Establishing & Sustaining a Culture of Patient Safety
Applications of the Baylor Health Care System Experience to the Mid Staffordshire NHS Foundation Trust Inquiry: What are the Cultural Changes Needed?

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David J. Ballard, MD, PhD, FACP
President, STEEEP Global Institute
Chief Quality Officer
Baylor Scott & White Health
Texas, USA

“We need a patient centered culture, no tolerance of non-compliance with fundamental standards, openness and transparency, candour to patients, strong cultural leadership and caring, compassionate nursing, and useful and accurate information about services.”

— Robert Francis QC
February 2013

Berwick to Mid Staffordshire

- Place the quality of patient care, especially patient safety, above all other aims.
- Engage, empower, and hear patients and carers at all times.
- Foster whole-heartedly the growth and development of all staff, including their ability and support to improve the processes in which they work.
- Embrace transparency unequivocally and everywhere, in the service of accountability, trust, and the growth of knowledge.

Source: Berwick review into patient safety (August 6, 2013); National Advisory Group on the Safety of Patients in England

Baylor Health Care System: Overview

>300 multi-provider access points of care including:
- 30 owned, operated, joint-ventured or affiliated hospitals
- 28 ambulatory surgery/endoscopy centers
- 209 ambulatory care physician practices
- 91 satellite outpatient facilities
- 3 senior health centers
- 6 retail pharmacies
- 1 accountable care organization

Topics to be Covered

- Overview of Baylor Health Care System (BHCS)
- STEEEP Care and the BHCS STEEEP Quality Journey
- Patient Safety at BHCS
  - Leadership
  - Organizational Resource
  - System Alignment
  - Patient Safety Vision
- Strategies to Achieve Safe Care
  - Culture
  - Processes
  - Technology
  - Metrics
  - Future Work
- Lessons Learned
The BHCS STEEEP Journey

- The STEEEP acronym was trademarked by BHCS to communicate the challenge of achieving its objective to provide ideal care in terms of the U.S. Institute of Medicine’s call for care that is safe, timely, effective, efficient, equitable, and patient centered.

- STEEEP also communicates the “steep” challenge of improving health care quality while increasing efficiency and access.

STEEP Care is …

- Safe: Avoids injuries to patients from care that is intended to help them

- Timely: Reduces waits and harmful delays impacting smooth delivery of care

- Effective: Provides services based on scientific knowledge to all who could benefit & refrains from providing services to those not likely to benefit (avoids overuse and underuse)

- Efficient: Uses resources to achieve best value by reducing waste and production & administrative costs

- Equitable: Does not vary in quality according to personal characteristics such as gender, income, ethnicity, & location

- Patient Centered: Respectful of and responsive to individual patient preferences, needs, and values

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Patient Safety and Quality at BHCS: Leadership

- Chief Quality Officer: 1999
- Center for Health Care Improvement: 1999
- Best Care Physician Champions: 2000
- Office of Patient Safety: 2005
- Chief Medical Officer: 2006
- Office of Health Equity: 2006
- Chief Nursing Officer: 2007
- Office of Patient Centeredness: 2007

Patient Safety at BHCS: Organizational Resource

Office of Patient Safety: 2005

- Intensify existing patient safety programs
- Promote an organizational culture conducive to recognizing and resolving situations that pose a risk of patient injury
- Develop patient safety innovations
- Guide employees in the adoption of the values of a safety culture
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Patient Safety and Quality at BHCS: System Alignment

STEEP Governance Council

CLINICAL SERVICE LINES:
- Cardiovascular
- Critical Care
- Emergency Department
- Gastrointestinal
- Neuroscience
- Oncology
- Orthopedics
- Transplant
- Women's Health
- Path & Lab Med
- Radiology

STEEP Subcommittees
- Clinical Excellence
- Efficiency
- Equity
- Patient Centeredness

BUSINESS SUPPORT
- Financial Services
- Compliance
- Human Resources
- Supply Chain

New Health Care Initiatives
- STEEEP framework applied to urgent care centers

STEEP Governance Council
Consolidates efforts of clinical, operational, and financial leadership and ensures that all improvement efforts encompass all domains of STEEEP care

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BHCS Patient Safety Vision

Achieving no preventable deaths
(hospital-standardized mortality ratio)

Ensuring no preventable injuries
(hospital-acquired adverse events)

Seeking no preventable risk

These goals require strategic efforts in the categories of culture, processes, and technology

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Strategies to Achieve Safe Care: Culture

Survey of Attitudes and Practices of Patient Safety
- Biennial survey that measures 4 domains: leadership, teamwork, reporting and feedback, and resources
- Facilitates data-driven conversations that are needed to improve patient safety across the system

Biennial Patient Safety Site Visits
- Identify facility-specific patient safety concerns that require follow-up
- Facilitate dissemination of evidence-based best practices
- Identify future areas of focus to improve patient safety throughout BHCS

Strategies to Achieve Safe Care: Culture (cont’d)

Stop the Line
- Encourages employees to speak up anytime they have a patient safety concern by using scripted language “I need some clarity.”

Comprehensive Unit-Based Safety Program (CUSP)
- Front line staff decides what is most important to work on and through teamwork empowers the group to improve patient safety.

Standardized Communication or SBAR Training
- Employees standardize communication by presenting the Situation, Background, Assessment, and Recommendation in an ordered statement.

Example: A nurse calling a physician with a question about a patient’s care would present the situation in a 5-10s statement; give the background (objective data, such as vitals & labs); provide an assessment (a possible diagnosis); and offer a recommendation (a statement of what the nurse thinks needs to be done for the patient).

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Strategies to Achieve Safe Care: Processes

Goals are set based on patient benefit, alignment with regulators and payers, alignment with other existing and planned programs, and the amount of “leadership capital” needed to effect meaningful change.
- Increase evidence-based order set use
- Increase use of WHO Safe Surgery Saves Lives (SSSL) processes
- Reduce adverse drug events
- Increase use of National Patient Safety Goals (Joint Commission)
- Increase use of National Quality Forum (NQF) Safe Practices
- Reduce use of urinary catheters
- Reduce hospital-acquired pressure ulcers
- Increase obstetrical excellence
- Reduce falls
- Mandatory employee influenza vaccination
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Strategies to Achieve Safe Care: Technology

- Improving patient safety and patient centeredness through:
  - Electronic medical records & clinical decision support
  - Computerized physician order entry
  - Bar code medication administration

- Requires multidisciplinary coordination between relevant departments to create an integrated, system-wide approach to identifying errors, evaluating causes, and taking appropriate actions to improve performance

Strategies to Achieve Safe Care: Metrics

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Metrics</th>
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</thead>
<tbody>
<tr>
<td>People</td>
<td>Survey of Attitudes and Practices of Patient Safety</td>
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<tr>
<td>Processes</td>
<td>Percent Adoption of Target Process</td>
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<tr>
<td>Technology</td>
<td>Surveys and virtual medical record measures</td>
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<td>Risk-Adjusted Mortality Performance</td>
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<td>Hospital-standardized mortality ratio</td>
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<td>Hospital-Acquired Adverse Event Rate</td>
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<td>Baylor Adverse Event Measurement Tool</td>
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Future Work in Patient Safety

<table>
<thead>
<tr>
<th>Strategic Area</th>
<th>Planned Improvements</th>
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<tbody>
<tr>
<td>People</td>
<td>Reduced tolerance for disruptive behavior</td>
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<td></td>
<td>Increased transparency about adverse events</td>
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<tr>
<td>Processes</td>
<td>Consistent use of the WHO SSSS checklist to improve the reliability of surgical care (toward no preventable risk)</td>
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<tr>
<td></td>
<td>Intensiﬁcations in procedure- and surgery-related Adverse Events</td>
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<td></td>
<td>Explore management of fatigue</td>
</tr>
<tr>
<td>Technology</td>
<td>Increase electronic order set deployment, bar coded prescription administration, electronic alerts for prescription and diagnosis interactions, and use of electronic reminders</td>
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Lessons Learned: The BHCS Experience

- Health Care Quality/STEEEP Care starts with Safety
- System-wide alignment is critical to improving patient safety
- Leadership must understand quality is core work, not an optional expense or a response to regulatory requirements
- Goals must be carefully deﬁned (e.g., what do we mean by “no preventable deaths” and “no preventable injuries”?)
- Tools must be carefully chosen to reliably measure health care quality, including patient safety measures such as preventable mortality and actual adverse event rate
- A balance among patient safety culture, processes, and technology is needed for improvement

Further Reading on the BHCS Approach to Patient Safety