FOUNDATION FOR
Health Care Quality

Washington
PATIENT SAFETY COALITION

Friday March 3, 2020
Minutes

2:00 p.m. Welcome — Rodica Pop

Remind the group of the purpose of this workgroup

- Took Roll Call
- Emphasized the importance of creating an Aims statement and follow the IHI model for improvement for work groups moving forward.
- Introduced Sara Kim at UW (Associate Dean for Quality Improvement)
    - Has done a lot of work around psychological Safety;
    - Provided ideas from her experience and what we could possibly do?
    - Key barriers and facilities to speaking up? Doing focus groups to learn
    - Perception of my power vs. Your power
    - Developed e-learning module (Can send link)
        - 4-hour mandated training- 90 minutes speaking up and listening,
        - Understand why it is important

2:10 p.m. Discussion and Worksheet — Group

What is the goal of this group, what performance gap is there that we can address?
Group to determine process and deliverables

- *Possibly evaluate the program at UW?*
- *Assessment of where we are at each organization in terms of culture of safety?*
    - *Then how do we apply what other organizations have done and then how do we assess the impact of that on organizations?*

- The Steering committee did discus not just staff and provider, but patient's psychological safety of speaking but decided to just work on staff and provider side now.

- Val- most important work is showing the connection with physical safety. Without psych. safety you can't achieve other goals because you don't see other problems with everyday barriers.
    - Think about developing easy to use tools for access and distribution to help providers and caregivers understand simple shifts they can make to open up psychological safety. How you say things is often the definer of whether people speak up or shut down.
- Jackie- At the highest level is the need to improve psych safety at all organizations.
    - Can we share what culture of safety surveys people are using and share results for baseline information on where improvements can be made?

- Jamie- Agree with Jackie about survey, likely we all use same AHRQ survey (good metric)
    - Much of psych safety is communication. Valley Medical is training everyone in hospital on TeamSTEPPS to hopefully help improve results.
- Polyclinic used AHRQ survey- decision made to pull out a couple of questions that were representative of psych safety
- Sara- in Jan 2018 added 2 questions- One was about if the fear of conflict would prevent me from speaking up. 25% agreed, 95% said when spoken up they listened with openness and curiosity
- David- using Press Ganey survey; they have 4 years of scores.
    - Seen interesting shifts- increased emphasis by organization on patient safety and they feel less safe in speaking up
    - Writing a culture of safety curriculum- 1 section addressing psychological safety and speaking up willing to share
- IHI improving the joy in work and connection with psychological safety- maybe something around activation and joy in work.
- Deliverable around leadership behaviors. Importance of leaders apologizes
- Lorrie- switched surveys from AHRQ to Press Ganey- previous surveys were struggle to get out
- Focused on assessing level of psychological safety either AHRQ or Press Ganey;
    - Couple organizations have curriculum, education, training developments. How do you assess effectiveness of training? Assessment tied to training and then to sustained skills applied in real world settings
- Jackie- Isn't closed loop on what is being reported so they give up. Did pilot utilizing score survey – biggest impact was closing loop on communication. AHRQ Teamwork always top box- when using other survey (more specific) one of worst scores. "I work with difficult individuals"
- Polyclinc lowest score was "when staff feels their mistakes are used against them" equal for providers and staff. Have interviews with team to understand the results – culture of learning...mistakes become punishment/highlighting individuals mistakes instead of becoming learning opportunities.

Group to send scores and survey data-

- Kinsey and Steve to aggregate information and send back to group- can lead to next discussion for where group goes.
- How do we crosswalk questions with similar meanings? Is that valid and reliable and fair?
- Can help entertain discussion and focus? Use AHRQ as a basis
- Would it make sense to use 4 questions and that is a good crosswalk between ARHQ and Press Ganey?
- Steve to send out 4 questions
- Rodica to send Steve questions-
    - Steve to distribute to everyone; workgroup to send back information from last 3 years?
    - Identify key areas and then determine tools to apply to those
    - Trainings, educational material, leadership involvement

When thinking about leadership- recognize unique leadership role

Val- consider including voice of people at bedside as well as focusing on leaders

- Example: Amy Edmunds work

2:55 p.m. Thank you and Next Steps Steve Levy & Kinsey Gray

First Friday of each month at 1:00

- Steve to email with 4 questions

    - Workgroup replies with additional questions
- Once questions are set- Steve to send back out and workgroup to check with organizations about sending in responses
    - Kinsey and Steve to aggregate data before next meeting.

Template for people to come and share information in a formal way
Create template for what resources to share