



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

Chair

Questions or comments on July minutes?

- Steve invited a number of patients to join group
- Recommended by PFE network group
 - 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

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.

- 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

1:10 p.m.

Workplan Discussion

Group

- Patient assessment to determine patients/family's willingness to speak up
- Is this statewide or specific to institutions for pilot?
 - Institutions could pilot in specific units before taking it statewide

- 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 TeamStepps 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