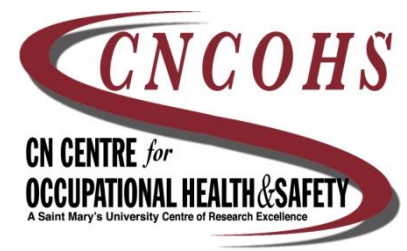




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Patient Safety Culture Improvement

Getting everyone onboard

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Outline

- **Background**
- **Importance of culture**
- **What culture is and is not**
- **Attributes of a strong culture**
- **Strategies to improve**



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Importance of culture

- ***“Health care organizations must develop a culture of safety such that an organization's care processes and workforce are focused on improving the reliability and safety of care for patients.”*** (p. 14; IOM, 1999)
- ***“The biggest challenge to moving toward a safer health system is changing the culture from one of blaming individuals for errors to one in which errors are treated not as personal failures, but as opportunities to improve the system and prevent harm.”*** (p. 79; Crossing the Quality Chasm, 2001)



Patient safety culture

- **A culture of safety can be defined as an integrated pattern of individual and organizational behaviour, based upon shared beliefs and values, that continuously seeks to minimize patient harm that may result from the processes of care delivery (Kizer, 1999).**



Common cultural terms

- **Healthcare Culture**
 - Norms and accepted practices in healthcare
- **Culture of safety**
 - Desired culture to support patient safety improvement
- **Safety culture**
 - The relative priority placed on safety
- **Blame culture**
 - A negative culture where people are reluctant to report errors or events.
- **Fair and just culture**
 - Desired culture where people do not fear unfair treatment for errors, but are held accountable for their actions.

Culture is:

- **An invisible wall that we only become aware of when we hit it**
- **The gap between what we say we do and what we actually do**
- **The lens through which we see the world**
- **An invisible hand guiding our thoughts and behaviour**



The man who can own up to his error is greater than he who merely knows how to avoid making it.

Cardinal De Retz (Memoires, 1718)

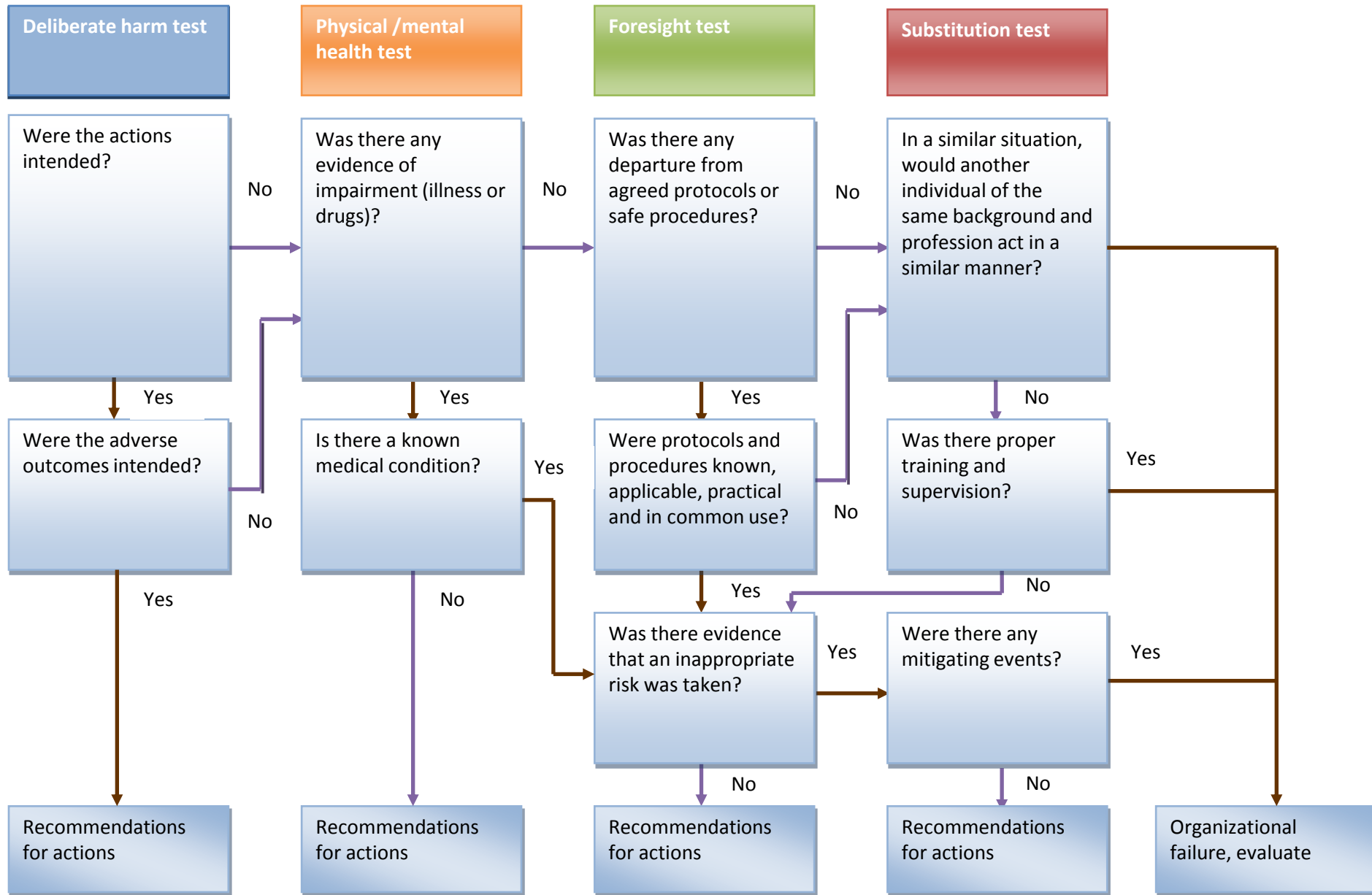


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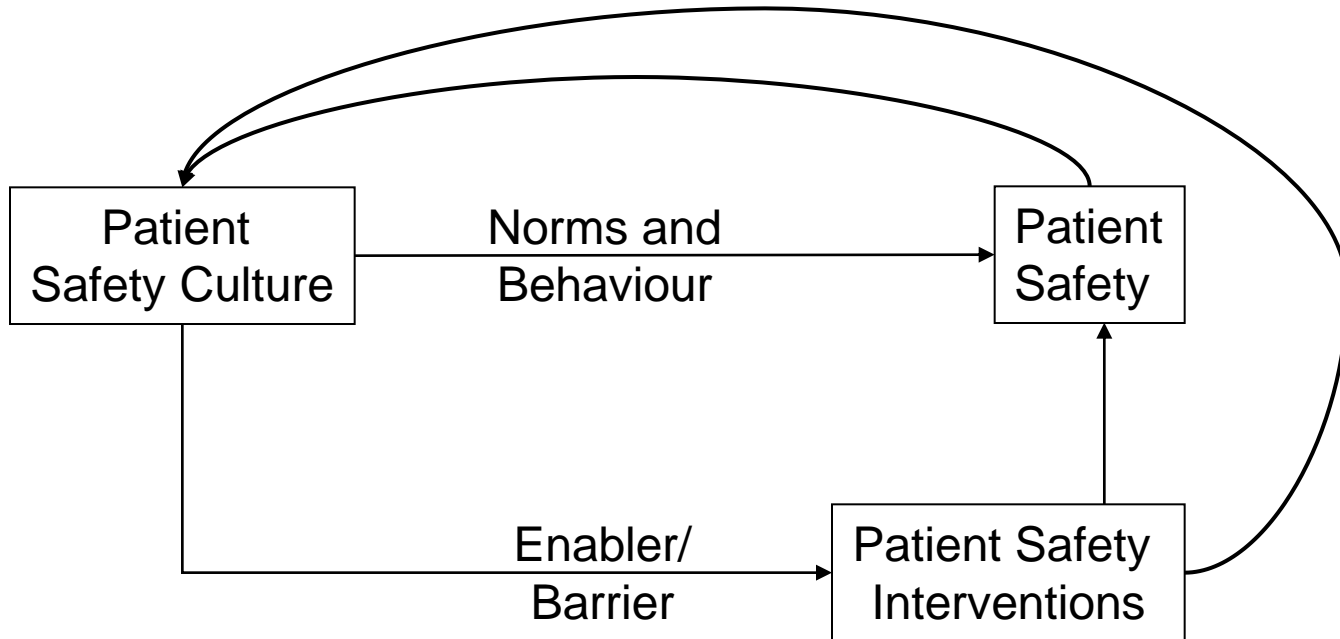
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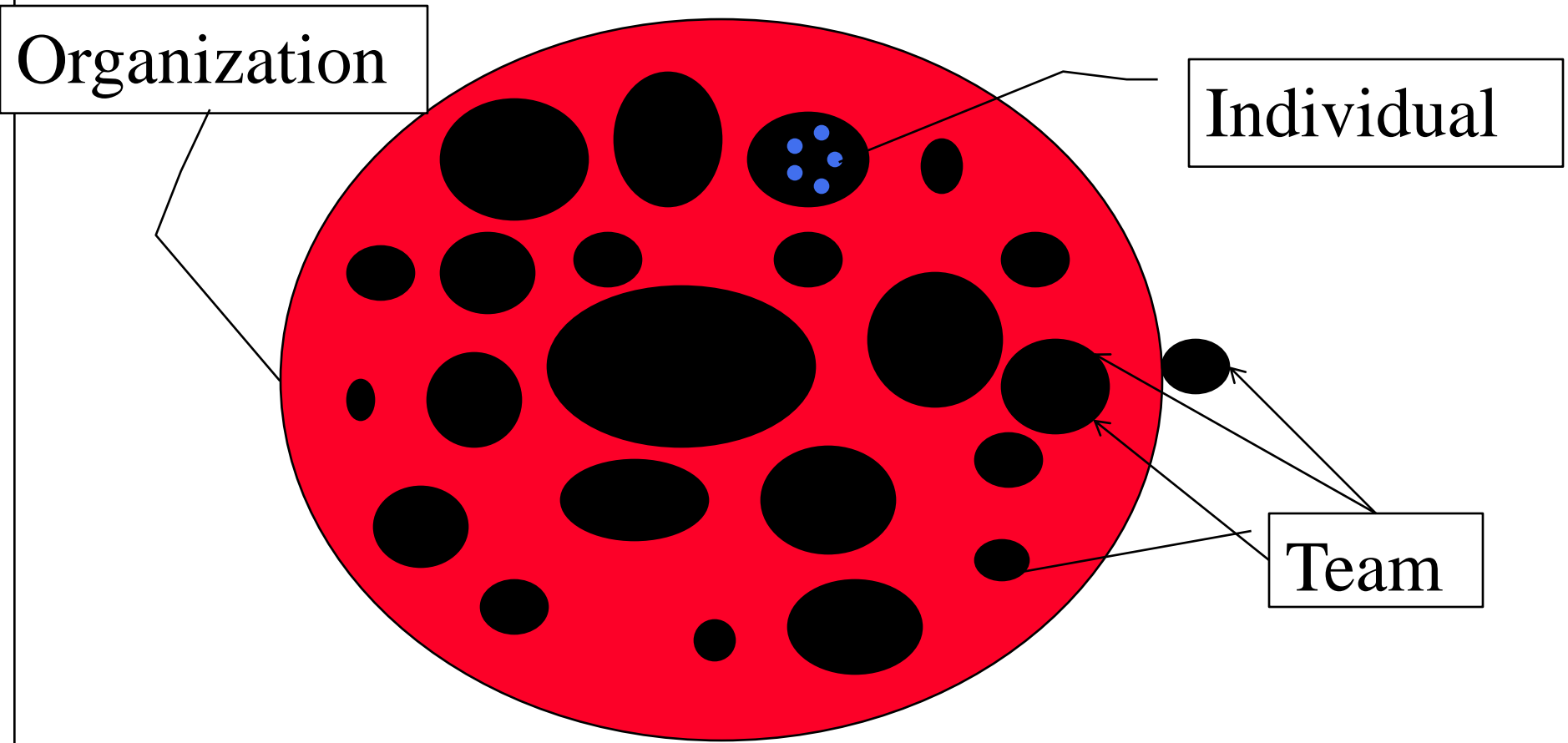
Incident Decision Tree



Culture and Patient Safety



Organizational vs Team culture



Improvement strategies

- **Change management systems to support the desired culture**
- **For example perceived management commitment can be improved by:**
 - **Providing managers with the skills to be effective safety leaders**
 - **Motivating managers to change by monitoring performance (leading indicators)**
 - **Rewarding effective performance**

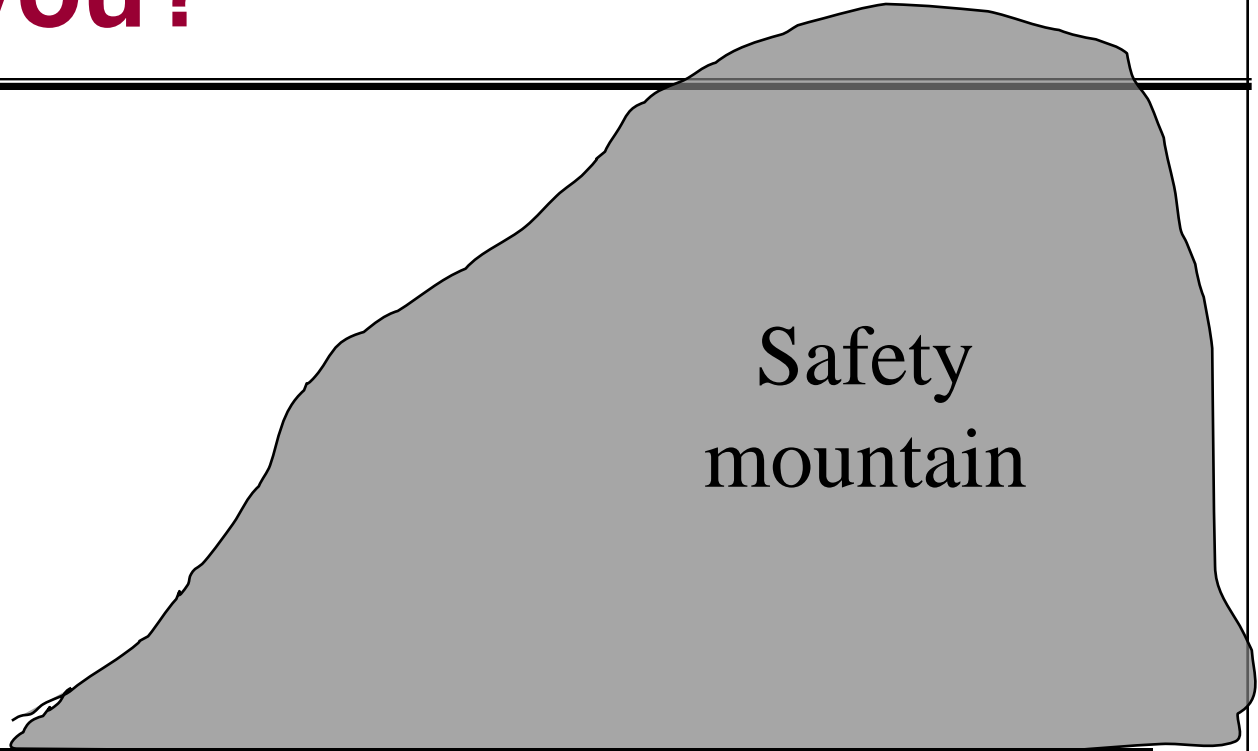
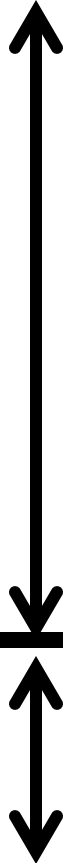


Safety Culture Maturity

- **Safety culture development is broken down into five stages or levels of maturity, from poor to good**
- **A number of similar models currently in use (e.g. Manchester Patient Safety Framework)**
- **Once the level has been established sites identify the actions required to move to the next level**

Where are you?

Improvement
Orientated



Status Quo

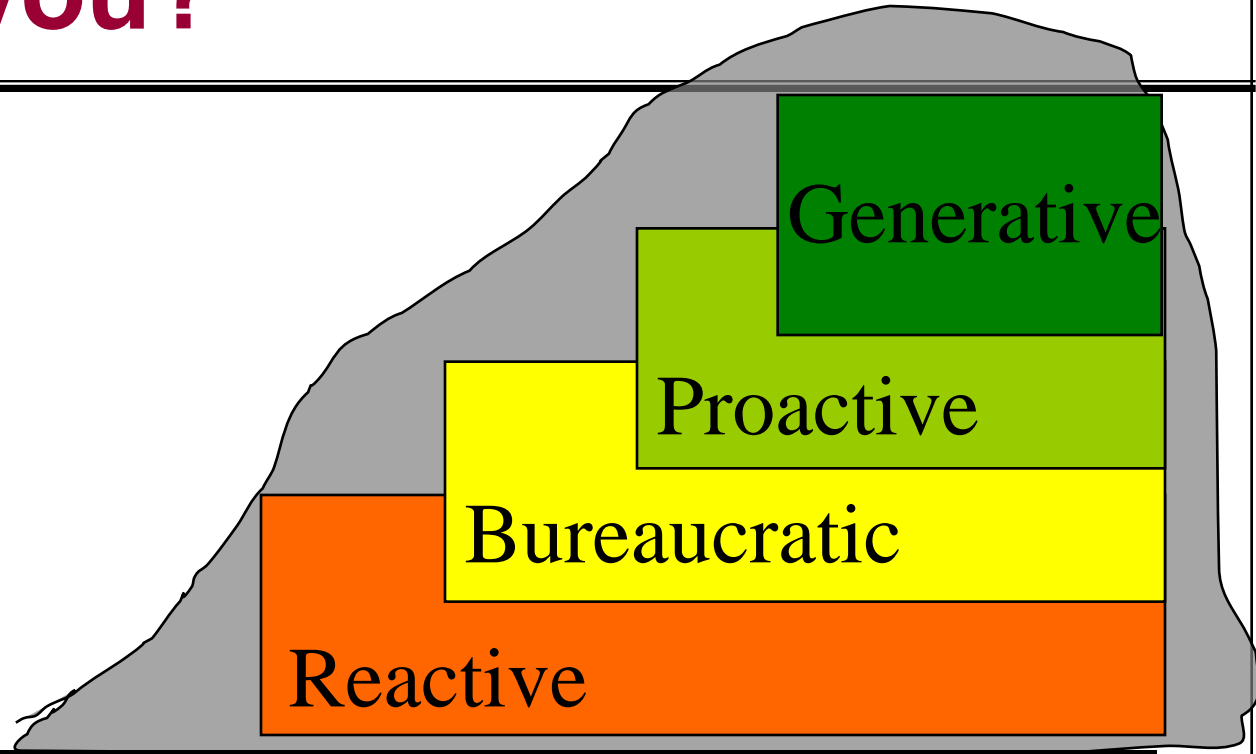
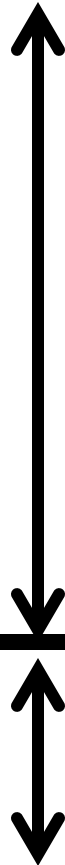


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Where are you?

Improvement
Orientated



Pathological

Status Quo



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Patient Safety Culture Improvement Tool (PSCIT)

- **Perceptions are based in reality**
 - i.e. perceptions of leader commitment reflect their interactions with leaders
- **Organisations or units with different cultures have different practices**
- **Safety culture improvement involves system change**
 - e.g. perceptions of leader commitment is improved through training and evaluating leadership practices

Patient safety culture elements

- **Leadership**
 - Senior Manager
 - Clinical Manager
 - Physician
- **Risk analysis**
- **Workload management**
- **Sharing and learning**
- **Resource management**



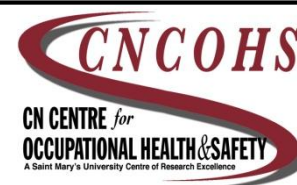
Example element

Resource Management		Select Level		
Maturity Level	Training	Clinical	Non-clinical	Managers
0	No resource management training (interpersonal skills, communication, team working, personal awareness or decision-making) is provided.			
1	Information about resource management is provided to promote working effectively within a team environment.		M	
2	Knowledge-based interdisciplinary resource management training is provided.	L		M
3	Skill-based (includes practice, role play and feedback) resource management training is provided. The training program is developed/adapted to address the specific needs of the interdisciplinary team and is based on analysis of team working challenges.			
4	Resource management training includes practice in a simulated environment and is followed by behavioural observation of performance using validated indicators. Feedback is provided to all individuals after training, and a formal evaluation of the training's effectiveness is conducted.			



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How to use the PSCIT

- **Self assessment of systems supporting the safety culture**
 - Completed by a unit or department to assist in identifying improvement opportunities
 - Completed by senior management team to form basis for improvement workshop



Raeline's story exercise

- **Teams to review the video and consider**
 - **How would we respond in this situation**
 - **How do we respond to (feel about) patients who question the quality of our care**
 - **How do we respond to colleagues who are critical**
 - **How do we punish non conforming team members**

Conclusions

- **Safety culture research highlights the importance of organisational factors in determining human behaviour**
- **Safety culture improvement involves changing our thinking and doing things differently**
- **Teams should critically reflect on their culture and how it may be a barrier to improvement**



It won't happen to me....

When anyone asks me how I can best describe my experiences of nearly forty years at sea, I merely say uneventful. I have never been in an accident of any sort worth speaking about....I never saw a wreck and have never been wrecked, nor was I ever in any predicament that threatened to end in disaster of any sort."

**Edward J. Smith
(Captain of the Titanic)**

