Transforming Safety Culture: from theory to practice

Brigitte Sigl, CEC People Partner

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Acknowledgement of Country and Elders

This artwork was commissioned by the CEC. It is called ‘Health Custodian’ and was created by Jasmine Sarin. Jasmine is a proud Kamilaroi (kuh-mi-luh-roy) and Jerrinja (jer-in-ja) woman from New South Wales.

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Recognition of living experience

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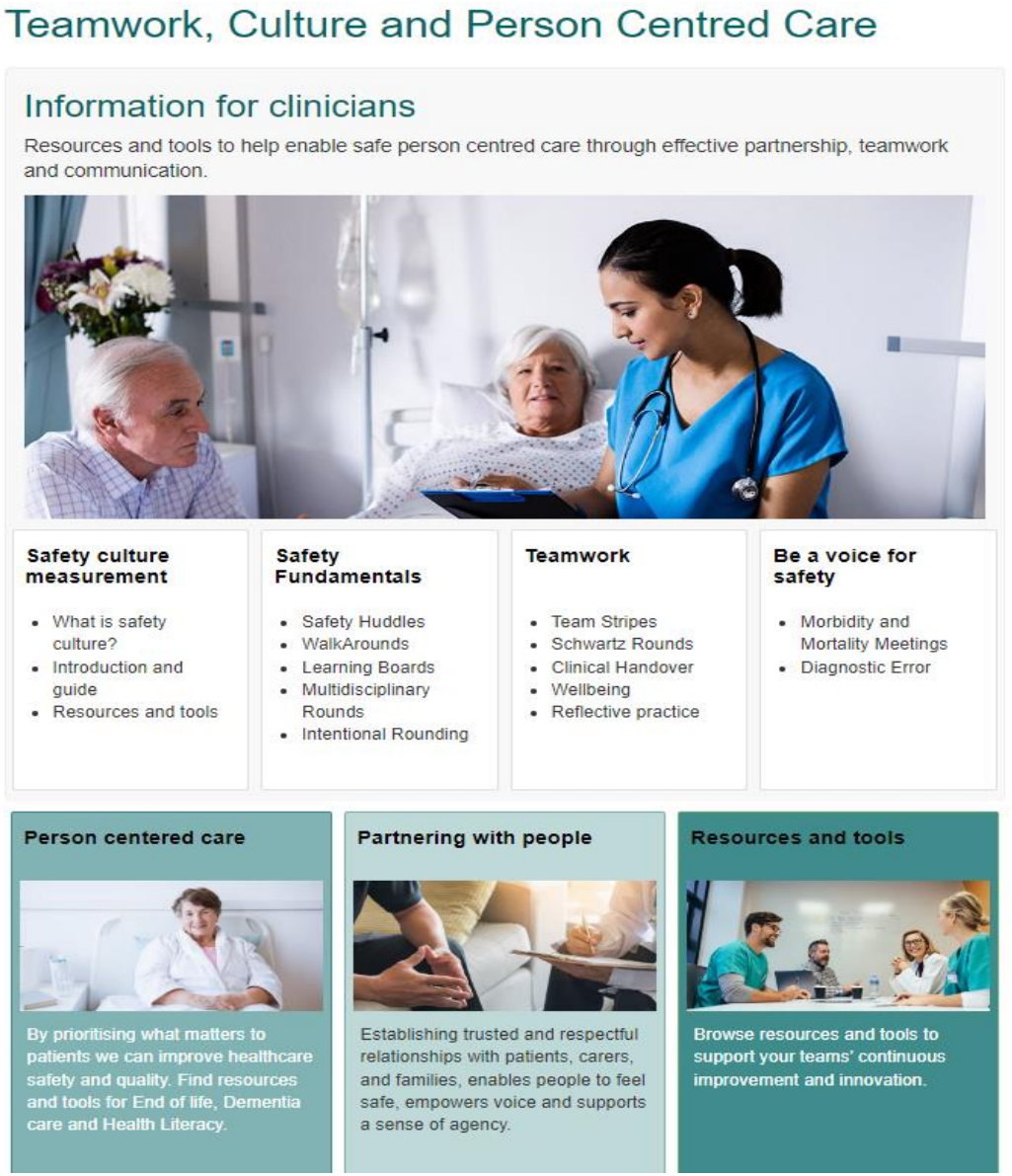
The Clinical Excellence Commission

Specialists in safety: partners in improvement

- Committed to continuous improvement in patient safety.
- In partnership with hospitals, we work to enhance and develop a strong and reliable safety culture, ensuring patients and their families and carers have a positive experience of care.
- We strive for safer care, for every patient, every time.



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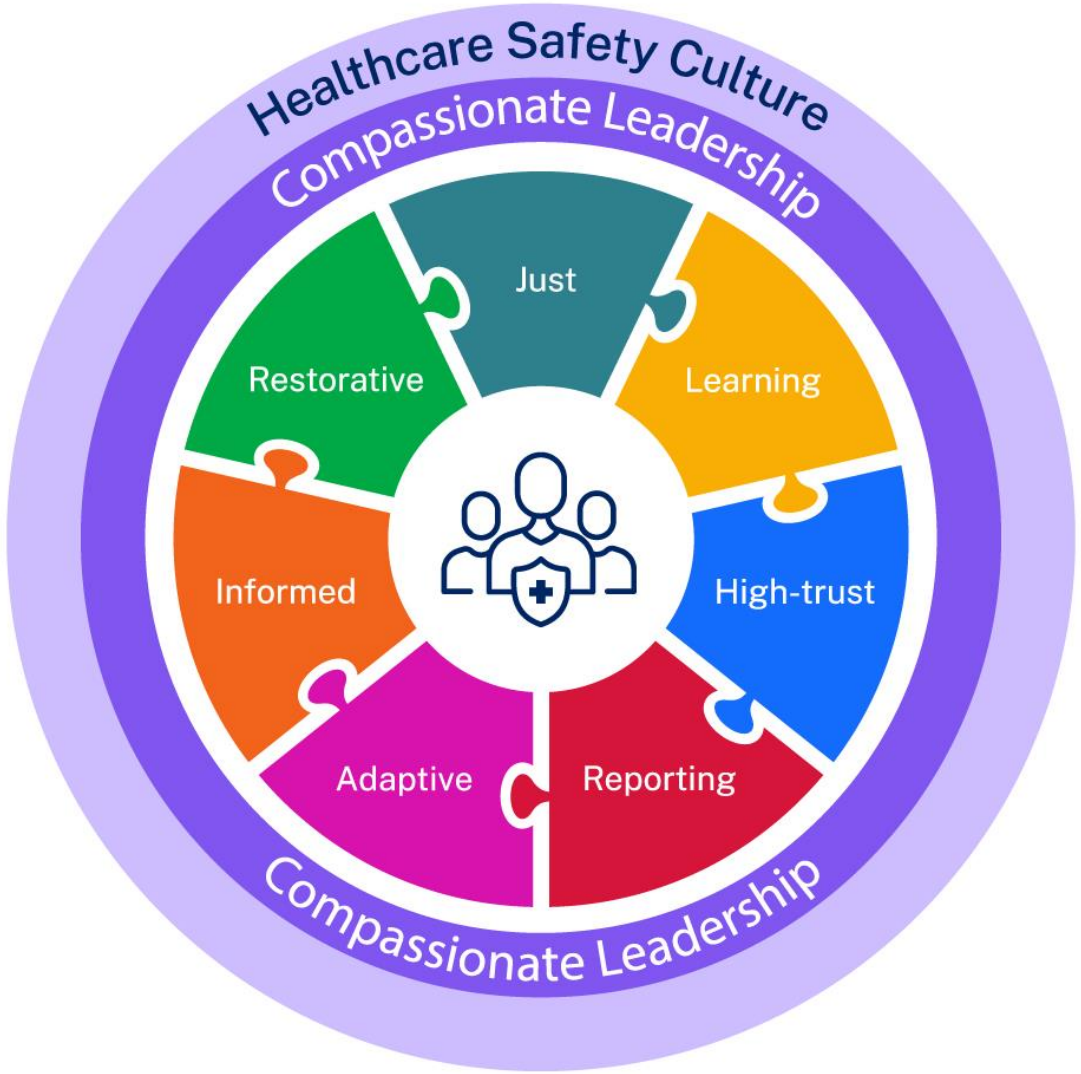
https://www.cec.health.nsw.gov.au/

Our focus is on effective teamwork and communication

Teams who engage in teamwork processes are 2.8 times more likely to achieve high performance than teams who do not.

(Schmutz et al. 2019)

Safety Culture



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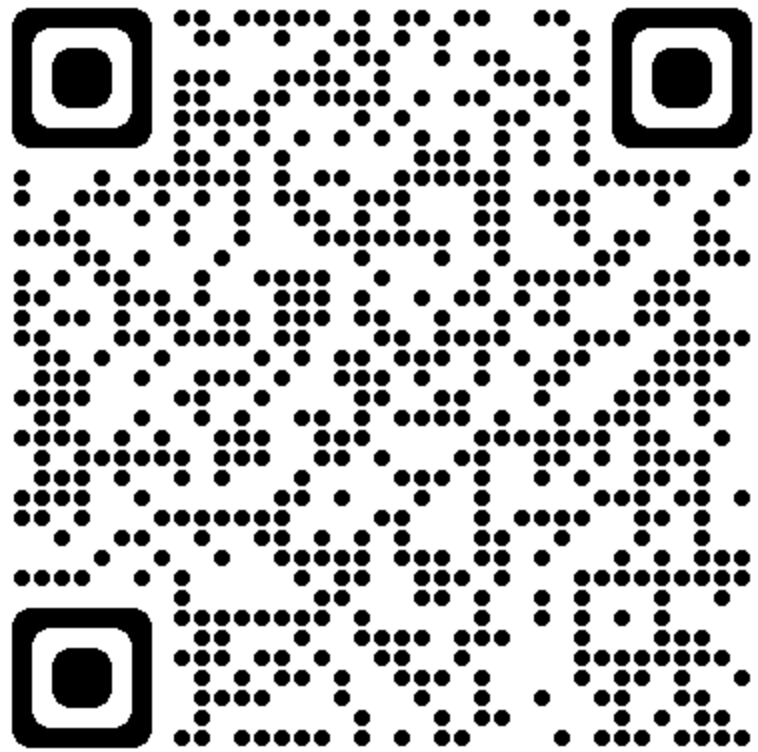
Why Compassionate Leadership?

The 7 C's of Compassion*

* Laurel Donnellan, founder and CEO at Compassionate Leaders Circle



Our resources

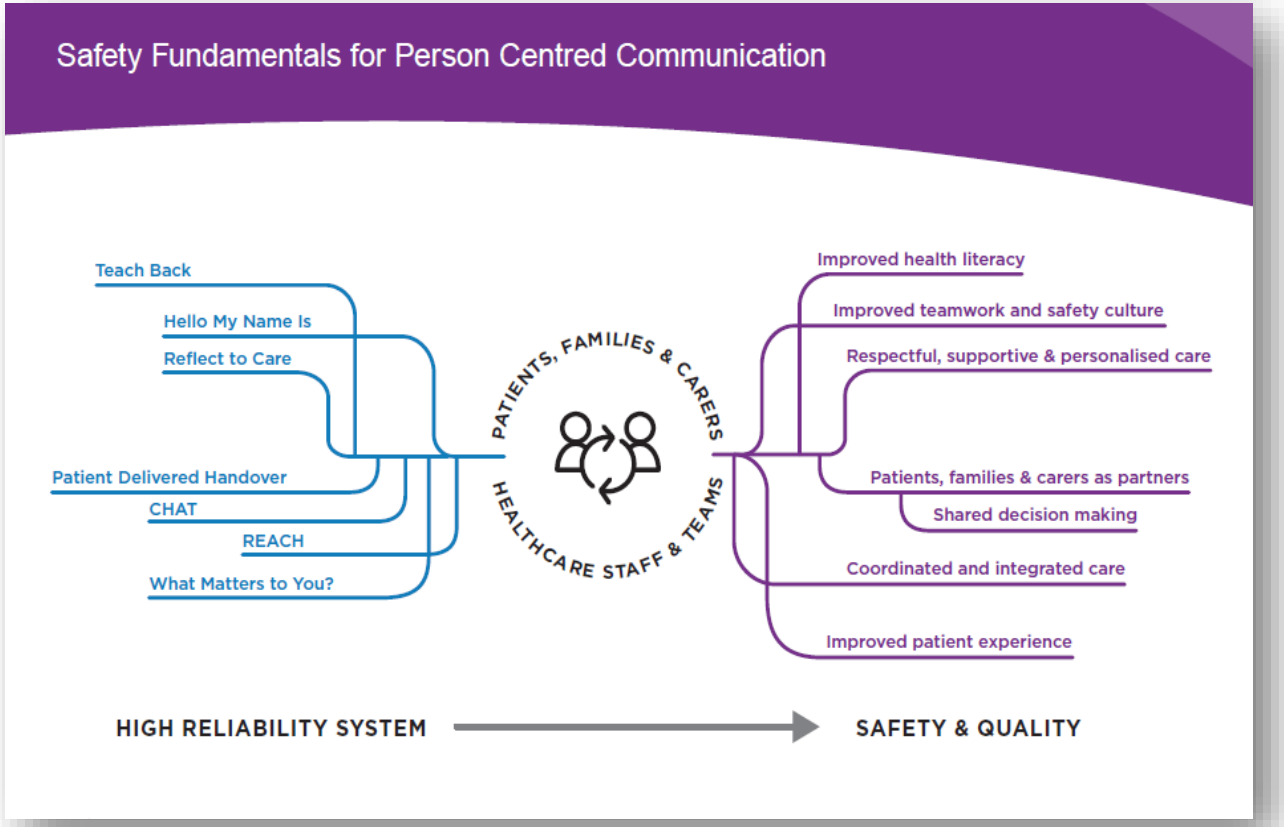
Safety Fundamentals: strengthening and promoting behaviours that lead to highly reliable care

https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/safety-fundamentals/for-teams

Features of Safety Fundamentals

Adapted from Always Events® Toolkit, IHI, 2016

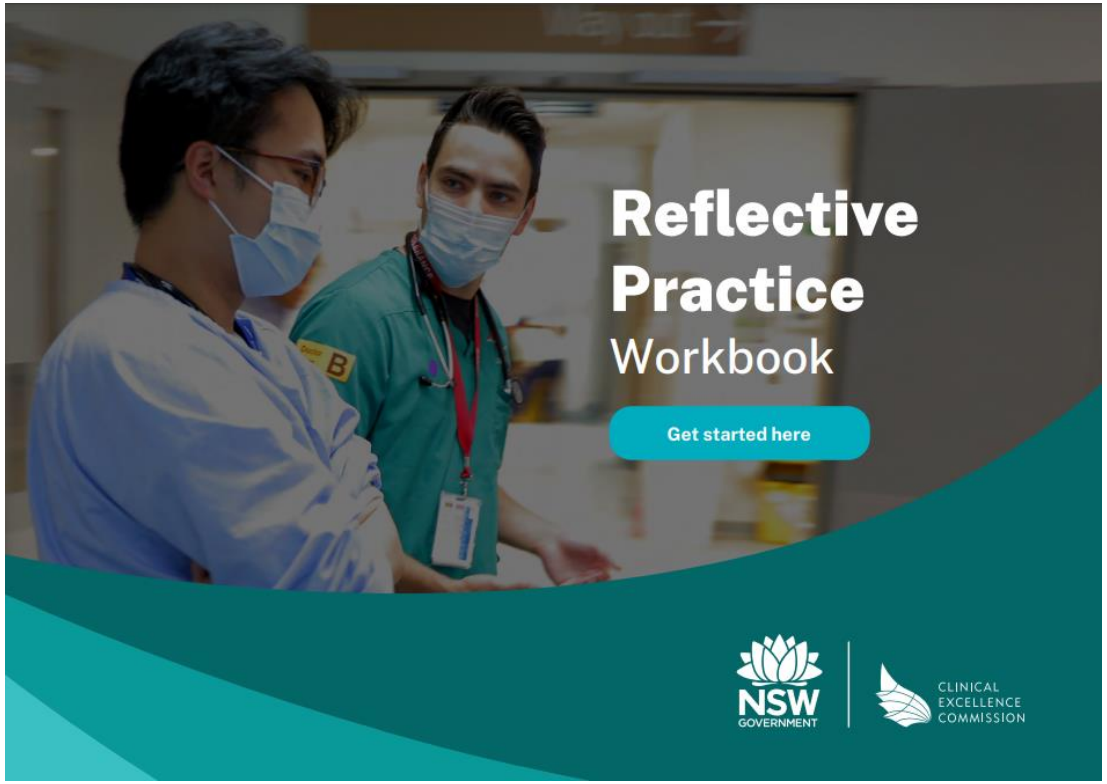
The Safety Fundamentals



https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/safety-fundamentals

Reflective Practice

The Reflective Practice guide balances generic information with material specific to patient safety work



The value of reflection in patient safety work

Alignment with principles of Patient Safety work

Reflective practice can support the delivery of the NSW Patient Safety and Clinical Quality Program given reflective practice strongly aligns to the guiding principles that underpin Patient Safety work. For example, reflective practice directly strengthens a practitioner's ability to:

- **Process the factors underpinning failures** – reflective practice strengthens the ability for practitioners to be open-minded and aware of their own biases in problem analysis. It also calls upon an ability to make sense of situations, draw clear conclusions and offer constructive paths forward.
- **Identify opportunities for learning** – reflective practice can help practitioners understand the opportunities for learning at an individual healthcare worker level, team level and systems level. It can help practitioners generate options to shift failure into learning.
- **Take an action orientation** – reflective practice is essentially about generating insights that can guide action and bring heightening awareness to distinguish areas of concern at a systems or cultural level that might be hard to shift in the short-term versus areas that are more readily able to be influenced.
- **Distinguish accountability** – reflective practice can support identifying the limits of individual accountability and bring clarity to areas where accountability needs to be held to create change and action. Reflective practice can also help create clear delineation and perspective regarding how accountability for failures is held by practitioners.
- **See the interplay of culture** – reflective practice can assist Patient Safety Practitioners to gain clarity on the interplay of culture in shaping incidents, risks and failure bringing a clearer perspective on the role individuals play versus failures of the system.
- **Prioritise opportunities for action** – a reflective practice model is inherent toward defining what actions people can take to improve a situation in the future.
- **Strengthen teamwork** – reflective practice, if skillfully hosted in a group setting with other Patient Safety Practitioners or within a multi-disciplinary team, can build a culture of trusting relationships. It can also harness insight only available by looking at situations from multiple perspectives.

Your guide to reflective practice | What skills underpin successful reflective practice | How to run a reflective practice session | Creating a reflective practice culture

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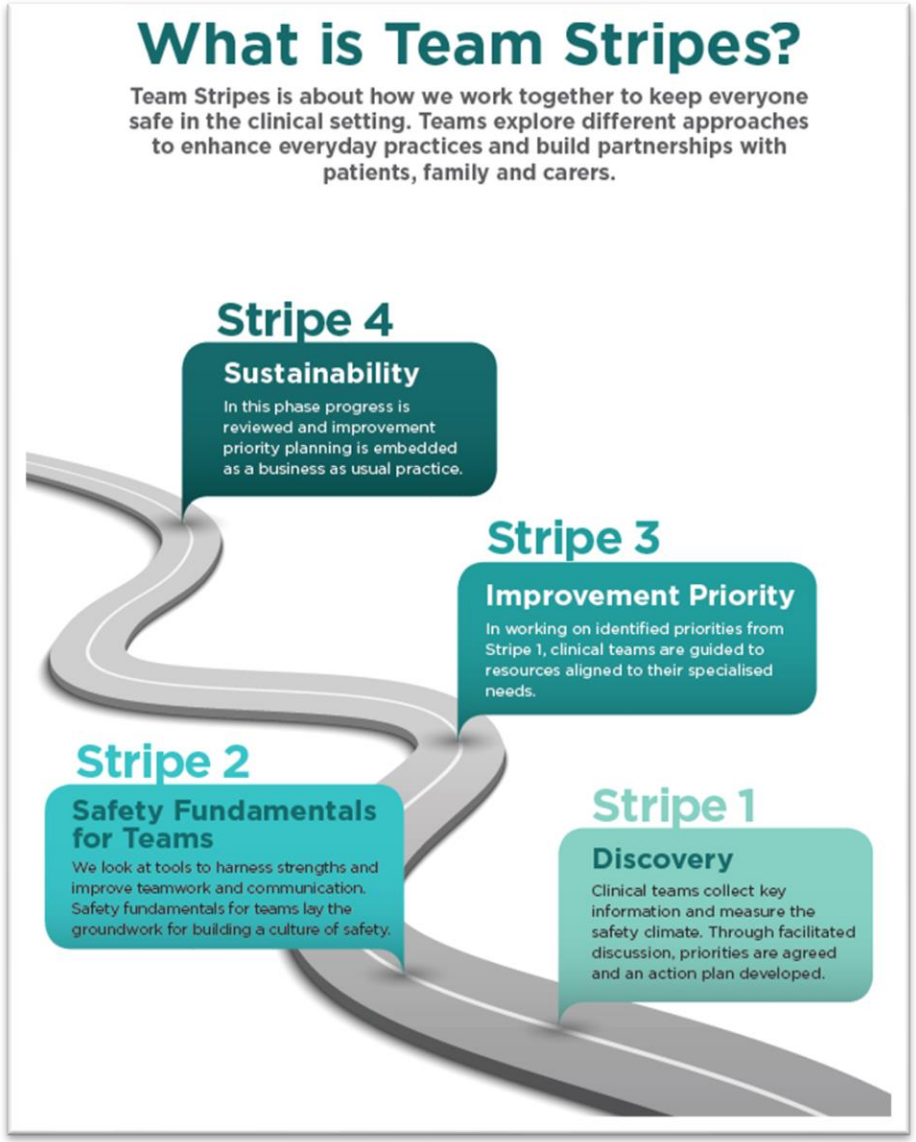
https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culture-pcc/teamwork/reflective-practice

Bringing it together…Team Stripes



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Safety Culture Measurement

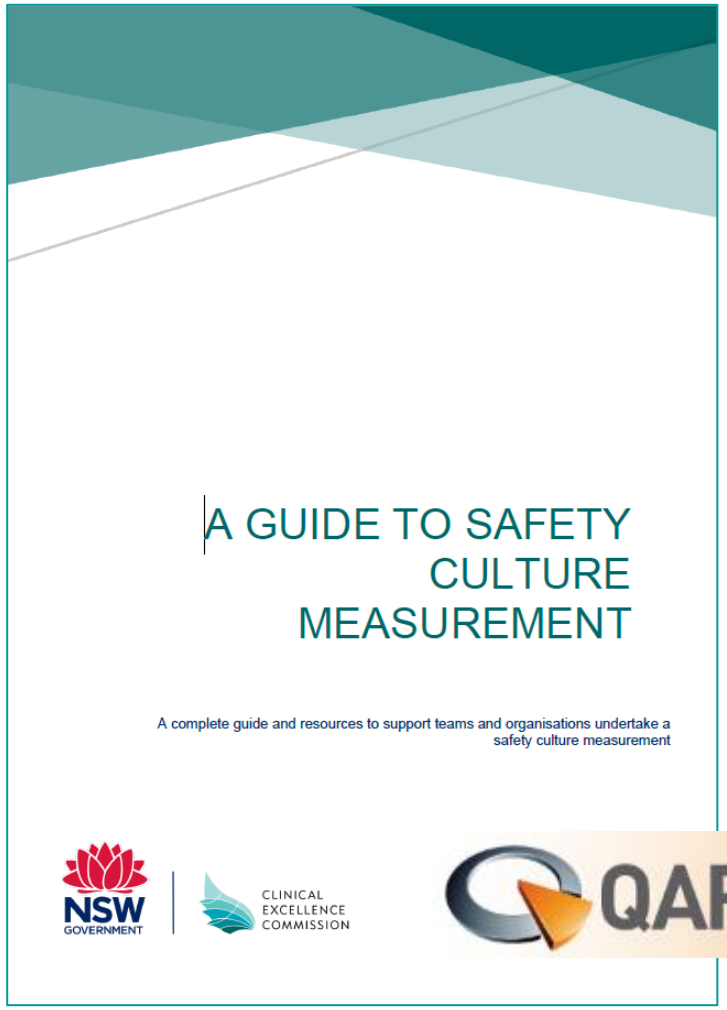
Safety Attitudes Questionnaire

[1]Sexton, J. B., Helmreich, R. L., Neilands, T. B., Rowan, K., Vella, K., Boyden, J., Roberts, R., & Thomas, E. J. (2006). The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research. *BMC health services research*, *6*(1), 44.

Domain definition	Example questions
Teamwork: perceived quality of collaboration between personnel	- Disagreements are appropriately resolved - Our doctors and nurses work together as a well coordinated team
Job satisfaction: positivity about the work experience	- I like my job - This ward/unit is a good place to work
Perceptions of management: approval of managerial action	- Management supports my daily efforts in this ward/unit - Management is doing a good job
Safety climate: perceptions of a strong and proactive organizational commitment to safety	- I would feel perfectly safe being treated here - Ward/unit personnel frequently disregard rules or guidelines
Working conditions: perceived quality of the work environment and logistical support (staffing, equipment etc.)	- Our levels of staffing are sufficient to handle the number of patients - The equipment in the ward/unit is adequate
Stress recognition: acknowledgement of how performance is influence by stressors	- I am less effective at work when fatigued - When my workload becomes excessive my performance is impaired

Supporting documents & tools

http://www.cec.health.nsw.gov.au/improve-quality/safety-culture



STEP 1
Preparation

- Purpose, intent and desired outcomes defined
- Survey lead nominated
- Staff made aware regarding why the survey is being done and what to expect from it

STEP 2
Survey

- Survey open for 3-4 weeks
- Survey accessed through web link or paper
- The survey is voluntary
- Aim for as high a participation rate as possible

STEP 3
Feedback/reporting

- Data analysed
- Suitable local processes for communicating the results developed
- Survey lead reviews results
- Facilitated group discussion no less that 2-3 weeks post survey closure planned

STEP 4
Action planning

- Group discussion written up and made available for all staff to review
- Team developed action plan based on safety improvement priorities
- Agreement that responsibility for implementation and sustainability sits with the team

The way we do things around here

Video available here

Culture is the way we think — our values, our attitudes, our perceptions and our beliefs. It is also how we act — our habits and our typical behaviours – and is often referred to 'how we do things around here'.

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‘Without a physically and psychologically safe and healthy workforce, excellent health care is not possible.’

Donald M. **Berwick**, MD, MPP, FRCP, KBE, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, Visiting Fellow at The King’s Fund.

Choices for the “New Normal”

JAMA. 2020;323(21):2125-2126. doi:10.1001/jama.2020.6949

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