

51<sup>st</sup>  
ASHE  
Annual Conference &  
Technical Exhibition  
2014  
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**CULTURE OF SAFETY**

Susan McLaughlin  
MSL Healthcare Partners

David Duncan  
HealthAlliance Hospital  
Leominster, MA

**SURVIVAL**  
The FITTEST

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**FOUNDATIONS**

- LD.03.1.01: "Leaders create & maintain a culture of safety throughout the hospital."
- LD.03.02.01: "The hospital uses data & information to guide decisions & to understand variation in the performance of processes supporting safety and quality."

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**FOUNDATIONS**

- LD.03.03.01: "Leaders use hospitalwide planning to establish structures & processes that focus on safety & quality."
- LD.03.04.01: "The hospital communicates information related to safety & quality to those who need it, including staff, LIPs, patients, families, & external interested parties."

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**FOUNDATIONS**

- LD.03.05.01: “ Leaders implement changes in existing processes to improve the performance of the hospital.”
- LD.03.06.01: “Those who work in the hospital are focused on improving safety & quality.”

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**CONTEXT**

- The EPs in these standards focus mainly on clinical issues rather than environment
- Everything that we do to manage the Environment of Care can and should be related to the patient

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**DEFINITION**

- “In a culture of safety & quality, all individuals are focused on maintaining excellence in performance. They accept the safety & quality of patient care, treatment, & services as personal responsibilities. . . Leaders create this culture by demonstrating their commitment to safety & quality & by taking actions to achieve the desired state.”  
– 2014 Joint Commission Hospital Accreditation Standards

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**SENTINEL EVENT ALERT #43:  
LEADERSHIP COMMITTED TO SAFETY**

- “Leadership is a critical function in promoting high quality, safe health care.”
- “A safety culture is expressed in the beliefs, attitudes, & values of an organization’s employees regarding the pursuit of safety.”
- “These leaders display a commitment to the personal growth, collaboration, & openness necessary to achieve organizational transformation in regard to safety.”

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**BACKGROUND**

- HealthAlliance Hospital  
– Leominster, MA
- 2009 Mock Survey
- Struggling to maintain EOC compliance
- “Difficult” exit conference

*BUT THAT’S THE BEGINNING OF THE STORY. . .*

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**HEALTHALLIANCE HOSPITAL**

- Community hospital – MA
- Member of large system – UMass Memorial
- 130 Beds
- 2 Campuses – 8 miles apart – 60 acres
- 3 Satellite clinics
- 1.2 M sq.ft.
- 115 year old facilities (1900 – 2014)

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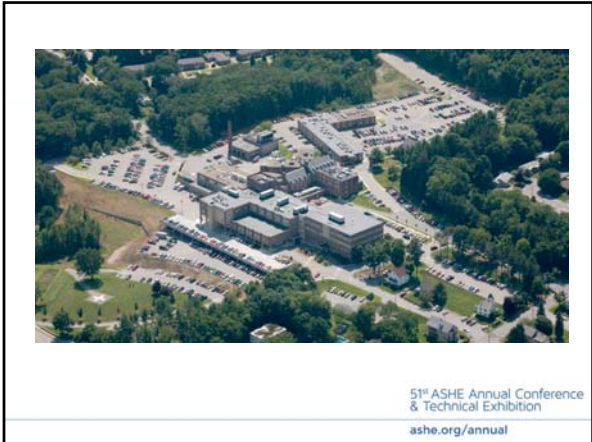
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### THE JOURNEY

- Intense Just-In-Time Preparation
- Unannounced Mock Survey
  - Sobering Outcomes
  - New Process Needed – Culture Change

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### EOC TEAM

- Dedicated, Bright, Hardworking, Good Leaders
- Demoralized & Embarrassed
- Lacking Up-To-Date EOC
  - Knowledge
  - Standards
  - Required Documents
  - **How Brings Value to Patients**
  - Not Just Extra Work
  - Time for Educating

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**SYSTEMIC CHANGE**

- Champion – VP Facilities / SMT
  - Understand Team Strengths / Weaknesses
- Non-punitive
- Education
  - EOC Leaders
  - Directors
  - Staff
  - Learning Styles

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**SYSTEMIC CHANGE**

- Investment (Not a Cost)
  - Time
  - Money
- Set Goals & Expectations
- Get Buy-In
- Support & Reward

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**STRATEGIES**

- EOC Chairperson / Leader
- EOC Committee
  - New Members
  - Set Clear Expectations
  - Educate
    - Consultants
    - Webinars
    - EC News
    - ASHE
    - Local Associations
    - Self Commitment

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**STRATEGIES**

- Consultants
  - Environment of Care
  - Life Safety
  - Emergency Management
    - Deep Dive Inspection / Audit
      - Teach Along the Way
        - » Good Practice
        - » Improves Safety
        - » If you were patient

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**STRATEGIES**

- Good Chemistry
  - Educational & Non-Punitive
- Exit Meetings
  - Share Findings
  - Work Plans / Timelines
- Regular Visits
- EOC Team got Hungry and Built Pride

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**MANAGEMENT PLANS**

- Update Management Plans
  - Educate EOC Team
- Staff Engagement
  - Not Extra Work – New Standard / Expectations
  - Why?
    - Safety for Patients / Visitors / Staff
    - If you were patient, what would you want?

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## STAFF ENGAGEMENT

- Educating Staff
  - Visual Management
  - Huddles
  - Encouragement
  - Rotate Responsibilities
  - Get to Know Consultants
  - Explain Standards
  - Annual Training – Computer – Real EOC Examples
  - Summer Interns

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## JC SUPER USER

- Very familiar with Requirement Changes
- Quick Resource for Clarifications
- Collects & Reviews All Documents
- Adapts Documents for Easy Use
- Super Educator / Good Chemistry
- Terminology

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**REVERSE OUTSOURCING**

- Fire Alarm
- Sprinkler Systems
- Penetrations
- Room Pressurization
- Educating Contractors
  - Expectation & Follow Up
- Fire Extinguishers
- Fire Drills
- Generators
- Transfer Switches
- Doors, Frames, Hardware
- Vendor Exit Review
- Updated Vendor Expectations & Requirements

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**EOC TEAM**

- Membership Attendance
- Detailed Minutes – Nothing Dropping Off
- EC News Summaries
- Annual Reports – Feedback to SMT, Board, Clinical Leaders
- Participation in Clinical JC Meetings

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**EOC TEAM**

- Involved in Tracers – Clinical & EOC
- Held Accountable
- Senior Management – Supported & Rewards

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**CURRENT STATE**

- Engaged EOC Committee
- Staff Involved & Engaged – Recommends
- Staff, Leaders – Master Chart – Visual Management
- Welcoming Outside Eyes & Audit Review

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**CURRENT STATE**

- JC Requirements – Clear Understanding of WHY
- No Pushback
- Constant Readiness
- Everyone waiting for next EC News Publication
- #1 Safest hospital in MA for patient care – 2012, 2013

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**JOINT COMMISSION RESULTS**  
February 2014

- 2 – Direct – EOC
- 4 – Indirect – EOC
- 1 – Indirect – Life Safety
- 0 – Emergency Management

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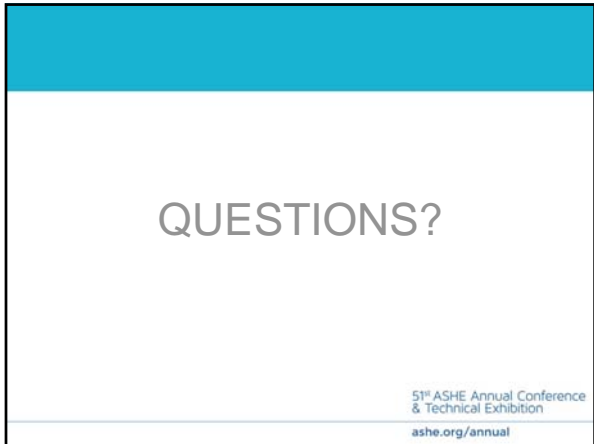
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QUESTIONS?

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