


**Hospital Culture on Patient Safety:  
Rural Organizational Safety Culture (ROSC)  
Change Project**

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**Guiding Principles for the ROSC Project**

- Patient Safety
  - Critical component of health care quality
  - Important to establish a culture of safety
- A key element in improving patient safety is fostering a culture of safety
  - An environment with high awareness of safety issues at all levels
  - Leadership encourages and rewards reporting of safety problems and concerns.
  - 24 hours a day, 7 days a week

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**Safety Culture**

- Safety culture can be defined as the set of values, beliefs, and norms about what's important, how to behave, and what attitudes are appropriate when it comes to patient safety in a work group or organization.

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## Patient Safety

- Requires an understanding of what is important to the organization
  - Values
  - Beliefs
  - Norms
- Requires an understanding of attitudes and behaviors that are expected and appropriate

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## ROSC Change Project

- QIOs were charged with supporting rural hospitals in selecting and implementing change models that will require direct involvement of senior leadership.
- Six (6) FL hospitals selected to participate
- Hospitals agreed to administration of the Hospital Survey on Patient Safety Culture
  - developed by Westat under contract for the Agency of Healthcare Research and Quality (AHRQ).

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## ROSC Change Project

- Received survey toolkit
  - tools needed to conduct a safety culture assessment, improvement strategies and ideas for using the data
- Educational and information sharing webinars held with IPG participants
- Reporting requirement of three (3) key topics to FMQAI
  1. Hospital Management provides a work climate that promotes patient safety.
  2. The actions of hospital management show that patient safety is a top priority.
  3. Hospital management seems interested in patient safety only after an adverse event happens. (R)

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## Hospital Survey on Patient Safety Culture (aka "AHRQ Survey")

- Designed to
  - help hospitals assess the extent to which their culture emphasize the importance of patient safety
  - provide a tool for tracking changes in patient safety over time
  - facilitate discussion and evaluation of the impact of patient safety interventions

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## AHRQ Survey

- Survey development included literature review of:
  - Safety
  - Accidents
  - Medical error
  - Error reporting
  - Safety climate & culture
  - Organizational climate & culture
- Survey was pilot tested:
  - 1400 hospital employees
  - 21 hospitals
  - 1 Florida hospital
- Premier wishes to thank Westat for their assistance with development, review, testing and revisions of the tool and Indian River Memorial Hospital, Vero Beach, Florida for their critique and enhancements made to the tool.

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## AHRQ Survey

- The survey examines patient safety culture from a hospital staff perspective and is best suited for the following:
  - Hospital staff who have direct and indirect contact or interaction with patients or staff whose work directly affects patient care
  - Hospital-employed physicians who spend most of their work hours in the hospital (emergency department physicians, hospitalists, pathologists)
  - Hospital supervisors, managers, and administrators

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## AHRQ Survey

- Emphasis on patient safety issues and on error and event reporting
- Assesses 12 areas or dimensions of patient safety:
  1. Overall perceptions of safety
  2. Frequency of events reported
  3. Supervisor/manager expectations and actions promoting safety

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## AHRQ Survey: Dimensions of Patient Safety (cont'd)

4. Organizational learning-Continuous improvement
5. Teamwork within units
6. Communications openness
7. Feedback and communication about error
8. Nonpunitive response to error
9. Staffing

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## AHRQ Survey: Dimensions of Patient Safety (cont'd)

10. Hospital management support for patient safety
11. Teamwork across hospital units
12. Hospital handoffs and transitions

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## 2007 Comparative Database

- Data voluntarily submitted by 382 U.S. hospitals
- Provides initial benchmark data (de-identified) for use in comparison to other similar hospitals or hospital units
  - Appendixes present data by hospital characteristics and respondent characteristics

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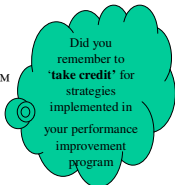
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## AHRQ Survey: Re-Measurement

- Specific re-measurement outcome: improved patient safety culture using one of the change models
  - Engaged Senior Leadership
  - Town Hall Meetings
  - Senior Leadership WalkRounds™
  - Safety Briefings
  - Just Culture
  - Sensemaking



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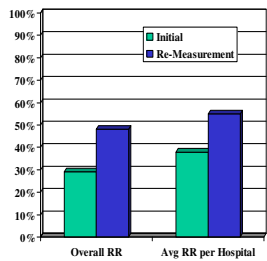
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## AHRQ Survey Response Rates (RR)



- Average number of respondents per hospital
  - Initial survey = 71
  - Re-Measurement = 211\*

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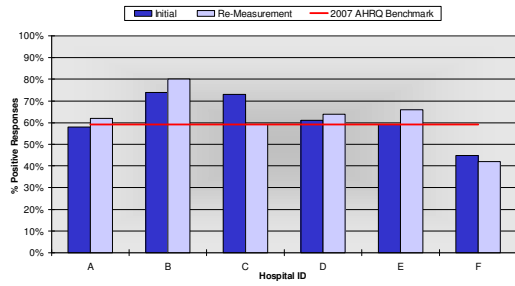
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## Supervisor/manager expectations and actions promoting safety



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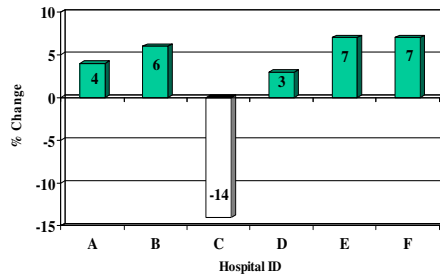
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## Hospital Composite:

% Change from Initial to Re-Measurement



Hospital Composite = F1, F8, F9

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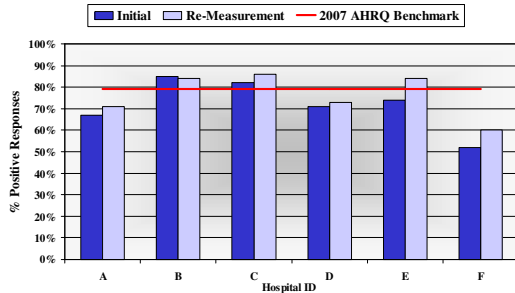
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## F1 Hospital Management provides a work climate that promotes patient safety



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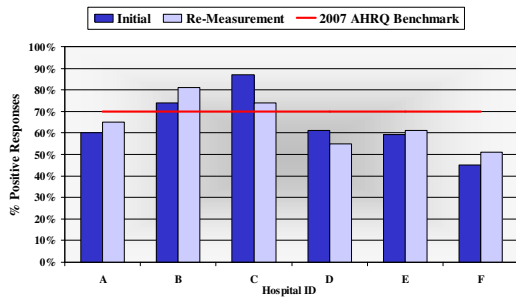
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**F2** The actions of hospital management show that patient safety is a top priority.



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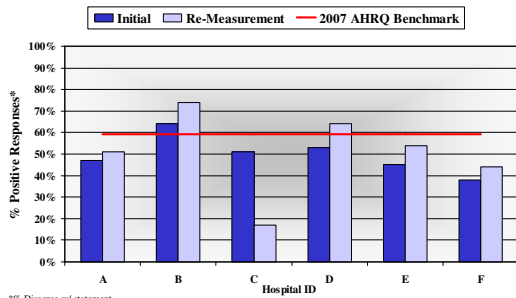
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**(R)F3** Hospital management seems interested in patient safety only after an adverse event happens.



\*% Disagree w/ statement

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**ROSC: AHRQ Survey  
Re-Measurement**

- Main Findings - Strengths

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## ROSC: AHRQ Survey Re-Measurement

- Main Findings - Opportunities

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## How does this fit...?

- Regulatory Compliance
  - The Joint Commission
    - **PI.1.10** – specific requirements for data collection regarding, among other topics, staff perceptions of risks and suggestions for improvement and staff willingness to report unanticipated adverse events
    - **LD.4.40 – 4.70** – various EPs directing leaders to plan and implement a safety program using data to establish expectations, plans and priorities for ensuring a safe environment for patients and staff

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## How Does this fit...? cont'd

- Regulatory Compliance, cont'd
  - CMS Conditions of Participation (CoP)
    - **Title 42, § 482.21:** Quality assessment and performance improvement program – mirrors the Leadership Chapter of The Joint Commission's Comprehensive Accreditation Manual for Hospitals (CAMH)
  - Patient Safety & Quality Improvement Act (P.L. 109-41)
    - Encourage a culture of safety in health care organizations by providing legal protection of information on medical errors and adverse events voluntarily reported to patient safety organizations

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## How does this fit...? cont'd

### – Internal and External Benchmarking

- Hospital-specific reports provide trend data for comparative analysis on various levels
  - Question specific, dimension composite score, and overall safety grade

### – Mission of the Organization

- Most hospitals' mission statement includes provision of safe quality care to every patient every time
  - Staff will be able to 'live' the mission

### – “Everyone Else is Doing It”

- IHI, Leapfrog, ASHRM, AHRQ, NPSF, AHA

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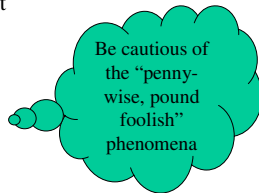
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## Value of Participation

### – Financially sound business practice

Unsafe environment

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Errors  
↓  
Liability  
↓  
Litigation



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## Further Reference

- Download the AHRQ Hospital Survey on Patient Safety Culture toolkit (includes survey tool and user's guide)  
<http://www.ahrq.gov/qual/hospculture/#toolkit>
- Download the current version of Premier Excel™ Data Tool (January 2007)  
<http://www.premierinc.com/quality-safety/tools-services/safety/topics/culture/data-tool.jsp>
- Recorded Webex Tutorial for use of the data tool  
<http://www.yourvirtualconference.com/webex/shared/F-MNTUTORIAL052307.wrf>

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