

Road Map to a Safety Culture

For Patients, Residents, and Clients



Patient/Resident/Client and Family Engagement

Specific Action(s)	Audit Questions
<p><i>Effective Process Improvement (EPI) Work Plan</i></p>	<ol style="list-style-type: none"> 1. The steps for identifying a specific action plan and measure of success Engagement are completed. 2. The work group has devised a structured implementation plan for Engagement. 3. Structured roll-out strategies for Engagement are in place. 4. A plan is in place to sustain implementation progress and spread of Engagement.
<ol style="list-style-type: none"> 1. Solicit patient/resident/client & family input. 	<ol style="list-style-type: none"> 1a. A process is in place to evaluate how to involve patient/resident/client /families in key committees performing safety & quality work.
<ol style="list-style-type: none"> 2. Empower patient, resident, client & families to be informed and voice their concerns. 	<p>Processes are in place to:</p> <ol style="list-style-type: none"> 2a. Ensure easy access for patient/resident/client and families to paper and electronic medical records. 2b. Encourage and enable patient/resident/client /families to “Stop the Line” (e.g. halt a procedure/care process, such as a medication administration), if they believe that an error is about to occur. 2c. Regularly encourage and enable patient/resident/client /families to speak up in all decisions about their health care (e.g. a Speak Up campaign). 2d. Ensure patient/resident/client /family ability to participate in relevant team discussions (e.g. rounds, care conferences, etc.) 2e. Guide staff in how to empower patient/resident/client /families in reporting safety concerns. 2f. Report back to families who have shared safety concerns. 2g. Provide written materials that help families provide feedback on their experiences (e.g. patient/resident/client experience surveys) in the primary languages spoken by families.
<ol style="list-style-type: none"> 3. Effectively disclose unanticipated outcomes. 	<p>A policy is in place to promptly inform families when something unanticipated occurs and includes, at a minimum:</p> <ol style="list-style-type: none"> 3a. Direction on who should apologize to patient/resident/client /families and how that apology should occur. 3b. A process for disclosing to, and updating, patient/resident/client /families as the error is reviewed and analyzed. 3c. Direction on how to involve families in the event investigation when their involvement can help identify causes of the error. 3d. Staff members receive training on when and how to disclose. 3e. A designated person is available to provide support and just-in-time training to staff members who are about to disclose an error to a patient/resident/client/family.

Continued

Road Map to a Safety Culture

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Patient/Resident/Client and Family Engagement

Specific Action(s)	Audit Questions
4. Supports patient/resident/client understanding of health care information.	4a. A comprehensive, regularly updated plan is in place to improve patient/resident/client understanding of health care information. 4b. The plan includes goals for clarifying spoken and written communications. 4c. Patient/resident/client /family education, forms, and documents are regularly assessed for clarity, readability, accuracy, and availability. 4d. A process is in place to assess patient/resident/client /families' understanding and deliver messages in a way that best responds to their needs. 4e. A comprehensive, regularly updated plan is in place to improve staff members' cultural and linguistic competency. 4f. A process is in place to regularly analyze cultures and populations in the organization's demographic area. 4g. Staff members receive education on the cultures/populations they care for and cultural resources that can help them provide culturally competent care. 4h. Processes are in place to ensure patient/resident/client /families easy access to interpretive services.
5. Define expectations around service standards.	5a. Service standards (e.g. a set of desired behaviors occurring during interactions with patients, residents, clients, and families) are defined. 5b. Service standards are communicated to all staff members/physicians. 5c. A policy is in place to help guide leaders on appropriate responses to employees/physicians who are not meeting service standards. 5d. Leaders are trained and supported in evaluating staff members for their performance of service standards.