

Using Safety Culture and Patient Experience Data to Set, Align and Evaluate System Level Priorities

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Track: SOPS Survey Administration & Interpretation of Results
Session: Systemwide SOPS Administration and Improvement Priorities
Date & Time: April 20, 2010, 11:00 am
Track Number: SOPS T1-S2



Children's Mercy – Main Campus



South Campus



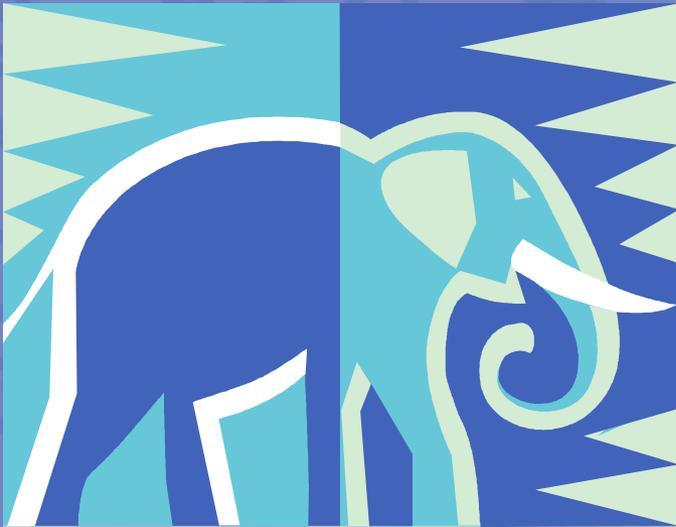
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Leadership Role in Developing a Safety Culture

- Quality and Safety Steering Committee
 - Comprised of clinical, administrative, & quality/safety leaders
 - Charged with setting system level priorities
- Process of establishing priorities - informed by multiple data sources
- Data are used to provide a comprehensive (triangulated) view of the system



Data Sources



- SOP
- Patient Experience Survey
- Infection Rates
- Process Analyses
- Access/Capacity measures
- Reportable events
- Tracers



Strategic Initiatives 2008 – FY 2010

- 2008 Initiatives
 - Hand-off Processes and Transitions
 - Access/Capacity Throughput
- FY 2010
 - Leadership role more clearly defined
 - Data analyzed – evaluated meaning and impact
 - Development of initiatives with measurable goal
 - Each initiative included accompanying drivers & projects

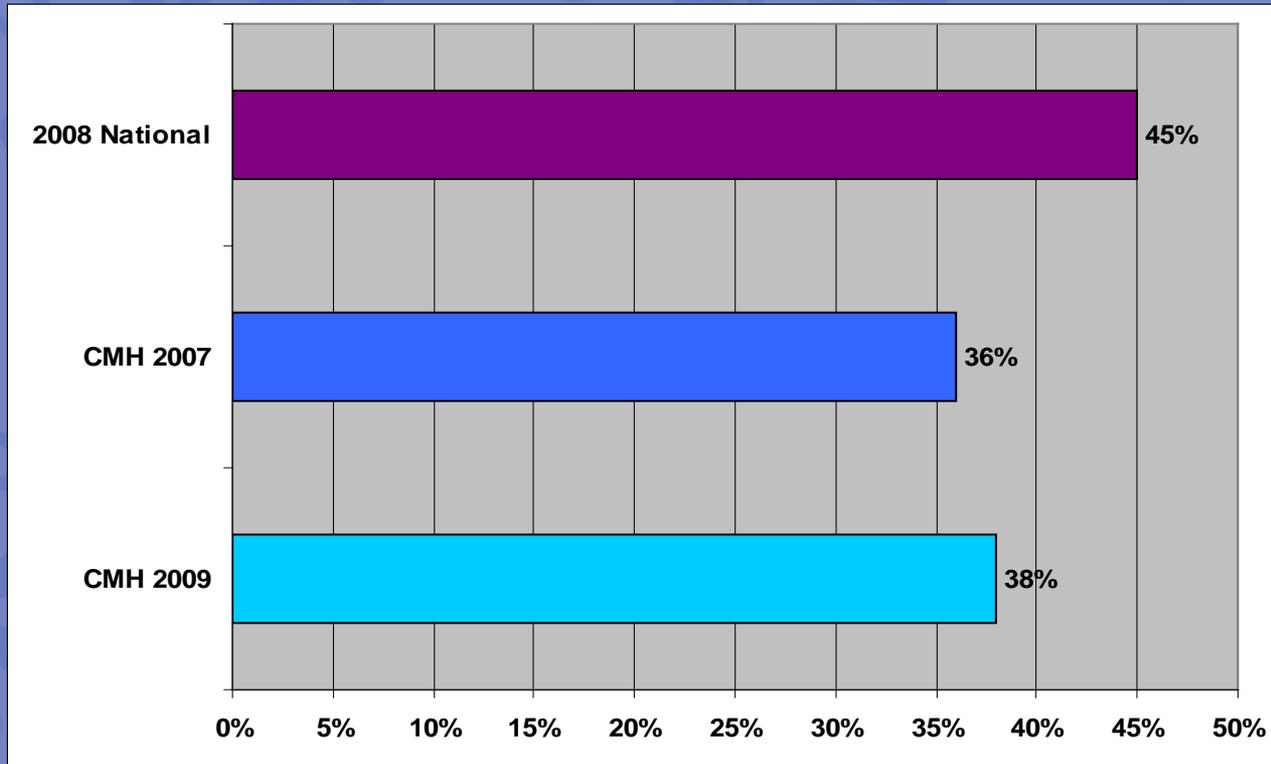


SOP

- Evaluated dimensions by hospital, unit/department, discipline
- Compared with 2008 results
- Discussed methods used to expand context and validate data



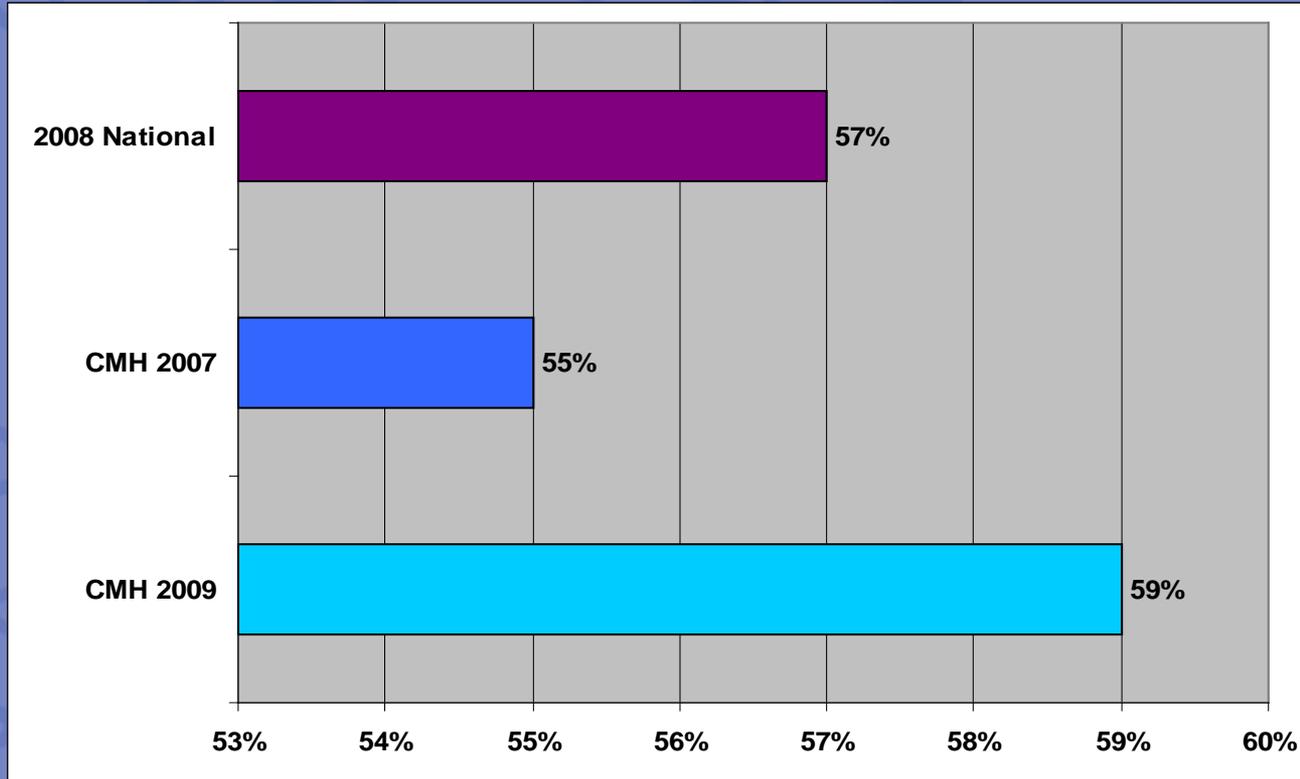
Handoffs & Transitions



Sample item: *Things “fall between the cracks” when transferring patients from one unit to another. (reverse worded)*



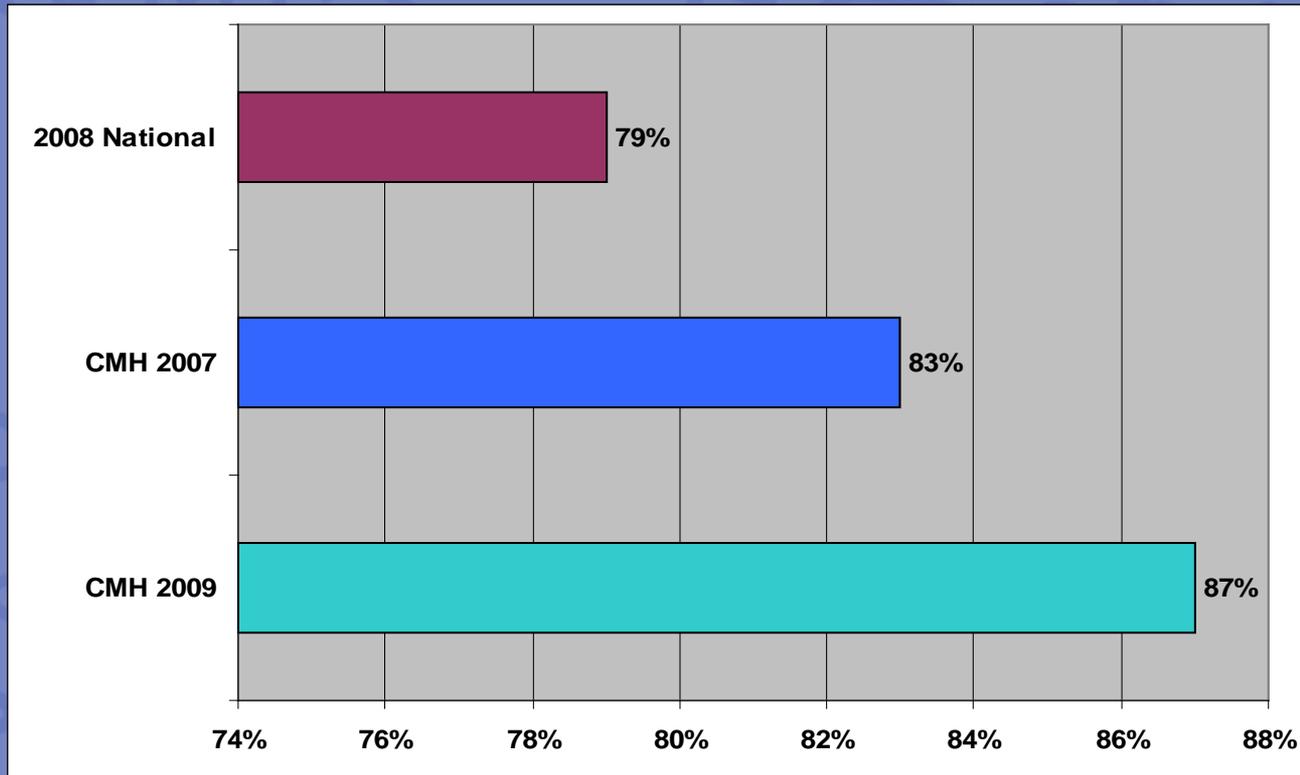
Teamwork Across Units



Sample item: *Hospital units work well together to provide the best care for patients*



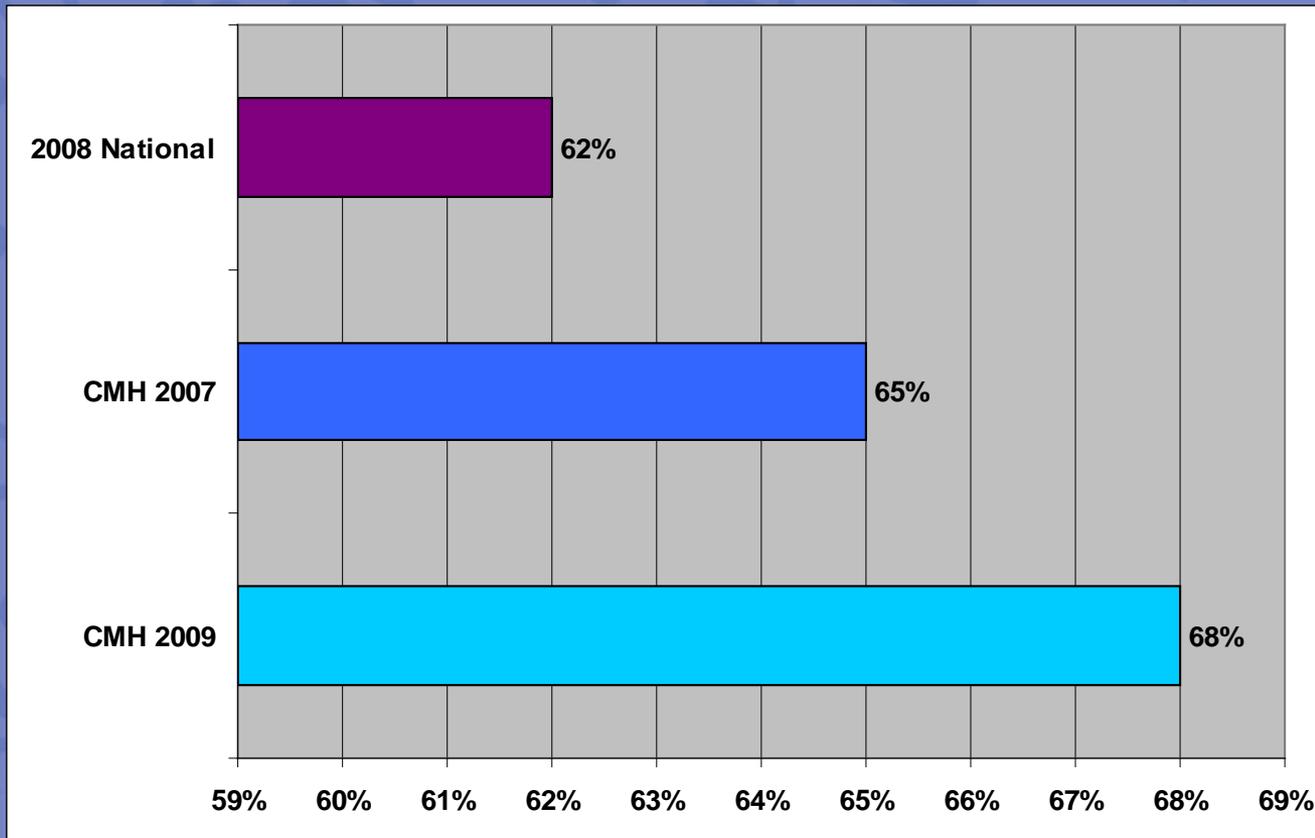
Teamwork within Units



Sample item: *In this unit, people treat each other with respect*



Communication Openness



Sample item: *Staff feel free to question the decisions or actions of those with more authority*



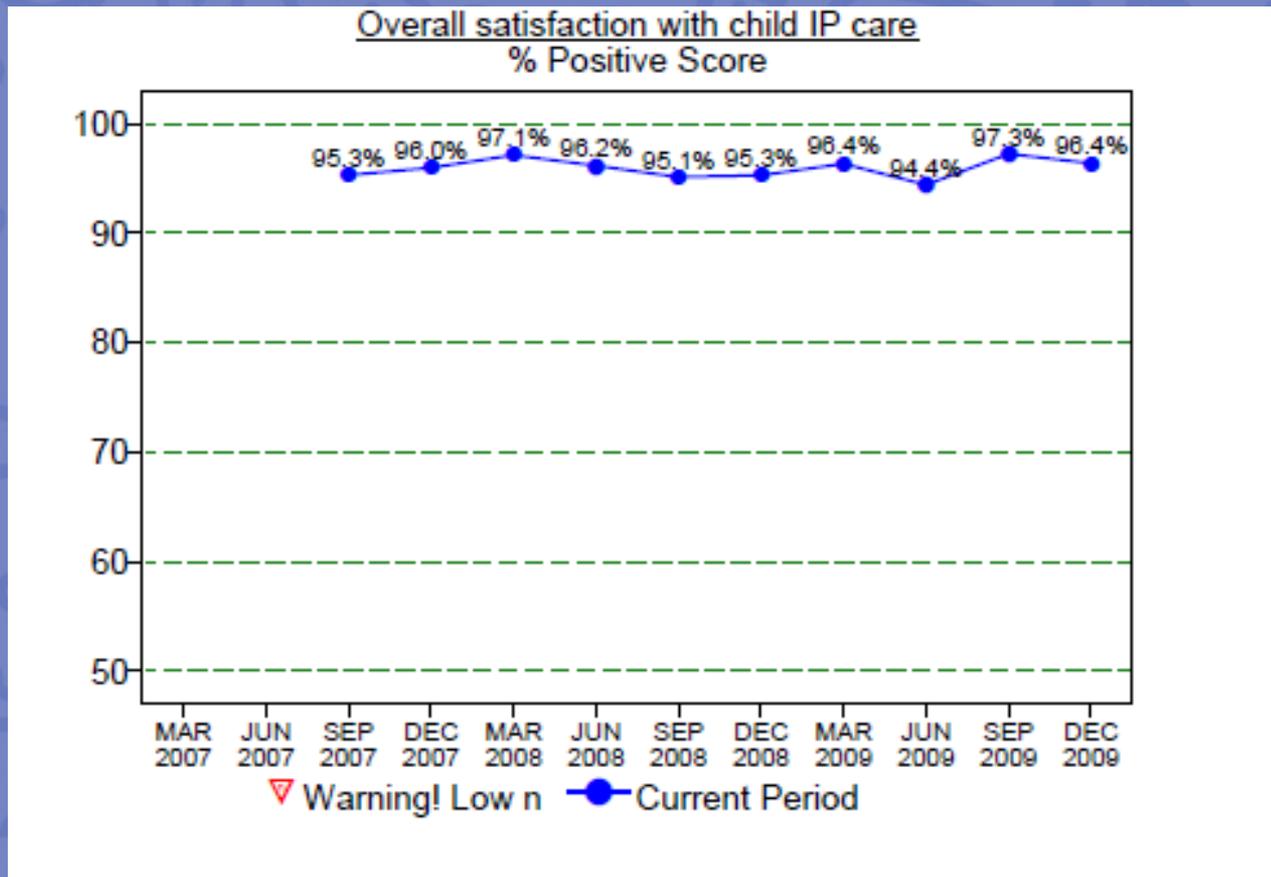
NRC Picker Patient Experience Survey



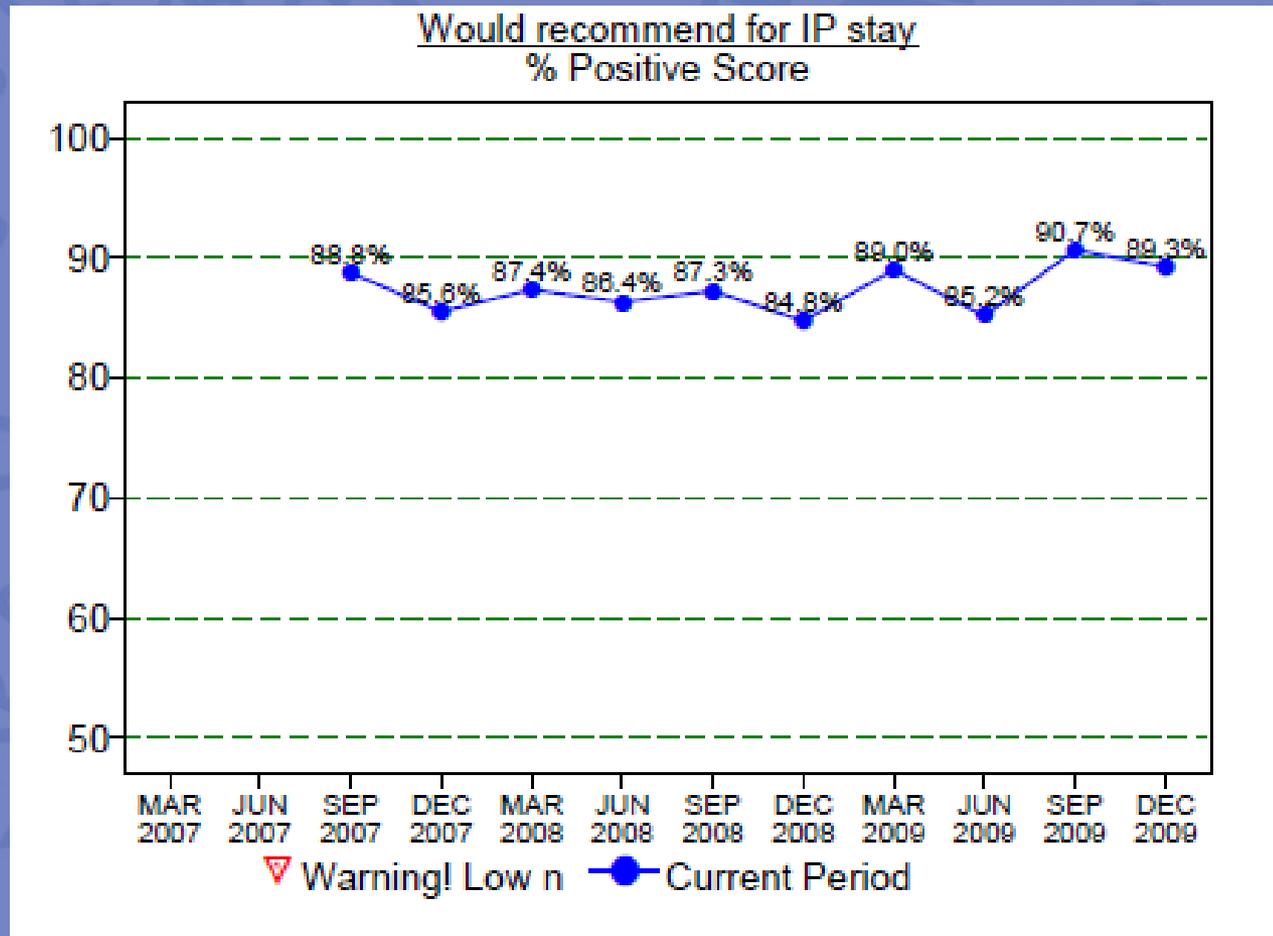
- Evaluated “Overall satisfaction” and “Would you recommend” questions
- Drivers
- Targeted Reports
 - Hand-off/Transition
 - Access/Capacity



Patient Experience



Patient Experience



Would you recommend - Drivers

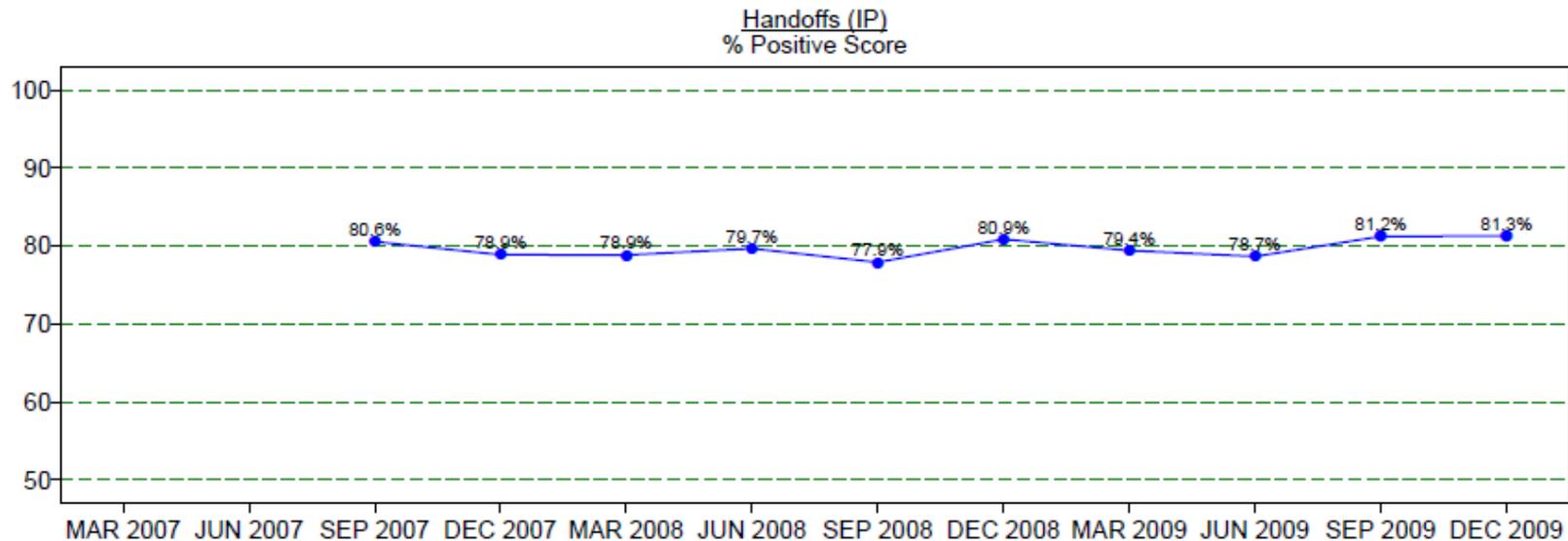
Prior Yr	Prior Qtr	 Highest correlation with "Would recommend for IP stay" % Positive Score	NRC Percentile	NRC Childrens Hosp 50th Pct	NRC Childrens Hosp 75th	NRC Childrens Hosp 90th	Detail	
76.0%	77.1%	Taught how to care for child at home	79.8%	78	76.4%	81.4%	85.4%↓	
81.5%	82.9%	Confidence/trust in Drs (IP)	83.5%	69	80.8%	86.4%	89.2%↓	
75.9%	77.6%	Confidence/trust in IP Nurses	78.8%	77	75.4%	78.2%	82.2%	



Targeted Report Inpatient Handoff/Transition

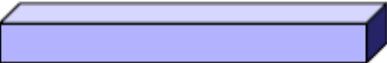


Patient Experience-Handoffs
Children's Mercy Hospitals & Clinics - Inpatient Services
Oct 1, 2009 - Dec 31, 2009 (n=424, Response Rate= 20.6%)



Targeted Report

Inpatient Handoff/Transition Items

Prior Yr	Prior Qtr	Detail	Current Period	NRC Percentile	NRC	NRC	NRC	
					Childrens Hosps 50th Pct	Childrens Hosps 75th	Childrens Hosps 90th	
<i>% Positive Score</i>								
63.8%	67.3%	IP Dr/Nurses gave conflicting info	 63.9%	38	64.1%	70.3%↓	74.1%↓	
94.7%	95.7%	IP Drs/Nurses worked well together	 94.7%	68	93.8%	95.6%	97.3%↓	
77.1%	82.1%	IP Ped: Knew which Dr was in charge in PICU/ICN	 81.8%					
78.3%	78.0%	Knew which Dr was in charge of IP care	 81.5%	46	82.2%	87.0%↓	91.9%↓	
78.7%	82.0%	Organization of care in ED (IP)	 81.5%	87	74.3%↑	79.3%	83.6%	
84.4%	83.5%	Organization of IP admission process	 85.0%	87	78.0%↑	83.2%	86.7%	



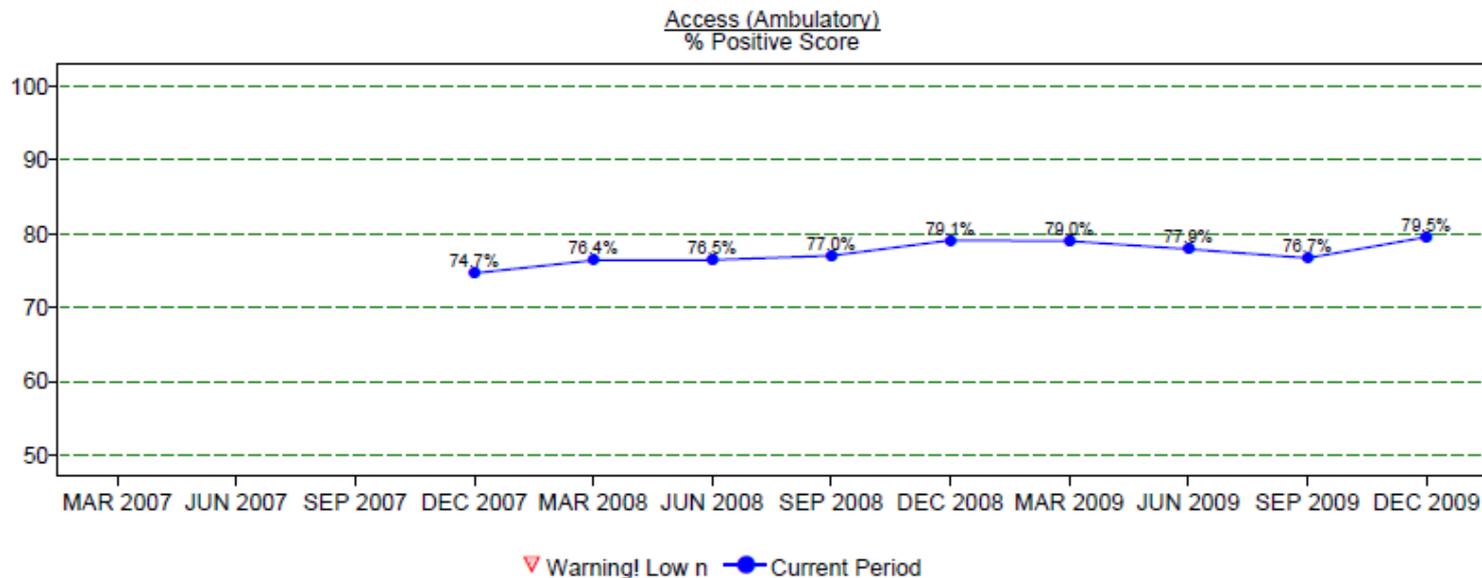
Targeted Report Ambulatory Access/Capacity



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Patient Experience-Access

Children's Mercy Hospitals & Clinics - Ambulatory Services
Oct 1, 2009 - Dec 31, 2009 (n=1242, Response Rate= 19.1%)



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Items Associated with Targeted Report – Access/Capacity Items

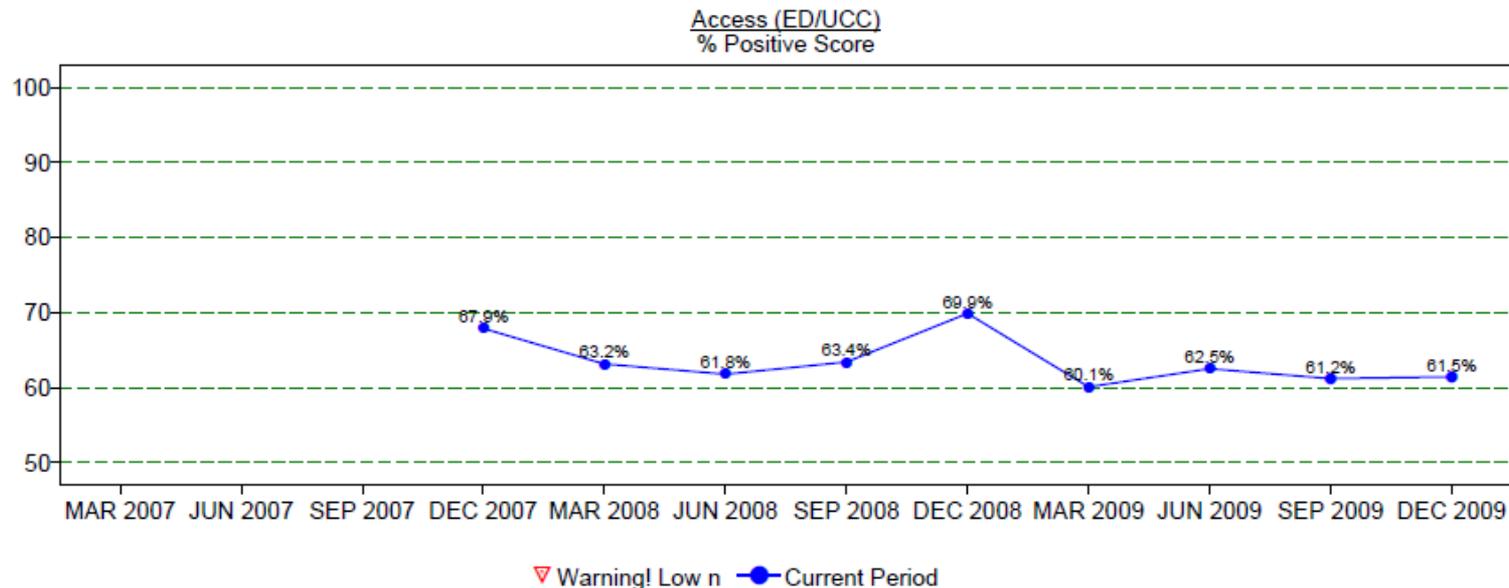
Prior Yr	Prior Qtr	Current Period	Detail				
			% Positive Score	NRC Percentile	NRC Childrens Hosps 50th Pct	NRC Childrens Hosps 75th	NRC Childrens Hosps 90th
87.5%↑	83.8%↑	OP Ped: Made arrangements for visit w/other provider	91.4%	66			
74.0%	70.5%↑	OP Ped: Received appt as soon as wanted	75.7%	45			
29.6%	28.6%	OP Ped: Someone explained reason for appt delay	26.5%	22	41.9%↓	54.4%↓	56.9%↓
92.5%	91.7%	OP Ped: Staff made arrangement for follow-up visit	92.6%	53			
90.0%	89.6%	OP Ped: Understand inside/outside signs	91.3%				
74.6%	72.7%	OP Ped: Waited too long in exam room	76.0%	50			
78.3%↑	79.0%	OP Ped: Waited too long in waiting room	81.0%	56			



Targeted Report Emergency Department Access/Capacity



Patient Experience-Access
Children's Mercy Hospitals & Clinics - ED/UCC Services
Oct 1, 2009 - Dec 31, 2009 (n=239, Response Rate= 12.8%)



Items Associated with Targeted Report – Access/Capacity Items

Prior Yr	Prior Qtr	Detail	Current Period	NRC Percentile	NRC Childrens Hosps 50th Pct	NRC Childrens Hosps 75th	NRC Childrens Hosps 90th
56.6%	55.0%	Child had to wait too long to see ED Dr	55.1%	28	57.4%	67.4%↓	68.4%↓
70.8%	67.6%	Child waited too long to get ED tests	71.6%	69	64.4%	71.4%	77.6%
71.8%	64.2%	Child waited too long to see other ED Dr	65.5%	18	67.8%	73.5%	76.4%
59.8%	58.4%	Child's ED wait time rating	59.5%	26	68.9%↓	72.7%↓	77.8%↓
47.8%	45.0%	ED Ped: Kept informed about delays	47.6%				
81.6%	82.0%	Hours child waited to see ED Dr	76.6%	14	85.0%↓	87.8%↓	92.6%↓



Strategic Initiatives – FY 2010

- Appropriate placement of patients based on their physiologic and safety requirements. Measured by \leq 30% of Inpatient Codes Outside Critical Care Units
- Improve AMBULATORY Access and Capacity as Measured by: 50% of clinics have 3rd Available Appointment within 2 weeks
- Reduce the occurrence of health care acquired infections measured by \leq 2.9 Catheter Related Bacteremia per 1000 Catheter Days – PICU
- Expand the implementation of technology solutions that support the provision of clinical care and operational processes as measured by the complete integration to one electronic system



Strategic Initiative

Appropriate Patient Placement

STRATEGIC INITIATIVE #1

Appropriate placement of patients based on their physiologic and safety requirements. Measured by $\leq 30\%$ of Inpatient Codes Outside Critical Care Units

Note: Aspects of this initiative will encompass evaluation of patient management and team function

Executive Sponsor: Jo Stueve

Project Leaders: Keith Mann & Becky Paulsen

DRIVERS	PROJECTS
Development of Criteria Based Patient Placement Process (Newborns)	Appropriate Triage of Newborns Leaders: Keith Mann
Development of Criteria Based Patient Placement Process (General)	PEWS Implementation Leaders: Becky Paulsen, Janis Smith, Ray Chan
	CM South Utilization (Team BEE) – also included in Access/Capacity/Throughput Initiative Leaders: Doug Blowey & Marshaun Butler
Improve Communication among caregivers as measured by AHRQ Hospital Survey on Patient Safety Culture. Achieve a 5% increase in positive response rates for 4 dimensions: <ul style="list-style-type: none"> • Handoffs and Transitions • Teamwork Across Units • Teamwork Within Units 	Implement SBAR Communication Leaders: Cheri Hunt & Denise Bratcher
	Hourly Rounds/Bedside Report Leaders: Cheri Hunt and Becky Paulsen



Evaluation

- Leadership Oversight
- Committee Oversight
- Data
 - Report card
- Communication of progress/impact

