Community of Competence™: A Working Organizational Model for Increasing Patient Safety

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ABSTRACT

The Community of Competence™ (C of C) concept developed by Smith in 2002 is a framework and method to describe, assess, and combine separate strengths and core competencies of individuals, groups, and organizations into a meaningful whole. "Community" is now used to bring healthcare professionals together by building partnerships and sharing human capital and material resources. C of C, as a further evolution of communities of practice, enables healthcare professionals to share knowledge, implement evidence-based practices, focus on wellness and prevention, and apply proactive measures to reduce the incidence and severity of unintentional harm to patients. Members volunteer or are assigned to a community based on their overall competencies and availability. Each community is a mini-learning organization. It self organizes, depending on the task or problem to be solved.

All communities share the aims and recommendations of the recent IOM reports to increase patient safety by improving the quality, timeliness, equity, effectiveness, and efficiency of care. Each cross-disciplinary, cross-functional community represents at least one subsystem of the complex healthcare system.

Each of our 11 separate communities operates under the umbrella C of C concept. Communities are easy to implement. Just ask people to join. Of the 50 individuals asked to become members, all eagerly accepted the opportunity to work in a real or virtual community enabling them to use their unique skills, ability, knowledge, expertise and explicit and tacit knowledge to achieve a goal or solve complex problems. Our steadily growing C of C naturally applies systems thinking, knowledge management, and diffusion of innovation through networks of specialized communities and modern technology to create cost-effective, practical solutions.

In September 2004, two *nurses* formed our first community that now has grown to 18 nurses located locally and internationally. They provided unique professional insights into major causes of medical error. Our 15 *volunteers* from numerous professions, experience levels and interests, review and evaluate all products, such as "My Medical Journal", safety checklists on medication, fall prevention, and blood pressure monitoring, and patient safety educational programs. Nine *partners* from numerous businesses and institutions are resources and collaborators in contributing and sharing lessons learned. The four *educators and health promoters* provide advice and expertise on health and wellness, health literacy, and advocacy. The expertise of our eight *biomedical* and *safety engineers* is in medical device design, instrumentation, and systems safety. This group is growing internationally and includes an architect specializing in designing better and safer healthcare facilities. Our *patient safety interns* and *fellows* who range from high school students to doctoral students conduct research throughout the year. *Environmental scientists* keep us abreast with issues pertaining to healthcare and the impact on our physical environment. Health information scientists deal with emerging discussions on informatics and health information as applied to patient safety. *Ethicists* evaluate issues of protection of human subjects, informed consent, evidence-based medicine, and perform internal reviews. This group is being formed. The new *Oslerian* community based on Sir William Osler's (1849-1919) writings and teachings of patient-centered medicine bridges the gap between yesterday's practitioners and tomorrow's healthcare leaders. Still, other communities of individuals and experts are being considered under the umbrella of C of C as we continue to expand our outreach and research of patient safety toward a truly patient-centered healthcare. This humanistic approach incorporates patients' values, beliefs, concerns, special health needs, and the patient's family.

Due to steadily increasing specialization and fragmentation in healthcare, there is little opportunity to actually function at one's highest intellectual level. However, unrecognized groups of competent individuals exist in most organizations and need only to be discovered by managers, mobilized, assigned

specific problems, monitored, and appropriately rewarded. Failure to adequately develop, document, and use the full range of competencies of people means they are undervalued and underutilized.

Advantages of C of C membership are learning from peers, mentoring opportunities, sharing knowledge through teamwork, and working at one's highest intellectual level. These professionally and personally rewarding activities are highly motivational and satisfying. Motivation and job satisfaction are greatly increased when people work at their capacity within a learning organization that supports and recognizes their talents and fosters life-long learning

C of C embodies and demonstrates "positive organizational scholarship" that uses social contracts, values, and work processes to nurture and further develop people in proven areas of expertise, including leadership. The focus, demonstrated competence, and motivation of C of C members can be readily used to develop innovative products and services in ways that exceed achievement levels of traditional groups. C of C offers vast opportunities for members to demonstrate creativity and develop, test, and implement innovative solutions. We can achieve tomorrow what we plan for today, provided management knows how to best identify and use human capital and material resources.

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