

Road Map to a Safety Culture

For Patients, Residents, and Clients



Sustaining the Overall Initiative

Specific Action(s)	Audit Questions
<p>1. Measure progress by collecting data on an on-going basis</p>	<p>The facility collects and analyzes data on an on-going basis including:</p> <ul style="list-style-type: none"> 1a. Patient safety culture surveys at least every two years. (e.g. AHRQ HSOPS, Safety Attitudes Questionnaire). 1b. Additional engagement and satisfaction survey data (e.g. employee engagement assessment, patient/resident satisfaction, physician engagement assessment). 1c. Culture Roadmap best practice implementation progress and gap identification. 1d. Performance data (e.g. staff turnover rates, mortality rates, complication rates, safety events). 1e. Additional related data sources (e.g. claims data, mortality reviews, global trigger tool data and event/near-miss data, safety rounding data) as appropriate. 1f. A process is in place to perform ongoing assessment on current status of key quality measures such as CMS Compare Data, MN Statewide Quality Measures, falls and pressure ulcer rates as appropriate to the setting.
<p>2. Review data and update patient safety plan on an on-going basis.</p>	<p>At least annually, the steering committee has a structured process in place to:</p> <ul style="list-style-type: none"> 2a. Review patient safety data/information. 2b. Identify patient safety gaps and barriers. 2c. Analyze quality and safety metrics that are not meeting the organization's goals to determine cultural principles that may impact the outcome (e.g. workloads, inadequate knowledge or experience, inadequate supervision, stressful environment, rapid change within an organization.) 2d. Prioritize and select culture roadmap domain/s for focused work based on survey and other data results. 2e. Prioritize additional patient safety areas to address based on patient safety data/information. 2f. Commission interdisciplinary work groups to address priority issues, including work on the roadmap domains. 2g. Provides opportunities for direct care staff to be engaged in the development of actions to address identified areas for improvement. 2h. Review and update the organization's patient safety plan.
<p>3. Communicate results and actions on an on-going basis.</p>	<p>Culture assessment results and action plans are communicated on a regular and on-going basis to:</p> <ul style="list-style-type: none"> 3a. Unit/department leaders 3b. Physician/clinical leaders 3c. Staff members 3d. Medical staff members 3e. Governing body 3f. Executive administration
<p>4. Gather on-going feedback and share learnings.</p>	<ul style="list-style-type: none"> 4a. A process is in place for gathering and incorporating feedback on the assessment results and identified actions from key stakeholders, (e.g. 3a – 3f above.) 4b. A process is in place to analyze culture improvement learnings on a unit by unit basis (e.g. learnings about tools, leadership, strategies). 4c. A process is in place to evaluate the transferability of learnings from individual units. 4d. A process is in place to share learnings across units/departments, where appropriate.

Continued

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5. Assess and provide on-going learning and feedback.	<p>A process is in place to assess on-going patient safety learning needs for:</p> <ul style="list-style-type: none">5a. Senior leaders5b. Governing body5c. Physicians5d. Managers/Supervisors5e. Staff <p>Based on learning needs assessment, formal patient safety education is provided at least annually for:</p> <ul style="list-style-type: none">5f. Senior leaders5g. Governing body5h. Physicians5i. Managers/Supervisors5j. Staff <p>5k. A process is in place to identify top patient safety practice areas and provide specific patient safety updates for those areas. (e.g. areas with high incident or near miss rates).</p> <p>5l. A process is in place to provide on-going education and coaching as appropriate for implementation and sustainment of specific patient safety practices.</p> <p>5m. A process is in place for review and feedback to staff members on their patient safety performance at least annually.</p> <p>5n. Safety expectations are clearly communicated to staff members (e.g. via job descriptions, employee goals, mentoring/learning opportunities).</p> <p>5o. A process is in place for review and feedback to leaders on their patient safety performance at least annually.</p> <p>5p. Safety expectations are clearly communicated to leaders (e.g. via job descriptions, goals, mentoring/learning opportunities).</p>
6. Celebrate success!	6a. The facility has a formal process in place to celebrate successes (e.g. improvements in quality and safety outcomes, good catches, improved audit scores) on a regular basis.