



Texas ASC Association

Patient Safety Culture

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Objectives

- Define a Culture of Patient Safety
- Describe the process involved to deploy a patient safety culture survey in an ASC
- Identify 2-3 recommended best practices which support a culture of patient safety

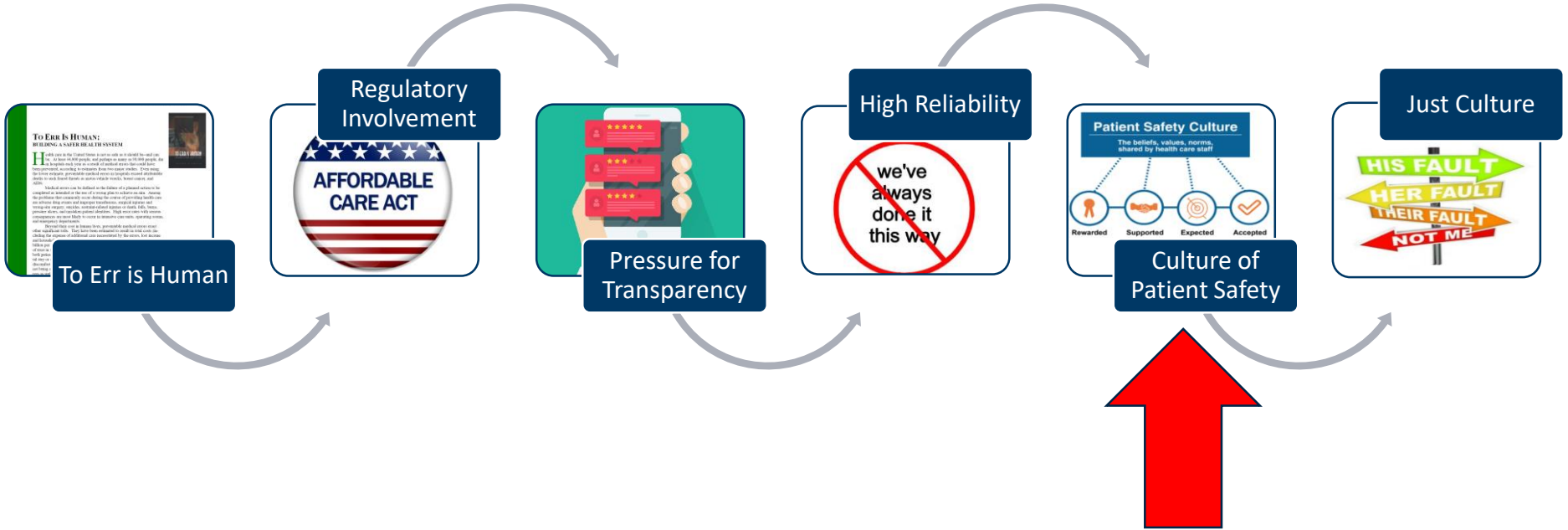
Agenda

- Patient Safety Culture Background
- Patient Safety Culture Survey
- ASC Survey Results
- Challenges & Successes
- Tools & Resources
- Where do we start?
- Panel Q & A

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Journey to Patient Safety



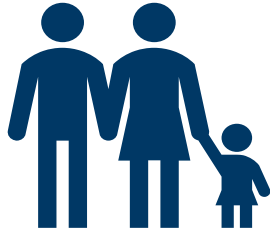
What is Patient Safety Culture?

Patient safety culture is the extent to which an organization's **culture supports and promotes patient safety**

Patient safety culture refers to the **beliefs, values, and norms** that are shared by health care practitioners and other staff throughout the organization that **influence their actions and behaviors**

Patient safety culture **can be measured** by determining what is rewarded, supported, expected, and accepted in an organization as it relates to patient safety

Patient Safety Culture – Why?



Advocates for
Patient Safety



Competitive
Healthcare Industry



Continuous
Improvement

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How Do We Know How We are Doing?

- Agency for Healthcare Research and Quality (AHRQ) Survey
- Staff Perception of Patient Safety
- Survey Pilot Tested & Published in 2015
- Survey Modes: Paper & Electronic
- Data Submission to the AHRQ Database

SOPS™ Ambulatory Surgery Center Survey

Version: 1.0

Language: English

Note

- For more information on getting started, selecting a sample, determining data collection methods, establishing data collection procedures, conducting a Web-based survey, and preparing and analyzing data, and producing reports, please read the [Survey User's Guide](#).
- For the survey items grouped according to the safety culture composites they are intended to measure, please read the [Items and Composites](#) document.

For assistance with this survey, please contact the SOPS Help Line at 1-888-324-9749 or SafetyCultureSurveys@westat.com.



AHRQ Patient Safety Culture Survey Composites

Communication About Patient Information

- Key information about patients is available and communicated within the ASC.

Communication Openness

- Staff speak up when they see something unsafe, they feel comfortable asking questions, and their suggestions are valued.

Staffing, Work Pressure, & Pace

- Staff do not feel rushed and have enough time to properly prepare for procedures, and there are enough staff to handle the workload.

Teamwork

- Staff are respectful and help each other, work together as an effective team, and understand each other's roles and responsibilities.

Staff Training

- Staff receive adequate orientation, get the refresher and on-the-job training they need, and do not feel pressured to do tasks they are not trained to do.

Organization Learning Continuous Improvement

- The facility actively looks for ways to improve patient safety and makes changes to ensure that problems do not recur.

Response to Mistakes

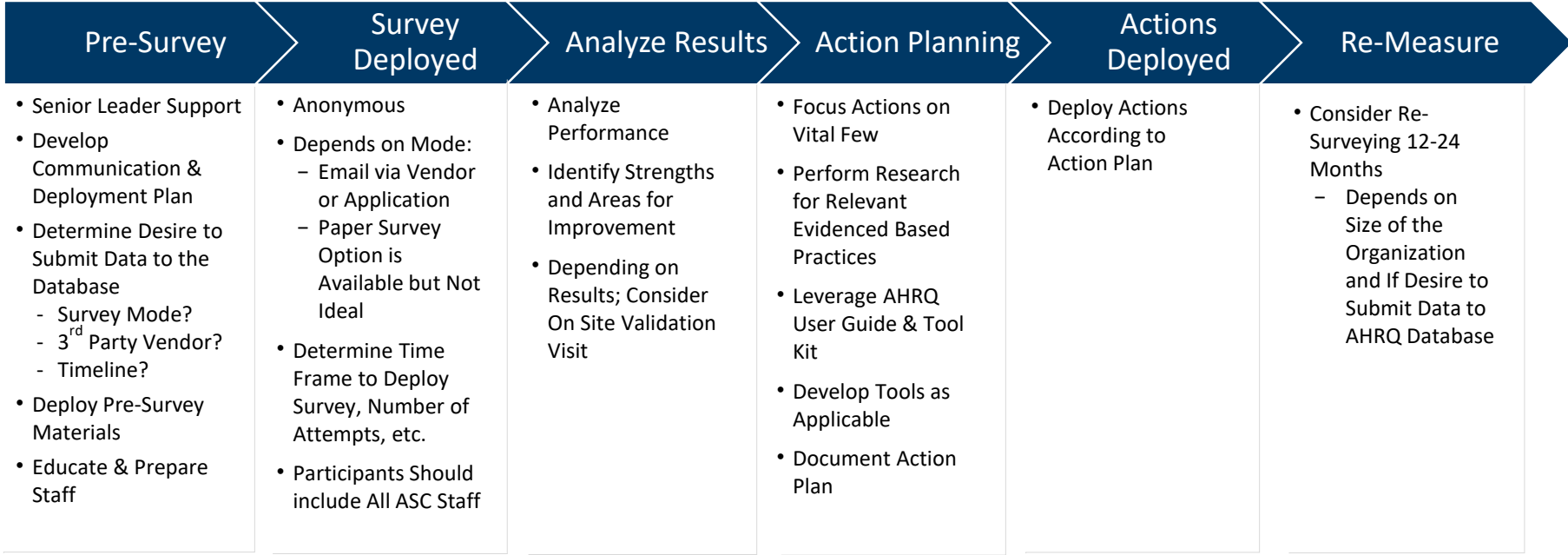
- Staff are told about patient safety problems, learning rather than blame is emphasized, and staff are treated fairly when they make mistakes.

Management Support for Patient Safety

- Managers examine near-miss events, provide adequate resources, and encourage everyone to suggest ways to improve patient safety.

Patient Safety Culture Survey Program Example

Survey Deployment through Documentation of Action Plan: 4-6 Months



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ASC Patient Safety Culture Survey

General Info & Survey Question Results	2019 AHRQ ASC SOPS Database
Number of Participating Facilities	282
Surveys Completed	10,440
Response Rate	87%
Largest Survey Response Group (Note Anesthesiologists & CRNAs separate categories)	Nurse (34%) Doctors (20%) Technician (11%)
Overall Patient Safety Rating	86%
Near Miss Documentation	88%
Communication in Procedure Room G1: Discuss Plan Prior to Procedure G2: MD Encouraged Concerns G3: Discuss Patient Recovery Concerns	G1: 93% G2: 71% G3: 76%

ASC Patient Safety Culture Survey

Survey Composite Results	2019 AHRQ ASC SOPS Database
Communication About Patient Information	89%
Communication Openness	87%
Staffing, Work Pressure, and Pace	74%
Teamwork	87%
Staff Training	80%
Organizational Learning – Continuous Improvement	92%
Response to Mistakes	83%
Management Support for Patient Safety	89%

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Challenges & Considerations

- Accurate Contact Information (electronic surveys)
- Timing of Survey
- Ability to Support Participants Accessing their Email Accounts
 - Blocked Email, Clutter, & Sharing Email Links
- Action Plans
 - Support Needed to Complete Action Plan Tools
 - Number of Action Plans to Complete
- Resource & Tool Development
 - Timing to Develop and/or Endorse Tools & Resources
 - Quantity of Resources Available

Resource List Example

Composite 1: Communication about Patient Information

AHRQ Resource List

Example Organization Actions

- Ambulatory Safe Surgery Checklist
 - ARIADNE Labs; Account Needed
- Ambulatory Surgery Surgical Checklist
 - Surgical Care and Outcomes Assessment Program (SCOAP)
 - Foundation for Health Care Quality
- AORN Comprehensive Surgical Checklist
 - Combines WHO’s Surgical Safety Checklist and TJC’s UP
- Gastroenterology Safe Surgery Checklist
 - Multiple GI Endoscopy Specialty Organization developed checklist for ASCs doing GI Procedures
- Ophthalmic Surgical Checklist
 - Multiple ophthalmic societies developed an ophthalmic-specific surgical checklist
- Patient Flow Worksheet for Surgery Centers
 - Sandy Berreth, administrator of Brainerd Lakes Surgery Center, and an AAAHC surveyor developed a patient flow worksheet template
- Safe Surgery Checklist Implementation Guide
 - ARIADNE Labs (must have account)
 - Developed a framework for WHO Safe Surgery Checklist implementation based on lessons learned in more than 4,000 facilities worldwide
- SBAR Technique for Communication
 - Situation-Background-Assessment-Recommendation (SBAR) technique
- WHO Safe Surgery
 - WHO Surgical Safety Checklist

- Safe Surgical Check List
 - Endorse One Professional Organization Check List
- Hand Off
 - Identify Evidenced Based Literature to Develop Standard Hand Off with Tool
- Team Huddles
 - Endorse One Professional Organization Process or Identify Evidenced Based Literature to Develop Standard Huddle with Tool

Successes

- Improved Survey & Response Rate Results
- Gained Experience
- Vendor Engagement & Support
- Ability to Submit Data to AHRQ Database
- Ability to Conduct a Deeper Analysis
 - Survey Findings vs. Onsite Visits
 - Outcomes vs. Survey Results

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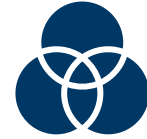
AHRQ Resources



ASC Toolkit



ASC Survey
(English & Spanish)



Survey Items &
Composite Measures



ASC Survey Items &
Composite Measures



ASC SOPS User's Guide



Additional Resources

- Action Planning Tool
- Data Entry and Analysis Tool
- Resource Lists & FAQs
- Webcasts & Presentations

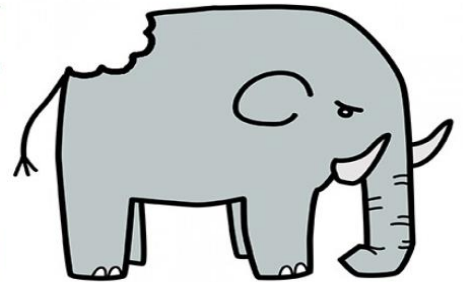
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Where do we start?

- Leverage Project Manager(s)/Point Person to Oversee the Program
- Identify Multi-Disciplinary Advisory Team
- Engage Senior Leader Champions
- Dedicate Time to Research, Plan, Develop, and Deploy
- Determine Vital Few Evidenced Based Strategies
- Consider Utilizing a 3rd Party Vendor

HOW DO YOU EAT
AN ELEPHANT?
ONE BITE
AT A TIME!



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Appendix

ASC Survey Composites (1/2)

Composite	Definition: The Extent to which...
Communication About Patient Information (4)	A05 Key Patient Information Not Missing
	A01 Patient Info Clearly Communicated
	A07 Key Info Shared ASAP
	A09 Good Communication on Patient Care
Communication Openness (3)	A02 Comfortable Asking Questions
	A04 Unsafe Patient Care Acknowledged
	A06 Ideas & Suggestions Valued
Staffing, Work Pressure, and Pace (3)	A03 Enough Staff for Workload
	A08 Enough Prep Time Between Procedures
	A10 Do Not Feel Rushed During Patient Care
Teamwork (4)	B01 Others Help When Needed
	B04 MDs and Staff Understand Roles
	B06 Disrespectful Behavior Not Allowed
	B08 Work Together Effectively

ASC Survey Composites (2/2)

Composite	Definition: The Extent to which...
Staff Training (4)	B02 New Staff Adequately Trained
	B03 Untrained Staff Not Pressured
	B05 On the Job Training Provided
	B07 Staff Receive Refresher Training
Organizational Learning Continuous Improvement (3)	C01 Actively looks to improve safety
	C03 Improvements Made When Pointed Out
	C06 Change to Avoid Repeated Issues
Response to Mistakes (3)	C02 Response to Mistakes is Fair
	C04 Learning Emphasized Instead of Blame
	C05 Staff Informed on Safety Problems
Management Support for Patient Safety (3)	E01 Managers Encourage Improvement Suggestions
	E02 Management Examines Near-Miss Events
	E03 Management Provides Safety Resources