



Psychological Safety Workgroup

Friday August 7, 2020

1:00-2:00 p.m.

<https://zoom.us/j/421340522>

Meeting ID: 421 340 522

Phone: 346 248 7799, Meeting ID: 421 340 522

Issues: Call Steve Levy 954-540-3860

Meeting Agenda:

- | | | |
|------------------|--|--------------|
| 1:00 p.m. | Recap of July meeting
Questions or comments on July minutes? <ul style="list-style-type: none">• Steve invited a number of patients to join group• Recommended by PFE network group<ul style="list-style-type: none">○ Any patients would like to introduce themselves?○ Tony Arvish (?) first session with WPSC○ Recommended through Seattle Cancer Care Alliance○ 2-3 others interested in participating in group and hopefully they will join in future <p>Focusing on developing campaign encouraging patients to speak up at specific institutions
Encourage communication between providers and patients using language that providers have been trained to use.</p> <ul style="list-style-type: none">• Patients to adopt that language to encourage speaking up• Simple language and phrasing that would cause providers to pause and listen, thus encouraging patients to speak up | Chair |
| 1:10 p.m. | Workplan Discussion <ul style="list-style-type: none">• Patient assessment to determine patients/family's willingness to speak up• Is this statewide or specific to institutions for pilot?<ul style="list-style-type: none">• Institutions could pilot in specific units before taking it statewide | Group |

- Elena-wondering if there is consideration to include LTC as well: yes
- Families and residents are so fearful to speak up because of fear of retaliation and gathering baseline of information would be incredibly helpful.
- Looking for # of institutions to pilot this in?
 - Swedish is interested in participating
 - Need to determine particular units
 - UW Medical Center is interested in 2 campuses
 - Harborview- possibly interested as well
 - LTC facilities: multi facility corporations to participate
 - SCCA hasn't had a chance to vet yet
 - Have tried in the past and need to determine if culture and staff is in better position now
 - CHI Franciscan
- All potential organizations agreed that a beneficial item to official get locations on board is a one-page document or project overview would offer further explanation of project
 - Discuss purpose of survey
 - Determine steps to develop survey
 - Determine who would like to work on its development
- WPSC will support the work, but committee members are experts in the field and can develop outline and game plan
- Think through timeline and to-do's
- Develop one-page before next meeting: what should go one it?
 - What questions would you anticipate them having?
 - Establishing the purpose and goal
 - How information will be used and shared
 - Tentatively see the survey, timeframe and commitment
 - What does commitment mean to them for time and resources?
 - Survey is part of the overall process, maybe step one
 - One-pager: looking at this for entire project and how to develop campaign?
 - Exec. Summary with objectives, likely processes
 - Spec. populations to look at? Only at WA State?
 - How rigorous do we want to make this project?
 - Data security- referring to survey, follow up, etc..
 - Thoughts on developing methodology and process

- Still anticipate senior leaders wanting to know: How the work organizations are currently doing in patient experience are in line with this pilot and why we are doing this?
- How are we going to go about creating 'output' in educating families?
 - Through Sara's research- developed speaking up phrases for health providers
 - Is something here that aligns with safety language to shorten
 - Sara to share table that includes listening skills and speaking up. Document titled **Speaking Up and Listening Strategies**
 - Adapt what they are doing with providers and how to do it with families
- Joint Commission launched speaking up campaign with patients and families?
 - Any lessons learned from orgs that implemented it?
 - UW- have not deployed that in any areas
- Would be nice to think about end result being something simple to implement
 - Do we want providers to ask specific questions of patients and will that connect to survey, can we map it out to have initial 3 questions to use and who will do it (nurses vs. providers), what will it look like?
 - What are we hoping to get out of it?
 - Once we do that then we can divide up tasks?
 - Will Sara's work give us a good foundation?
 - Building on what we learned on speaking up in OR. Put posters everywhere on phrases they wanted people to use
 - Ask a simple question or use a simple phrase
 - Is this based on TeamSteps CUSS language?
 - Yes based on that model, but took it and made it simpler
- Swedish/Providers use Caring Reliability
 - "I have a concern"- still using simple language and same principles and not confusing language if someone is unfamiliar with CUSS language
- Measurement and measurement scores- how to measure and make it successful
 - HCAHPS for inpatient
 - Want to measure patient satisfaction and comfort level with speaking up
 - One way to capture feedback in that

regard is already being done with patients

- HCAHPS is mailed to people after discharge or clinic visit and they return it to the organization
 - Best time to ask if there is a safety issue is during service and not after
 - Using survey as vehicle to collect patient safety concerns? On paper
 - Envisioning this is interactive as happening, signs up, campaign everywhere encouraging patients/family members to speak up. Nurses rounding ask “do you have any safety concerns” use HCAHPS to determine successfulness of this to measure the tool
- Survey is meant to be before and after; pre and post implementation survey
 - Pre survey determine patient’s willingness to speak up regarding safety concerns
 - Survey patients after their visit to see if they felt safe and comfortable speaking up
 - Culture of safety survey questions for pre-post surveys?
- Nothing specific safety wise on HCAHPs
 - 2 communication questions; not specifically regarding speaking up or safety
- Make it as simple as possible to develop a tool to pilot in organizations
- Add question about barriers/hesitations to speak up
 - Pretty much know the barriers to speaking up from care side, but would be very interested to know the barriers to speaking up from the patient side

- Would like to ask for 3-4 volunteers to help push forward
 - #1 thing is develop one-page description to help recruit units to do this
 - Put together an outline of different sections to include in one page
 - Answer questions in form of sentence or two
 - WPSC to put it together and can work with larger group to flush out content
 - **Volunteers:** Val Lytle, Jessica Yanny-Moody (vacay next week then available), Sara Kim (sent document), Elena Madrid is happy to review/contribute for LTC piece
- **Kinsey** to bring group together and take notes
- **Kinsey** to send minutes from meeting to Jessica to begin outline for one-page document

- Rosalee- taking lead from SeaTac bathroom cleanliness machine to rate
 - Website: <https://www.happy-or-not.com/en/products-and-services/easy-instant-actionable-data/>
 - Fast easy way to gather data for baseline “Did you feel safe today”
- Possibly work with UW MHA program on this
- Campaign that encourages patients/families to speak up by incorporating facility safety language & culture
 - Facilities and patient groups to include
 - Identify organizations to pilot this and discuss plan to implement

1:50 p.m.

Next Steps

Chair

- Build One Page Description
- Kinsey to set up smaller group meeting to outline document

Next meeting September 4, 2020, 1 p.m. PT