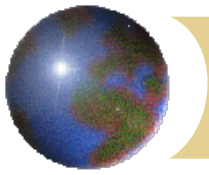


Improving Patient Safety by Changing the Culture

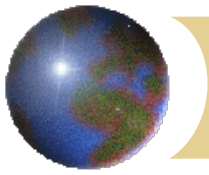
Jane Jones, MT(ASCP), MSHS, CPHQ
Performance Improvement Director

Track:	SOPS Patient Safety Improvement Initiatives
Session:	Improving Patient Safety Culture Through Teamwork
Date & Time:	April 20, 2010, 9:30 am
Track Number:	SOPS T2-S1



Oaklawn Hospital

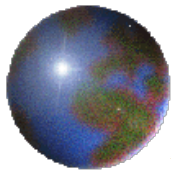
- ✚ Located in Marshall, Michigan
- ✚ 94-bed hospital, independently owned, non-profit organization
- ✚ 150 physicians representing 30 specialties
- ✚ Received ANCC Magnet Recognition in September 2009



Patient Safety Committee

Revamped Patient Safety Committee in
May 2008

- ✚ Created separate Patient Safety Committee that “owned” patient safety culture
- ✚ Revised Patient Safety Plan
- ✚ Set measurable goals
- ✚ Membership requirements / commitment



Patient Safety Committee Membership

Membership Qualifications:

- Have a passion for patient safety and high quality care.
- Willing to attend monthly meetings
- Willing to work as a collaborative team member.
- Willing to work outside the committee to accomplish the committee's goals.
- Willing to trial change suggestions **AND** have the authority to do so in their area/unit/dept and monitor results.
- Willing to network with colleagues to identify best practices so Oaklawn does not reinvent the wheel.

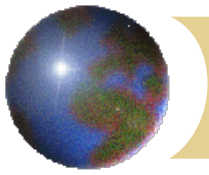
Rewards:

- Knowledge that the committee's accomplishments will improve health outcomes and provide a safer environment for our patients.
- Trial new and leading edge patient safety change packages – become early adopters of important patient safety techniques.
- Learn and apply Rapid Improvement techniques when trialing change concepts.
- Have some fun along the way!

I am interested in participating on the Patient Safety Committee.

Signature

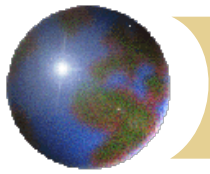
Department








Culture Survey

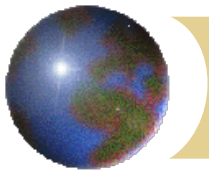
Conducted AHRQ Survey on Patient
Safety Culture June 2008

- ✚ Clinical staff
- ✚ Ancillary staff impacting patient safety
- ✚ Return rate of 74% (371/489)



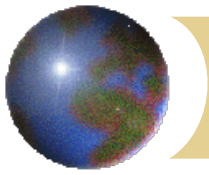
2008 SOPS RESULTS

Composite Score	Oaklawn % positive	AHRQ average % positive	Oaklawn percentile	Goal $\geq 75^{\text{th}}$ percentile
Overall Perception of Safety	67%	64%	61 st	
Frequency of events reported	60%	60%	50 th	
Teamwork Across Hospital Units	57%	57%	50 th	
Nonpunitive Response to Error	42%	44%	45 th	
Teamwork Within Units	78%	79%	44 th	



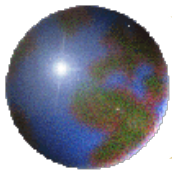
What Do We Do With This Information?

- ✚ Drill down to identify reasons why questions are answered the way they were
- ✚ Communicate SOPS outcomes to Management – place outcomes on Executive Staff's dashboard
- ✚ Identify actions that will impact staff perceptions of selected items
- ✚ Develop a process for communicating results and celebrating improvements



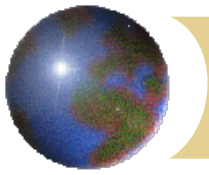
Action Plan – Event Reporting

- ✚ Convert paper-base reporting system into electronic event reporting
 - ▣ Education / training included non-punitive culture for mistakes and errors
 - ▣ Ability to report anonymously
- ✚ Provide immediate feedback to staff
- ✚ Initiate “Good Catch” Award – Celebrate



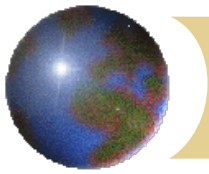
Good Catch Party





2009 Event Reporting Outcomes

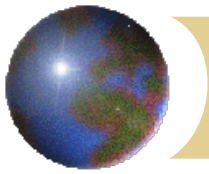
- ✚ Increased reporting occurrence reporting from 267 in 2008 to 630 in 2009.
- ✚ Increased medication “good catches” by from 30 in 2008 to 73 in 2009.



Action Plan – Teamwork

- ✿ Relationship Based Care Nursing Model (RBC)*
 - ❏ Interdisciplinary communication and teamwork are vital as they promote mutual respect and role clarity.
 - ❏ Each and every member of an organization, in all disciplines and departments, has a valuable contribution to make.
 - ❏ Healthy relationships among members of the health care team lead to the delivery of quality care and result in high patient, physician, and staff satisfaction.
 - ❏ Transformational change happens one relationship at a time.

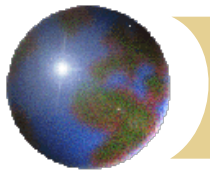
* Authors: Mary Koloroutis; Marie Manthey; Jayne Felgen; Colleen Person; Leah Kinnaird; Donna Wright; Sharon Dingman



Action Plan – Teamwork

Identified patient safety improvement opportunities and approved multiple Quality Work Groups (QWG)

- ✚ Fall Prevention
- ✚ Pressure Ulcer Prevention
- ✚ Handoff Communication between OR to Med/Surg/CCU, ED to Med/Surg/CCU, and physician and nursing staff
- ✚ Standardize patient wristbands

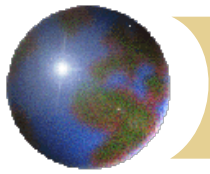


Action Plan – MHA Keystone Surgery and OB Projects

Implemented *Comprehensive Unit-Based Safety Program (CUSP)

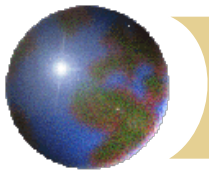
- ❖ Evaluate culture of safety
- ❖ Educate staff on science of safety
- ❖ Identify defects
- ❖ Senior Executive Partnership
- ❖ Implement teamwork tools; Learn from one defect per month
- ❖ Evaluate culture of safety

**The Johns Hopkins University, School of Medicine*



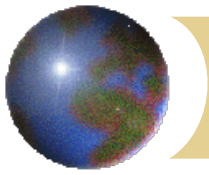
2009 SOPS RESULTS

Composite Score	Oaklawn % positive	AHRQ average % positive	Oaklawn percentile	Goal $\geq 75^{\text{th}}$ percentile
Overall Perception of Safety	74%	64%	84 th	★
Frequency of events reported	64%	60%	67 th	▲
Teamwork Across Hospital Units	67%	57%	90 th	★
Nonpunitive Response to Error	48%	44%	71 st	▲
Teamwork Within Units	81%	79%	58 th	▲



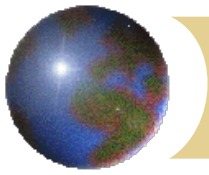
2009 SOPS Actions

- ⊕ Drilled down into individual department results – shared with managers and appropriate executives
- ⊕ Ask departments to identify two actions they will take to improve patient safety culture
 - ⊕ Unit Based Councils identified improvement opportunities
 - ⊕ PI Department facilitated focus groups
- ⊕ Continue with RBC, QWGs
- ⊕ Implement “Red Rules”
- ⊕ Celebrate successes



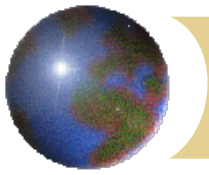
Key Learning's

- ✚ No magic bullet – takes multiple initiatives through multiple mediums.
- ✚ Connect the dots on why changes are occurring and what to expect as an outcome.
- ✚ Need to define when an event would be considered punitive vs. non-punitive.



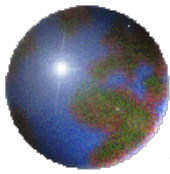
Key Learning's

- ✚ Culture is department specific: Some things can be addressed house-wide, but many are department issues.
- ✚ The survey results are symptoms – must drill down to identify “root cause”.



2010 SOPS Improvements

- ✚ Improve staff education on survey tool and its questions
- ✚ Improve turn-around-time of information back to department managers



Questions??

CONTACT INFORMATION:

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