Road Map to a Safety Culture

For Patients, Residents, and Clients

Getting Started

Specific Action(s)	Audit Questions
1. Secure endorsements and resources for the culture effort.	1a. The organization's governing body endorses the organization's involvement in the MAPS Safety Culture Campaign. 1b. The governing body approves an interdisciplinary steering committee to oversee the strategic plan for assessing and improving the organization's patient safety culture. (may utilize existing quality/safety committees) 1c. The steering committee reports to leadership/administration. 1d. The patient safety culture plan has a designated senior leadership sponsor. 1e. The patient safety culture plan has a designated coordinator. 1f. The coordinator has designated time to serve in this coordination role.
2. Develop a safe culture steering committee.	The steering committee includes at a minimum: 2a. Leadership/administration 2b. Physicians 2c. Nursing 2d. Direct care staff 2e. Human resources 2f. Safety/quality lead 2g. Patient/family member 2h. Other steering committee members are added as appropriate (e.g. board member, risk management). The committee has a structured process in place to: 2i. Regularly review patient safety data/information 2j. Identify patient safety gaps 2k. Prioritize areas to address 2l. The oversight committee commissions interdisciplinary work groups to address priority issues, including work on the roadmap domains.
3. Identify patient safety culture champions.	Patient safety culture champions are identified for the organization and include the following disciplines: 3a. Governing body 3b. Non-nursing health professionals 3c. Direct care nursing 3d. Human resources 3e. Legal counsel/risk management 3f. Physicians 3g. The roles of the culture champions are well-defined.
4. Provide education on patient safety principles and practices during orientation.	Patient safety practices and principles (e.g. safe system design, a just environment, patient safety definitions) are included in orientation for: 4a. Senior leaders 4b. Governing body 4c. Physicians 4d. Managers/Supervisors 4e. Staff

Getting Started

Specific Action(s)	Audit Questions
5. Conduct an organizational safety culture assessment.	5a. The organization conducts a patient safety culture survey. 5b. Senior leaders set clear expectations for staff and physician participation in patient safety culture assessment. 5c. The organization reviews and selects additional culture data from collection tools appropriate to the organization, (e.g. employee engagement assessment, patient/resident satisfaction, physician engagement assessments.) 5d. Additional related data sources (e.g. claims data, mortality reviews, near miss and event reports, global trigger tool data) are reviewed as appropriate 5e. A process is in place to perform initial assessment on the 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.
6. Analyze assessment results and develop action plans.	6a. A process is in place to analyze the patient safety culture assessment and other related data to identify safety culture trends and gaps. 6b. The steering committee reviews data results and identifies strengths and opportunities. 6c. The steering committee develops a plan to prioritize and address improvement opportunities. 6d. The organization prioritizes and selects the culture roadmap domains for focused work based on culture survey and other culture data results. The following key stakeholders are engaged in a dialogue to provide feedback and help finalize action plans for each domain (Communication, Justice, Teamwork, Learning, Engagement): 6e. Direct care staff 6f. Department leaders 6g. Physician/clinician leaders 6h. Staff members 6i. Medical staff members 6j. Governing body 6k. Executive administration