CCHSA Patient Safety Performance Measures Pilot – Safety Culture Survey

Supporting Information for Participating Organizations

November 2006
No patient should be harmed as a consequence of their experience with Canada’s health system. No family should experience the pain and frustration of caring for a loved one who is harmed as a result of an adverse event. And no provider should feel that reporting an adverse event will compromise their career. Yet, each of these scenarios plays out everyday in Canada’s health system. This message is not intended to be critical or accusatory. Rather, this is a frank assessment of the current state of Canada’s health system. Given this reality, we believe that patient safety will be a defining issue of healthcare in Canada over the next 20 to 30 years.

Canadian Patient Safety Institute

Building the Foundation for a safer health system.
1. Project Background and Objectives

**Background**
CCHSA’s inaugural Patient Safety Goals and Required Organizational Practices were communicated to its member organizations and surveyors in December 2004. CCHSA’s first patient safety goal is to “Create a culture of safety within the organization.” To help support a culture of safety, organizations need to have an understanding of staff perceptions of the current state of client/patient safety culture. Culture assessments can provide important insights into attitudes towards client/patient safety culture, as well as areas that are already strong, and areas that require attention and improvement.

**Pilot Objective**
The patient safety culture survey is part of the set of inaugural patient safety performance measures. Measuring patient safety culture will help organizations to measure attitudes towards safety culture, and will provide insights into areas that are already strong, as well as areas that require improvement. Results from the client/patient safety culture assessment will also provide a baseline against which future culture assessments can be compared. An important objective of the assessment is to encourage health service organizations to think strategically about client/patient safety culture.

Through this pilot CCHSA will be further testing the use of an online survey tool. As the accreditation process becomes less paper-based, CCHSA needs to understand how to best support its members in the electronic collection and communication of accreditation-related data and information.

This pilot will also provide CCHSA with valuable insight into the use of this survey tool or a similar tool for the purposes of gathering data to support the accreditation process. Survey findings should also help CCHSA to identify the most relevant patient safety performance measures that may be included in the accreditation program.

**Project Teams**
Each participating organization should organize a Patient Safety Culture team (PSC) or equivalent to support the survey. This team will help to plan the survey, communicate key messages, administer the survey, and plan follow-up actions. This team may already be in place within the organization (e.g. patient safety committee, critical incident action team, etc.) CCHSA will collaborate with the PSC team to facilitate the survey process, and for evaluation purposes. The culture assessment is only useful to the extent organizations follow-
through by using the findings to identify strengths and areas for improvement in their patient safety cultures, engage stakeholders in discussions of high priority opportunities for improvement, plan appropriate interventions to improve patient safety culture, and develop a clearer understanding of how culture influences the organization’s capacity to deliver safe health services to clients. Patient Safety Culture teams play a key role in these respects.

Participating organizations are encouraged to view the culture survey as a stimulus for organizational learning and continuous improvement. The results of the survey will provide a summary view of the attitudes towards patient safety culture. Results will also identify areas that need attention and improvement.

**Survey Tool**

There are a number of culture survey tools that have been used in the health service field to assess patient safety culture. For this project, CCHSA will be using the “Patient Safety Culture in Healthcare Organizations”. This instrument is a modified version of the Stanford instrument “Patient Safety Climate in Healthcare Organizations” (Center for Health Policy and Center for Primary Care and Outcomes Research, Stanford University). The modified Stanford instrument (MSI) “Patient Safety Culture in Healthcare Organizations” has been revised to better fit Canadian health care settings.1

The MSI is a closed ended survey that includes topics important to a culture of safety in health services (e.g. reporting of mistakes, rewards and punishment for reporting, feelings of blame and shame, teamwork, etc.) plus demographic information. The survey has been provided under separate cover.

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2. Culture Assessment Guidelines

This section provides guidelines for the using the survey and the information it generates.

**Role of the Patient Safety Culture Team**

Patient Safety Culture team members should be selected by each organization, and may include representation from senior management, the board of directors, human resources, union leadership, front-line management, as well as front-line care/service and support staff.

The PSC team will enable the organization to use the survey findings to learn and to plan positive change. PSC teams should meet with senior managers – including the CEO – to discuss the project, its goals, and the importance of their support to its success. PSC teams can play a major role in creating a communication strategy for survey participation, as well as for dissemination of the survey findings, encouraging others to learn from findings, and acting as a catalyst for follow-up actions. The team should be guided by the main safety culture concepts, including strong communication, trust, openness, and organizational learning.

Generally speaking, employee surveys raise expectations among participants that management will respond to the findings. A major challenge facing any organization is genuinely listening to employee and physician feedback and following through with timely and relevant actions. Successful follow-up to a survey starts with a clear statements from senior management outlining key survey findings, commitment to address a few priority areas for improvement, how this will be done, and related timelines.

**Survey Methodology**

The following methodological outline has been prepared for the MSI as part of the Patient Safety performance measures pilot project. The successful use of a survey in healthcare organizations is, to a large degree, dependent on a much broader and more comprehensive approach to improving the organization’s patient safety culture than merely carrying out a survey. Therefore, a key objective of the survey is to encourage health service organizations to think strategically about patient safety.

**Preparation Prior to Surveying**
Key Decision Maker Support

Initial efforts need to be expended to build strategic support for the culture assessment. For instance, key decision makers should, at a minimum, be informed of or be engaged in the survey effort and made aware of the use of the survey results. Key decision makers include strategic leaders, union executives or presidents, Board representatives, and other key stakeholders such as physicians and community partners.

Front-line Manager and Employee Support

Communication to all employees is important. The PSCA teams needs to develop a communication strategy that will: raise awareness of the survey; inform employees of the value of the assessment; identify issues/concerns about the survey process (so that they can be dealt with); and, provide an opportunity for employees’ involvement.

Communication Content

To maximize awareness and readiness for culture assessment, consider a variety of communications such as an initial announcement, start-day communication, and one or two reminders. See Appendix B for more information. The following content elements may be helpful:

1. Reason for the assessment/value of completion
2. Nature/content of assessment
3. Assurances of confidentiality
4. Voluntary nature of survey
5. Survey start and finish date
6. Methods for participating - a “how to” (login, username, URL etc.)
7. How results will be reported, to whom and when
8. Internal organization contact for further information
9. External contact for information (CCHSA)

Survey Implementation Planning Guidelines

Introduction

The following outline is provided as a sample, and should be adapted for each organization.
CCHSA Patient Safety Performance Measures Pilot Project – Safety Culture Survey

Demographics Review, Sample Selection and Piloting

- Review survey demographics to ensure appropriateness and that reporting process will not identifying any group less than 5-10 individuals
- Review survey questions
- Determine the size of the population who will be receiving the survey in order to calculate response rates to survey

Survey Launch

- This will have been previously determined by the organization and communicated to staff. But a key communication should be targeted for this day to maximize early uptake, e.g., special signs in elevators, key email, banners, etc.
- Employees should be given the option, wherever possible, to complete the survey on work time. This option should be vigorously communicated to all front-line managers. The survey can also be completed at home by respondents who have home Internet access.
- Employees should be encouraged to complete the survey online whenever possible. However, if this represents a significant obstacle to employee participation then paper based versions are available and should be utilized.

Survey Administration – Fieldwork

- Fieldwork as required, e.g., assistance for non-computer users, presentations to staff groups, focus group discussions
- Delivery of survey access information, which at a minimum should include:
  - Invitation to participate
  - Broad values of survey
  - Voluntary nature of survey
  - Anonymity and confidentiality
  - Instructions
- Monitor response rates
- Continue employee support, including employee questions and concerns, while the survey is on-line
- Use CCHSA help line if needed: 1-800-814-7769; 8:30am-4:30pm Eastern time
- Continue appropriate survey communications within the organization

Cut off Date for end of Survey Period

- The survey website will be closed on the last day of pilot testing, March 2, 2007 and surveys can not be completed after this date.
Follow-up Processes by CCHSA

- CCHSA will check with client organization for quality assurance and evaluation purposes. This will occur on two occasions, during the mid-point of pilot testing and when the pilot testing ends and data collection has ended to check to see if there were any issues/irregularities that might have affected the data quality. CCHSA will follow-up with organizations regarding the use of survey reports.

After the Patient Safety Culture Survey

The following guidelines are intended to help the PSC team to design a communication and follow-up process that best suits their organization’s context and strategic direction. The basic steps include:

- PSC team meeting to discuss the survey results
- Meeting with senior management to review key results and implications, and to get commitment for follow-up actions at the corporate level
- Communication to survey participants, outlining key findings
- Engage front-line managers and staff in formulating functional area action plans, including timelines and goals, on 2 or 3 priority ‘opportunities for improvement’ identified through the assessment
- Plan for the next survey, possibly 2-3 years in future.

Survey Reporting and Communication

Each organization will have password-protected access to its survey data on the CCHSA website. Survey elements can be analyzed online by all demographic variables.

Each organization will also receive a written report with the following:

1. Survey response rate (percentage of total staff).
2. Demographic description of survey respondents (percentage of respondents in major demographic categories).
3. Percentage of ‘problematic’ and ‘neutral’ responses for all survey items, reported by demographic and organizational groups, including functional areas.
Interpreting Survey Results

The PSC team should review the results, trying to distill 3 or 4 (at most) key findings. These key findings, and the team’s assessment of their implications for the organization, will form the basis for discussions with senior leaders, as well as communications with survey participants and other employees.

Each organization is encouraged to develop its own approach to interpreting and communicating the survey findings, but suggestions include:

- The PSC team is encouraged to calculate response rates for major demographic and employment groups, if it has easy access to employee population data. Variations in sub-group response rates affects the accuracy of these more detailed results (e.g., if you know that all 120 staff in a particular client care area were eligible to complete the survey, yet only 12 did so, then the response rate is 10% -- which is too low for generalizations and should raise questions about why so few responded.)

- Look for patterns in the data. Which of the topic areas have the most positive ratings? Which have the least positive ratings? In any communication about the survey results, begin with the strengths, then move on to discuss the gaps as ‘opportunities for improvement’.

- After reviewing the detailed group breakdowns, reach a consensus on up to 3 areas that most require attention at the corporate level. This will set the stage for practical discussions of follow-up actions.

- Functional areas, or specific employee groups, may be targeted for more focused interventions. Usually these will be in the same areas as the corporate initiatives, but it is possible that one area or group has a unique situation that requires attention. It is important to engage employees, and union representatives where appropriate, in discussions of what these interventions should be, designing action plans to address one or two issues.

Survey Follow-up Action Planning

The PSC team should move as quickly as it can to engage other stakeholders in discussions of survey results and action implications. Success in this follow-up process depends on early
identification of who is going to be responsible for ensuring follow-through. The team is probably not in position to do this. Instead managers may need to ‘own’ this process, with risk management/patient safety groups/committees and other key staff playing an enabling role.

The following points offer suggestions for follow-up action planning:

- View the culture assessment as a spring board for positive change and continuous improvement.

- Create a process that is learning-based and participatory. In other words, the follow-up to the survey must enable managers and employees to learn about perceptions and attitudes regarding patient safety, and directly involve them in finding solutions.

- PSC teams need to design a communication and follow-up process that fits their organizational context. Collaboration with key managers and other ‘change agents’ (e.g., representatives from existing groups or committees addressing patient safety issues, patients/clients) will be required.

- It is important to coordinate actions at different levels: the organization (corporate level, which could include a health region); the site (a specific functional area, operational entity, or single administrative unit, such as a hospital or extended care facility; the work unit (the smallest operating unit in a site or organization, such as a nursing team or a single functional area); and individual employees. Action must be coordinated across all these levels. The focus of follow-up actions will be at the first two levels: organizational or corporate, and site or functional area.

- The strengths and gaps are the starting point for discussions of follow-up actions. For example, the PSC team could recommend to senior management that the one functional area that consistently scores well on all or most of the survey areas be examined more closely to extract general lessons to be shared throughout the organization. The PSC team may also identify 2 or 3 topics receiving the least positive ratings for further investigation. With senior management support, these could be made priority action items in the next year’s business plan or patient safety plan.

- If the results/responses for a particular topic are problematic across all groups, it is useful to discuss suggestions on one or two actions that will help to improve that particular aspect of patient safety. Avoid too many follow-up actions, as this spreads resources too thinly for meaningful change to result.

- This survey will flag issues requiring further information. It may even raise more questions than it answers, providing more opportunity for organizational learning. To
this end, it is important to give careful consideration to holding employee focus groups or other forms of consultation to examine one or two issues in depth, seeking suggestions for improvement. It may also be useful to examine other organizational data (e.g., risk management reports, incident reports, patient satisfaction information, staff satisfaction information) or to plan a thorough evaluation of a particular issue in the next survey.

- The survey findings may not provide new revelations, but may confirm what most employees and managers already know are strengths, as well as challenges. In this sense, the data may confirm the need for interventions.

- Once the action areas are identified, the organization should assess and readjust relevant policies and practices.

**Survey Follow-up Checklist**

The following checklist is provided to help the PSC team move through the various follow-up action steps. Teams are encouraged to adapt this checklist to suit their particular circumstances.

<table>
<thead>
<tr>
<th>Action</th>
<th>Planned (check ✔✔✔✔ when done)</th>
<th>Implemented (check ✔✔✔✔ when done)</th>
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<tbody>
<tr>
<td>1. Meet with senior management to review key results and implications, identify up to 3 priorities for corporate-level follow-up action, and obtain commitment and resources.</td>
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<tr>
<td>2. Identify who will ‘own’ the follow-up process, including a senior management champion.</td>
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<td>3. Team meeting to discuss the survey results.</td>
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<td>4. Identify major strengths and gaps, and discuss implications for action.</td>
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<td>5. Create follow-up action plan and timetable.</td>
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<td>6. Communication to survey participants, outlining key findings.</td>
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<td>7. Engage other ‘change agents’ in the follow-up process.</td>
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<td>8. Risk Management/Patient Safety group review of implications of findings for</td>
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| patient safety practices, policies, programs. |  
|------------------------------------------------|------------------------------------------------|
| 9. Discussions and consultations with front-line managers and staff in formulating action plans, including timelines and goals, on 2 or 3 priority ‘opportunities for improvement’ identified through the assessment. |  
| 10. Feedback/Evaluation to CCHSA |  

3. Research Project Evaluation Process and Criteria

The PSC team in each participating organization will play an active role in monitoring and evaluating each stage of the survey process, data reporting, and data use.

The PSC team will meet as needed to plan the administration of the survey and coordinate follow-up actions. All members of the team are asked to document important observations they make about the survey process, comments received from staff participating in the survey, and their own ideas for improvement. This documentation should be consolidated at the end of the survey and reported to CCHSA. Team members are encouraged to provide any suggestions about the survey content and process.

The following topics will be used to evaluate the instrument and survey process:

**Feasibility**
- time to complete the survey
- clarity of survey questions
- ease of administration, including challenges and factors to address challenges
- areas for improvement

**Usefulness**
- purpose of survey
- relevance of survey
- respondent understanding of survey
- utility of survey results
- relevance of survey for planning/decision making
- areas for improvement
Appendix A: Patient Safety Culture Assessment Research
Project Frequent Asked Questions

Why are we doing a survey?
Patient safety within the health care system is receiving more and more attention, and a culture of safety is one of the cornerstones of patient safety. By participating in this project, your organization is demonstrating its commitment to enhancing patient safety. “In order to transform culture it is important to first understand and confront it. Culture assessment tools provide an avenue towards such understanding.”

The web-based survey is intended to help organizations to measure attitudes towards safety culture. This information will help to generate awareness, identify strengths, and will help to identify areas requiring improvement.

Why are we providing answers to CCHSA?
The Canadian Council on Health Services Accreditation is leading the project, and working with participating organizations to implement the survey.

How do we know the assessment tool is both valid and reliable?
The Modified Stanford Instrument is based on the Patient Safety Climate in Healthcare Organizations (PSCHO) survey tool was developed and tested by the Center for Health Policy and Center for Primary Care and Outcomes Research (CHP/PCOR) at Stanford University. The MSI has also undergone extensive testing and is currently being further validated as part of a research grant from the Canadian Patient Safety Institute. CCHSA will also evaluate the effectiveness of the survey throughout this project.

What about confidentiality?
The survey is designed to be completed anonymously. All the answers and information you provide, including demographic information, remain confidential. Statistical reporting will be presented in terms of group data only, and anonymity will be protected.

What happens to my actual survey responses?
Your survey responses become part of a database at CCHSA. This database is housed at CCHSA on a secure server. All survey responses are confidential, and no one sees your

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personal responses. After completing data collection, your organization will receive its aggregated survey results.

**Why do we have to provide all that demographic information?**
The demographic information enables CCHSA to stratify survey results, thereby providing organizations with information that is as specific as possible without revealing individuals. Remember, all data will be grouped so that no individual can be identified. The results that are reported by the various groups will allow the organization to measure attitudes towards safety culture, as well as identify opportunities for improvement. For example, if we have sufficiently large enough groups, we will be able to report on how nurses in specific care/service areas perceive patient safety culture compared to other care/service areas.

**How will the results be reported?**
The results will be reported and available for analysis as follows:

- Survey response rate
- Demographic variables
- Responses for all survey items, reported by demographic and variables.

**When will we get the survey results?**
Pulse survey results will be available within four (4) weeks of completing data collection. Each organization has password-protected access to its results on the CCHSA website, and the organization will receive a survey summary report. Once the results are presented to the organization, your PSCA team will review the results and identify key findings. These key findings, and the team’s assessment of their implications for the organization, will form the basis for discussions with senior leaders, as well as communications with survey participants and other employees. Each organization will have its own process to communicate survey results and next steps throughout the organization.

**What will happen to the results?**
Survey findings will be used by organizations to understand attitudes towards safety culture, and to identify strengths and areas for improvement with regards to patient safety culture. Survey findings will also help to engage stakeholders in discussions of high priority opportunities for improvement and to plan appropriate interventions. The survey results should encourage organizations to think more strategically about patient safety.

**Do I have to participate in this survey?**
Participation in the survey is voluntary. The higher the response rate, the more reliable the data and information is to your work unit and to your organization. By providing your input and feedback through the survey, your organization will know more about attitudes towards safety culture, and what aspects of patient safety need improvement.

**Do I have to answer every question on the survey?**
You are encouraged to answer every question on the survey, but you are not obligated to do so. It should also be noted that the software allows respondents can go back to previous answers to make changes. Respondents can also log-in more than once to complete the survey.

**Where can I get more information about the survey?**
Each organization has a Patient Safety Culture (PSC) team to help administer the survey, plan follow-up actions, and collaborate with CCHSA. Your organization’s PSC team is your best source of information. Given that patient safety is a strategic area within each organization, the leadership and management staff should also be well positioned to answer your questions. Union leaders and front-line managers are also sources of information.

In addition, you can also get information about the survey from the CCHSA by calling (613) 738-3800 or toll-free 1-800-814-7769.
Appendix B: Promotional Kit for the CCHSA Patient Safety Culture Survey

The following are ideas to get employees excited about completing the online survey. It is important to create excitement and awareness of what their feedback will be used for. The goal of the promotions is to introduce the overall initiative, and to increase response rates for survey.

The following list includes some samples of suggested promotional materials/ideas.

- Posters for bulletin boards, by elevators, locker rooms, etc.
- Articles for newsletters
- Letters to unions
- Letter to employees
- Power point presentations: for staff, for management, for unions
- Electronic reminders (group emails)
- Employee Response Thermometers – visually show the overall response rates on a daily basis to create excitement
- Give employees time to do the web survey at work. Provide technical assistance if necessary for those employees who do not feel comfortable with technology.
- Media Releases – community, media outlets
- Postcards, cards leading up to event
- Buttons, hats, shirts for PSC team members who are promoting the assessment.
Template Letter to Union/Professional Group/Committees, etc

Dear ____________

As you may know, our organization has been chosen to participate in the Patient Safety Culture Survey Pilot Project led by the Canadian Council of Health Services Accreditation (CCHSA). Safety culture assessments can provide important insights into attitudes towards patient safety culture, as well as areas that are already strong, and areas that require attention and improvement. Results from the patient safety culture assessment will also provide a baseline against which future culture assessments can be compared.

Internally, we also need to work together to ensure that the best ideas are turned into positive actions. We have created an internal Patient Safety Culture (PSC) team to help administer the survey, plan follow-up actions, and also collaborate with the CCHSA. We invite you to participate actively on the PSC and throughout the implementation of subsequent improvement activities.

We want to assure you that individual survey responses will be completely confidential. The employee feedback will be collected, analyzed and stored externally by the CCHSA. Within weeks, the information will be presented back to our organization in the form of group data only to ensure the confidentiality of the completed surveys.

All staff will be encouraged to participate in the Patient Safety Culture Survey through a confidential and secure website from date to date 2007. We are seeking your help to promote this survey, as we would like to ensure that employees from all groups are represented in the results. Any ideas that you can share with us to get more employees involved in the survey process would be welcomed!

We are looking forward to continue working together to help make our organization a safer place for staff and clients. For more information, please refer to the attached list of Frequently Asked Questions and Answers, or contact your representative on the Patient Safety Culture Assessment Team.

Thank you,

[Name]
(Chair of the Patient Safety Culture Team)
Sample Articles for Employee Newsletters, email bulletins, etc.

Introducing the Online Patient Safety Culture Survey!

Patient safety is taking centre stage within the health care system across Canada and around the world. Promoting a culture of safety is one of the cornerstones of patient safety. In keeping with this fact, the Canadian Council on Health Services Accreditation (CCHSA) is leading a project to assess patient safety culture within Canadian health service organizations. The objective of the project is to help organizations evaluate culture, including important insights into areas that are already strong, as well as areas that require improvement and attention. Results from the patient safety culture assessment will also provide a baseline against which future culture assessments can be compared.

[Insert quote from CEO - re: commitment and intent to follow through].

[Insert your organization's name] has chosen to be one of a limited number of organizations across Canada to participate in CCHSA’s project on patient safety culture survey. Through our participation, our organization is demonstrating that we take patient safety culture seriously, and that we want to improve patient safety. We have organized a Patient Safety Culture (PSC) team that will be responsible for promoting and administering the survey, planning follow-up actions, and collaborating with the CCHSA.

Here is the list of your Patient Safety Culture team members. Please feel free to contact any one of them if you wish to share any thoughts or ideas or if you have any questions or concerns.

Individuals throughout the organization will be invited to participate in the online Patient Safety Culture survey anytime from date to date, 2007. The survey will be completed through a confidential and secure website (which is housed externally at the CCHSA). You can complete this survey on any computer with Internet access, even one in the comfort of your own home. It should take you approximately 10 minutes to complete the survey.

Thank you in advance for taking the time to participate in this Patient Safety Culture Survey. We truly look forward to hearing your ideas on how we can make our work organization safer and better for staff and clients.