Culture of Safety Action Plan

Michigan Critical Access Hospital Quality Network Meeting

8/18/2023

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Ascension Borgess Allegan Hospital

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Listening to you, caring for you.®

Background

Background

- Ascension National
- Located Southwest Region of Michigan
- Region consists of 4 Ascension Hospitals
- Ascension Borgess Hospital
  - Ascension Borgess PIPP (LTAC)
  - Ascension Borgess Allegan (CAH)
  - Ascension Borgess Lee (CAH)

Culture of Safety Survey

- Completed on 9/20/2022
- Both Allegan and Lee Hospitals under same Administrator and Director of Nursing
- Decided to mirror our action plan at both hospitals
- Department survey volume to small; hospital focus

AGREEMENT RESPONSE OPTIONS

5 Strongly Agree
The associate almost always agrees

4 Agree
The associate agrees with the question, but there is room for improvement

3 Neither Agree Nor Disagree
The associate agrees/disagrees nearly as often with the question; neutral response

2 Disagree
The associate's expectation of the question is not met the majority of the time

1 Strongly Disagree
The employee's expectation of the question is almost never met

Favorable	Neutral	Unfavorable

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Deciding on our Area of Opportunity

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5 'Unfavorable' Results for Each Hospital

Ascension Borgess Allegan Hospital

#	Statement		
1	In this unit, we have enough staff to handle the workload.	28.6%	34.7% (-6.1)
2	Hospital management seems interested in patient safety only after an adverse event happens.	28.8%	34.7% (-5.9)
3	This unit relies too much on temporary, float, or PRN staff.	30.2%	40.7% (-10.5)
4	In this unit, there is a lack of support for staff involved in patient safety errors.	36.7%	57.6% (-20.9)
5	When an event is reported in this unit, it feels like the person is being written up, not the problem.	38.8%	54.9% (-16.1)

Ascension Borgess Lee Hospital

#	Statement		
1	Hospital management seems interested in patient safety only after an adverse event happens.	34.2%	34.7% (-0.5)
2	This unit relies too much on temporary, float, or PRN staff.	36.8%	40.7% (-3.9)
3	Hospital management provides adequate resources to improve patient safety.	39.5%	54.9% (-15.4)
4	In this unit, we have enough staff to handle the workload.	42.5%	34.7% (+7.8)
5	Staff in this unit work longer hours than is best for patient care.	44.7%	38.9% (+5.8)

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Unfavorable Results in Common

3 areas of opportunity in common
1 area of opportunity was actionable

	Borgess Allegan	Borgess Lee	
Areas in common for the bottom 5 Scores at both sites:			
1. This unit relies too much on temporary, float, or PRN staff	30.2%	36.8%	
2. In this unit, we have enough staff to handle the workload	28.6%	42.5%	
3. Hospital management seems interested in patient safety only after an adverse event happens	28.8%	39.5%	Actionable area of focus

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What is our Driver?

Overall Favorability: Communication About Error

Borgess Allegan - 58.4%

Borgess Lee - 57.5%

3 Subcategories that are the Drivers of this opportunity

1. **We are informed about errors that happen in this unit**

2. **When errors happen in this unit, we discuss ways to prevent them from happening again**

3. **In this unit, we are informed about changes that are made based on event reports**

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Action Plan

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Action Plan

What has been completed:

- **Communicate survey results to regional executives which includes CAH Administrator**
- **Communicate survey results with frontline leadership instructing them to cascade the results to their direct reports**
- **Communicate survey results to Ascension MI SW regional Quality Committee of the Ascension MI Board of Trustees**

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Action Plan

What is in progress:

- **Department leaders will work with their frontline staff to identify one of the three <u>Communication about error</u> subcategories they want to focus on improving**
- **Leadership will communicate (without breaching staff or patient confidentiality) lessons learned, changes in process and/or actions taken that will be applicable to staff**
- **Executive leadership, local and regional quality committees will be updated on the progress of the action plan**

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Additional Opportunity Discovered

Volume of ERS events being submitted

- In 12 months prior to survey completion, the following % of staff submitted an event into our ERS system:

  Allegan - 34.5%

  Lee - 45.6%

- Data reflected only a handful of 'Near Miss Events' were submitted
- Data may be skewed - staff turn over

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ERS Volume Drilldown

In the past 12 months, how many patient safety events have you reported?

	Number	Percent
None	22	56.4%
1 to 2	10	25.6%
3 to 5	4	10.3%
6 to 10	2	5.1%
11 or more	1	2.6%
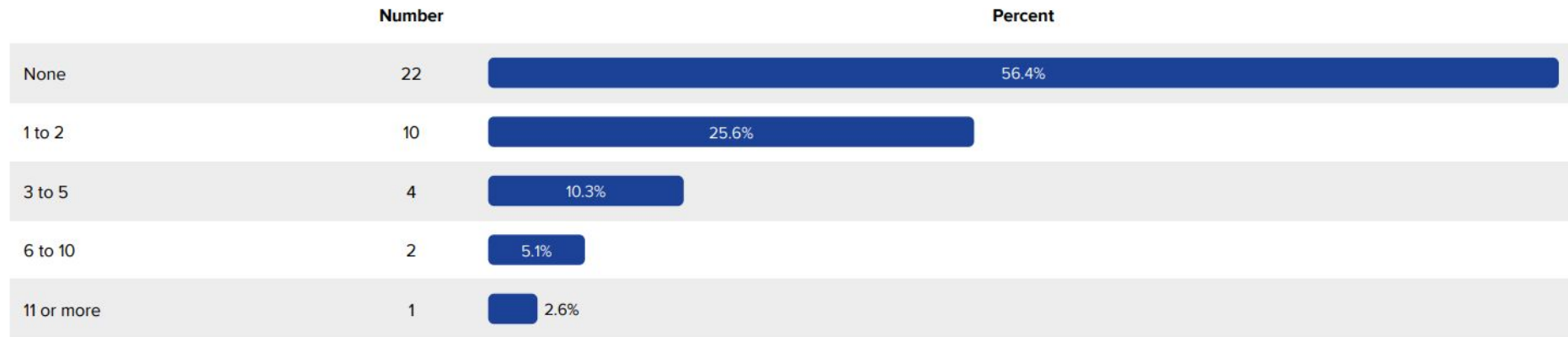
Areas of Opportunity:

- **Increase staff knowledge of ERS software utilization**
- **Increase staff knowledge of regarding 'Near Misses'**
- **Ease staff fears**

ERS Reporting Action Plan

Quality and Risk Management departments will partner to do the following:

- **Evaluate reasons ERS volume entry is low including minimal 'near miss' entries**
  - **Access to the system**
  - **Knowledge of the system**
- **Re-educate all staff on the process and importance of submitting near miss events into the ERS system.**
- **Educating staff that ERS/near miss events are not punitive, but our way of catching a gap in our processes before it reaches our patients.**

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Thank you… Questions?