

AHRQ Hospital Survey on Patient Safety Culture

Hospital Survey on Patient Safety Culture *Agency for Healthcare Research and Quality*

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Objectives

Participants will be able to answer the following questions:

- What would you like to have happen in your organization as a result of this survey?
- How are you going to determine who you survey?
- What role are you going to play in the survey process?
- What will a successful survey process look like?

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Where Is Safety On Your Radar Screen?

- Public reporting
- Visibility of safety concerns in the media
- Accountability and responsibility to keep patients safe
- Public expectation that you will keep them safe
- Growing perception and concern from the public that hospitals are unsafe
- Can you afford to wait to assess your organization's perception of safety?

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What the Survey Offers

- Measure beliefs and behaviors necessary to support an informed culture of safety.
- Raise awareness about patient safety issues.
- Diagnose the current status of safety culture.
- Conduct internal and external benchmarking.
- Track change over time.
- Fulfill directives or regulatory requirements.

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What Is the Perception of Safety Within Your Organization?

- What are the current attitudes, beliefs, and values of safety within your organization?
- Is the perception of safety the same between:
 - units?
 - administration and team members?
 - clinical team members?
- Do clinicians share information about adverse events?

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The AHRQ Survey

- Developed by a private research organization (Westat) under contract with AHRQ.
- Survey was pre-tested with hospital staff to ensure the items were easily understood and relevant to patient safety in a hospital setting.
- Pilot-tested with more than 1,400 hospital employees from 21 hospitals across the United States.

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The AHRQ Survey Tool Is

- Reliable
- Valid
- Tested
- Provides data for comparison and benchmarking
 - Nearly 400 hospitals participated in the survey in 2008
 - Comparison data by hospital or respondent characteristics

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Unit-Based Survey Topics

- Overall perceptions of safety
- Frequency of events reported
- Supervisor/manager expectations & actions promoting patient safety
- Organizational learning / continuous improvement
- Teamwork within units
- Communication openness
- Feedback & communication about error
- Non-punitive response to error
- Staffing

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Hospital-Wide Survey Topics

- Hospital management support for patient safety
- Teamwork across hospital units
- Hospital handoffs & transitions

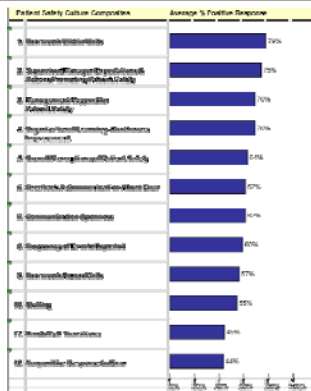
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Two Additional Questions

- The patient safety “grade” the respondents would assign their work area/unit
- The number of events a respondent has reported in last 12 months

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Patient Safety Grade by Work Unit

	Work Area/Unit											
	Anesth	ED	ICU	Lab	Med.	OB	Pod.	Pharm.	Psych	Rat.	Rehab.	Surgery
# of Hospitals	135	405	313	443	433	269	183	375	174	449	385	417
# of Respondents	1,115	7,846	9,845	7,740	13,228	5,800	4,044	4,159	3,308	8,439	5,708	14,317
A. Excellent	35%	16%	18%	27%	14%	20%	23%	24%	23%	28%	35%	32%
B. Very Good	42%	46%	47%	51%	48%	50%	49%	50%	46%	50%	47%	45%
C. Acceptable	19%	30%	27%	19%	30%	24%	22%	19%	24%	19%	15%	18%
D. Poor	2%	7%	6%	3%	6%	5%	5%	5%	7%	3%	2%	4%
E. Failing	2%	1%	1%	0%	1%	1%	1%	1%	0%	1%	1%	1%

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Teamwork Across Units

Position within the Hospital	Admin	RN/LPN	MD/PA/NP	Aide	Pharm D	Technic.	Thera.	Clerk	Dietician
F2 R—Hospital units do not coordinate well with each other.	51%	42%	48%	47%	42%	42%	50%	45%	51%
F4—There is good cooperation among hospital units that need to work together.	65%	55%	60%	60%	56%	57%	62%	57%	59%
F6 R—It is often unpleasant to work with staff from other hospital units.	63%	59%	61%	59%	61%	55%	65%	55%	60%
F10—Hospital units work well together to provide the best care for patients.	74%	63%	67%	71%	62%	65%	69%	68%	70%

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Barrier to Survey Participation

- Confidentiality concerns of the participant
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Who Participates In the Survey?

- Those who have:
 - Direct contact or interaction with patients.
 - Clinicians
 - Volunteers
 - Physicians
 - Work that directly affects patient care.
 - Pharmacy
 - Laboratory
 - Administrative duties within the organization.
 - Hospital supervisors, managers, and administrators

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Modifying the Survey

- To benchmark or compare your hospital’s results against other hospitals, you should not modify the survey.
- Make only those changes or additions to the survey that are absolutely necessary.
- Changes may affect the reliability and overall validity of the survey, and may make comparisons with other hospitals difficult.

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However, Modifications to Consider

- Background questions
 - Modify to your organizational terms
- “Unit” -based questions
 - Department rather than unit
- Hospital-specific questions
 - Add at the end of the survey
 - Open-ended questions are best
 - What disruptive behavior have you observed in the last 6 months that has interfered with patient care/safety?

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Draft Implementation Plan

Implementation Plan: Hospital Survey on Patient Safety Culture		
Who is responsible	For completing this task	By this date
Health Services Advisory Group	Share information about the survey and make recommendations for implementing the process to organizational leadership and potential team partners. Visible administrative support and championing is required for successful implementation of the survey process	Four months prior to the proposed implementation date
Administration	Determine Project Lead and Administrative Champion	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Obtain and become familiar with a copy of AHRQ Hospital Survey on Patient Safety Culture users guide. Available to print at: http://www.ahrq.gov/qual/hospoculture/usergd.htm	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Determine project resources	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Appoint project team members	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Team members to consider: Human Resources Point-of-contact from each survey area Informal clinical leaders Physician champion Information Technology	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Educate all project team members Review survey purpose, survey materials, resources, and survey tool	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Determine survey date	Three months prior to the proposed implementation date
Champion Project Team	Avoid holidays and other events that may impact survey results	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Develop draft survey process	Three months prior to the proposed implementation date
Project Lead and Administrative Champion	Determine who to survey (participant number)	Two months prior to the proposed implementation date

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First Steps

- Choose a Project Lead *and* an Administrative Champion
- Determine project resources
- Choose survey dates
- Decide upon survey method
- Choose participants

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Who Is Going to Lead This Project?

- Responsible for planning, management, and implementation of the survey process
- Suggested team members include:
 - Administration
 - IT
 - HR
 - Unit-based contact person

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Project Resources

- HSAG's services are FREE
- There is no charge for the survey itself
- Available funds and resources
 - Promotions and incentives
- Project team members

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Survey Dates

- Allow at least **3 months** for the planning and implementation process
- At least two full weeks for survey administration
- Avoid holidays
- If at all possible, avoid times when organizational change is occurring

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Survey Method

- HSAG will provide a hospital-specific URL for your use.
 - Survey Monkey
 - Promotes confidentiality
 - Easier to manage
 - No need for data entry
 - Results are available sooner

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Survey Participants

- To sample or not to sample:
 - All
 - Subset of a unit
 - Subset of employees from all areas
- Okay to use a combination
 - All clinicians
 - Subset of ancillary team members

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Physician Participants

- Acceptable response rate
 - Minimum of 5 in a subset
- “Core” physicians
 - Aligned with the hospital
 - Determine minimal number of discharges per physician

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Strategies to Maximize Participation

- Visible administrative support
- Promotions
 - Posters
 - E-messages
 - Staff meetings
- Incentives
- Let participants know your plans for the results

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What Will You Do With the Results?

Perhaps the action you take will be successful; perhaps different action or adjustments will have to follow. But any action is better than no action at all . . .

—Norman Vincent Peale

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What Will You Do With the Results?

- Share results
- Share changes as a result of the survey
- Identify variations
- Compare beliefs and behaviors
 - *Belief*: “People support one another on this unit.”
 - *Behavior*: “When one area in this unit gets really busy, others help out.”

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Redux

- Validates changes
- Provides comparative data
- Demonstrates commitment

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Over 1 million drug-related injuries occur every year in health care settings. The Institute of Medicine estimates that at least a quarter of these injuries are preventable.

To find out how to prevent medication errors, go to <http://www.hsag.com/drugsafety/>.



www.hsag.com

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