



Meeting Agenda:

- | | | |
|------------------|--|--------------|
| 1:00 p.m. | Recap Catching up and regrouping. See March notes. Review and discuss worksheet from March meeting. | Chair |
|------------------|--|--------------|
- **Rodica**- more than just Covid-19, social events
 - Psych safety will take on new look and feel
 - Very unsettling time- unemployment, Covid fears, social issues
 - Hard to pinpoint how psychological safety feels now and what should be a focus
 - **Val**-frustrated this week- team works remotely- Val comes into office
 - Overwhelmed with virtual meetings taking up time and can't get actual work done
 - Messaging from leadership to "Take care of teams"- same time as furloughing people which makes their more work to be done by people still employed
 - Fits into additional issue
 - What does psychological safety mean in terms of doing work when scattered and working virtually?
 - We now don't have benefit of talking in hallway, etc.. to find out what is going on
 - **Rodica**- people who are left with job- would they still have the courage to speak up? Or is it curbed by fear of losing job
 - **Jessica**: You are not alone in that boat – it is very tough to be told to do one thing and then communication can't happen
 - It's hard for anyone to find their voice right now- because of everything we see in retaliation
 - **Rodica**- how do we refocus as group? We want to support organizations, but how do we help?
 - It is widely expected now that COVID will continue to spread due to demonstrations
 - **Jessica**- I'm wondering what is it that patients need to feel safe to come back?
 - Staff is short- work is getting larger, mitigating factor putting risk for visiting healthcare system
 - How do we empower the patient? What do they need? Their voice is most important right now.
 - **Elena**-We have 175 SNF, 150 LTC facilities and the focus is different in that they are still under visitation ban for families to residents
 - Still isolated and quarantined; starting to experience the failure to thrive and lost connection
 - Resident focus- can't do communal dining or services- have resident family focus for those within the facility
 - **Jessica**- nurse talking about woman who had COVID and was so alone in room- she felt she was in purgatory alone in room?
 - A way to help patients feel any sort of control over their environment to speak up?
 - **Elena**- LTC facilities are trying to use technology to best of ability-
 - Cognitive and sensory impairments add complications to that
 - **Jessica**- As a first step: identify challenges and barriers to psych. Safety
 - **Val**- caregivers need to be able to hear what they say the barriers are to psych. Safety
 - Can't meet needs of patients if they don't feel safe themselves
 - Opens up a forum to discuss this
 - **Sara Kim**-reasons for not speaking up on HC side are well known

- Typically people have concerns about themselves, feel they would be humiliated, competency questioned, don't want to make someone else feel bad, not the right time, question what they have to say as not legit.
- Leadership behavior- make speaking up a possibility.
- **Gloria:** not the best approach to separate psych safety of patients from care providers, need to move to all person safety belief
 - Gov. Inslee proclamation 20-24-1 4th page: Healthcare organizations are required to...
 - Created feedback loop and promote psych. safety
- **Jackie:** solutions for patient safety and visited other organizations to see work; Colorado emphasis on parent and patient involvement for speaking up for safety- flyers in rooms stating what they should expect to see and if you don't see it ask for it
 - How can we support the patients in speaking up?
- **Sara:** patients of color, especially black patients experience different things they go through in the healthcare system- UW has mandatory bias training for leadership
 - How to care and communicate psychological safety for people of color and acknowledging it might be a unique approach.
- **Jessica-** Question to Sara Kim; has this topic of psychological safety in the patient mindset been studied in literature?
- **Sara-** Joint Commission has launched speaking up campaign and developed high quality materials online
 - **ACTION ITEM:** Sara to report back to the group about what is being published after reviewing with a patient safety lens
 - Nice to understand foundationally what is out there

Psychology safety for patients, families, residents

Patient vs. healthcare provider feeling safe

- Look at toolkits that have best practices already associated with psych. Safety
 - As we reflect and look at the current situation and see what has been done in Canadian Patient Safety or other states in the US
- **Elena** has logistical questions about how she can get the information for LTC and SNF facilities.
 - AHRQ will give national overview of where people are at and
 - Pilot or sampling for LTC piece
- **Sara-** shared with Steve; Speaking up E-Learning module to share with group
- **Jackie-** Do we have a non-healthcare person on this work?
 - Sara is non-healthcare person;
 - Do we need more representation? Could ask Steve about PFE group
 - Anyone who could represent patient perspective?
 - Someone from a PFAC to represent and attend these meetings

1:20 p.m.

Post COVID Discussion

Group

Discuss and share our organizations' plans to address/enhance psychological safety for the workforce in a "post" COVID environment.

1:50 p.m.

Next steps

Chair

ACTION ITEMS:

- Kinsey/Steve to email group asking for culture of safety survey results
- Steve to ask if anyone from PFE group would like to attend the psychological

- safety meetings for patient perspective
- Workgroup to research literature about psychological safety and existing campaigns/programs/toolkits regarding best practices

Next meeting July 3, 2020, 1 p.m. PT