

159: BUILDING A CULTURE FOR SAFETY AND QUALITY: THE LEADERSHIP ELEMENTS- APPROACHES TO ENGAGE LEADERSHIP IN A CULTURE OF SAFETY AND QUALITY- GUIDELINES, PRACTICAL APPLICATIONS AND EXAMPLES.

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Objectives:

To provide practical, useful and "real world" examples of how to build and extend a culture of safety and quality within a health care organization with emphasis on the Leadership. Patient Safety Issues remain critical for all healthcare organizations-note the JCAHO 2003 national patient safety goals, the tracking and review of sentinel events, the National Quality Forum (NQF)-Core safety practices, the Institute of Medicine report (IOM) (2001), the work of the LEAPFROG group, and the Institute for Safe Medication Practices, among others.

Methods:

Using a combination of case examples, targeted literature review, and tenets of leadership principles in Health Care, a general approach to building a culture of safety and quality will be outlined. Case examples provided will be buttressed by published research studies, literature reviews and meta-analytic investigations.

Results:

Simple and single dimensional strategies are insufficient for organizational cultural change of this size, scope and complexity. Success in the field indicates what is needed are multi-method approaches (financial and work incentives, performance management system realignment, education and training, and enhanced linkages to stakeholders and consumers of service) coupled with multi-perspective viewpoints (Consumers, Leadership especially Boards of Directors and Community, Clinicians and Practitioners) targeted on cultural change toward safety. Building upon success in a variety of environments a number of key outcomes will be integrated into a platform for beginning a culture of safety including: **INDUSTRY:** Industry has found that an organization is largely influenced by culture rather than by the tools or the technology alone. It is critical therefore, that the leaders set the stage for the organization to grow and change. Executives at Chevron Corporation, for example, direct leaders to provide support and enthusiasm for sharing best practices. They have developed a document called "the Chevron Way" which includes not only the vision and business practices but aligns the mission with the expectation of the development of the "learning organization". Senior leaders are expected to share their improvement stories during monthly management committee meetings. **MILITARY:** Health care organizations have been adopting the air force crew training in operating rooms to build more effective team work. **HEALTHCARE:** Other health care organizations have been exploring industry methods of rapid cycle action teams to accelerate and most importantly to replicate improvement across the organization.

Conclusions:

Until leadership of the healthcare organization firmly embraces the concept of safety and fully supports a "culture of safety" little major change will occur. Evidence that leadership has adopted and supports this culture includes:

(1) leadership actions demonstrate a fundamental understanding of and a strong commitment to safety (e.g. annual reviews include safety), (2) the governance of the organization receives, reviews and acts upon safety information in a timely manner, (3) the leadership of the organization demonstrates qualifications and competency to lead and participate in safety initiatives, (4) "virtual" and real walk through(s) of the agencies show safety as a priority, (5) the leadership demonstrates contemporary knowledge of current and emerging safety initiative at the local, state, national and international levels, (6) supports the reduction and effective management of high risk activities of the organization(e.g. restraint and seclusion), (7) the Leadership and its delegates are well versed in contemporary tools for improvement and safety risk reduction such as Root Cause Analysis, Failure Effects Mode Analysis, and underlying each of the above-(8) Leaders must create an organizational culture that values learning. It is important to note that the use of rapid cycle improvement methods and processes appear to hold significant promise for making improvement in safety and provide a natural approach to engage leadership in a efficient, time limited and "outcomes & action" oriented method.