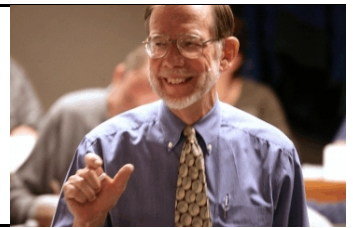


Bob

Behn's Performance Leadership Report

An occasional (and maybe even insightful) examination of the issues, dilemmas, challenges, and opportunities for improving performance and producing real results in public agencies.



On why today's executives must still deal with the age-old challenge of

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Getting People to Pay Attention to the Details

The U.S. Centers for Disease Control devoted the March-April 2001 issue of its journal, *Emerging Infectious Diseases*, to papers presented at the Fourth Decennial International Conference on Nosocomial and Healthcare-Associated Infections. (See, after reading only one sentence, you've already learned a new word: "nosocomial" means originating or taking place in a hospital.)

And what did CDC put on the cover of this issue? Robert Thom's painting titled: "**Semmelweis: Defender of Motherhood.**" Who, you might ask, is this Semmelweis guy?

Answer: Ignaz Semmelweis was a Hungarian who practiced medicine in Vienna in the mid 1800s. And why, you might also ask, is this relevant to me, a 21st century public executive?

Answer: Semmelweis discovered something very important: It really helps if doctors wash their hands.

In Vienna's General Hospital, Semmelweis observed that women who had just given birth died of childbed fever much more frequently in one clinic than the other. In 1846, the death rate for women who gave birth in the First Clinic staffed by medical students was 11.4%. In the Second Clinic staffed by midwives-in-training, the death rate was 2.7%.

Such a disparity might cause anyone to say, "**that's funny.**" As always, that is a hint: **The funniness suggests that there is something to learn.**

In Vienna, women had learned that the First Clinic was dangerous. They begged to be admitted to the Second Clinic, or they chose to give birth at home or simply in the street. The odds that they, and their babies, would survive were much better.

Semmelweis analyzed the accepted theories of the day, but none explained the difference. Then, in March 1847, a colleague died after being accidentally cut by a student's scalpel during an autopsy; he had died, his own autopsy revealed, from the same "blood poisoning" that was killing the women. The light bulb went off. The

medical students who worked in the First Clinic did so *after* having performed autopsies. The student midwives were never in the autopsy room.

Semmelweis concluded that the women were dying from "cadaveric poisoning." He required each physician examining women to wash their hands in a chlorinated lime solution.

In April 1847, of the women who gave birth in the First Clinic, 18.3% died. In May, the hand washing began. In June, of the women giving birth in the same clinic, just 2.2% died. That's when the "**Eureka**" came. Semmelweis had "found it."

The data were impressive. But not to the medical establishment. It took a long while before doctors started practicing what Semmelweis preached. After all, Louis Pasteur had yet to

Public executives don't just face unique 21st century problems. Many are millennia old. For example, how can they get those "street-level bureaucrats" who exercise a lot of unsupervised, on-the-job discretion, to pay attention to the details?

develop the germ theory of disease. So 19th century doctors had no logical framework for appreciating Semmelweis's cause-and-effect diagnosis let alone his prescription.

"I've been doing some reading," Commissioner Edward Davis told Boston's top police executives at one **CompStat** meeting. What had Davis been reading? The latest edition of *Police Field Operations*?

No. Davis had been reading Atul Gawande's *Better: A Surgeon's Notes on Performance*. In a chapter "On Washing Hands," Gawande explains why this is crucial: Every year, in U.S. hospitals, two million people get an infection. And 90,000 of them die.

Davis, however, wasn't worried about getting his police officers to wash their hands. He was concerned

about the generic problem: How do leaders of large organizations—hospitals or police departments—convince people to pay attention to the operational details, the little details?

Preventing infections in hospitals, wrote Gawande, "is not a problem of ignorance." Rather, "it is a problem of compliance." Docs know they should wash their hands but do so less than half the time. As Gawande notes, "achieving compliance is hard."

And not just in hospitals. Davis had quickly recognized the parallel between **the washing-hands challenge that hospitals face**, and the challenge that he faces. He directly supervises none of his department's 2,000 front-line police. Indeed, most of the time, no one is supervising the cop on the beat. They are what **Michael Lipsky** of Georgetown University called "**street-level bureaucrats**," who, precisely because they are not directly supervised, exercise a lot of discretion.

This is not a 21st century problem. Millennia ago, it perplexed every tribal leader who tried to coordinate a hunt.

Davis—like all public executives—is always trying to convince his front-line staff to pay attention to the details. And, at that **CompStat** meeting, he wasn't just looking for ways that *he* could do this. He also wanted his entire executive team to pay attention to the detail of getting their front-line staff to pay attention to the details.

"We always hope for the easy fix: the one simple change that will erase a problem in a stroke," observes Gawande. "But few things in life work this way. Instead, success requires making a hundred small steps go right." The details count.

Just ask Ignaz Semmelweis. **B**

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