Road Map to a Safety Culture

For Patients, Residents, and Clients

Leadership

Specific Action(s)	Audit Questions
1. Set clear expectations for patient safety — *governing body/board*	The governing body/board is engaged in, and sets clear expectations for the organization's patient safety culture through: 1a. Including patient safety in the organization's mission and goals. 1b. Setting clear expectations for the physician role in patient safety culture. 1c. Patient safety is a standing board agenda item at every board meeting (e.g. patient safety data, sharing of adverse event findings, OHFC reports). 1d. Patient stories are shared at board meetings on a regular basis. 1e. CEO/executive leader(s) incentives (e.g. compensation/recognition/tenure) are tied to performance measures, such as audited patient safety best practices, rather than number of adverse outcomes.
2. Set clear expectations for patient safety — *executive administration*	The facility's CEO/administration sets clear expectations for the organization's patient safety culture through: 2a. Engaging senior leaders in supporting the implementation of the facility's patient safety plan. 2b. Prioritizing and incorporating the goals identified by the steering committee in measures and goals for the organization. 2c. Assigning the resources required to achieve the patient safety goals for the organization. 2d. Regularly communicating the organizational vision and key strategies/goals for improving patient safety culture. 2e. Including stories of individuals affected by an adverse event occurring at the facility, in addition to patient safety data, at senior leadership and middle-management meetings. 2f. Communicating information about patient safety events and near misses (e.g. types and number of events and learnings) that occur within the facility to all staff on a regular basis. 2g. Tying clinical and department leader incentives (e.g. compensation/recognition/tenure) to performance measures, such as audited patient safety best practices, rather than number of adverse outcomes. 2h. Providing resources for clinician leaders to receive training and education on how to provide support and leadership to other clinicians.
3. Set clear expectations for patient safety — *clinical and department leaders (e.g. medical executive committee, nursing leadership committees)*	The facility's clinical and department leaders set clear expectations for the organization's patient safety culture through: 3a. Regularly discussing safety updates and asking for safety ideas and concerns during performance reviews with direct reports. 3b. Regularly discussing safety updates and asking for safety ideas and concerns during departmental meetings. 3c. Providing resources for direct care staff members to help develop the actions plans to respond to safety ideas and concerns identified for their unit. 3d. Establishing clear policies and procedures for patient safety processes. 3e. Establishing a feedback mechanism for staff to convey barriers to following established policies and procedures. 3f. Establishing a standard process for addressing identified barriers. 3g. Regularly communicating the organizational vision and key strategies/goals for improving patient safety culture. 3h. Including stories of individuals affected by an adverse event occurring at the facility, in addition to patient safety data, at clinical staff/department meetings. 3i. Communicating patient safety events and near misses (e.g. types and number of events and learnings) that occur within the facility to clinical/department staff on a regular basis. 3j. Supervisor/manager incentives (e.g. compensation/recognition) are tied to performance measures, such as audited unit-level patient safety best practices, rather than number adverse outcomes.

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Leadership

Specific Action(s)	Audit Questions
4. Set clear expectations for patient safety — *physician leaders*	Physician leaders set clear expectations that physicians will foster a patient safety culture through having processes in place to: 4a. Provide physicians with on-going organizational clinical performance data on quality and safety indicators. 4b. Engage physicians early on in establishing the key quality and safety initiatives for the organization. 4c. Select physicians to lead and or participate in key performance improvements and participate in key safety and quality committees. 4d. Provide time allowance and compensation for physician leadership and participation as appropriate. 4e. Establish key responsibilities for physicians in promoting a safety culture. 4f. Report to administration on a regular basis the progress on safety culture and safety work, including barriers to success. 4g. Establish key physician behaviors that denote those of a safety culture. 4h. Establish a code of conduct policy that clearly defines acceptable behavior, unacceptable behavior, and consequences for policy violations. 4i. Establish clear processes that assure accountability in following organizational safety protocols and practices. The facility has a process in place to engage physicians in patient safety through: 4j. Performing initial and on-going assessment of physician engagement utilizing assessment tools (e.g. Physician Engagement Degree of Difficulty Factors). 4k. Recruitment of a core group of medical staff leaders to work on identified engagement issues/barriers. 4l. Creating avenues to listen to and address physician concerns on an on-going basis. 4m. For settings with medical students and residents, providing ongoing support and coaching related to safety practices. 4n. Engaging physicians in the development of metrics that will be used to drive improvements. 4o. Identifying, when applicable, the evidence-based support for improvement projects and process changes. 4p. Having a structured process in place for coaching physicians in understanding the system approach to safety practices. 4q. Recognizing physicians for successes.

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Leadership

Specific Action(s)	Audit Questions
5. Set clear expectations for patient safety — *supervisors/managers*	The facility's supervisors/managers set clear expectations for the organization's patient safety culture through: 5a. Regularly discussing safety updates and asking for safety ideas and concerns during performance reviews with direct reports. 5b. Regularly discussing safety updates and asking for safety ideas and concerns during department/unit meetings. 5c. Engaging direct care staff in developing and prioritizing the actions plans to respond to safety ideas and concerns identified for their unit. 5d. Establishing clear strategies for implementing policies and procedures for patient safety processes at the unit-level. 5e. Establishing a feedback mechanism for staff to convey barriers to following established policies and procedures. 5f. Establishing a standard process for addressing identified barriers. 5g. Establishing a standard process for updating staff on policy/process changes. 5h. Establishing an auditing process (both documentation and observational) to identify "drift" of established policies and processes 5i. Regularly communicating the organizational vision and key strategies/goals for improving patient safety culture. 5j. Including stories of individuals affected by an adverse event occurring at the facility, in addition to patient safety data, at staff meetings. 5k. Communicating patient safety events and near misses (e.g. type, number of events, learning) that occur within the facility to staff on a regular basis.
6. Assess Safety Competencies	6a. The facility includes specific safety competencies in job descriptions across the organization 6b. Leaders partner with human resources in the development of job position descriptions 6c. Safety competences are relevant to the job duties of the individual. 6d. Written safety competences are objective, measureable and updated as needed. 6e. A process is in place to utilize an interdisciplinary team of healthcare providers to assess the safety competencies needed in the organization. 6f. The team utilizes findings from safety culture data to identify and prioritize the core safety competencies. 6g. A process is in place to identify and address gaps between expected and existing levels of competency.