book reviews

Management mistakes in healthcare: identification, correction and prevention

Edited by Paul Hoffman and Frankie Perry. Cambridge University Press, Cambridge 2004. 273pp. £50.

Simply glimpsing the title of this book might give us a sly frisson, for few consultant physicians could look back on their career without remembering many errors by managers (or their predecessors, the administrators) from which they suffered, yet felt powerless to change or avoid. Such hubris would be misplaced, however. Although many doctors have been open and honest about their errors, the virtues of a blame-free investigation of them – or even of 'near-misses' – have only recently been explored,[1,2] and the practice of systematically reporting mistakes has barely begun.

This book suggests that, in the USA, the recognition, reporting and rectification of managerial mistakes lags still further behind, and its whole thrust is to encourage their open acceptance and analysis. Ruefully we concur with the foreword's point that 'executive error often occurs out of the media's line of sight. . . especially when the public spotlight shines so brightly on national efforts to reduce medical errors'. The fact or culpability of error is, to some extent, in the eye of the beholder, and one contributor wearily says that 'some people believe that almost everything executives do is a mistake, since their reference point is themselves alone'.

The chief editor defines a mistake as 'making a decision to act or not to act without thoroughly assessing known evidence and incorporating stakeholders' perspectives when the action or inaction (a) places patients, staff, the organization, and/or the community at risk, or (b) is costly to implement, or (c) costly to change'. Once such a mistake is identified and acknowledged 'root-cause analysis' is recommended together with an initial avoidance of blame, because 'good people can be trapped in a flawed system'. Nevertheless, the person who made the mistake may endure guilt or grief and this must be dealt with. Humility helps 'not from shame but of compassion towards oneself, a kindness essential to clarity about living with imperfection – while striving for something better'. We question whether NHS managerial training encourages humility in those heading for the top. Regrettably, concealing management error is easier than reporting and openly discussing it, with the associated shame and embarrassment. One novel method of encouraging disclosure at the University of Wisconsin was to *celebrate* mistakes. Adopting HL Mencken's famous aphorism that 'for every complex problem there is a solution that is simple, neat and wrong', their monthly heads of department meeting awards the SSW ('swift, sure, wrong') trophy which the winner has to display in their office until the next monthly award.

The hope is that 'just as evidence-based medicine has contributed significantly to improving clinical decisions, the belated emergence of evidence-based management in healthcare may eventually have the same salutary impact on administrative decisions'. I personally discern little sign of 'evidence-based management', and at the highest levels of Government and the Department of Health too many decisions still seem to be based on doctrine, empiricism and political expediency. Nor is there any appetite within government for acknowledging or apologising for mistakes. Perhaps the National Patient Safety Agency could broaden its remit to include managerial errors.

The book has several examples of mistakes arising from a failure to consider in sufficient detail long-term effects, a problem which has always afflicted the NHS. Private finance initiative schemes so often exemplify this: to acquire the much-needed hospital or extension, compromises in site, size or staffing levels are made, the ill effects of which may take years to become obvious. We read here that short-termism afflicts the US system as well as the NHS. Charles Kelly pointed out that much modern management training, combined with egotistical self-assuredness, can produce the 'destructive achiever' – a manager bent on 'short-term efficiency and personal success'. Senior medical and nursing staff in the NHS, who usually spend their whole career in one institution, are well acquainted with a succession of sharp-suited, neatly coiffeured chief executives who spend five years designing plans, creating initiatives and making promises of future action to departments with real problems – then moving on to greater things, leaving a plethora of half-completed projects behind.

The message is important: managers make mistakes, and the more they are admitted and analysed, the greater will be the trust between managers and clinicians, and the less likely it is that the mistakes will be repeated. In the NHS such analysis might reveal the extent to which local 'error' is the hapless consequence of tight Department of Health directives and targets. Unfortunately the book may not appeal to many British readers because, although emanating from the Cambridge University Press and well copy-edited there, it is nevertheless completely US based. The examples have much to do with marketing medical facilities and services, and this is not a feature of the NHS – yet. Half the book consists of case studies derived from the US healthcare system and only distantly related to ours. A chapter contributed by Bob Nichols and Andrew Wall, both ex-NHS managers, discusses some cases from a UK perspective, but it's not enough. A British version of this instructive and sensible book would be welcome.

References

1 Department of Health Expert Group. *An organisation with a memory. Report of an expert group on learning from adverse events in the NHS*. London: HMSO, 2000.

2 Smith J. *Building a safer NHS for patients*. London: Department of Health, 2001.

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