



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY
7700 ARLINGTON BOULEVARD
FALLS CHURCH, VA 22042

IN REPLY REFER TO
6320
Ser M3B2/13UM3B20994
3 Jan 14

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST
COMMANDER, NAVY MEDICINE WEST

Subj: CULTURE OF SAFETY IN NAVY MEDICINE

Ref: (a) DoD 6025.13R Medical Health System (MHS) Clinical Quality Assurance (CQA) Program Regulation
(b) BUMEDINST 6010.23 Participation in the Military Health System Patient Safety Program (MHSPSP)

Encl: (1) Culture of Safety in Navy Medicine Implementation Guideline
(2) AHRQ Patient Safety Interview Questions

1. Patient Safety (PS) and Quality continue to be a strategic priority for Navy Medicine. After analysis of data obtained using the Agency for Healthcare Research and Quality (AHRQ) patient safety culture tool, I am concerned we have not reached the state where every staff member feels empowered to speak up and protect our patients. As we transition to a high reliability organization, I expect staff to feel safe in expressing concerns or asking questions of colleagues. I expect commands to create "safe zones" around the patient experience where any staff member can speak up and patient safety comes first. This effort applies to all Navy Medicine medical and dental facilities.

2. Literature on high reliability organizations stress that success with changing or improving culture starts with active command suite involvement in the PS program. Therefore, all Commanders, Commanding Officers, and Officers in charge will ensure:

a. PS Leadership rounds occur weekly and findings/actions resulting from the rounds are shared with staff.

b. PS Recognition Programs are enhanced or implemented to focus on identification of process and system issues with subsequent recognition of staff in key forums.

c. Leadership will review and evaluate the results of the initiative as described in Enclosure (1) and direct appropriate additional actions as needed.

d. Implementation of TeamSTEPPS™ training principles and tools into command orientation programs, as well as on the job training for designated high risk areas, e.g. operating rooms, intensive care units, and emergency rooms. Staff will use key TeamSTEPPS™ tools to include: huddles, briefings, debriefs and the two challenge rule.

Subj: PATIENT SAFETY CULTURE

3. In order to assess progress with the culture change, Medical Treatment Facility PS staff will interview five staff per week using enclosure (2) until further notice. I expect interviews to begin the week of February 03, 2014 as noted in enclosure (1).

4. Commands will submit compliance in these areas monthly to Regional Commanders and BUMED Risk Management (RM). A "Move the Dial" PS dashboard will be created and monitored to track our progress. BUMED RM will provide a tracking template.

5. Thank you for your dedication to Navy Medicine and for keeping our patients and their safety at the center of healthcare. I look forward to hearing from you and your staff. My point of contact is [REDACTED] or (703) 681-9187.



M. L. NATHAN

CULTURE OF SAFETY IN NAVY MEDICINE

IMPLEMENTATION GUIDELINE

OBJECTIVE

All Navy Military Treatment Facilities (MTFs) – inpatient and ambulatory medical and dental clinics – and Navy Dental Commands will participate in the Culture of Safety in Navy Medicine Initiative to establish a non-punitive environment where staff feel free to speak up for patient safety and for reporting events.

Outcome Measure – Increase in targeted Navy Medicine Culture Survey non-punitive response to error rates over 2011 baseline.

DATA COLLECTION FOR CULTURE OF SAFETY SURVEY

- Each military treatment facility will conduct 5 staff interviews/week (up to 20/month) using the AHRQ Patient Safety (PS) Interview Questions (enclosure (2) to the Culture of Safety in Navy Medicine Memorandum)
 - Interviews can be conducted in both inpatient and ambulatory direct patient care areas, as well as ancillary departments
 - For inpatient MTFs, 50% of interviews must be conducted in the targeted high-risk areas of ICU, ED and OR, as applicable
- One Patient Safety Culture Tracer/month will be conducted in a random area using the AHRQ survey questions as the basis for the conversation
- Sites will monitor other monthly patient safety data – patient safety reports, adverse events, etc. – and will use The Joint Commission (TJC) Targeted Solutions Tools (Communication; Hand Hygiene; Wrong Site Surgery) if patient safety reporting system, data, or root cause analysis shows issues.
- Sites will acknowledge staff recommendations to address process and system issues with a formal Command Suite PS Recognition Program
- Interview responses, tracer results and PS Recognition Award Program information will be recorded using the spreadsheet provided by Bureau of Medicine and Surgery (BUMED)
- Spreadsheet will be sent to BUMED and the associated Region monthly by the 10th of the following month.
- BUMED will perform an aggregate analysis and prepare a Culture of Safety Dashboard to share with Leadership and the field **DASHBOARD DESIGN TO FOLLOW – “Move The Dial”**

NOTE: The 2011 MHS Culture Survey responses per military treatment facility will serve as baseline for measurement

ROLES AND RESPONSIBILITIES

- Leadership –Command Stand Down; Command Suite PS Recognition Program
 - Command Stand-Down to kick off Culture Of Safety Initiative
 - Review of TeamSTEPPS™ tools for high-risk areas (Huddles; Briefs/Debriefs; 2 Challenge Rule: “Stop The Line”); these tools will continue to be included in ongoing Command Orientation
 - Command Suite PS Recognition Program
 - Each Department to submit a process/systems issue encountered and recommendation for change monthly
 - Submissions will be evaluated by designated military treatment facility quality committee
 - Formal recognition once a month by Command Suite
- Department Heads – Staff training; TeamSTEPPS™ Implementation
- Military Treatment Facility Staff – Use TeamSTEPPS™ tools and communications techniques in daily activities
- Patient Safety Staff - Data Collection; tracer interviews (not to be delegated)
- Navy Medicine Regions – Reinforce Initiative with COs/XOs and provide assistance as needed
- BUMED – Oversight; aggregate analysis; feedback

INITIATIVE ORIENTATION RESOURCES

- TeamSTEPPS™ Defense Connect Online (DCO) sessions
- MHS Learn (Patient Safety PSR Module for near miss and event reporting)
- Guidelines for PS staff interviewers and data collectors
- BUMED videoconference 10 January 2014 – Introduction to the field

TIMEFRAME

- Initiative will begin 6 January 2014; sites will use this month for orientation, training and implementation of procedures and tools
- Data collection will start February 2014
Periodic quarterly status checkpoints
- Phase I ends December 2014; initiative reevaluated, and implementation of Phase II will begin for 2015

RESOURCES AND TOOLS

- BUMED Response Summary Spreadsheet
- Communications tracer
- TeamSTEPPS™ Tools; Patient Safety Learning Circle site

- TJC Targeted Solutions Tools (Communication; Hand Hygiene: Wrong Site Surgery) if Patient Safety Reporting data shows issues
- Culture of Safety in Navy Medicine Memorandum
- Navy Surgeon General video
- BUMED Initiative Orientation PowerPoint Orientation

AHRQ Patient Safety Questions

1. Staff feel like their mistakes are held against them (R)
2. When an event is reported, it feels like the person is being written up, not the problem (R)
3. Staff worry that mistakes they make are kept in their personnel file (R)
4. Staff will freely speak up if they see something that may negatively affect patient care
5. Staff feels free to question the decisions or actions of those with more authority
6. Staff are afraid to ask a question when something does not seem right

Responses will be scored on a Likert Scale of 1-5

| Question Matrix/Table | | | | | |
|-----------------------|----------|-------------------|-------------------------------|-------------|----------------------|
| | 5= Agree | 4= Strongly Agree | 3= Neither Agree nor Disagree | 2= Disagree | 1= Strongly Disagree |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

(R) Indicates that an item is negatively worded so the percentage who answered either “Strongly Disagree/Disagree” will be displayed as a positive response.