Our Role in Creating a Culture of Safety

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Disclosures

- I have nothing to disclose

Objectives

- Define what is meant by culture of safety and explain why it is necessary in healthcare.
- Identify behaviors and processes that increase the safety culture of an organization.
- Demonstrate actions that can increase the safety culture in your healthcare setting.
- Discuss Healthcare Epidemiology as a viable pathway to a career in quality and patient safety

Overview

- Culture of safety – achieving and maintaining
- High reliability organizations – characteristics and processes used
- Role of healthcare epidemiologist and infection prevention in safety culture and processes
- Healthcare epidemiology as a potential path towards Quality and Patient Safety

Culture of Safety

- In 2000, “To Err Is Human: Building a Safer Health System” called for health care organizations to develop a “culture of safety,” with personnel and processes focused on safe and reliable care
- Since then, the health care industry has drawn lessons from other high-risk industries about culture, high reliability, and systems safety
- A culture of safety can be defined as:
  - One in which risk is acknowledged
  - The response to events or near-misses is blame free, encouraging reporting
  - Collaboration across disciplines and settings is promoted to seek solutions
  - There is a commitment to provide the resources necessary to adequately address safety concerns

https://catalyst.nejm.org/leadership-vision-culture-of-safety/
To Err is Human: Building a Safer Health System. IOM; Kohn LT, Corrigan JM, Donaldson MS, editors; 2000

Five Components of a Safety Culture

- Trust
- Accountability
- Identifying unsafe conditions
- Strengthening systems
- Assessment

Chassin et al, The Milbank Quarterly, Vol. 91, No. 3, 2013 (pp. 459–490)

Six Key Areas For Transforming an Organization's Culture

- Establishing a compelling vision for safety
- Building trust, respect, and inclusion
- Educating, engaging board members in patient, workforce safety issues
- Emphasizing safety in development, recruitment of clinical leaders and executives
- Adopting just culture principles to focus on systems flaws over individual blame
- Setting and modeling the following behaviors as expectations for all
  - Transparency
  - Active communication
  - Civility

http://c.ymcdn.com/sites/www.npsf.org/resource/resmgr/lli/Blueprint_Leading_a_Culture_.pdf

Transforming and Maintaining a Culture of Safety

- Underlying all of the work in providing quality care is a commitment to
  - Learning
  - Continuous improvement
  - Measurement
  - Analysis and interpretation of safety data
  - Change implementation
  - Honest and open feedback

https://catalyst.nejm.org/leadership-vision-culture-of-safety/

Culture Will Not Change Without Appropriate Leadership

- Leaders must buy in 100%
- Leaders set the tone
- Beyond providing resources and support, leaders must place safety as a chief priority
- Must buy into the importance of measuring safety
  - Don’t measure it if you won’t commit to addressing issues that are discovered
- Without leadership buy-in and support, you are fighting a losing battle

https://www.infectioncontroltoday.com/general-hais/what-infection-preventionists-can-do-ensure-culture-safety

The Joint Commission Recommendations For Leadership to Establish and Continuously Improve Safety Culture

1. Transparent, non-punitive approaches to reporting/learning from adverse events, close calls

2. Clear, risk-based processes for recognizing and separating human error vs design system error

3. Adoption of appropriate behaviors and championing efforts to eradicate intimidating behaviors

4. Establishment, enforcement and communication of all policies that support safety culture and the reporting of adverse events, close calls and unsafe conditions

5. Recognition of care team members who report adverse events, close calls; or who have suggestions

6. Establishment of an organizational baseline measure on safety culture performance

Sentinel event alert, 3/1/17
https://www.jointcommission.org/assets/1/18/SEA_57_Safety_Culture_Leadership_0317.pdf

The Joint Commission Recommendations For Leadership to Establish and Continuously Improve Safety Culture (continued)

7. Assessment of safety culture survey results from across the organization to find opportunities for improvement

8. Development, implementation of unit-based quality and safety improvement initiatives

9. Implementation of safety culture team training into quality improvement projects

10. Proactive assessment of system (such as medication management and electronic health records) strengths and vulnerabilities

11. Organizational reassessment of safety culture every 18 to 24 months to review progress and sustain improvement

Sentinel event alert, 3/1/17
https://www.jointcommission.org/assets/1/18/SEA_57_Safety_Culture_Leadership_0317.pdf

Threats to Progress: Active Resisters and Organizational Constipators

- Often healthcare personnel - physicians, nurses
- Active Resisters
  - Vigorously oppose new programs or practice
    - New programs don’t jibe with how they were trained
    - Competing authorities recommend different things
  - Try to address with data – particularly local data
  - Key opinion leader support important in overcoming active resisters
- Organizational constipators
  - Often mid to high level executives
  - Prevent or delay implementation without active resistance
  - Difficult to address
    - Communicate with them early on
    - Try to work around/keep program off their radar
    - Terminate

Saint et al, Joint Comm Journal on Healthcare Qual Pat Safety, 2009, 239-246

Still Work to Be Done in Transforming Healthcare

- AHRQ Hospital Survey on Patient Safety Culture – 2016

- Data collected from 680 hospitals; 447,584 hospital staff respondents
  - More than 1/3 of respondents nurses

- Non-punitive Response to Error
  - 45% of staff felt that their mistakes and event reports were not held against them and that mistakes were not kept in their personnel file
  - Thus, many staff still feel that mistakes or event reports will be held against them and become part of their permanent record

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patientsafetyculture/hospital/2016/2016_hospitalsops_report_pt1.pdf

High Reliability Organizations

- Function in complex, high-risk settings but avoid serious accidents or failures
- Standardization of process is one important component
- Persistent organizational mindfulness is also important
- High reliability organizations cultivate resilience by relentlessly prioritizing safety over other performance pressures (such as revenue)

Characteristics of High Reliability Organizations

- Use systems thinking to evaluate and design for safety
  - Goal is synthesis of an entire product solution that will address longstanding problems
- Recognize that safety threats are constantly emerging and changing
- Work to create an environment in which potential problems are anticipated, detected early, and responded to early enough to prevent catastrophic consequences
- Characteristics of thinking and processing include:
  - Preoccupation with failure
  - Reluctance to simplify explanations for operations, successes, and failures
  - Sensitivity to operations (situation, environmental awareness)
  - Deference to frontline expertise
  - Commitment to resilience
    - Assume risk
    - Practice rapid effective assessment and response

https://psnet.ahrq.gov/primers/primer/31/high-reliability

Lean Process and Thinking

- Management system focusing on eliminating waste, maximizing value
- Core idea of lean involves determining value of any given process by distinguishing value-added steps from non-value-added steps
  - Eliminating waste
  - Ultimately every step adds value to the process
- To maximize value and eliminate waste processes must be evaluated by
  - Accurately specifying the value desired by the user
  - Identifying every step in the process (or “value stream”) and eliminating non-value-added steps
  - Making value flow from beginning to end based on needs of the customer/patient
- Using lean principles, staff, providers and patients have continuously improved or redesigned processes to
  - Eliminate waste
  - Require fewer staff members and less rework,
  - Improve quality

Going Lean in Healthcare, IHI, 2005, http://www.ihi.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx

Key Concepts in Lean Thinking

- Leadership – lean thinking must be led by those at very top of organization
- Process - a set of actions or steps, each of which must be accomplished properly in the proper sequence at the proper time to create value for customer or patient
  - Characteristics of a good, waste-free process
    - Valuable (creates value for the customer)
    - Capable (produces a good result every time)
    - Available (produces the desired output, not just the desired quality, every time)
    - Adequate (does not cause delay)
    - Flexible
    - Linked by continuous flow

Going Lean in Healthcare, IHI, 2005, http://www.ihi.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx

Lean Culture

- Differs from traditional culture in many ways

Figure 3. Traditional Culture vs. Lean Culture

Traditional Culture	Lean Culture
Function Silos	Interdisciplinary teams
Managers direct	Managers teach/enable
Benchmark to justify not improving: "just as good"	Seek the ultimate performance, the absence of waste
Blame people	Root cause analysis
Rewards: individual	Rewards: group sharing
Supplier is enemy	Supplier is ally
Guard information	Share information
Volume lowers cost	Removing waste lowers cost
Internal focus	Customer focus
Expert driven	Process driven

Source: A.P. Byrne, O.J. Fiume

Going Lean in Healthcare, IHI, 2005, http://www.ihi.org/resources/Pages/IHIWhitePapers/GoingLeaninHealthCare.aspx

How Can Infection Prevention Participate in and Enhance a Hospital's Culture of Safety?

- Infection prevention's basic tenets and objectives directly support and involve the concepts of a culture of safety

- Infection prevention is in a unique position to enhance and support a culture of safety

Culture of Safety and Infection Prevention – CLABSI Example

Culture of Safety Processes	CLABSI Example
• Learning	• Education of IP staff and clinicians
• Continuous improvement	• Aim to prevent all possible CLABSIs
• Measurement	• CLABSI surveillance
• Analysis and interpretation of safety data	• Evaluation of rates, events, preventive processes; benchmarks, SIR
• Change implementation	• Implementation of CHG bathing
• Honest and open feedback	• Routine feedback and discussion of events, challenges and opportunities

Infection Prevention Can Help to Weave the Safety Web

- As opposed to a large smoothly functioning single organizational culture, often many disparate units each carry a local culture

- Infection prevention is one of the only departments that practices in practically all components of a hospital
  - OR, ambulatory, ICU, sterilization/high level disinfection, ER, EVS

- Infection prevention is in a unique position to carry the cultural torch for safety among these different units and parts of a hospital

https://www.infectioncontroltoday.com/general-hais/what-infection-preventionists-can-do-ensure-culture-safety

Infection Prevention Can Advocate for a Fair Culture

- Infection prevention often discovers, reports and/or attempts to fix problems and safety issues

- Thus, infection prevention professionals are in a unique position to champion those who step forward and admit errors or report unsafe conditions
  - Encourage healthcare workers to reports errors, near misses or unsafe working conditions
  - Encourage healthcare workers to learn from mistakes

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Infection Prevention Can Advocate for a Fair Culture

“The single greatest impediment to error prevention in the medical industry is that we punish people for making mistakes.”

- Lucian Leape

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The Position of Objectivity Within Which Infection Prevention Functions is an Advantage

- Infection prevention is no a clinical service – not directly involved or impacted by most events or scenarios
  - Can avoid emotional involvement
  - Don’t have a “pony in the race” with regards to patient, clinician, healthcare worker, administrator

- Can provide non-biased input and feedback, often with the assistance of standard definitions and guidelines
  - Can advocate for resources, education, tools

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Established Relationships and Trust Between Infection Prevention and Healthcare Workers

- Ideally, in a hospital that has achieved an excellent culture of safety, healthcare workers will feel comfortable and safe when reporting errors or near misses
  - Unfortunately, this is not always the case
- Relationships between infection prevention and clinicians/staff often built over months or years
- Relationships and trust will increase comfort level for front-line staff to report issues or provide feedback regarding an event or unsafe workplace setting
- Whenever possible, provide follow-up or demonstrate positive impact of a healthcare worker reporting an event

Infection Prevention Is a Major Part of the Healthcare Team

- Infection prevention is in a unique position to bring together multi-disciplinary groups to address common problems or challenges around patient safety

- Although infection prevention is not a clinical service, it interfaces with multiple areas of patient care, and can serve to optimize clinical safety in many different ways

Why Should Healthcare Epidemiologists Care about Quality and Patient Safety?

- Out of necessity
- Skills from the quality world can enhance infection prevention practice
- Potential career path

Healthcare Epidemiology and Quality – Much Overlap

- Culture of safety concepts similar to those based in Infection Prevention
  - Blame free culture
  - Promotes collaboration among disciplines
  - Measurement of process and outcomes
  - Analysis and interpretation of safety data
  - Honest and open feedback
- Many of metrics used to grade quality (primarily by CMS) are healthcare epidemiology metrics
  - Device-associated infections
  - Surgical site infection
  - MRSA
  - Clostridium difficile
  - 30-day mortality following pneumonia
  - 30-day complication rate following THA/TKA

Notable Differences Between Healthcare Epidemiology and Quality and Patient Safety

- Quality often directly represented in/is part of C-suite
- Might approach data and analysis differently than traditional hospital epidemiologist might
- Reimbursement and fiscal issues not traditionally directly aligned with healthcare epidemiology
  - Several infection prevention metrics used for Quality reporting to CMS, impact financial reimbursements, penalties
- Infection prevention has significantly longer history and has had several outcomes and process metrics in place for decades
  - Quality and patient safety are relatively newer, evolving fields

Quality and Healthcare Epidemiology Have Much to Learn From One Another

- Infection prevention utilizes shoe-leather epidemiology reliably and effectively
  - Outbreak investigations
  - Feedback and benchmarking of infection rates at individual, unit level
- Quality and patient safety utilizes processes such as RCA and Plan-Do-Study-Act (PDSA) (to name a couple) to identify system issues and opportunities
  - Can be applied to healthcare epidemiology
  - Lean processes and culture are an excellent fit pertaining to HAI prevention

Antimicrobial Stewardship and Quality

- In most institutions, antimicrobial stewardship resides within the pharmacy department
  - Pharmacy often exists in a “silo”
  - Often focus on pharmacy budget
  - Less focus on quality improvement and epidemiology

- In many institutions, antimicrobial stewardship might align better with the quality and patient safety department
  - Better alignment with regards to quality and process improvement
  - Impact on clinical care
  - Impact on quality metrics, outcomes

Key Skills and Characteristics of a Chief Quality Officer (CQO)

- Outstanding interpersonal skills
  - Able to effectively communicate with persons throughout organization, including clinicians
- Excellent verbal and written communication skills
- Clinical background
- Passion for safety
- Knowledge/familiarity/being able to work with IT/technical staff
- Team builder/coach
- Ability to solve complex and/or emotionally charged problems
- Business and administrative skills
- “Intellectual and experiential side complemented by an emotional side that cares about improving patient care”

https://www.beckershospitalreview.com/quality/what-makes-an-ideal-chief-quality-officer.html
http://www.springerpub.com/w/healthcare-management/career-of-the-week-in-healthcare-management-chief-quality-officer/
http://www.ihi.org/education/InPersonTraining/Chief-Quality-Officer/Pages/default.aspx

Conclusions

- Culture of safety is critically important to delivering high-quality health care
  - Difficult to achieve
- High-reliability organizations have a culture of safety as a basic tenet
- Infection prevention has many unique opportunities to participate in, spread and enhance a hospital's culture of safety
- Infection prevention and antimicrobial stewardship are good pathways to quality and patient safety for healthcare epidemiologists