

# Culture <sup>of</sup> Safety 2019

## *Newsletter*

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# SCORE Survey

This year BVCHD participated in the "SCORE" survey for the first time. Computers were set up in the conference room for employees to come and take the survey. Everyone that took the survey was given a raffle ticket. During hospital week a drawing of the raffle tickets was held and several lucky employees won gift cards to local businesses.



### Quick Facts about the SCORE Survey...

- In April 2018 87% of BVCHD participated in the SCORE Survey
- SCORE is an acronym for Safety, Culture, Operational Risk, Reliability/burnout and Engagement
- We plan to participate in the same survey over the next few years so that we can compare results and measure improvement

### What were the results?

Each department was given an opportunity to discuss the results of the survey and give feedback about what issues were going on within the department as well as make suggestions for improvement. After all of the department meetings 3 common themes emerged and we were able to see that there were several opportunities for improvement in the areas of communication, teambuilding and educational opportunities. Based on feedback and ideas that came directly from staff an action plan was developed to address our opportunities for improvement. Department managers will be working with their staff to share the action plan and implement some of the great ideas that staff came up with during the debriefings.



### Basics of the SCORE Survey action plan.... Just a few of the ideas

#### COMMUNICATION

Daily Huddles • Stoplight and Tracking Boards • Leader Rounding • Developing an Intranet • Coffee with the CEO • Closing the Loop on Variances

#### TEAMBUILDING

Seeking Opportunities to Thank and Appreciate BVCHD Staff Members • Parties • Contests • Events • Joint Department Staff Meetings • "Walk a Mile in Their Shoes" Campaign • Job Shadowing

#### EDUCATIONAL OPPORTUNITIES

Tuition and Certification Reimbursement • Care Collaboration with Riverside Community Hospital • Partnering with HSAG, Envision, and Mercy Air.

# Steps Towards Patient Safety

## Just Culture Implementation- Making it safe to "speak up" at BVCHD

In 2018 BVCHD implemented a "Just Culture" program. The focus of Just Culture is to have a work environment where staff members feel comfortable bringing forward problems that they are having throughout their workday, near misses, or system issues that have caused "work-arounds" so that we can fix those issues before we end up with a harm event. We want to be able to do good investigations surrounding events and make sure we are looking at all of the system problems that may have led to the event rather than blaming a person, or expecting individuals to never make a mistake.



A team of employees that consisted of representatives from Administration, Department Managers and Frontline staff participated in a 2 day "train the trainer" course on Just Culture. From there that team trained all Department Managers and frontline staff. Now we train all new hires when they go to new employee orientation. So far there have been many positive comments, "system fixes", and safe table conversations that have developed as a direct result of the Just Culture implementation.

### Variance Hotline

Due to feedback from staff about variances being difficult to enter and some departments not having computer access readily available we developed a "variance hotline" this year. Now staff can call 8399 at any time and leave a message on the hotline about the situation they are reporting. From there each call is entered into the variance system and investigated.



### Closing the loop on variances

Some of the feedback that was received after the SCORE survey was that staff felt like they did not get clear communication regarding variances that they entered. The Risk Committee has developed a variance feedback form that will be given to the Department Manager after the variance is reviewed. From there the Department Manager is encouraged to "close the loop" and communicate any changes that were made, or lessons learned as a result of the investigation.

## A look back at “good catches and lessons learned”

Here’s a snapshot of some of the improvements we made this year based on variances that were submitted.

### **Code Stroke**

After reviewing variances submitted by staff as well as feedback from patients and families, we determined that we could investigate ways to improve stroke patients that came to our ED. A workgroup was formed and was tasked to develop strategies for improving timelines, and consistency and standards of care for stroke patients. The workgroup developed the “Code Stroke” policy, implanted NIH training and testing for ED nurses, educated all ER staff on signs and symptoms of stroke, and coordinated with Big Bear Fire Department and the Radiology department to develop a rapid door-CT procedure.

### **Acute EMAR**

Due to a medication error on the acute unit that was reported we were able to fix a problem with the EMAR that may have prevented other nurses on the unit from making the same error. The RN who made the medication error was pleased that they were able to participate in improving the process and was happy that the hospital looked at the error as a “system problem” rather than trying to place blame on the individual. We are hopeful that as our “Just Culture” progresses we will be able to make more changes that improve systems and ultimately provide a safer patient experience.

### **Patients getting lab results through HIM**

The process was changed this year so that all patients who are requesting lab results over the phone are directed to HIM. Any results that are given over the phone are then mailed to the patient.



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### **Clinic Medication Safety**

The clinic was able to revise the Medication Order form to improve medication safety due to a self-reported error involving immunization administration. In reviewing the event, it was realized that the process was followed as designed but the process failed. The process was reviewed by staff as well as the parents of the patient involved in the medication error. It was determined changes could be made by revising the Medication Order form to alert staff when duplicate therapy was ordered. The immunizations were also organized according to age group. A statement was added regarding the vaccine information sheet (VIS) as a reminder to staff to document patient education. Through Just Culture, the staff member was consoled and had the opportunity to be involved in making improvements towards medication safety.

### **IV site infiltrations during CT contrast injection**

We discovered through the many variances submitted for IV infiltrates in CT, one common factor that was documented by the technologist was positional IV’s. More than 70% of the infiltrations was due to an IV that was noted as positional and /or the nurse was called to readjust the IV. The consensus amongst the technicians was that if the IV was positional or the technologist had doubts about it that a new site would be attempted by a nurse. Since this was implemented the occurrence of infiltrates has decreased by at least 75%.

### **HIPAA curtain in the lab**

A curtain in the lab was installed to encourage patient privacy at the draw station.



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### **EMS blood chain of custody**

After noticing a small trend of issues surrounding blood received from EMS for incoming ED patients, the laboratory revised policy to state that BVCHD will draw all blood specimens to ensure accurate labeling draw technique, and specimen handling.



### **Culture follow up process**

The clinical managers worked with Infection Prevention to develop a system to ensure that all patients who need a change of medication due to a culture result are notified in a timely manner. The new system has improved “days to resolution” for these patients.



**Medistar pharmacy education regarding antibiotics dose entry**  
BVCHD Pharmacy educated the “remote pharmacy” on CPSI order entry that improved accuracy and usability of the EMAR for IV antibiotics.



## Moving Forward

### **Striving for High Reliability and Transparency**

As BVCHD looks forward to 2019 some of the focus in the area of patient safety will be towards becoming a Highly Reliable Organization. We will strive to develop processes that are system dependent rather than “person dependent”, continue to encourage staff to report problems and be a part of solutions, and further develop our Just Culture Program.



Another area of focus for improving patient safety will be in increasing transparency. As patients become more aware of healthcare issues, trends and data we want to make sure we are giving our patients an accurate and transparent view of our metrics and accomplishments. This year the Quality Improvement Committee will be working with marketing to highlight some of our QI projects on our webpage and provide links to our quality metrics.

### **Creating an environment of Patient and Family Centered Care**

BVCHD has had an active Patient and Family Advisory Council since January 2017. The PFAC meets quarterly to advise on issues such as patient and family centered care policies, education and admission information that is given to patients, and barriers to accessing and understanding healthcare at our facility. The council is made up of community members who volunteer their time and want to participate in improving care at our facility. Each of the council members have either been a patient or are a family member of a patient at BVCHD. Their ideas and contributions have made an impact and given us valuable insights into the patient’s perspective over the last two years.

### **Focus on BETA HEART**

BVCHD is participating in the BETA HEART program for the second year. BETA HEART is an extensive program that includes five domains that pertain to responding to harm events and encouraging transparency with the patient and family.



BETA HEART is based on a philosophy of Healing, Empathy, Accountability, Resolution and Trust. There are five domains to the program that include: Culture of Safety, Rapid Event Detection, Investigation and Determination, Communication and Transparency, Care for the Caregiver and Early Resolution. This year many staff members participated in focus groups as part of a Gap Analysis to determine where we are at in this process and several members of the staff were trained in empathetic communication and transparency. We will be continuing in our journey towards developing programs in each of the domains this year.

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|--------------------------|-----------------------|
| Family Health Center     | Laboratory            |
| The Rural Clinic         | Telehealth            |
| Skilled Nursing Facility | Health Records        |
| Physical Therapy         | The MOM & DAD Project |
| Respiratory Therapy      | WIC                   |
| Imaging                  | Air Methods           |

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