

2010 Military Health System Conference

Front-Line Perspectives for Advancing the Culture of Safety: Battlefield to Bedside

Deviance Secrecy and Drift

Precursors to Organizational Failure – Prevention and Mitigation

Sharing Knowledge: Achieving Breakthrough Performance
The Learning Healthcare System

MG Patricia D. Horoho, MSN, MS, USA;
COL Peter G. Napolitano, MD, USA;
LTC Donald W. Robinson, DO, USA;
Michael Datena, RPh, MPA



Tuesday, 26 January 2010, 1300-1430

Department of Defense Patient Safety Program
Office of the Chief Medical Officer, TRICARE Management Activity

SESSION OBJECTIVES



As part of the “The Learning Health Care System:”

- *Discover successful initiatives implemented at the unit, facility, multi-facility and the operational environment.*
- *Dialogue with change agents leading initiatives: learn how they overcame challenges, the tools available and plans for future initiatives.*

Visionary Perspective on Advancing the Culture of Safety: Battlefield to Bedside

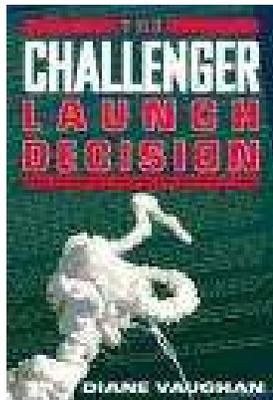
Deviance Secrecy and Drift
Precursors to Organizational Failure – Prevention and Mitigation

Major General Patricia Horoho

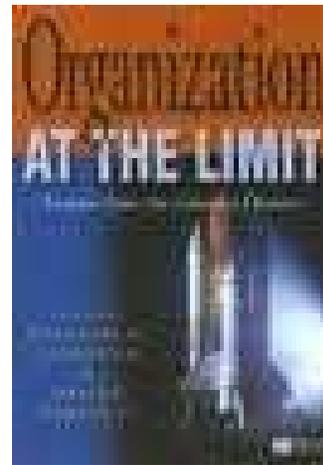


Office of the Chief Medical Officer

Deviance Secrecy and Drift



Normalization
of Deviance



Structural Secrecy



Practical Drift

Normalization of Deviance



Normalization of Deviance



No nothing is wrong, why do you ask?



Structural Secrecy



Structural Secrecy



“The hallmark of a great organization is how quickly bad news travels upward.”

Jay Forrester

Structural Secrecy



- Systematic distortion and suppression of communication



Structural Secrecy and Power



- The Dream of Reason did not take power into account

Paul Starr: The Social Transformation of Medicine

- Safety Culture and the Issue of Power

Antonsen 2009

Structural Secrecy



“Yes leadership is about vision, But leadership is equally about creating a climate where the truth is heard and the brutal facts confronted.”
(Collins 2001)

Structural Secrecy



- Achieving the Ideal Speech Situation



Practical Drift



Resiliency & Safety
-Safety Utopia
Standing on Dry Land

Practical Drift

Adverse Hazards
-Plunging over the Falls

Practical Drift Defined



Over time, the seductive persistence of pragmatic practice loosens the grip of even the most rational and well designed formal procedures...the slow, steady uncoupling of local practice from written procedure

Friendly Fire The Accidental Shootdown of U.S. Black Hawks over Northern Iraq
Scott A. Snook 2000

Practical Drift



Just because it isn't broke doesn't mean it isn't breaking

National Quality Forum



- Focus on System Failures rather than individual failures
- Leadership emphasis on patient safety
- Teambuilding and Skill building
- Care of the Caregiver

Care of the Caregiver



“Safe Staff, Safe Patients, Quality Care”

Safe Patient Handling



Direct Care Provider Culture Training



Car Extraction Demonstration



Equipment Demonstration in the Emergency Room

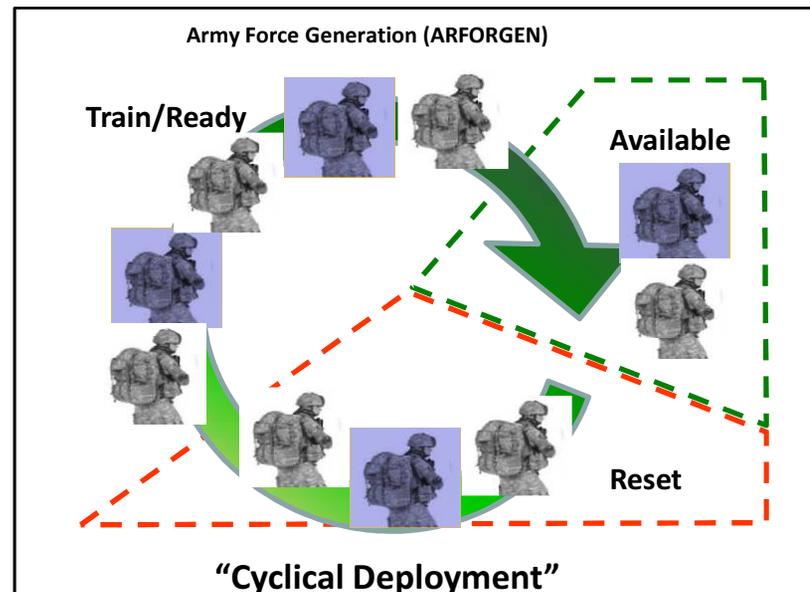
A Systems Solution



Institutional Adaptation “Rotational Force Generation”



Rotational



Progressive Readiness

Legend: ■ AC ■ RC

Policies, Procedures, Processes \neq Policies, Procedures, Processes

**“Create Institutional Efficiency”
Maximize Readiness with Available Resources**



- Trouble Comes Cheap but Leaves Expensive
 - Richard Ford – “The Sportswriter”

Backup Slides





Safe Patient Handling



Assess the Organization: Identify Patient and Staff Safety Needs

Develop Comprehensive Safe Patient Handling Program

Identify Organization Champions & Appoint Program Administrator

Acquire Funding, Purchase Equipment and Develop a Comprehensive Training Program for Staff

Ensure Program Success through Enhanced Communication Techniques, Continuous education and Establishment of Organizational Culture of Safety



Suicide Prevention



They are all
Entrusted to our
Care



Behavioral Health



- Soldier Readiness Service– Same day Behavioral health service Mon – Friday
 - Walk in Service without appointment
- Management of high risk patients policy
 - All soldiers discharged from 5N; Co and Bn level command gets treatment plan for soldier and whether increased supervision is required;
 - available for both in patient and outpatient settings
 - copies placed in AHLTA and faxed to Co and Bn CDRs --

Behavioral Health



- Intensive Outpatient Program
 - 2 week intensive tx program for moderate and high risk soldiers
- Integrated outpatient psychology and psychiatry clinics
- SELF Program – Soldier Evaluation for Life Fitness
- Automated Behavioral Health Clinic

Knowledge Management



- Learning – Unlearning – Forgetting
- Institutional Amnesia

Front-line Perspective on Advancing the Culture of Safety: Battlefield to Bedside

COL Peter G. Napolitano, MD



Madigan Army Medical Center

Objectives

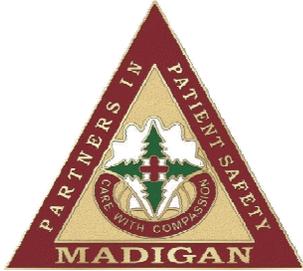


- **MAMC Patient Safety Initiatives**
 - Special Emphasis 2009
- **TeamSTEPPS™**
 - Describing the Madigan Experience
- **TEAM-UP – Patient directed Team Training**
 - Describing a new Pilot program
- **SIMULATION TRAINING**
 - Its Role in Safety drills and Team Training
- **IRAQ WAR – TeamSTEPPS**
 - Goes Down range making a difference

MADIGAN ARMY MEDICAL CENTER Tacoma, Washington



MAMC Patient Safety Initiatives Special Emphasis 2009



1. Reduce Harm from Patient Falls
2. Transfusion Safety
3. Patient Controlled Analgesia Dose Safety

Patient Controlled Analgesia Dose Safety



Why:

Most common medication administration error at MAMC – dose errors

What:

Chose high risk process to examine dose errors as 2009 FMEA

Actions:

- FMEA Process revealed need for more user-friendly PCA pump
- Product evaluations for new pump
- Dose concentrations standardized by Pharmacy (less chance of error by physician specific choices)
 - decreased number of syringe changes needed
 - decreased opportunity for dose errors in pump settings
- Developed standard order sets - specific orders for each PCA drug
- Improved PCA documentation
- Developed new patient education pamphlet
 - distributed in surgical services center
 - available as MAMC publication
- Updating PCA patient care procedure (policy)

Medical Team Training - Why?



- Team training has been identified as a key strategy for reducing medical errors and building a culture of safety in healthcare.
- Communication and coordination skills can serve as barriers to potential errors.

TeamSTEPPS

Describing the Madigan Experience



1991

Emergency Medicine Residency:

William Hurley, MD Program Director

- Seeks a program to improve Nurse – resident communication
- Program based on Crew Resource Management



1996-2009

DoD MedTeams Project:

COL Matthew Rice – Leads the way

- MedTeams deployed throughout Emergency Department
- After implementation program maintained – Residents only



TeamSTEPPS

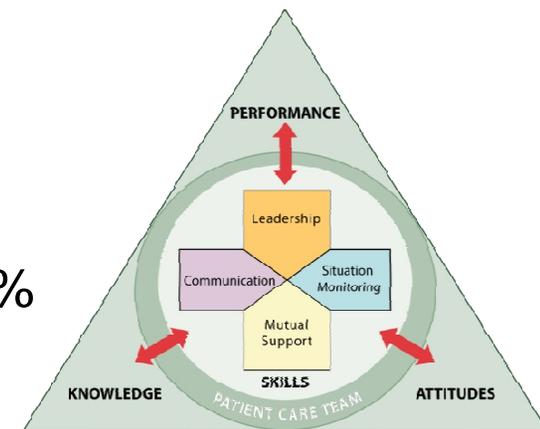
Describing the Madigan Experience



2002-2004

Labor & Delivery MedTeams Study:

- 100% trained
- Core Group Instructors trained
- Culture change 9-12 months later
- Reached a Zenith in “Efficiency”
- 2004 The long wait, Training drops <50%
- Sentinel Event occurs



2005–2009

Took Ownership:

- Curriculum transitioned (MedTeams to TeamSTEPPS™)
- Re-trained to 100%
- Expanded the empire...

TeamSTEPPS

Describing the Madigan Experience



Inpatient/Outpatient units:

Wards: Labor and Delivery, Neonatal ICU, Mother-Baby, Pediatrics, Emergency
Clinics: GI, Internal Medicine, McCord medical, OB-GYN, Wounded Warrior BTN

Departments Units Trained:

Anesthesia, Emergency Medicine, Family Medicine, OB-GYN and Pediatrics

Other Services Trained:

Clerical
JAG/Risk Management
Social Services

Coach / Instructor:

60 active Coaches/Instructors

Annual Training:

1,066 people trained locally February 2005 – May 2009
4 major training sessions a year
Fundamental, Instructor, Refresher courses





TeamSTEPPS
Achieving a Team-driven
Culture of Safety

Madigan Army Medical Center
Western Regional Medical Command Deployment Plan



New Army Western Regional Medical Command



AMERICA'S MOST TRUSTED HEALTHCARE SYSTEM



THE BEST IS IN THE WEST!

Madigan Army Medical Center's Deployment Plan



1. Fundamentals course for Executive Steering Committee
2. Executive Brief with All Department Chairs and Section Chiefs
 - Brief 1hr overview of TS, the overall approach in the hospital, and what they need to do now
3. Establish TS Director's Job Description, TS admin assistant and coordinate funding, Hiring
4. Have All Department/Sections identify their Champions and potential outcomes to track
5. Radiology Department and Pulmonary Clinic first selected for Training for January 2010
6. Executive Steering Committee meeting to delineate 4 phase implementation in year one.

Madigan Army Medical Center's Deployment Plan



1. Each Department or Section to select a Champion team (Nurse, NCO and Physician).
2. Each Department or Section to identify outcome measures
3. Report these to Madigan's Patient Safety Office and Director of TeamSTEPPS training.

Madigan Army Medical Center's Deployment Plan



Units Specific Roll out

- Pre-training site assessment followed by Brief of findings with Department Head/Section Chief and champion team
- Dr Meyers from Outcomes to meet with this out brief to assess desired outcome measure
- Cadre selection by Champions
- Train-the-Trainer training to follow for Cadre
- Develop the Action Plan, obtain pre-training provider/employee surveys
- Launch program (Full training for all at once or Dosing model)
- Cadre Post training meetings (q-2 weeks x3 months, q-4 weeks for 3 months)
- @9-12 months repeat Surveys
- follow up with Outcomes reports to Command



TeamUP – Patient Engagement

- Joint Commission 2007 National Patient Safety Goal #13:

“ENCOURAGE PATIENTS' ACTIVE INVOLVEMENT IN THEIR OWN CARE AS A PATIENT SAFETY STRATEGY”

Requirement: Define and Communicate the means for patients and their families to report concerns about safety, and encourage them to do so

Rationale: Communication with patients and families about all aspects of their care is an important characteristic of a culture of safety...

Patients can be an important source of information about potential adverse events and hazardous conditions

Objective



***TeamUP* – Admission Brief**

- **GOALS:**
 - Introduce TeamSTEPPS Initiative to Patient and Family
 - Encourage involvement of Patient & Family in their care and decision making; along with issues related to patient safety

- **METHOD:**
 - Physician, Midwife, Nurse, Patient & Family meet together on admission and teach Patient & Family how to be “active” team members using common language within TeamSTEPPS

TeamUP Study Design



MAMC IRB approved Study:

- Intervention – TeamUP Admission brief on admission to L&D introduced Jan-March 2008
- Survey consisted 23 questions regarding the patient & family's perception of care and involvement as a team member
- Questions were rated on a 5-pt Likert scale
- Participants: All women discharged from the Mother-baby Unit Oct-Dec 2007 (pre) and Apr-Sep 2008 (Post) n=100 for each offered to complete survey

TeamUP Study Design



- Questions were reviewed by expert panel at DoD Patient Safety Program
- Responses were collected anonymously via internet survey
- One-tailed independent samples t-tests were conducted to examine changes in the mean levels of satisfaction reported during the baseline period (2007) to mean levels after the TeamUP initiative was launched (2008).

TeamUP Study Design



TeamUP – Admission Brief

- **INTRO to the TEAM**

- **SHARE the PLAN** (Shared Mental Model)

- How the patient & family can participate:
 - **ASK QUESTIONS, REPEAT** if you don't get it (Two-challenge rule)
 - **HUDDLE** – if you still don't understand, call a huddle (Huddles)
 - **NAME & BIRTH DATE** are your identifiers
 - **MEDICATIONS** – patient reads the labels on all IV meds (Check backs)
 - **WASH YOUR HANDS** when returning to your room (Situation awareness)
 - **POINT OUT CONCERNS** – encourage family input (Situational monitoring)

- **PATIENT REPEAT THE PLAN** (Shared mental model)

Sample *TeamUP* brochure





Understand Changes in the Game Plan

Make sure you're fully aware of how the plan has changed, why it has changed, and what your role is now.

Here's how ...

- Listen to your care team's explanations of how the game plan has changed and why.
- Ask questions about the new game plan and your role in it.
- Repeat the new game plan back to the care team to make sure you didn't misunderstand. Your care team should confirm that your understanding is correct.



Provide your Perspective

When something doesn't feel right, you should tell the members of your care team. The more they know, the more they can help.

Keep them informed ...

- Share all information, even things that seem incidental, with your care team.
- Raise concerns immediately.
- Repeat the concern again at least once, and include: the Concern; why it makes you Uncomfortable; how it may be a Safety issue.

Your TEAM UP Checklist

- **Team Together**
 - Choose to be an active member of your care team.
 - Invite persons close to you to be members.
 - Follow the TEAM UP steps.
- **Educate Yourself**
 - Ask members of your care team to repeat their names and explain their roles.
 - Know the plan for treatment and your role in it.
 - Write it all down.
- **Ask Questions**
 - Situation: What is going on with my care now?
 - Background: What information do I need to understand the situation?
 - Assessment: What are the options to consider?
 - Recommendations: What is going to be done?
- **Manage your Medications**
 - Provide a list of medications (*prescriptions, over-the-counter, and herbal remedies*).
 - Write down what medications are prescribed and why.
 - Read each medication's label carefully.
 - Alert the care team if a medication label does not match what was prescribed.
- **Understand Changes in the Game Plan**
 - Listen to how the game plan has changed.
 - Ask questions.
 - Repeat the new game plan back to the care team.
- **Provide your Perspective**
 - Share all your feelings with your care team.
 - Raise concerns immediately.
 - Repeat the concern and include: the Concern; why it makes you Uncomfortable; how it may be a Safety issue.

For more information about how you can actively participate in your health care, talk to your care team today or check online at <http://www.afmrc.gov/path/beactive.htm>.

TEAM UP is a patient engagement initiative funded by the Department of Defense Patient Safety Program's Health Care Team Coordination Program as part of its TeamSTEPSSM initiative.

The goal of TeamSTEPSSM is to produce highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for their patients. For more information, please visit <http://ddspatient.safeyourhs.mil>.



Patient Safety

Be an active member of your health care team




Department of Defense Patient Safety Program's Health Care Team Coordination Program

Results



Overall, how satisfied were you with the care you received during your labor and right after your baby was delivered?

$p = .0003$

I was satisfied with the answer(s) given by my caregivers when I asked he/she question(s).

$p = .003$

Was the amount of time the PHYSICIANS and MIDWIVES spent with you adequate to take care of my physical and emotional needs?

$p = .006$

Please rate your level of comfort when sharing your opinions and concerns with your caregivers?

$p = .003$

Conclusions



- After implementing MAMC TeamUP Brief there was a statistically significant improvement in overall satisfaction in care
- Limitations:
 - TeamUP brief was not mandatory
 - No confirmation that those surveyed actually received TeamUP brief.
 - Baseline Likert scores were very high 4.5+ out 5
- Post hoc power analysis was performed and we determined we need approximately 310 patients in each arm.
- A randomized control study is being performed to confirm these findings. Currently submitted for IRB approval.

Andersen Simulation Center



Simulation Training and TeamSTEPPS

Development of Simulation Training in Medicine applied to Clinical Scenarios



Shad Deering, MD LTC, MC, USA

Andersen Simulation Center



Simulation Training & TeamSTEPPS

Development of Simulation Training in Medicine applied to Clinical Scenario's

Use mobile simulation models to train for acute clinical scenarios

Utilize scenario-based exercises incorporating TeamSTEPPS; to include "Best practices checklist", Debrief and audience response tool



TRAUMA SCENARIO TRAINING



Simulation Training and TeamSTEPPS Development of Simulation Training in Medicine applied to Clinical Scenarios

Battle Drills in Emergency Department

Mobile Trauma Simulator - Use scenario-based exercises

Emergency Medicine – General Surgery Residency Training

Nursing and Medics included in training

TeamSTEPPS used to evaluate interaction between services; to include “Best practices checklist”, Debrief and audience response tool

Filmed for feedback and evaluation



Iraq – *TeamSTEPPS* goes Down Range



***TeamSTEPPS™* in Iraq and Afghanistan**



TeamSTEPPS Deployment in Operation Iraqi Freedom Task Force 62nd Medical Brigade



INTRODUCTION of TeamSTEPPS ITO

1. 86th Combat Support Hospital deploys fall 2007
2. Sentinel Event – Transfusion Error
3. MAMC personnel deploy to 86th TF-Baghdad 2008
4. 86th CSH Command – open/willing to give it a try
5. 62nd MED BGD – COL Sargeant (Aviator) mandates the spread ITO
6. NOW WHAT?

TeamSTEPPS Deployment in Operation Iraqi Freedom Task Force 62nd Medical Brigade



How did we start?

1. Identified Champions - Change Team
2. Train up Cadre Coaches through out the CSH
3. Introduce TeamSTEPPS concepts twice a week at Command Morning report with DCCS Open support
4. Start Fundamentals Classes
5. Email Good Catches and Chocolate
6. Spread TeamSTEPPS throughout organization (Patient Safety mtg, Command meetings)

Team Strategies and Tools to Enhance Performance and Patient Safety



DISSEMINATION PLAN Level III and IIA Echelons of Care

7. Section heads ensure all go through training
8. CME, CEU, and Hours training certificates for promotion points - enlisted
9. Ibn Sina for training
 - Fundamentals course
 - Instructor/Coach & Culture change training
 - First hand observation
 - Develop Individualized site plans
10. Train a Cadre - Disseminate the program
11. Constant Reinforcement & Sustainment
12. Weekly ITO teleconferences for support



TeamSTEPPS Deployment in Operation Iraqi Freedom



Surgeons and support staff from the 86th CSH Task-Force Baghdad. Pictured left to right, front to back: CPT Dena George, COL Peter Napolitano, MAJ Kevin Chung, MAJ Brian Themann; (2nd row) MAJ Jeffrey Henning, MAJ Dawn Elliott, LTC Booker King, MAJ Patrick Hickey, LTC Michael Meyer (blue scrubs); (3rd row) LTC Jon Stineman, MAJ Mark Aierstok, LTC Steven Svoboda, LTC Anthony Allen, LTC Michael Mulreany, MAJ Todd Baker (by sign), MAJ William Ralston, CPT Jason Cohen, COL Richard Stack (blue scrubs).

2010 MHS Conference

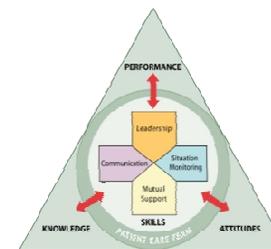
TeamSTEPPS Deployment in Operation Iraqi Freedom Task Force 62nd Medical Brigade



Critical Success Factors



- Supportive organizational culture and learning climate
- Shared vision... leadership to frontline
- Visible support
- Reinforcement, rewards, recognition, communicate good catches/successes
- Quickly move from training to putting skills into practice
- Weekly roll out of tools
- Ongoing focus
- Sustainment (integration) plan



Team Strategies and Tools to Enhance Performance and Patient Safety



MANY SUCCESS STORIES

“I just wanted to make a point of giving notice to a well used "Call-Out" and "Check back/Echo.”

Yesterday in the EMT on a Bed 1 Trauma, MAJ L. jumped in to help CPT C. with his patient. HE immediately grabbed the Ultrasound machine and commenced the fast exam. While at the same time MAJ R., whom was the nurse charting during the trauma, was making sure the code red was administered properly and the doctors and medics were receiving the supplies they were calling out for. When MAJ L. finished the fast exam he sounded off with a solid, well-articulated "FAST EXAM NEGATIVE," and even while MAJ R. was constantly preoccupied she echoed back MAJ L's call-out. This stood out to me because even though MAJ R. was busy she was still constantly aware of her surroundings and the events taking place and MAJ L. was assured that the fast exam was going to be recorded so that it didn't have to be re-examined and waste time the patient so dearly needed.

SPC M.
86th CSH TF-Baghdad
Ibn Sina Hospital

Team Strategies and Tools to Enhance Performance and Patient Safety



So How do we know if it made a difference?

1. Incident Reports were modified to “Patient Safety Report”
2. We encouraged these to be submitted
3. Identified as unusual occurrence or near miss/good catch
4. The four components of TS added to the form
 - Leadership,
 - Situational monitoring,
 - Mutual support
 - Communication
5. Debrief for each report required
6. Reports were reviewed acutely for immediate management and also collected for summary review



So How do we know if it made a difference?

6. Monthly Patient Safety Meetings held and each were reviewed
7. Single Provider – responsible for collating and reviewing each and every report for the entire 15 month deployment.
8. LTC Shad Deering and the DCRRT team – under took evaluation
9. All reports from a period 7 months prior and 6 months after were compared.



2008-09 Summary of Training to date

- ***First time Team Training in an “Active Theater of War”***
- ***2,500 medical personnel***
- ***Establishment of Train the Trainer site in Iraq***
- ***Ten separate Combat Support hospitals and FST’s***
- ***18 different Task sites***
- ***First time to train a unit’s Cadre before deployment***



Preliminary Results (Pre & Post training Patient safety report)

- **38% ↓ Patient Safety reports**
- **67% ↓ Communications Errors $p < 0.001$**
- **70% ↓ Needle Sticks $p < 0.001$**
- **83% ↓ Medication Errors $p < 0.001$**



ACKNOWLEDGMENTS

COL Stephen Lomax
LTC Michelle Munroe
LTC Shad Deering
LTC Vivian Ludi
MAJ Amber Pocrnich
MAJ Sarah Thompson

Ms. Heidi King,
Deputy Director for DoD Patient Safety

Leading Change



“Don’t let up...press harder and faster after the first success. Be relentless with initiating change until the vision is a reality.”

Dr. John Kotter

TeamSTEPPS Deployment in Operation Iraqi Freedom



2010 MHS Conference



TeamSTEPPS Deployment in Operation Iraqi Freedom





TeamSTEPPS Deployment in Operation Iraqi Freedom



Madigan Army Medical Center

The Western Regional Medical Command Leading the way!



Advancing the Culture of Safety: Tools and Resources available

LTC Donald Robinson, DO, USA;
Michael Datena, RPh, MPA



Department of Defense Patient Safety Program
Office of the Chief Medical Officer, TRICARE Management Activity

Risk Identification & Mitigation: Patient Safety Reporting

Advancing the Culture of Safety



Why is patient safety reporting important?

- To keep our patients safe.
- Learning from past events, helps prevent future situations.
- A learning environment promotes a culture of safety.

What is the Patient Safety Reporting (PSR) System?

Web-based patient safety reporting system to be available across all MTFs; pilot roll-out begins in Spring 2010.

- **Maintains confidentiality:** Supports anonymous reporting
- **Secure and Easily Accessible:** Web-based , CAC-enforced
- **Simple to use:** intuitive point and click, drop downs, text for the user
- **Promotes information sharing:** Automates the paper-based reports
- **Consolidates** both medication and non-medication events in one tool
- **Reporting capabilities:** availability to compile data into reports
- **Standardizes** taxonomy to collect, analyze and report information

A screenshot of the Patient Safety Event Reporting Form (PSR) web interface. The page title is "Patient Safety Event Reporting Form" and it includes a Datix logo in the top right corner. A red warning message states: "Reporting is anonymous unless reporter detail is completed". Below this, there are instructions: "▲ * indicates a required field.", "Click the ? icon for help with a particular field.", "Click the ? button to view and select from the list of available options for that field.", and "Once submitted the event report is locked. User may not save draft report." The "Event details" section contains several fields: "Event Date (mm/dd/yyyy)", "Event Date (Get Your Local Time)", "Discovery date (mm/dd/yyyy)", "Service Attribution (Please select the Service where the event occurred)", "Service Region", "Parent MTF", "MTF", "Department/Division/Directorate", and "Clinic/Service". Each field has a dropdown arrow or a text input box.

Patient Safety Reporting advances a culture of safety.

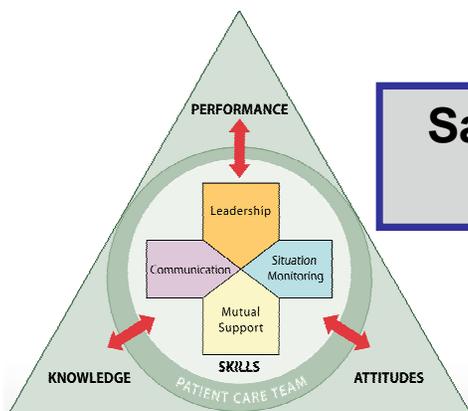


Team Training and Skill Building

Advancing a Culture of Safety

TeamSTEPPS Goal: *To produce highly effective medical teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for our beneficiaries*

- TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by **improving communication and other teamwork skills** among healthcare professionals; a powerful solution to improve patient safety.
- Training and Skill Building Opportunities
 - Comprehensive suite of training curricula, videos, and resources
 - Designed to integrate teamwork principles into practice in healthcare
 - Provides practical tools and strategies adaptable to any healthcare setting



Salas et al. 2009: 20% of variations in team performance due to training quality, 80% to organizational factors

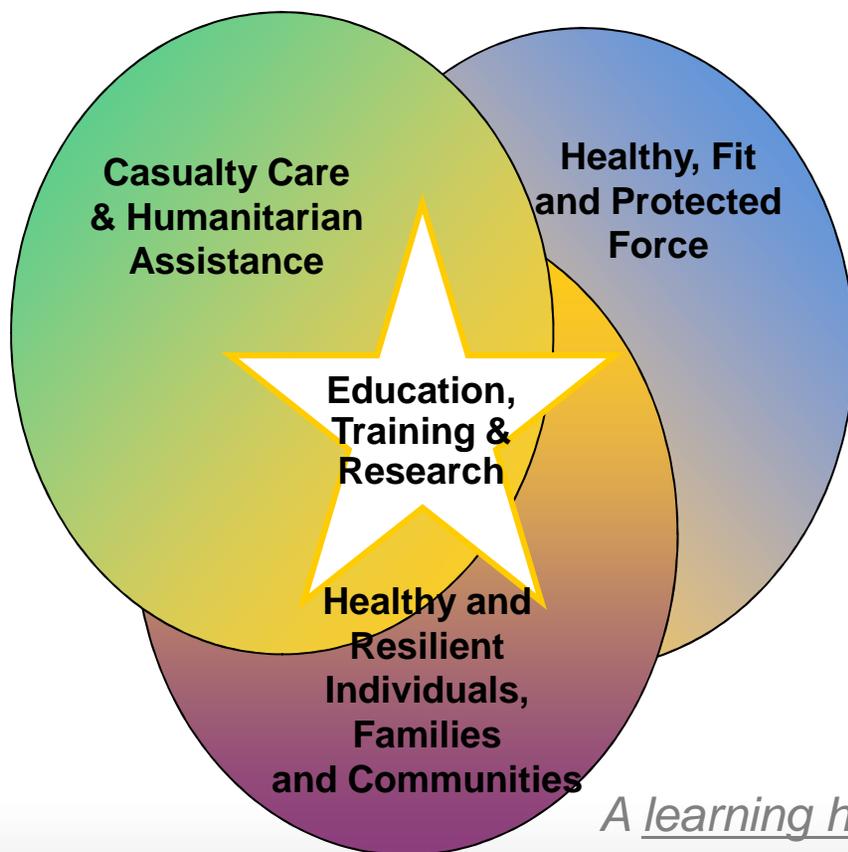
Teamwork advances a culture of safety.

Department of Defense Patient Safety



Mission: implement effective actions, programs, and initiatives throughout MHS to improve patient safety and overall health care quality.

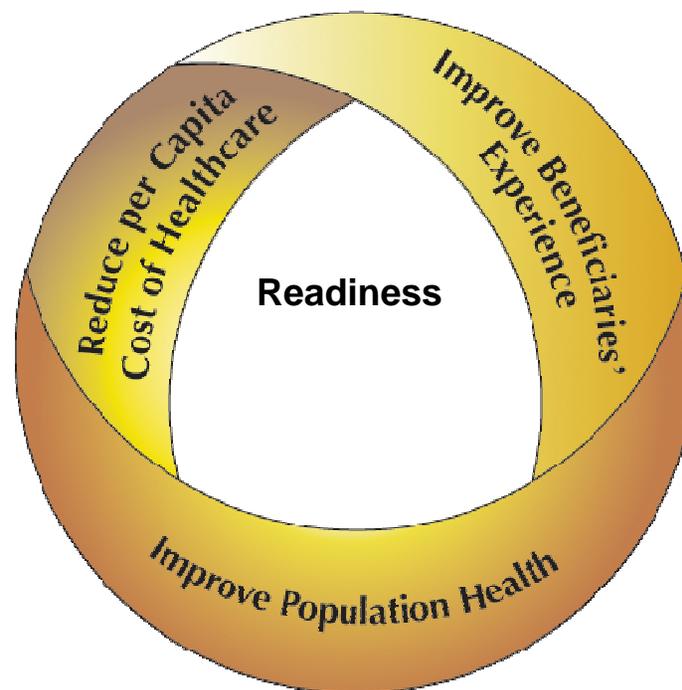
MHS Strategic Objectives



Aligned

with:

Quadruple Aim



A learning health care system prioritizes advancing a culture of safety.

Advancing the Culture of Safety



We want a culture of safety. Where do we start?

Discuss resources and tools available:

- Culture Measurement, Feedback, and Intervention
- Leadership Engagement
- Identification and Mitigation of Risks and Hazards
- Teamwork Training and Skill Building

Culture Measurement, Feedback & Intervention

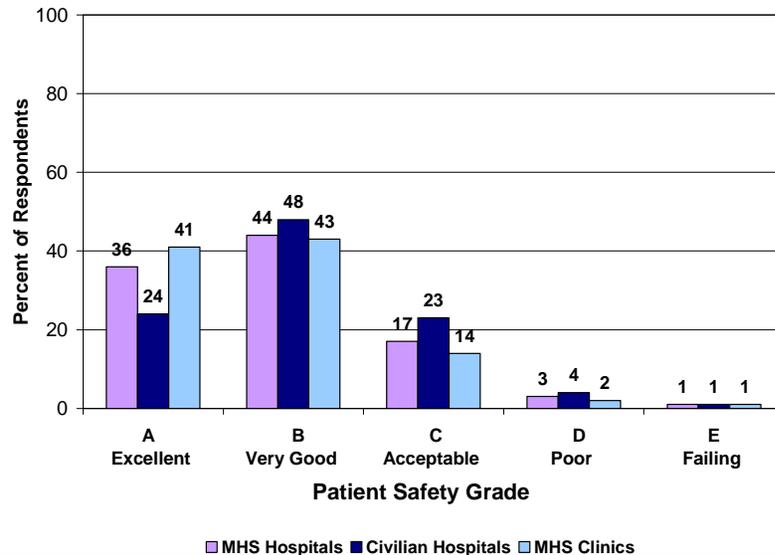
Tri-Service Survey on Patient Safety



- Allows DoD to compare results with DOD facilities worldwide and civilian facilities nationwide
- First administered in Dec 05 / Jan 06; re-administered in Spring 08
- MTF, Service, DOD-level reports available
- Improvement Guide developed profiling practices used at MTFs to promote patient safety.

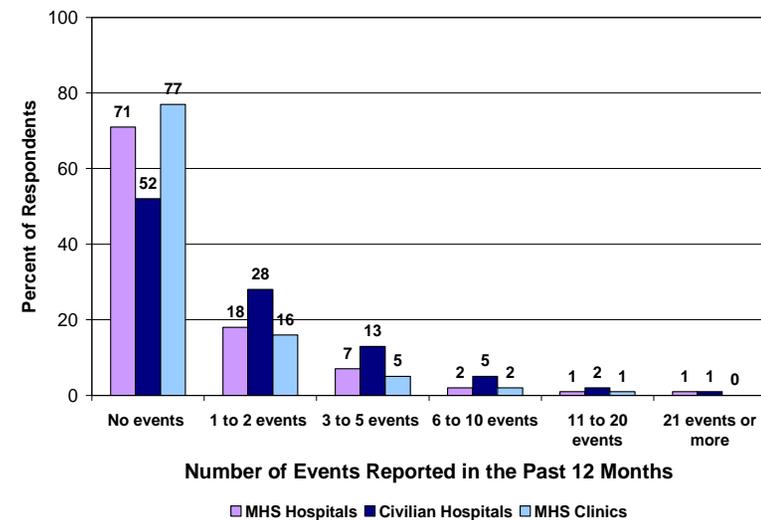
Are we achieving a culture of safety across the MHS?

“Please give your work area an overall grade on patient safety.”



* MHS Strength

“In the past 12 months, how many event reports have you filled out and submitted?”



* MHS Area for Improvement

Tri-Service Survey on Patient Safety

Advancing the Culture of Safety



Culture Survey Results Compared: 2008 vs. 2005-06

Patient Safety Culture Area	Change %	
1. Teamwork Within Work Areas	+1	↑
2. Supervisor/Manager Expectations & Actions Promoting Patient Safety	+1	↑
3. Management Support for Patient Safety	+2	↑
4. Organizational Learning— Continuous Improvement	+2	↑
5. Overall Perceptions of Patient Safety	+1	↑
6. Feedback and Communication About Error	0	—
7. Frequency of Events Reported	+3	↑
8. Communication Openness	0	—
9. Teamwork Across Work Areas	+1	↑
10. Handoffs and Transitions	+2	↑
11. Staffing	+1	↑
12. Nonpunitive Response to Error	+1	↑

Opportunities

- Survey assessed direct care staff perceptions of patient safety
- Nearly 71,000 individuals across all MTFs completed the web-based survey.
- % Reflects positive responses to questions
- 58% Response rate in 2008 (52% in 2006); 71% of respondents provided direct patient care
- All areas improved or remained stable.

Culture Feedback and Intervention



Need to dig deeper!

		Nursing Roles			(-) %	MHS
		NP	RN	Nurse Aide		
Teamwork within work areas	“In this work area, people treat each other with respect.”	85	76	65	11	76
Supv/Mngr Expectations & Actions	My supv/mgr seriously considers staff suggestions for improving patient safety.	79	75	69	6	74
Management Support for Patient Safety	The actions of management in this facility show that patient safety is a top priority.	77	72	77	5	76
Communication Openness	Staff feel free to question the decisions or actions of those with more authority.	53	48	38	10	47
Nonpunitive Response	When an event is reported, it feels like the person is being written up, not the problem.**	51	47	36	11	44

DoD Patient Safety Commanders' Forum



Purpose

To promote, secure, and sustain the **support** of MTF Commanders in **creating and leading** a safety culture in MTFs and across the MHS

Goals

- Promote executive learning, collaboration, and networking for leading culture change
- Establish a core group of MTF leaders to influence safer cultures & safer outcomes
- Leverage MHS executive migration to reinforce and sustain patient safety culture



Next Steps

1. Recruit Forum members (establish a network)
2. Establish needs and priorities (resources, training, evidence-based solutions)
3. Create sharing venue (events, activities)

“Leadership is the critical element in any successful patient safety program and it is non-delegable.” -IHI

Leadership Guide to Patient Safety, Innovations Series, 2006

Patient Safety Perspective Advancing a Culture of Safety



“Improve Patient Safety and Quality Care”

One of President Obama’s guiding principles for health reform.

“Yes leadership is about vision, But leadership is equally about creating a climate where the truth is heard and the brutal facts confronted.”

Collins 2001

“Leadership is the art of getting someone else to do something you want done because he wants to do it.”

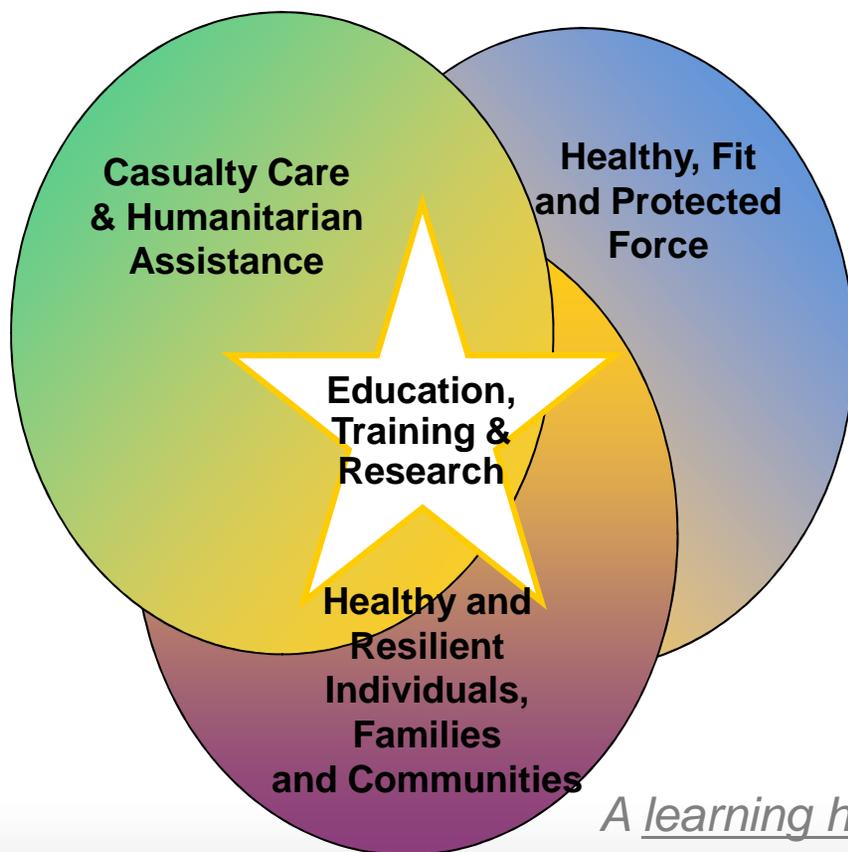
General Dwight D. Eisenhower

Department of Defense Patient Safety



Mission: implement effective actions, programs, and initiatives throughout MHS to improve patient safety and overall health care quality.

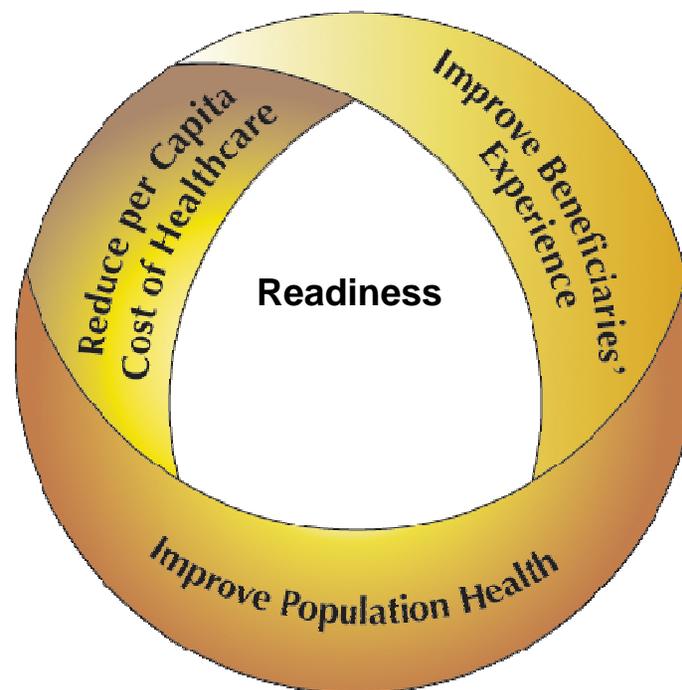
MHS Strategic Objectives



Aligned

with:

Quadruple Aim



A learning health care system prioritizes advancing a culture of safety.