

Creating a Culture of Safety:

Behavior Based Expectations for Human Error Prevention



Sentara Virginia Beach General Hospital



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PATIENT Safety
Starts WITH ME

Today's Objectives

- Share with you what the Safety Initiative is about
- Give you an understanding of why humans experience errors
- Introduce you to the Behavior Based Expectations (BBEs) and related error prevention tools

Six Aims for Improvement

The Institute of Medicine defines the problem as well as recommends Six Aims for Improvement:

- SafeMortality/Events
- Effective.....Evidenced Based
- Patient-Centered.....Satisfaction
- Timely.....Time to Rx
- EfficientLOS/CPC
- Equitable.....Reliable for all.

Creating a Culture of Safety

A Culture of Safety...

Promotes behaviors throughout the organization which result in safe, reliable, and productive performance.

Why Culture is Important



Culture

The shared values and beliefs of individuals in a group or organization

Culture = Shared Values & Beliefs

Shared Values & Beliefs → Our Behaviors

Our Behaviors → **Outcomes**

Why Error Prevention

“It’s the right thing to do.”

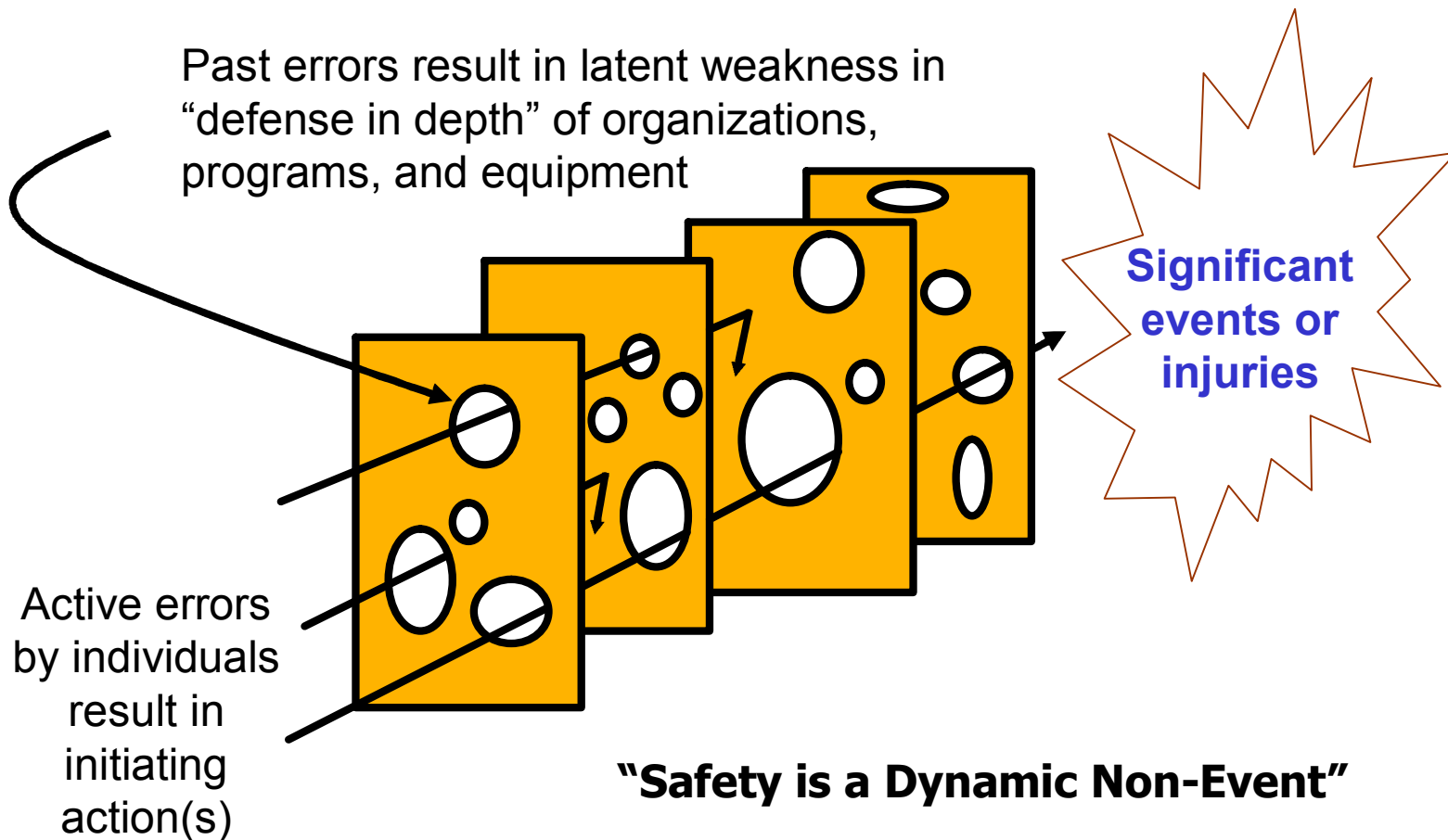
But also...

- 44,000 to 98,000 deaths each year due to medical errors
- 100,000 deaths from hospital-acquired infections - 50% of which were *preventable*
- Sentara Hospitals ***employee injury & illness rate*** is high compared to other industries
- JCAHO Patient Safety Goals
- Patient safety events at our hospital
- Reality of increases in workload and resource constraints - we have to work smarter

Our Safety Initiative is about keeping employees safe, too!



Why Do Events Happen?



Adapted from Dr. James Reason, *Managing the Risks of Organizational Accidents*, 1997

Common Causes of Past Events - SVBGH

We looked at past serious events to look for the common reasons why they occurred

Common causes are associated with 78% of our past events:

- *Non-Compliance with policy, procedure, or expectations (36%)*
- *Lack of questioning attitude or critical thinking skills (34%)*
- *Inadequate Attention to Detail (18%)*

Recommendations - SVBGH

1. Make Safety a Core Value at SVBGH
2. Adopt Behaviors for Error Prevention & Convert these Behaviors to Work Habits
3. Develop a State-of-the-Art Root & Common Cause Analysis Program
4. Focus & Simplify Work Processes & Procedure Documentation
5. Eliminate Verification Omission & Improve Verification Effectiveness

Prevention Strategy

1. Establish Expectations

Establish behavior-based expectations consistent with the organization's mission, goals, and high management standards for event-free performance

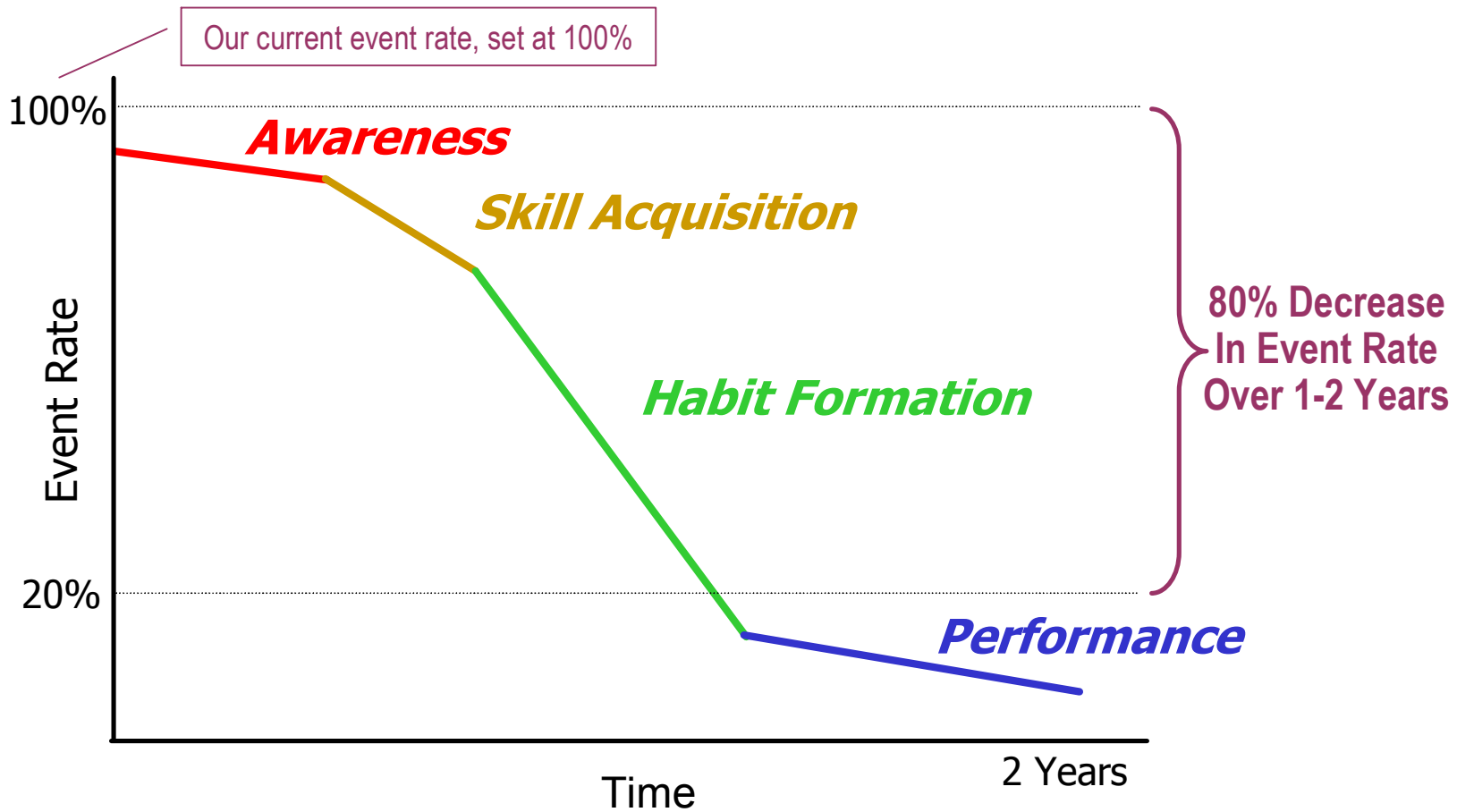
2. Educate - Develop Knowledge & Skills

Educate individuals at all levels of the organization on behavior-based expectations and error prevention techniques

3. Manage Accountability for Results

Establish an accountability system to convert behaviors to work habits

Making It Stick



What's In It for Me?

- I care about the safety of my patients.
I want to practice in a hospital that actively promotes their safety.
- I care about the safety of myself and my coworkers.
I want to practice in a place that protect me and my coworkers from adverse events.
- I care about our hospital reputation as a place to receive safe, quality care.
SVBGH has this reputation and I want to be a part of that.
- I care about my reputation as a physician who cares deeply about his patients and behaves and acts in a responsible, accountable way.
I want to work in a hospital that actively encourages me and the entire healthcare team to improve our practices.
- Fewer patient events and a safer environment makes my job easier and less stressful.
I want to minimize my legal liability for patient safety issues.

Behaviors for Error Prevention

Improve the system *AND* help people practice specific behaviors that are proven to prevent errors

Staff Behaviors

1. Pay Attention to Detail
2. Communicate Clearly
3. Have a Questioning Attitude
4. Handoff Effectively
5. Never Leave Your Wingman

Hospital Leadership Behaviors

1. Make it Happen
2. Make it Real
3. Make it stick

BBE #1: Pay Attention to Detail

Expectation:

Focus attention to always *think* before acting



Technique

Self Check using STAR to focus attention on task:

- **Stop:** Pause 1-2 seconds to focus attention
- **Think:** Think about what is to be done
- **Act:** Concentrate and perform the task
- **Review:** Check for the desired results

Self Checking - The most effective way to avoid slips & lapses.
It takes **only seconds** to do and reduces the probability of making an error by a factor of 10 or MORE!

Exercise – Where is the Lack of Attention to Detail?



BBE #2: Communicate Clearly

Expectation

We respectfully communicate the correct information in a timely, appropriate manner.

Techniques

- Repeat-Backs & Read-Backs (*3-way communication between sender and receiver to assure accuracy of communication*)
- Clarifying Questions (*ask 1-2 questions to assure understanding*)
- Phonetic & Numeric Clarifications (*to avoid sound-alike errors*)

BBE #3: Have a Questioning Attitude

Expectation

We use critical thinking skills to perceive correctly and ensure our acts are the best

Techniques



Validate - Does it make sense to me?

Verify - Check it with a second source

- A 2-step method for processing raw information into FACT
- A method for processing confusing or conflicting rules into rules you can use with CONFIDENCE

BBE #4: Handoff Effectively

Expectation

We provide effective handoffs of patients, tasks, and materials by taking the time to give appropriate information and ensuring understanding and ownership.

Technique: 5P's

Patient : What is to be handed off

Plan: What is to happen next - the main effort

Purpose of the plan: The desired end state

Problems: What is known to be different, unusual, or complicating about this patient or project

Precautions: What could be expected to be different, unusual, or complicating about this patient or project

BBE #5: Never Leave Your Wingman

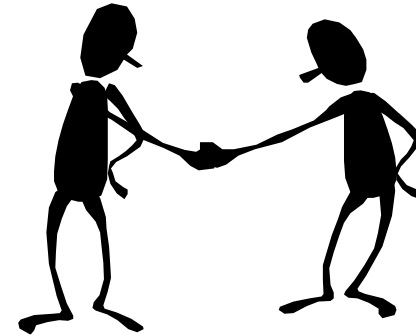
Expectation

We provide effective handoffs of patients, tasks, and materials by taking the time to give appropriate information and ensuring understanding and ownership.

Techniques:

Peer Checking

- Take advantage of working together
- Check others when working together
- Point out problems in a constructive manner



Peer Coaching

- **Encourage** (or *positively reinforce*) safe and productive behaviors
- **Discourage** (or *negatively reinforce*) unsafe and unproductive behaviors

Behavior Based Expectations for Physicians

1. Be Knowledgeable and Cooperate with Staff
BBEs
2. Physician to Physician Communication for Emergent & Urgent Consults
3. Communicate clearly and frequently with nursing staff.
4. Have a receptive attitude to a “questioning attitude.

Physician BBE #1: Be knowledgeable of and cooperate with staff BBEs

Expectation

We will be knowledgeable and cooperate with the five BBEs that all SVBGH staff have learned are practicing.

How to Practice this Expectation:

- *When a nurse does a “read back”, don’t become impatient and hang up the phone or tell the nurse to hurry up. Simply reply “That is correct. Thank you”.*
- *When a nurse asks for details on your plan for a patient, please share this willingly. The nurse is making certain she is paying attention to the details she needs to be aware of.*
- *Respond appropriately to clarifying questions.*

Physician BBE #2: Physician-to-Physician Communication

Expectation

We shall use clear, direct physician-to-physician communication to initiate each emergent or urgent consultation.

How to Practice this Expectation:

- Be specific in the information provided colleagues i.e., reason for consult, expectations regarding need for ongoing consultant input, timeframe (how urgent) etc
- An automated solution to eliminate waiting for colleagues to return a page is being developed
- When a more reliable communication vehicle is established, all consults will be called doctor-to-doctor.

Cell phones may be used by physicians within the hospital

Physician BBE #3: Communicate with Nursing Staff

Expectation

We will communicate closely and frequently with the nursing staff.

How to Practice this Expectation:

- Share patient plans of care
- Bring charts with orders to nurse especially in complex cases or urgent/emergent issues
- Take the nursing staff with you on patient rounds
- Do not speak or write using unsafe or ambiguous abbreviations

Physician BBE #4: Have a Receptive Attitude To a “Questioning Attitude”

Expectation

We will have a receptive attitude when staff use a questioning attitude.

How to Practice this Expectation:

- Ready or willing to receive favorably ideas or questions that staff ask about your patients
- Open and responsive to ideas, impressions, or suggestions to improve patient care