Objectives

- Learn from other hospitals using the Agency for Healthcare Research and Quality (AHRQ) Hospital Survey on Patient Safety Culture to improve leadership, teamwork, and communication by implementing organizational changes to improve the safety culture.

- Understand the tools a hospital can implement to improve the culture of their hospital (i.e., Just Culture principles, TeamSTEPPS).
Stratis Health

- Quality Improvement Organization (QIO) for Minnesota
  - Funded by CMS out of the Medicare Trust Fund
- 3-year performance-based contract
  - Current scope of work runs 2005-2008; includes rural hospital support for quality and patient safety
  - New scope of work starts August 1, 2008
  - Purpose is to assure and improve quality of care for Medicare beneficiaries
Patient Safety Culture

- Patient safety is a critical component of health care quality.
- As health care organizations continually strive to improve, there is a growing recognition of the importance of establishing a culture of safety.
- Achieving a culture of safety requires an understanding of the values, beliefs, and norms about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate.
Patient Safety Culture: Survey Tool

- AHRQ developed survey tool, which assesses:
  - 7 domains (including Supervisor/Manager Expectations, Communication Openness, Non-punitive Responses to Error, Staffing)
  - 3 hospital-level aspects of safety culture (Hospital Management Support for Patient Safety, Teamwork Across Hospital Units, Hospital Handoffs, and Transition)
  - 4 outcome variables (Overall Perceptions of Safety, Frequency of Event Reporting, Patient Safety Grade, Number of Events Reported)
  - www.ahrq.gov/qual/hospcculture
Stratis Health Project #1

- Rural Organizational Safety Culture Project
  - Carried out under CMS contract
  - Collaboration between Sanford Health System of Sioux Falls
    - All system hospitals
    - QIOs from Minnesota, Nebraska, Iowa, and South Dakota
- Nine MN hospitals participated (all part of Sanford Health)
MN Participating Hospitals

- Murray County Memorial Hospital - Slayton
- Ortonville Area Health Services
- Sanford Canby Campus
- Sanford Hospital – Luverne
- Sanford Jackson Medical Center
- Sanford Tracy Medical Center
- Sanford Westbrook Medical Center
- Windom Area Hospital
- Worthington Regional Hospital
Activities and Support

- Hospitals administered survey
- Three educational workshops included:
  - Interpreting AHRQ survey results
  - Understanding interdisciplinary challenges that impede recognition and resolution of errors
  - Training on standardized communication tools such as SBAR
  - Education on “Just Culture” philosophy and principles
  - Implementing a “Just Culture” in their hospital
  - Applying human factors knowledge
Hospital Interventions

- Leadership focused
  - Walkarounds, board engagement
- Non-punitive error reporting
  - Near miss reporting, “Just Culture”
- Communications/handoffs:
  - SBAR, huddles
- Specific safety initiative:
  - Falls, medication safety, rapid response teams
- Implemented staff awareness strategies
- Staffing strategies
Rick Nordahl
Sanford Tracy Medical Center and
Sanford Westbrook Medical Center
Culture or Behaviors

- Behaviors change culture
- All staff engagement
- Reward behavior change
  - Celebrate!
- Conscious effort from all
- Leadership engagement
- Talk, talk, talk, talk, talk
- Notice the change in thinking
Rural Patient Safety Culture Project #2

- Building on success of Sanford work
- Funding from ORHPC Flex grant dollars
- Four CAHs in northwestern region participating:
  - First Care Medical Services, Fosston
  - Lakewood Health Center, Baudette
  - LifeCare Medical Center, Roseau
  - Northwest Medical Center, Thief River Falls
Activities and Support

- Hospitals administered survey
- Two face-to-face workshops focusing on:
  - Interpreting AHRQ survey results
  - Understanding interdisciplinary challenges that impede recognition and resolution of errors
  - Training on standardized communication tools, such as SBAR
  - Educating on “Just Culture” philosophy and principles
  - Implementing a “Just Culture” in their hospital
- Fall prevention
- Pressure ulcer prevention
- Med reconciliation
- Rapid Response
- Anticoagulation
- Etc., etc., etc.
- Another project, Annette??!!
We’d love to 😊!!!
Our Journey

- Kick-off teleconference - July ’08
- Distributed Hospital Survey on Patient Safety Culture in paychecks - August ’08
- A little arm twisting and begging - September ’08
Our Journey (cont.)

- Formed a Safety Culture Committee
  - CEO, Senior Leader Pt. Services, Senior Leader PI, Directors of HR, Nursing, Lab & Pharmacy, Quality
  - Subcommittee of Patient Safety Committee
  - Meets monthly

- Workshop #1 - November ’08
  - Understanding our data results
  - Creating a Learning Culture (Katherine Jones, PT, PhD)
  - Leadership’s Role in a Culture of Safety (Dr. Brian Anderson)
What we learned from our data –
First Committee Meeting Nov. ‘08

1. We could be worse. 😊

2. We need to work on increased reporting on near misses and incidents.

3. We need to do a better job of communicating changes made based on near misses and incidents.

4. We need to make staff more comfortable with questioning decisions or actions of those with more authority.
Action Plan

- Disseminate results of survey - January ‘08
  - Employee meetings, medical staff, Board, individual department meetings, central bulletin board display

- Work on improved near miss reporting

- Monthly feedback reports on incidents and near misses with any follow up actions (Started in January ’08)

- Written education on each RCA performed with prize draws, when returned with signature
DON’T FORGET TO REPORT NEAR MISSES TO #246 FOR A NOOK BEVERAGE CERTIFICATE
Thanks for the near miss report!!!

Enjoy a drink of choice!!

C ya at the nook!!

Expires __________
So far….18 near misses reported

- It helps to keep reminding staff to report at every given opportunity.
Our Journey (cont.)

- February ’08
  - Dr. Anderson came to speak to our Board, nursing leaders, and medical staff about a culture of safety (sponsored by Stratis Health).
  - Participated in a WebEx presentation with Katherine Jones, PT, PhD, on assessing our progress
Our Journey (cont.)

- April ’08
  - Workshop #2 April ’08
    - Just Culture (Alison Page, RN, MSN, MHA)
Future Work

- Teamwork training
- Redistribute Patient Safety Culture Survey
- Keep working 😊
Some Observations

- If you work on a culture of patient safety, all patient safety projects will be influenced positively.
- Much of work with this project aligned with other initiatives (e.g., Joint Commission, MHA Calls to Action, Customer Service Program)
- Communication to the right people is one of the most important steps in achieving a culture change.
The Daffodil Principle
Thank you, Stratis Health, for all the resources you provide!!!
Patient Safety Culture: Using Survey Results

- AHRQ Benchmarking Database:
  - Data from nearly 400 U.S. hospitals
  - Includes a breakdown for hospitals with fewer than 25 beds

- Excel benchmarking tool:
  - Includes comparisons for bed sizes 6 - 24, 25 - 49, and 50 - 99

- Rural-adapted AHRQ survey instrument
  - Part of University of Nebraska research project
  - [www.unmc.edu/rural/patient-safety/culture%20survey/culture-survey.htm](http://www.unmc.edu/rural/patient-safety/culture%20survey/culture-survey.htm)
Patient Safety Culture: A Leader’s Role

- Assess your culture to know your strengths and opportunities for improvement

- Take advantage of AHRQ and QIO resources to identify interventions, successes, and lessons learned
  - Watch for opportunities to participate in TeamSTEPPS and Healthcare Leadership and Quality Assessment Tool (HLQAT) training and implementation with QIO

- Make patient safety culture an organizational priority and track your results over time
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