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For Jake Redden, the path to healthcare quality began in a very unlikely place: underwater. Redden began his career in the U.S. Navy, serving as a department safety officer aboard a nuclear submarine. There, his responsibilities included supporting the medical and dental care to the approximately 175 service members on board—a task made significantly more complicated by the fact that any seriously hurt individual would be at least 3 days from a hospital or other emergency services.

“That role was really unique, from a high reliability standpoint,” Redden said. “I had no one I could call for a complex case. The only thing I could do was send e-mails, which were responded to at 6-hour intervals because of the way communications work on a ship.”

Although difficult, this experience gave Redden a crash course in the three dimensions of the patient safety competencies outlined in NAHQ’s *HQ Essentials*: fostering a culture of safety, identifying and evaluating risks for harm on a continuous basis, and managing those risks effectively. Without careful consideration of each dimension, Redden could end up with a seriously hurt patient, in a complex environment, with no road map to follow.

CONTINUOUSLY LEARN—EVEN FROM UNLIKELY PLACES

Redden credits his time in the military and its expedited method of educating recruits for helping him become the quick learner he is today, a skill he says is necessary to keep up with the changing world of healthcare quality. This unique approach to learning has resulted in Redden pursuing various degrees—including an associate’s degree, two bachelor’s degrees, two master’s degrees, and a doctorate in health sciences—and several credentials, including the Certified Professional in Healthcare Quality® (CPHQ). But for Redden, it’s not just his “high-speed learning style” that motivates him; it’s also his desire to lead and train the Healthcare Quality Professionals (HQPs) of the future.

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“For the entire health system to provide quality and safe care, everyone in the institution, even those not familiar with patient safety concepts, has to be invested in a holistic, total health picture for all of their populations.”

“I believe you must have knowledge in a wide variety of areas to be a leader and that knowledge doesn’t come without effort,” Redden said. “Leadership development doesn’t happen organically. We have to invest in junior people—and in ourselves—to make good leaders.”

Redden credits his time with the Federal Aviation Administration, where he worked as a safety systems specialist, with teaching him the importance and versatility of the methodologies and tools HQPs use every day. Although responsible for employee safety and oversight of operations, Redden said that the core lessons he learned—how to execute an effective root cause analysis, understand and adapt to the unique risks and culture of an institution, apply the appropriate problem-solving tools to the situation—are the same whether you are working in medicine or in commercial aviation.

Redden cited his experience and the teachings of David Marx, Just Culture pioneer and former Boeing engineer, and the book *Why Hospitals Should Fly* by John J. Nance as further proof that the healthcare field can learn a great deal from other industries about safety. “I think there should be greater emphasis on the second checks, commitment to standards, and checklists that are used in other industries to make sure these high-risk environments are as successful as what we’re seeing in commercial aviation,” he said.



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GETTING BUY-IN IS KEY—BUT COMPLEX

As any HQP knows, all of the data in the world doesn't make change without one very important factor: buy-in from the organization leaders, something Redden experienced while serving in the U.S. Navy Bureau of Medicine and Surgery under the Surgeon General.

There, he was responsible for helping guide the Navy's more than 63,000 medical personnel and ensuring each of its 25 medical and dental organizations followed the plans developed in the headquarters strategic department. Approval from all the necessary levels of military and congressional leadership is needed prior to rolling out any new plans, educational materials, or procedures. Approval and support from leadership gave him credibility and the leverage he needed to carry out his plans in supporting the Navy's medical goals.

This experience taught Redden that regardless of the number of stakeholders, or how much stakeholders' opinions may vary, “the patient safety advocate must be a leader and coach—and thoughtfully use stakeholder tools to gain buy-in to ensure improvement plans result in real, sustainable change,” he said.

HEALTHCARE WILL CHANGE, BUT OUR TOOLS WILL NOT

With ever-changing regulations and patient needs, the role of the HQP will continue to evolve, said Redden. “There is no one broad paintbrush that we can use to make universal improvements across the country.” He further explains, “for the entire health system to provide quality and safe care, everyone in the institution, even those not familiar with patient safety concepts, has to be invested in a holistic, total health picture for all of their populations.”

HQ Essentials, which offers standardized language and competencies on issues such as patient safety that can be taught to stakeholders throughout the organization, is important to our development in the field of healthcare quality. When coaching stakeholders throughout the organization, it is important to connect the goal of providing high quality, safe, and efficient patient care to the initiatives they are working on by using language and tactics to which they can relate.



**PATIENT
SAFETY**