CULTURE OF SAFETY IN A HEALTHCARE ORGANIZATION

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LEADING WITH SAFETY -THOMAS KRAUSE - 2005

- Why do some organizations do well with safety initiatives while others do poorly or fail?
 - The most important factor in predicting success is the quality of leadership and the organizational culture
 - Organizations highly successful in safety are also generally successful in operational performance



LEADERSHIP ATTRIBUTES

- Behaviors particularly leadership
- Engagement at all levels of the organization
- Understand crucial aspects of human performance
- To continuously improve performance and achieve superior results the organizational culture must change meaning behavioral change
- They address and align the behaviors of everyone
 - Krause Leading with Safety 2005



CULTURE OF SAFETY

Through Quality Communication

Peer Review and Self Reflection

• Living the Mission and Core Values



Culture of Safety

STRATEGIES FOR CHANGING AN ORGANIZATIONAL CULTURE OF SAFETY



ACHIEVE SAFE AND RELIABLE CARE:

STRATEGY AND SYSTEM MEASURES

- Message organizational values
- Monitor clinical risk and safety culture
- Support an environment of appropriate accountability, transparency, and open disclosure
- Nurture a collaborative care culture based on effective teamwork
- Ensure patient centered care that takes into account the whole patient their desires and needs

STRUCTURE AND RESOURCES

- Build governance oversight and responsible reporting relationships
- Methodically implement cultural metrics and risk evaluations
- Implement and vigorously support fair and just culture, adverse event algorithms, and disclosure to patients
- Teach and support teamwork and leadership training
- Implement patient and family advisory councils.

CULTURE OF SAFETY

- Team based practice
- Fair and just and appropriate accountability
- Patient and family involvement
- Disclosure policies

CONTINUOUS LEARNING SYSTEMS (At Organization & Unit Levels)

- Transparency, analysis, actions, feedback
- On-going risk assessment
- Informatics surveillance system
- Swift responses to risk

IMPROVEMENT METHOD

- Reliable design
- Application of evidence based care
- Predictive tools
- Human factors science
 Pascal Metrics Training 2009

CULTURE OF SAFETY THROUGH ENGAGEMENT, TRAINING, AND MEASUREMENT

- Leadership Engagement
- Team Training
- Observation Training
- Measurement



ENGAGING THE RIGHT PEOPLE

• Leadership -

- Executive, Director, and Manager
- Physician Champion
- Physician Participants
- Quality Department Staff
- Direct Patient Care Providers
- Educators
- Librarian

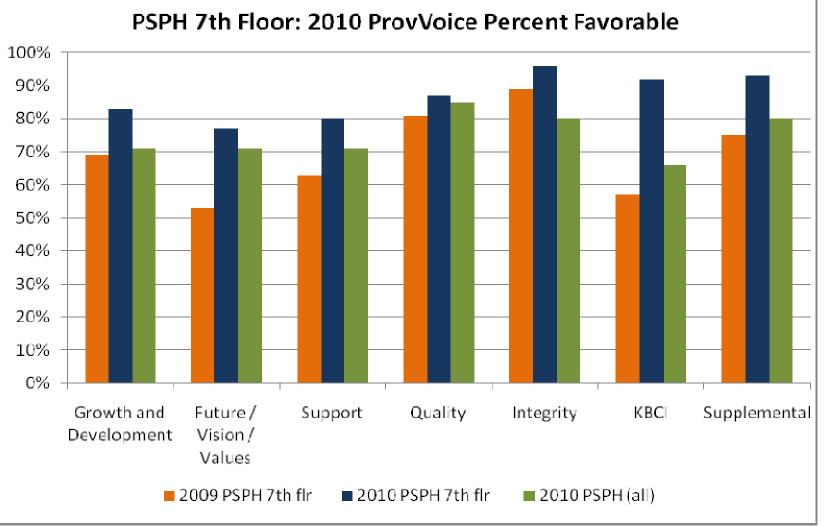


SUCCESS FACTORS

- Engaged and supportive Leadership
- Staff trained and participated together on making changes that address patient safety
- Transparency
- Accountability for safety is owned by everyone
- Implementation of a Glitch Book
 - (format for staff to express ideas and concerns)
- Consistent follow-up on suggestions by staff: fix problems or explain why not fixed
- STAY FOCUSED
- Make it <u>FUN</u>
- CELEBRATE small wins along the way!



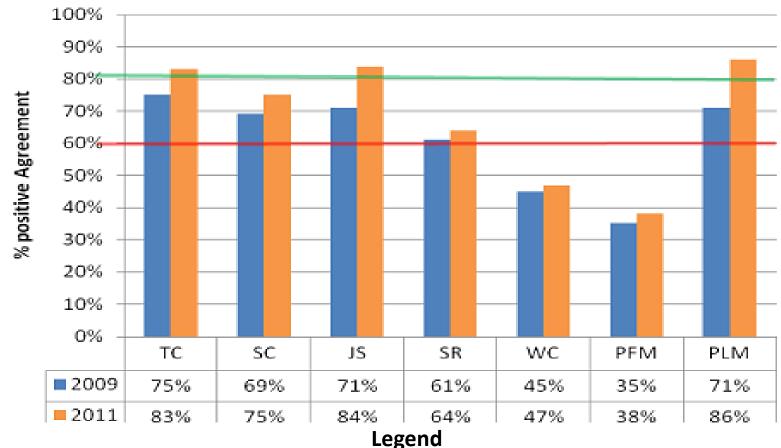
PROVVOICE EMPLOYEE ENGAGEMENT SURVEY 2009 / 2010



SAFETY ATTITUDES QUESTIONNAIRE: ITEMS ARE GROUPED INTO SIX DOMAINS

Factor:	Definition	Example Items
Job Satisfaction:	Positivity about the work experience	I like my job This hospital is a good place to work
Teamwork Climate:	Perceived quality of collaboration between personnel	Disagreements in this clinical area are appropriately resolved (i.e., what is best for the patient) Our doctors and nurses work together as a well coordinated team
Safety Climate:	Perceptions of a strong and proactive organizational commitment to safety	I would feel safe being treated in this clinical area Medical errors are handled appropriately in this clinical area
Perceptions of Management:	Approval of managerial action	Hospital management supports my daily efforts in this clinical area Hospital management does not knowingly compromise the safety of patients
Stress Recognition:	Acknowledgement of how performance is influenced by stressors	I am less effective at work when fatigued When my workload becomes excessive, my performance is impaired
Working Conditions:	Perceived quality of the work environment and logistical support (staffing, training, etc.)	Trainees in my discipline are adequately supervised This hospital deals constructively with problem personnel

SAFETY ATTITUDES QUESTIONNAIRE (SAQ) JUNE 2009 / JANUARY 2011



- **TC** = Teamwork Climate*
- **SC** = Safety Climate
- **JS** = Job Satisfaction*
- **SR** = Stress Recognition
- WC = Working Conditions

PFM = Perception of Facility Management **PLM** = Perception of Local Management*

*Meets goal of >80% Agreement

Culture of Safety

WAYS TO ENHANCE STAFF COMMUNICATION



PROFESSIONAL DEVELOPMENT

Continuing Competency Program

Magnet

(It's a culture not just an award!)

Peer Review & Self Reflection Pilot

Shared Governance

Consistent Leadership

CONTINUING COMPETENCY PROGRAM

http://www.doh.wa.gov/hsqa/Professions/Nursing/continuecomp.htm

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Washington State Department of Health		Nursing Ca	re Quality Assurance	Commission		
R	HSQA » Nursing Commission » Continuing Compe	ency Program			<u>Sea</u>	rch Employee
Directory:	License Renewals	Licensing A-Z	Provider/Facility Search	File a Complaint	Contact Us	
SQA Home	Continuing Competency F	, and the second s				
plication Status	Continuing Competency I	rogram				
<u>e a Complaint</u> Complaint Form	Patients, families, and communities expect sa adopted rules for a self-directed continuing of		care. The Nursing Care Quality Assurance Com	mission	Profession Links	
nforme de Denuncias	 Participation in active practice. 531 h 	ours every three years.			Applications/Forms	
ange your Contact ormation	 Self-assessment and reflection 				<u>Caregiver's FAQs</u> Caregiver's Glossarv	
kground	Continuing nursing education. 45 hour	s every three years.			Caregiver's Useful Links	
eck/Fingerprint quirements	The rules apply to registered nurses and lice	used practical nurses. The rules are a tool to	help keep patients safe and improve nursing pra	actice.	Commission Info	
scribing Authority	Developing a continuing competency tool is	Developing a continuing competency tool is required by statute. The Nursing Commission researched this topic for the last ten years. The rules were			Continuing Competency	
rch by Topic	based on numerous rules writing workshops	and meetings with nurses. Following are so	me documents that may be of assistance in recor		Fees	
lications	active practice and continuing nursing education.			HEAL-WA		
dical Commission	Resources				Laws	
sing Commission	NA SP DP 1 SP SP SPECTOR				Links	
ncy Resources	Sample active practice log (PDF 46K Sample active practice log (PDF 46K				Minutes & Agendas	
H Newsroom		Sample continuing education log (PDF 39KB) Talking points about the continuing competency program (PDF 37KB)			Newsletter	
H Web (A-Z)	Continuing competency rules (PDF 28KB)			Nursing Assistants		
arings Office	Continuing competency frequently asked questions printable brochure (PDF 40KB)			Nursing Programs		
anctions	Continuing competency frequently asl	ed questions			Nursing Publications	
blic Record Disclosure	Tools and Links to other resources				Nursing Sanctions Guidelines	
paired Practitioner ograms	und Estino to other resources				Nursing Schools Nationwide	
arch by Topic	• <u>http://heal-wa.org/</u> (Heal-Wa)				Practice Information	
	 http://www.wsna.org/Education/ (Wa 	shington State Nurses Association Educatio	nal Offerings)		Rulas in Deograss	



ANA PEER REVIEW GUIDELINES 1988

- "As the professional association for nursing, ANA has a responsibility to the public and its members to facilitate the development of a quality assurance system including peer review."
- "Peer review implies that the nursing care delivered by the group of nurses or an individual nurse is evaluated by individuals of the same rank or standing according to established standards of practice."

PEER REVIEW DEFINITION ANA SCOPE & STANDARDS OF PRACTICE (2004)

• A collegial, systematic, and periodic process by which registered nurses are held accountable for practice which fosters the refinement of one's knowledge, skills, and decisionmaking at all levels and in all areas of practice."

PHASES OF PROFESSIONAL DEVELOPMENT FOR SELF REFLECTION OR FOR PEER REVIEW PROCESS

Nursing Practice	Meets	Proficient	Model/Mentor
Knowledge, Decision Making, and Evidence Based Practice	 Applies the nursing process in the delivery of care to non-complex patients Develops an individualized plan of care for each non-complex patient based on admission assessment and disease process Demonstrates the ability to prioritize the activities for patient care delivery Incorporates standards of care in the delivery of patient care Follows policies and procedures <u>specific</u> to PSPH Consistently attends staff meetings. Aware of hospital and unit based performance improvement projects. Takes responsibility for continuous knowledge seeking in reference to new material Performs chart and observational audits as required by unit 	 Meets all standards for Competent Level 1 plus: Applies the nursing process in the delivery of patient care to all patients, including those with complex pathophysiological needs and or psychosocial needs Appropriately updates the patient plan of care reflecting changes in the patient's condition. Uses clinical judgment based on knowledge and previous experience. Guided by experience as well as policy and procedures Supports unit performance improvement projects Recognizes clinically significant opportunities for practice improvement Utilizes information from professional journals and literature and incorporates principles into practice. Working toward national nursing certification 	 Meets all standards for Competent Levels 1 and 2 plus: Demonstrates accountability for patient care outcomes Synthesizes and interprets multiple sources of data when developing the patient care plan. Uses past experience to anticipate and solve problems. Contributes information to the development of policies and procedures Contributes knowledge and judgment in the development and implementation of performance improvement projects Participates in performance improvement team Evaluates current practice based on patient outcomes, review of literature and research. Recognized as a proponent and mentor for Evidenced Based Practice Holds a national nursing certification

PHASES OF PROFESSIONAL DEVELOPMENT FOR SELF REFLECTION OR FOR PEER REVIEW PROCESS

Nursing Practice	Meets	Proficient	Model/Mentor
Collaboration, Teamwork, and Leadership	 Maintains a positive working relationship with team members Practices the Standards of Behavior Understands the role of other disciplines and departments in the care of the patient Recognizes need for professional growth and seeks appropriate resources Understands principles of delegation Exhibits professional and personal accountability and responsibility 	 Meets all standards for Competent Level 1 plus: Identifies communication barriers and adapts communication to build health care team Recognizes clinically significant data and communicates appropriately to other disciplines and departments Demonstrates accountability for professional growth Delegates appropriately Uses critical thinking to help solve unit problems 	 Meets all standards for Competent Levels 1 and 2 plus: Establishes an environment that fosters positive interpersonal relationships Role model in demonstration of caring behaviors to peers and other professional providers Consistently recognizes team dynamics and responds appropriately Implements change to achieve identified team goals



PHASES OF PROFESSIONAL DEVELOPMENT FOR SELF REFLECTION OR FOR PEER REVIEW PROCESS

Nursing Practice	Meets	Proficient	Model/Mentor
Nurse and Patient Relationship	 Demonstrates knowledge of the PHS Mission and Core Values Uses appropriate and positive communication with patients and family Incorporates Patient Centered Care Standards into daily practice: a. AIDET Hourly Rounding Individualized Care Noise Reduction Bedside Handoff Develops a trusting relationship with patient and family by appropriate follow through in keeping promises and meeting commitments Develops and implements a teaching plan for patient and family Aware of diversity needs of patients and seeks appropriate resources 	 ☐ Meets all standards for Competent Level 1 plus: ☐ Incorporates and Core Values into patient care ☐ Responds to subtle changes in patient and family demeanor or reactions ☐ Coordinates communication of teaching plan across continuum of care from admission to discharge ☐ Applies appropriate principles of teaching and learning to patient and family learning needs ☐ Knows and uses resources for meeting the diversity needs of patients 	 Meets all standards for Competent Levels 1 and 2 plus: Mission and Core Values are an integral part of nursing practice Anticipates needs of patient and family based on experience and intuition Demonstrates and mentors others in accountability and leadership as an individual and team member in anticipating and meeting patient/family needs Functions as a resource to the team for meeting diversity needs of patients and families



PSPH STANDARDS OF NURSING PRACTICE FOR SELF REFLECTION AND PEER REVIEW

SELF REFLECTION AND PEER REVIEW ARE NOT PART OF YOUR PERMANENT EMPLOYEE RECORD

Self Reflection and Peer Review:	
Nursing Practice Categories	Provide Examples/Comments: This is a time for celebration and goal identification! Peers: Be generous with positive reinforcement and <u>specific</u> examples!
Knowledge, Decision Making, and EvidenceBased PracticeCompetency Level based on thePhases of Professional Development:MeetsProficientMeetsModel/MentorAssessment and ongoing monitoring of patientcondition, initiation of appropriate, evidence-basednursing response, and documentation.Care Delivery Model Components:Utilize Nursing Process, Facilitates Continuity of Care,Ensures Patient Safety, Utilizes Evidence Based Practice	Please provide <u>specific</u> Examples: Please <u>provide ideas/recommendations</u> to grow and/or expand practice in this area:
Collaboration, Teamwork, and Leadership Competency Level based on the Phases of Professional Development: Meets Proficient Model/Mentor Maintaining positive, constructive interpersonal relationships, and understands and practices the principles of effective teamwork. Demonstrates effective leadership in team processes. Care Delivery Model Components: Communicates Plan of Care, Coordinates Interdisciplinary Team, Utilizes Community Resources	Please provide <u>specific</u> Examples: Please <u>provide ideas/recommendations</u> to grow and/or expand practice in this area:



PSPH STANDARDS OF NURSING PRACTICE FOR SELF REFLECTION AND PEER REVIEW

SELF REFLECTION AND PEER REVIEW ARE NOT PART OF YOUR PERMANENT EMPLOYEE RECORD

Self Reflection and Peer Review:		
Nurse and Patient Relationship Competency Level based on the Phases of Professional Development: Meets Proficient Model/Mentor Attention to the individual person and family as patient, listening to the patient's story and adapting care accordingly. Implements Patient Centered Care Standards. AIDET, Hourly Rounding, Individualized Care, Noise Reduction Care Delivery Model Component: Know me, Care for me, Ease my way	Please provide <u>specific</u> Examples: Please <u>provide ideas/recommendations</u> to grow and/or expand practice in this area:	
Age Specific Care (Check all that apply):	Provide Comments: This is a time for celebration and goal identification!	
N/A Neonates (newborns to 1 mo)	Please provide specific Examples:	
N/A Pediatrics (1 mo – 12 yrs)	Please provide specific Examples:	
N/A Adolescents (12-18)	Please provide specific Examples:	
N/A Adult (19-65)	Please provide specific Examples:	
N/A Older Adult (66+)	Please provide specific Examples:	
Self-Reflection Only (Not for Peer Review):	Provide Examples/Comments: Celebrate and Create Goals!	
Thinking about <i>your work</i> performance, give two or three examples of <i>what you have done well</i> . What accomplishments—such as classes taken, customer/patient feedback, coworker trained, etc—are you proud of accomplishing?	Please provide <u>specific</u> Examples:	
Still thinking about <i>your work</i> performance, describe <i>what you would like to improve or learn</i> during the next year.	Please provide specific Examples:	
Please provide one or two examples of how <i>your work</i> and <i>what you do to demonstrates the Providence Core Values</i> of Compassion, Excellence, Justice, Respect, and Stewardship in your daily activities.	Please provide <u>specific</u> Examples:	

PEER REVIEW AND SELF REFLECTION PILOT

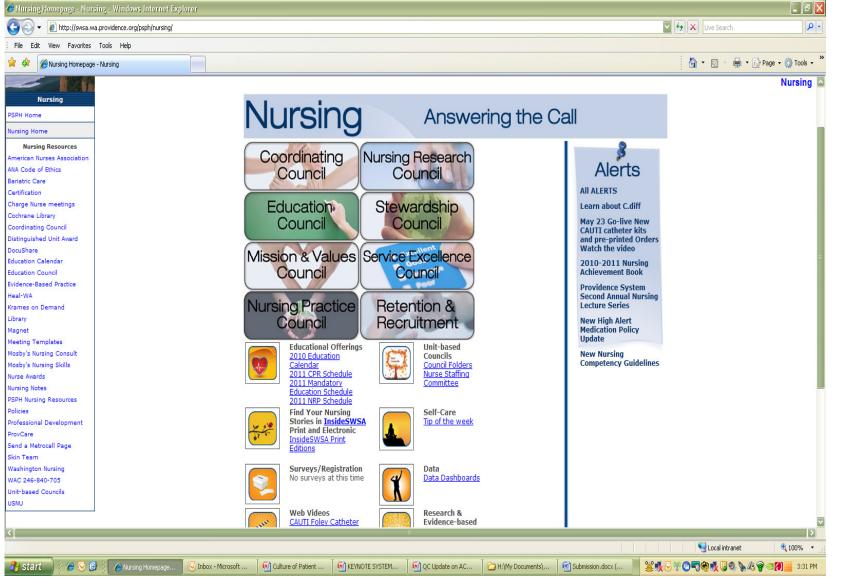
Survey Question		Pre-implementation Survey (% selected 3 or 4)	Post-implementation Survey (% selected 3 or 4)
1.	To what degree do you self- reflect on your nursing practice?	92%	100%
1.	How valuable is the Customer Feedback you receive in helping you to grow your nursing practice?	92%	100%
1.	To what degree do you actively seek feedback from your peers regarding your professional practice?	75%	96%
1.	To what degree have you purposefully incorporated the Professional Practice Model and the Care Delivery Model into your practice?	82%	100%
1.	Overall, how valuable is your annual performance evaluation	91%	100%



STAFF COMMENTS:

- The new evaluation process made me feel valued as a team member.
- I feel that I constantly self-reflect, so I can better myself as a nurse. However my annual performance evaluation is not my first concern behind my self-reflection: It helps with team building and makes me see ways I can improve. It helps me see ways I can improve in the coming year and helps me feel like a valued member of the team.
- Streamlined process which was meaningful. Helps to set goals for self in career choices. I like the new process. It makes people accountable for development and growth as a nurse.
- It was helpful to hear the feedback my peers had. It's a good idea because you get more feed-back than from just your manager and it's from people who work beside you. Your peers are the ones who are able to see your job performance from day to day. These new forms are great because they go into more depth, and you were able to hear the comments first hand.
- I like talking directly with co-workers helpful.

NURSING COUNCILS



Culture of Safety

CONNECTION BETWEEN ORGANIZATIONAL CORE VALUES AND CHANGING A CULTURE OF SAFETY



The Providence Commitment

Miss

As People of Providence, we reveal God's love for all, especially the poor and vulnerable, through our compassionate service.

Core Values Respect

- created in the image of God James 1.21

We welcome the uniqueness and honor the dignity of every person We communicate openly and we act with integrity We develop the talents and abilities of one another

Compassion Jesus taught and healed with composion

We reach out to people in need and give comfort as Jesus did We nurture the spiritual, physical and emotional well-being of one another and those we serve We embrace those who are suffering

Justice

We believe everyone has a right to the basic goods of the earth We strive to remove the causes of oppression We join with others to work for the common good and to advocate for social justice

no contristed with much. Laske 12:48

We set the highest standards for ourselves and for our ministry We strive to transform conditions for a better tomorrow while serving the needs of today We celebrate and encourage the contributions of one another

evvardship onth is the Lord's and all that is in it. Psolm 24:1 We believe that everything entrusted to us is for the common good We strive to care wisely for our people, our resources and our earth We seek simplicity in our lives and in our work

Culture of Safety in a Healthcare Organization

QUESTIONS? THANK YOU!



