Prepared by

Doctors' Memorial Hospital

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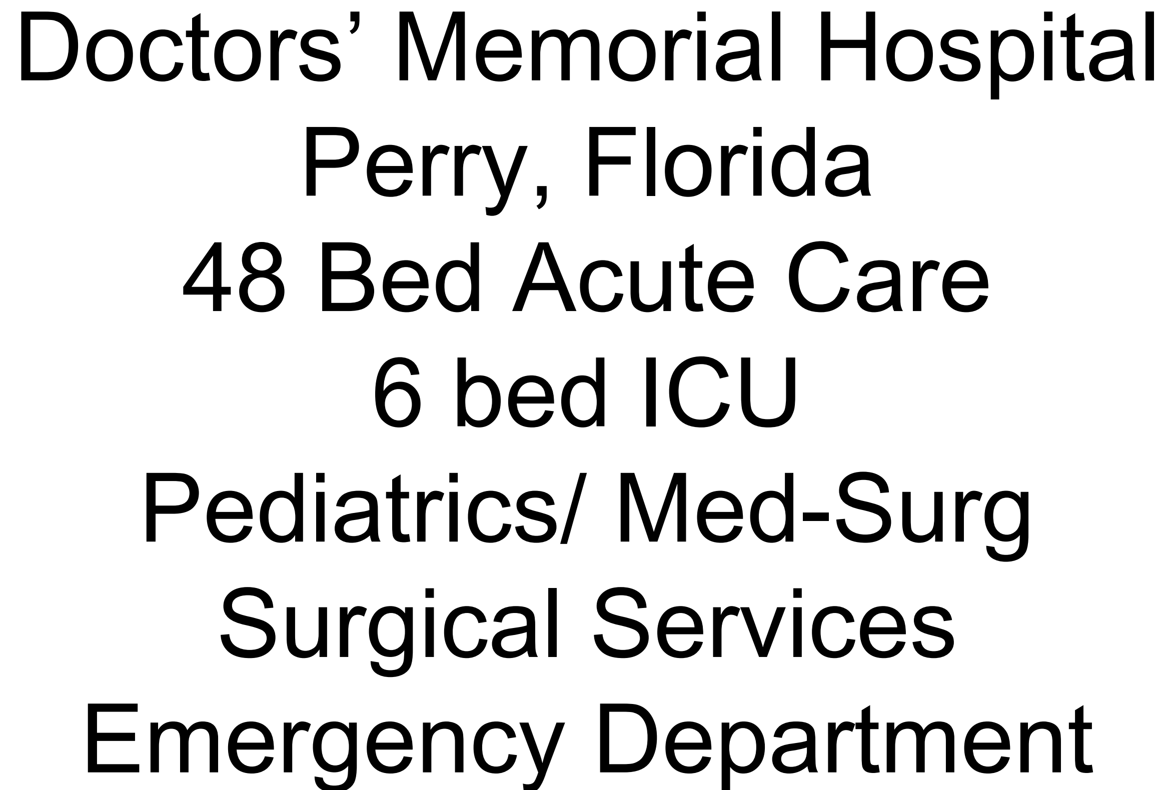
January 23, 2007

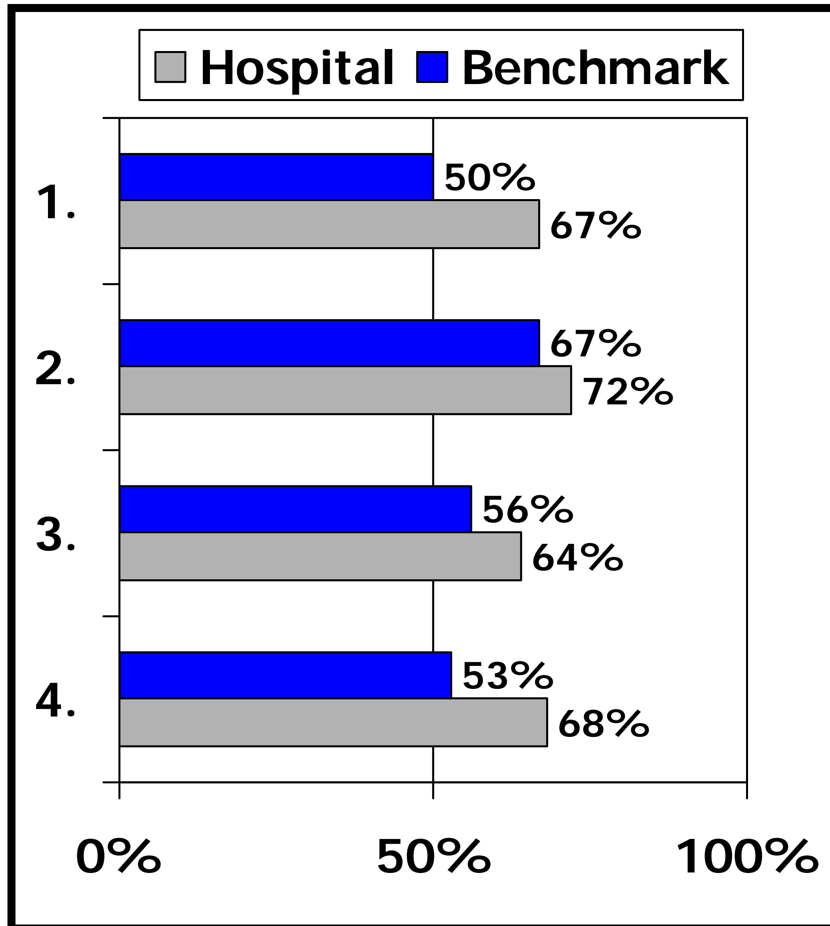
Rural Organizational Safety Culture (ROSC) Change Project


Doctors’ Memorial Hospital
Perry, Florida
48 Bed Acute Care
6 bed ICU
Pediatrics/ Med-Surg
Surgical Services
Emergency Department

# Benchmark & Hospital Safety Culture Composites

| Number | Composite | Benchmark | Hospital |
| --- | --- | --- | --- |
| 1 | Overall Perception of Safety | 56% | 68% |
| 2 | Frequency of Events Reported | 52% | 62% |
| 3 | Supervisor/Manager Expectations & Actions Promoting Patient Safety | 71% | 75% |
| 4 | Organizational Learning--Continuous Improvement | 71% | 69% |
| 5 | Teamwork Within Units | 74% | 80% |
| 6 | Communiations Openness | 61% | 68% |
| 7 | Feedback & Communications About Error | 52% | 60% |
| 8 | Nonpunitive Response to Error | 43% | 45% |
| 9 | Staffing | 50% | 63% |
| 10 | Hospital Management Support for Patient Safety | 60% | 60% |
| 11 | Teamwork Across Hospital Units | 53% | 54% |
| 12 | Hospital Handoffs & Transitions | 45% | 37% |

# 1. Overall Perceptions of Safety: 68% [56%]



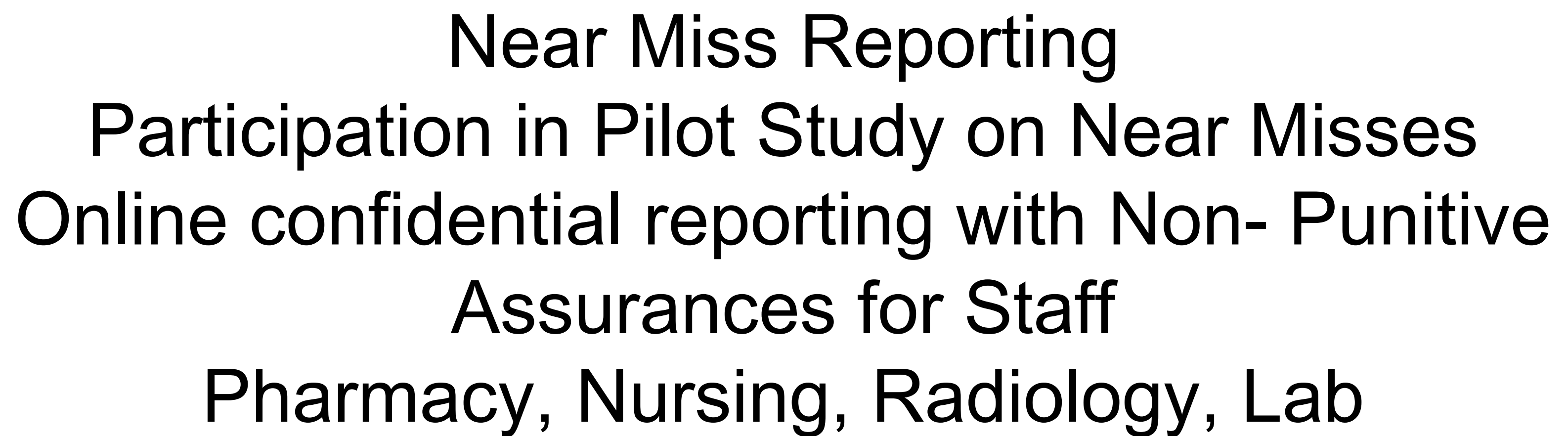

1. Patient safety is never sacrificed to get more work done. (A15)
2. Our procedures and systems are good at preventing errors from happening. (A18)
3. It is just by chance that more serious mistakes don't happen around here. [Reverse] (A10)
4. We have patient safety problems in this unit. [Reverse] (A17)

Board of Directors
Medical Staff
Department Managers
Frontline Staff

Communication

Departmental
Inter-departmental
Physician- Staff
Physician- Physician
Patient- Physician- Staff

Educate staff on Non- Punitive Reporting
Department Managers – encourage reporting
Discussion of types of reports and importance
Supervisory chart reviews for missed areas of safety issues.


Near Miss Reporting
Participation in Pilot Study on Near Misses
Online confidential reporting with Non- Punitive
Assurances for Staff
Pharmacy, Nursing, Radiology, Lab

Shift Reports
Patient Transfers- Unit to Unit
Postoperative Admissions
Intra-facility Transfers
Physician to Physician

Physician
Orders/ Patient Medications
Medication Reconciliation

Pharmacy Involvement
Communication Memos

Chief Executive Officer

Chief Nursing Officer
Risk Manager

Education/ Infection Control
Department Managers

Improved Feed back Communication

Patient Advocate – visits daily

Department Managers – drop in visits

On-call Administrator- off hour visits

Chief of Staff- available for needs

Preparing for follow up survey
Involve frontline staff in Safety Meetings,
Plans for Continued Improvement,
Job Satisfaction
Report activity and results to Medical Staff and
Board of Directors Meetings

Improved Communication

Improved Hand-Offs

Decreased Errors

Focus on Patient Safety

Patient Education

Improved Job Satisfaction

Quality Patient Care

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