Improving Our Quality-Safe Culture

Barbara J. Holder RN, BSN, LHRM, CAPA & Alyson Hughes RN, MSN **Starting Point:** Goal:

Obtaining staff feedback:

Surveys in Sample		48		Total Valu		240								
Return Rate: 55.81%														
	Strongly Agree	Agree	Neither	Disagree	Strongly Disagree	No Ans	Value							
Q1 Safety priority	24	15	4	2	2	0	82.50%							
Q2 Ongoing Agenda	20	16	5	7	0	0	80.42%							
Q3 Rewards	15	11	11	8	3	0	71.25%							
Q4 Accountability	18	18	11	2	0	0	82.92%							
Q5 Issues Corrected	23	18	1	5	1	0	83.75%							
Q6 Sharps Containers	26	14	5	3	0	0	86.25%							
Q7 Team Work	21	17	7	3	0	0	83.33%							
Q8 Training	21	21	4	2	0	0	85.42%							
Q9 Devices	22	18	5	3	0	0	84.58%							
Q10 Criticized	26	12	5	5	0	0	84.58%							
Average							82.50%	Average						

Methods:

Safety Culture Survey

The Safety and Amual Sharps Injury Prevention Program at Andrews Institute, ASC is conducing an anonymous sur-staff to assess how well we are doing in promoting safety in our healthcare organization. Plasse answer the following questions. Your responses are important and will be used to guide future improvements in our over all safety program.

	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
The safety of patients and employees is a priority at AIASC.	5	4	3	2	1
Safety issues related to patients or employees are discussed during staff meetings and Daily Huddles?	6	4	3	2	1
The organization encourages the recognition and reporting of errors and hazardous conditions.	5	4	3	2	1
Personal accountability for safety is assessed during annual performance evaluations.	5	4	3	2	1
Hazardous problems are quickly corrected once they are brought to management's attention.	6	4	3	2	1
Sharps containers are available where and when I need them to dispose of needles and others harp devices.	5	4	3	2	1
Employees and management work together to ensure the safest possible healthcare environment for patients and personnel.	5	4	3	2	1
Safety training is part of staff development orientation and presented annually.	6	4	3	2	1
The organization provides devices to prevent Needlestick injuries.	5	4	3	2	- 1
I would not fear being criticized or reprimanded for reporting a safety concern or sharps injury that I sustained.	5	4	3	2	- 1
I feel Daily Huddles have helped to improve safety in our ASC.		4	2	2	,

Objectives:

Describe our historical path & importance to improve our quality safe Explore the paths taken by the ASC to further improve the quality safe Discuss project outcomes.

Improve the the average of our 2017 employee Safety Culture Survey to greater than 85%

Baseline Metric: 82.5%

TEAM UP!

Guidance from Experts!



Safety touchs ALL Departments! Don't keep it behind the **OR Doors!**



Andrews Institute, Gulf Breeze Florida Campus. Houses ASC with 8 OR's

HUDDLE UP! EVERY DEPARTMENT, EVERY DAY!



templatized problem-solving policies and Integration → Tracking standard work across the

organization and engaging top-level leadership

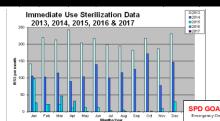
Problem-solving & escalation → Introducing

Outcomes:

Pain Pump Education & Engagement Evaluation

Summar	y: Ma	y 201	16-2017											Avg#	Calls:
Month: Censu		# Pain Caths	# captured	PACU					Home						
	Census			Pain?		Level Max		Medication (avg)		Avg	Avg#	Quality of Teaching (1-10)	Actual (spoke to pt)	Attempt ed	
				Yes	No	All pts (0-10)		MSO4	Dilaudid		Pain# Pills	Pills			
12 month total	6475	1329	964	175	789	1.22	6.25	0.91mg	0.82mg		1.64	1.42	9.92	3.09	3.92
			72.53%	18.15%	81.85%										





OUTCOMES!

DEPARTMENTAL

Safety Issues ID'd

Voice

Buy in

- Huddle Roles

- Personal Developme

- Problem Solving

Immediate

Brainstorming

Employee Safety Culture Survey Results:

2014: 82.5%

2016: 93.33% Increase of 10.83% 2017: 95.02% Increase of 12.52%

