serves to guide investigation. A commonsense rule (or set of rules) intended to increase the probability of solving some problem. Heuristic is the art and science of discovery. The word comes from the same Greek root as "eureka", meaning "to find". A heuristic is a way of directing your attention fruitfully. (Webster’s Online)

The police-medicine analogy itself goes back at least to the mid-19<sup>th</sup> century origins of modern policing and modern medicine. Arthur Conan Doyle used a famous doctor as the chief model for what became the world's most famous (though fictional) detective. Dr. Oliver Wendell Holmes Sr., the philosopher-physician, became a world- pioneer in understanding and fighting treatment-related infections, even before anyone was quite sure what caused them, after he did some problem-oriented medicine at Mass. General Hospital. It seems Dr. Holmes's ingenious heuristics, intellectual curiosity and courage to follow the learning inspired Doyle to make Sherlock a Holmes.

## **WHY DO THIS?**

Ten years ago Herman Goldstein argued, “The operation of the police organization has to be integrated with a concern, a question of ‘what are we doing, and what’s the effectiveness of what we’re doing?’ That question has to be raised on most of the things we do on a daily basis...” I believe we will find that we can meet Goldstein’s standard by developing a habit of identifying and solving problems that inhibit effectiveness. We can effect vast improvement just by organizing ourselves to examine and then to apply thoughtfully and consistently knowledge that our first-line personnel already possess.

Robinson and Schroeder argue, and I humbly agree, that the very process of addressing obstacles creates change in a positive direction. “The mechanics alone of handling large quantities of ideas *forces* considerable change. Managers whose employees are submitting one or two ideas every week cannot hope to evaluate, test and implement them all unless they push decision-making back down closer to the employee and their supervisors. The empowerment starts a virtuous cycle. As employees see their ideas being used, they begin to feel valued as part of the team and become more involved. As managers see this change in attitude and the impact that ideas have on performance, their respect for employees grows. Employees are trusted with more information, training, and authority. This in turn leads to even more and better ideas – and the cycle continues, ultimately creating a positive, high-performance culture.”<sup>10</sup>

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<sup>10</sup> Robinson and Schroeder, p. 8

Policing and medicine both experience lags and disconnects between knowledge and improved “bedside” practice. Both vocations have become highly proficient in technical treatment delivery. This cuts two ways. Technical proficiency offers obvious benefits to the vast and diverse publics they both serve. But reliance on technology can obscure the identification of simple problems that inhibit overall improvement and growth. First-line staff become expert in working around problems, wasting time and other resources. I believe it is in large part the 24/7/365 nature of both disciplines in the modern era that makes it hard to assemble the time and consistent emotional energy for change: improvement and growth.

“Above all, we must return to our long-abandoned view that the police ought to protect communities as well as individuals...Just as physicians now recognize the importance of fostering health rather than simply treating illness, so the police -- and the rest of us -- ought to recognize the importance of maintaining, intact, communities without broken windows.”  
-- James Q. Wilson and George L. Kelling, 1982

## **PRINCIPAL ACTION STEP**

### **P.O.L.I.C.E.**

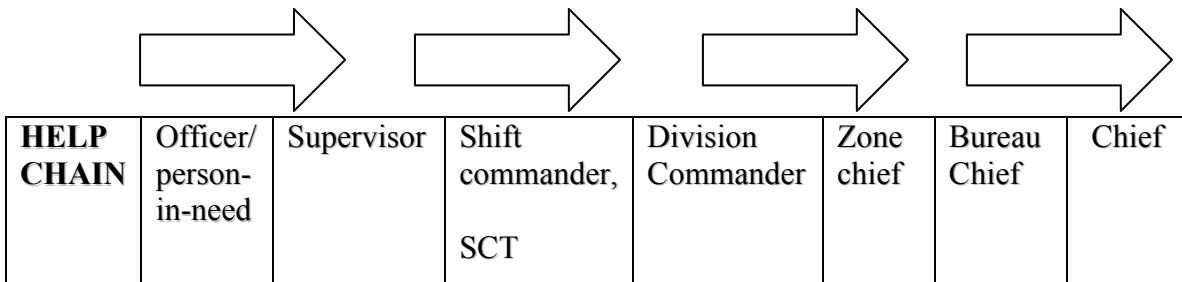
#### **PROBLEM ORIENTED LEARNING & IDEAS FOR CAPACITY & EFFECTIVENESS**

This would be the police adaptation of SPIRIT. Police would create a pilot project in just-in-time problem—solving, learning from practice and quality improvement. police would create a 12-month pilot project in one of its patrol. It can be expanded to other areas and department-wide as it matures.

We will train every person in the zone on the philosophy and mechanics of the program. Some of this training will require a session in which people tell us why this won’t work.

In identifying specifically why it won't work they give us the keys to what will make it work. Their reservations will be useful to us.

Also during training we will set up the Help Chain for the zone and a Solutions Coordination Team to be made up of a lieutenant and a sergeant from each district in the zone. In the early going, the SCT will serve to select problems for action, trouble-shoot obstacles and oversee the learning from the problem-solving. They will administer the web site. The SCT will be included in the zone's Help Chain. Again, the mechanics of how problems move up the Chain and how we handle inter-divisional, inter-bureau and inter-agency problem-solving will be addressed in the training. Suffice to say that peer-to-peer is the transmission line at every level; line-level employees will never be left to haggle it out with a peer in another division, bureau or agency.



We can adapt more details from the SPIRIT Help Chain to identify responsibilities at each level.

Every employee in the zone would be expected to generate 5 problems each over the life of the pilot. The criteria for prioritizing a problem to be solved should include:

1. Solving this problem to root cause in some way improves service to those in need of police help
2. Solving this problem to root cause in some way enhances officer safety

The problem-solving technique to be used is simple. The person calling out the problem is asked “why” enough times to identify the path to the root cause and,

therefore, the solution. As soon as a “why” leads to another system (division, bureau or agency) the problem is bumped up to the supervisor to have him or her engage with his peer in that other system.

The more they do problem identification and solving the more small ideas emerge as solutions to problems that inhibit effectiveness. The more police personnel become oriented to, and skilled at solving problems, the more powerful and faster-moving becomes the virtuous cycle. The learning from practice means learning about the optimum ways to handle criminogenic situations. The more they talk, the more they will naturally begin to examine the assumptions that underlie their heuristics. They will do what Goldstein implores us to do in the citation above: to ask the “question of ‘what are we doing, and what’s the effectiveness of what we’re doing?’ That question has to be raised on most of the things we do on a daily basis...” They will find themselves identifying and addressing internal obstacles to effectiveness.

As participants in the pilot project learn, we can help them to model communication and knowledge protocols to share the new lessons across an entire zone’s practice.

Learning from the first line of service delivery helps managers and the executive level to identify promising practices (and practitioners) and eliminate counter-productive and inefficient practices.

Some of the areas the project would be designed to improve:

- Leadership and management systems that currently inhibit improvement in practice and stymie individual and organizational growth
- Ownership and accountability

- Technical approaches to reducing and eliminating crime and criminogenic situations
- Elimination of “work arounds.” As ideas are submitted by personnel, the SCT, with support from the OPC guidance and support team, would prioritize the order in which they get handled, with an emphasis on getting results as quickly as is feasible.
- Problem-oriented policing capabilities and capacities
- Communication, ownership and accountability
- Individual professional development
- Espirit de corps

**Logistics:**

Criteria for measuring effectiveness of individual improvements and the overall project would be developed by the Solution Coordination Team, with input and approval from the OPC Team, to measure and assess the progress of the effort. One metric:

- The same problem never recurs for the same reason.

The Administration would have to provide support in the following categories, and probably in more as the project develops

- Research and IT support
- Some overtime (but availability of OT is not a deal-breaker)
- An OPC-led team of executive-level personnel to guide, protect and support the initiative

**Establish a LEARNING TEAM**

A LEARNING TEAM would meet triennially to pull out and examine the main lessons about problem-solving and learning-from-practice that emerge at each institution. This team should be a beehive of interesting ideas and innovations

drawn from learning-from-practice, other sources of knowledge and imaginations. The docs would help the cops see what they are learning about learning about the strategic value of problem-solving and vice versa. The alternative minds and eyes help to see things that are harder for the practitioners to see close-up in daily work. They might, for example, want to meet at different points with the Solutions Coordination Team to hear and think about lessons learned.

Members of the LT might include a cross-section of sworn personnel from the pilot area and division(s), the chief, the chief of Field Services and a top civilian. The LT would ask the Goldstein “question of ‘what are we doing, and what’s the effectiveness of what we’re doing?’” as the main item on its agenda.

## **CONCLUSION**

The SPIRIT model has a guiding strategic idea that adapts readily to police and, I believe, to other government and non-profit, helping-people disciplines. It requires continuously remembering why we do this stuff – to help people -- and identifying and solving problems that hinder that purpose. It is a powerful tool if used conscientiously. As Robinson and Schroeder said,

“...the simple concept of going after employee ideas – when done properly – fundamentally transforms the way organizations are run, allows them to achieve levels of performance well beyond what they were previously capable of, and liberates the people working in them.”<sup>11</sup>

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<sup>11</sup> Robinson and Schroeder, p. 8

“**MAN'S MIND, ONCE STRETCHED BY A NEW IDEA, NEVER  
REGAINS ITS ORIGINAL DIMENSIONS.**”

-- Dr. Oliver Wendell Holmes, Sr., 1858