Understanding Patient Safety Culture

A Statewide Perspective

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What is patient safety culture?
AHRQ Hospital Survey on Patient Safety Culture

What is it?

- Designed to gain an understanding of staff’s perceptions of the culture of patient safety at their hospital

- The survey can be used to:
  - Raise staff awareness about patient safety
  - Assess the current status of patient safety culture
  - Identify strengths and areas for patient safety culture improvement
  - Examine trends in patient safety culture change over time
  - Evaluate the cultural impact of patient safety initiatives and interventions
  - Conduct comparisons within and across organizations

Lake View’s Hospital Survey on Patient Safety
Culture

1. Organizational rollout & communication
2. Completion rates
3. Feedback reports
4. Successes
5. Opportunities for improvement
6. Culture of Excellence workgroups
7. SAFER Care Always Campaign
8. Experiences and lessons learned
9. Organizational Balanced Scorecard
Organizational Rollout

- Global memos sent out all providers and staff to encourage participation and feedback
- Discussed at monthly Employee Forums
- Shared information in monthly internal newsletter
- Leadership team discussed at department staff meetings
- Survey offered to employees in April 2017
- Results received in June 2017
- Committed to a celebration with employees in July if completion rate exceeded
Implementation of survey

- Statewide implementation
  - Total of 30 hospital participated
    - 28 of which were Critical Access Hospitals

- Participating hospital provided
  - Implementation strategies
  - Customizable communication emails
  - Check-in emails throughout survey implementation
  - Data analysis with continued support

- Funded thru CMS Partnership for Patients
90% of all of the organization’s employees completed the AHRQ survey

Included all hospital and clinic employees - both clinical and non-clinical

Ice cream party offered to celebrate the organization’s commitment to patient safety

2015 completion rates: 100% for clinic & 70% for hospital
Interpreting results

- Total of 42 items grouped into 12 composite measures
  - 2 additional questions that ask staff to rank hospital safety grade and number of events reported
  - Respondents are also asked to provide some demographic information (i.e. work area/unit, position)
- Both positively and negatively worded questions
- Comparative database
Lake View was compared against 680 hospitals across the country

7/12: We scored at or above the 90th percentile on seven out of the twelve composite measures

2/12: We scored within two percentage points of the 90th percentile on two out of the twelve composite measures

3/12: We scored just below the 90th percentile on the remaining three composite measures

Lake View leadership was very happy with our results
MHA 2017 Cohort Description

- 29 facilities
  - 26 – Critical Access Hospitals (CAH)
  - 2 – non-CAH
  - 1 – Behavior Health Center
- 6,104 employees
  - 3,392 completed the survey (55.6%)
- MHA regions
  - 3 – Region 1-Northwest
  - 4 – Region 2-Northeast
  - 9 – Region 3-Central
  - 11 – Region 5-Southwest
  - 1 – Region 6-Southeast
Overall Patient Safety Grade
2017 MHA Data Set

Please give your work area/unit in this hospital an overall grade on patient safety.
(Survey item E1)

Combined score:
81% - Minnesota
76% - AHRQ Database

Percent of Respondents

A - Excellent: 34% (Database), 31% (Your Hospital)
B - Very Good: 42% (Database), 50% (Your Hospital)
C - Acceptable: 19% (Database), 16% (Your Hospital)
D - Poor: 4% (Database), 3% (Your Hospital)
E - Failing: 1% (Database), 0% (Your Hospital)

Note: 1) Item level data does not display for fewer than 3 respondents; 2) Comparative results are based on data from 680 hospitals included in the Hospital Survey on Patient Safety Culture 2016 Comparative Database Report.
## Patient Safety Grade by Respondent Work Area/Unit

### 2017 MHA v. 2016 Comparative Database

<table>
<thead>
<tr>
<th>Work Area/Unit</th>
<th>Dataset</th>
<th>Anesthesiology</th>
<th>Emergency</th>
<th>ICU</th>
<th>Lab</th>
<th>Medicine</th>
<th>Obstetrics</th>
<th>Pediatrics</th>
<th>Pharmacy</th>
<th>Psych/Mental Health</th>
<th>Radiology</th>
<th>Rehab/ilitation</th>
<th>Surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Database:</strong> #Respondents</td>
<td>261,102</td>
<td>3,231</td>
<td>24,851</td>
<td>29,224</td>
<td>18,873</td>
<td>50,292</td>
<td>17,580</td>
<td>10,676</td>
<td>13,115</td>
<td>12,211</td>
<td>22,344</td>
<td>16,191</td>
<td>42,514</td>
</tr>
<tr>
<td><strong>Minnesota:</strong> # Respondents</td>
<td>1,617</td>
<td>12</td>
<td>187</td>
<td>29</td>
<td>208</td>
<td>227</td>
<td>44</td>
<td>9</td>
<td>120</td>
<td>128</td>
<td>170</td>
<td>260</td>
<td>222</td>
</tr>
<tr>
<td><strong>Excellent/Very Good</strong></td>
<td>Database</td>
<td>77%</td>
<td>65%</td>
<td>68%</td>
<td>76%</td>
<td>69%</td>
<td>74%</td>
<td>71%</td>
<td>78%</td>
<td>69%</td>
<td>82%</td>
<td>86%</td>
<td>76%</td>
</tr>
<tr>
<td></td>
<td>Minnesota</td>
<td>100%</td>
<td>72%</td>
<td>61%</td>
<td>82%</td>
<td>78%</td>
<td>77%</td>
<td>89%</td>
<td>88%</td>
<td>65%</td>
<td>89%</td>
<td>89%</td>
<td>87%</td>
</tr>
<tr>
<td><strong>Acceptable</strong></td>
<td>Database</td>
<td>38%</td>
<td>42%</td>
<td>43%</td>
<td>43%</td>
<td>45%</td>
<td>44%</td>
<td>43%</td>
<td>45%</td>
<td>40%</td>
<td>41%</td>
<td>40%</td>
<td>42%</td>
</tr>
<tr>
<td></td>
<td>Minnesota</td>
<td>0%</td>
<td>22%</td>
<td>21%</td>
<td>15%</td>
<td>19%</td>
<td>20%</td>
<td>11%</td>
<td>10%</td>
<td>24%</td>
<td>10%</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Poor/Failing</strong></td>
<td>Database</td>
<td>5%</td>
<td>10%</td>
<td>8%</td>
<td>5%</td>
<td>7%</td>
<td>6%</td>
<td>6%</td>
<td>5%</td>
<td>10%</td>
<td>4%</td>
<td>2%</td>
<td>5%</td>
</tr>
<tr>
<td></td>
<td>Minnesota</td>
<td>0%</td>
<td>7%</td>
<td>10%</td>
<td>3%</td>
<td>3%</td>
<td>2%</td>
<td>0%</td>
<td>2%</td>
<td>11%</td>
<td>1%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Note: 1) Percent totals in the table may not sum to exactly 100% due to rounding of decimals; 2) Respondent who selected "Many different work areas/No specific work area", “Other”, and missing are not shown. 3) Comparative results are based on data from 680 hospitals included in the Hospital Survey on Patient Safety Culture 2016 Comparative Database Report; 4) Data are not displayed for work areas where there are fewer than 5 respondents and Question data are not displaced for fewer than 3 respondents.
Lake View’s survey results vs. 90th percentile benchmark

- Teamwork within units: 89% (88%)
- Teamwork across units: 80% (73%)
- Management support for patient safety: 85% (83%)
- Organizational learning/continuous improvement: 81% (83%)
Opportunities for Improvement

Lake View’s results vs. 90th percentile benchmark

- Staffing: 60% (66%)
- Handoffs & Transitions: 63% (62%)
- Non-punitive Responses to Error: 60% (56%)
## Composite-Level Comparative Results for All Cohorts
### 2017 MHA vs. 2016 Comparative Database

<table>
<thead>
<tr>
<th>Patient Safety Culture Composites</th>
<th>% Positive Response</th>
<th>Database Hospitals Average % Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Teamwork Within Units</td>
<td>82%</td>
<td>MIN: 26%</td>
</tr>
<tr>
<td>2. Supervisor/Manager Expectations &amp; Actions Promoting Patient Safety</td>
<td>78%</td>
<td>MIN: 17%</td>
</tr>
<tr>
<td>3. Organizational Learning—Continuous Improvement</td>
<td>73%</td>
<td>MIN: 15%</td>
</tr>
<tr>
<td>4. Management Support for Patient Safety</td>
<td>72%</td>
<td>MIN: 39%</td>
</tr>
<tr>
<td>5. Overall Perceptions of Patient Safety</td>
<td>66%</td>
<td>MIN: 36%</td>
</tr>
<tr>
<td>6. Feedback &amp; Communication About Error</td>
<td>93%</td>
<td>MIN: 17%</td>
</tr>
<tr>
<td>7. Communication Openness</td>
<td>64%</td>
<td>MIN: 35%</td>
</tr>
<tr>
<td>8. Frequency of Events Reported</td>
<td>67%</td>
<td>MIN: 43%</td>
</tr>
<tr>
<td>9. Teamwork Across Units</td>
<td>61%</td>
<td>MIN: 34%</td>
</tr>
<tr>
<td>10. Staffing</td>
<td>54%</td>
<td>MIN: 20%</td>
</tr>
<tr>
<td>11. Handoffs &amp; Transitions</td>
<td>49%</td>
<td>MIN: 22%</td>
</tr>
<tr>
<td>12. Nonpunitive Response to Error</td>
<td>45%</td>
<td>MIN: 20%</td>
</tr>
</tbody>
</table>

Notes:
- Database Hospitals
- Your Hospital
## Composite-Level Comparative Average of % Positive Response by Respondent Work Area/Unit

<table>
<thead>
<tr>
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<tr>
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<td>1,617</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>3. Org Learning--Continuous Improvement</td>
<td>Database</td>
<td>76%</td>
<td>67%</td>
<td>70%</td>
<td>71%</td>
<td>73%</td>
<td>71%</td>
<td>71%</td>
<td>78%</td>
<td>70%</td>
<td>72%</td>
<td>75%</td>
<td>73%</td>
</tr>
<tr>
<td>Your Hospital</td>
<td></td>
<td>79%</td>
<td>64%</td>
<td>57%</td>
<td>70%</td>
<td>74%</td>
<td>78%</td>
<td>96%</td>
<td>83%</td>
<td>63%</td>
<td>81%</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>6. Feedback &amp; Communication About Error</td>
<td>Database</td>
<td>68%</td>
<td>61%</td>
<td>63%</td>
<td>65%</td>
<td>67%</td>
<td>65%</td>
<td>53%</td>
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<td>78%</td>
<td>55%</td>
<td>73%</td>
<td>72%</td>
<td>68%</td>
</tr>
<tr>
<td>7. Communication Openness</td>
<td>Database</td>
<td>68%</td>
<td>59%</td>
<td>61%</td>
<td>61%</td>
<td>61%</td>
<td>63%</td>
<td>63%</td>
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<td>67%</td>
<td>61%</td>
<td>61%</td>
<td>74%</td>
<td>69%</td>
<td>83%</td>
<td>44%</td>
<td>73%</td>
<td>74%</td>
<td>66%</td>
</tr>
<tr>
<td>8. Frequency of Events Reported</td>
<td>Database</td>
<td>60%</td>
<td>61%</td>
<td>61%</td>
<td>71%</td>
<td>66%</td>
<td>65%</td>
<td>66%</td>
<td>64%</td>
<td>67%</td>
<td>65%</td>
<td>69%</td>
<td>68%</td>
</tr>
<tr>
<td>Your Hospital</td>
<td></td>
<td>87%</td>
<td>64%</td>
<td>64%</td>
<td>58%</td>
<td>62%</td>
<td>74%</td>
<td>51%</td>
<td>73%</td>
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Question Level – Average % Positive Response
2017 MHA Cohort

<table>
<thead>
<tr>
<th>Question</th>
<th>3. Or Lrng-Cont. Improvement (-1%)</th>
<th>6. Feedback &amp; Comm. About Error (-4%)</th>
<th>7. Comm. Openness (-1%)</th>
<th>8. Freq. of Events Reported (-3%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>80% (-4)</td>
<td>66% (-)</td>
<td>56% (-6)</td>
<td>69% (-2)</td>
</tr>
<tr>
<td>Positive</td>
<td>66% (-)</td>
<td>63% (-8)</td>
<td>48% (-3)</td>
<td>59% (-4)</td>
</tr>
<tr>
<td>Positive</td>
<td>76% (+2)</td>
<td>66% (-1)</td>
<td>66% (-1)</td>
<td>60% (-4)</td>
</tr>
<tr>
<td>Positive</td>
<td>78% (-)</td>
<td>66% (-2)</td>
<td>56% (-6)</td>
<td>76% (-)</td>
</tr>
</tbody>
</table>
3. Organizational Learning – Continuous Improvement

Question 2 – Mistakes have led to positive changes here

80% (-4) 66% (-) 69% (-2) 63% (-8) 76% (+2)
Question Level – Average % Positive Response
2017 MHA Cohort

6. Feedback and Communication About Error

Question 1 – We are given feedback about changes put into place based on event reports

Question 2 – We are informed about errors that happen in this unit
7. Communication Openness

Question 2 – Staff feel free to question the decisions or actions of those with more authority
Question Level – Average % Positive Response 2017 MHA Cohort

8. Frequency of Events Reported

Question 1 – When a mistake is made, but caught and corrected before affecting the patient, how often is this reported?

Question 2 – When a mistake is made, but has no potential to harm the patient, how often is this reported?
Comments: The Good & The Bad
(18% of respondents)

The Good
- The overall culture and morale of Lake View is much improved over the past few years.
- We are much more focused on patient and employee safety and the overall quality of care delivered.

The Bad
- The survey does not feel as though it is confidential. We are small group, last few questions can identify possible staff.
- Communication and direction between departments could be better when transferring patients.
- I think near misses and event reporting are under reported.
Lake View’s Three Workgroups

Workgroups

- Just Culture
- Event reporting & near miss
- Handoffs, transitions, and discharges

Workgroup Structure

- One lead assigned to each workgroup
- Monthly reports performed at Culture of Excellence team meetings
- Final recap with successes and objectives completed
- Workgroups to continue in Culture of Excellence Cohort 2
SAFER Care Always Campaign

1. Patient Identification
2. Treatment/Procedure Verification
3. Six Rights of Medication Administration
4. Hand Hygiene
5. Stop the Line
Experiences & Lessons Learned

- IV solutions and labeling in pharmacy
- Stop the Line in the ED
- BMV medication scanning
- Other
Four Pillars:

1. Quality & Patient Safety
2. Patient Experience
3. Team Investment
4. Financial Performance
Contact information

- **Greg Ruberg, FACHE, MBA**
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