Maryland Patient Safety Center's

Call for Solutions 2020

Organization: Fort Washington Medical Center

Fort Washington Medical Center (FWMC) is located in a tight-knit community, on the outskirts of Washington, DC, in Fort Washington, Maryland. In 1991, Fort Washington Medical Center became an acute care hospital with 37-beds, and it is the youngest hospital in the Maryland healthcare system. The hospital serves 43,000+ patients every year and staffed by a group of physicians, nurses, and other medical professionals that care about the community.

Solution Title: Adopt-A-Room to improve patient experience and promote organizational teamwork

Program/Project Description, including Goals:

What was the problem to solve?

FWMC's internal culture perceived providers and nursing staff as key drivers to patient experience and its outcomes and scores. Patients do not always make the distinction to whom they actually encounter, and perceive everyone as either a doctor or a nurse even if they are really from an ancillary or support department (Ketelsen et al, 2014). The problem to solve was to engage the entire organization, to include ancillary departments, on improving patient experience. Every person, regardless of title or job class, had to see him or herself as having an impact on patients, families, and visitors. Furthermore, every person had to be an active and engaged participant in improving the patient experience.

How was it identified?

The organizations' disjointed approach to enhancing patient satisfaction primarily focused on nursing staff and providers, thus validating the culture's internal perception. Inpatient providers received patient experience training through their contracted agency, but not the organization in which they work. In addition, it is unclear if training is on-going. Studies have shown that purposeful nursing rounds can improve patient satisfaction (Mitchell, et al, 2014), but not

intended as a single-bullet remedy to improve patient experience. During hospital orientation, new hires receive an educational overview on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and its process, methodology, and impact on value-based purchasing (VBP). New hire hospital orientation helps to set first impressions of the organizational culture, policies, and expectations. Unfortunately, FWMCs hospital orientation did not provide a solid foundation or structure for employees as it pertained to behavioral expectations.

To compound this disjointed approach, was the lack of accountability and follow up to determine if efforts were being performed as intended, or at all, or if there was any impact on patient experience outcomes. FWMC participates in patient experience surveys. Although the survey results are beneficial, they are not reflective of real time patient feedback and represent a relatively small sample size compared to the number of admitted patients. Considering the lack of assessing nursing rounds effectiveness, and provider training, it was impossible to make a correlation on efforts and outcomes.

What baseline data existed? What were the goals – how would you know if you were successful?) This report will further detail the development of an interdisciplinary approach to addressing the identified problem. Part of this process was the identification of three quantifiable goals and targets for success:

Figure A.

FWMC Patient Experience Plan 2019 – Goals Source: HCAHPS		
Goals	**From (baseline)** FWMC Qtr. 4 2018	**To: Target** 2018 MD Average
Improve overall hospital rating	50%	66%
Improve doctor communication score	71%	81%
Improve nurse communication score	68%	80%
Increase inpatient response rate to 20% of total inpatient population.	14%	20%

Strategies to reach goals:

A. Engage all departments within the organization to improve the patient experience as evidenced by participation in specific programs and initiatives.

B. Increase awareness of patient experience and safety performance throughout the organization.

C. Educate providers, staff and nurses and implement best practices in improving communication and the patient experience.

Overall, the ultimate goal is to increase patient satisfaction and perception of care to the patient, family, and visitors of FWMC.

Process: What methodology or process was used to develop the Solution?

FWMC used the Plan Do Check Act (PDCA) methodology, which is a problem-solving model to continually improve processes. In addition to a proven PDCA methodology, FWMC used an interdisciplinary approach to problem solving.

All-hands-on-deck is a naval expression that neatly sums up how teams of people with a range of responsibilities unite to do one job. Delivering safe, high-quality care requires an all-hands-on-deck approach. The same sentiment is achieved in an interdisciplinary approach to caring. An interdisciplinary approach involves teams from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities (Jessup, 2007). Ancillary and support department leaders and staff must be engaged in the process and focused on the impact of patient experience and HCAHPS results. When ancillary partners carry goals for areas they own or share goals with nursing, it creates true synergy with everyone working toward the same outcomes (Ketelsen, et. al 2014). Teamwork is an integral element to a successful interdisciplinary approach.

Solution:

What Solution was developed?

Two solutions were developed:

1. The Interdisciplinary Patient Experience Committee (IPEC) was newly formed in February 2019. Prior to the development of this committee, patient experience was briefly discussed at monthly Leadership Meetings, which leaders primarily attended. Uncertainty existed as to whether information was shared with frontline staff and if so, to what degree. The development of this committee would serve to meet many

goals such as breaking down silos, engaging frontline staff through participation and involvement, members freely exchanging ideas, making suggestions and recommendations, which could prove useful for advancing patient experience. More importantly, promoting a bottom up management style, where goals, projects, and tasks are informed largely by employee feedback (Everwise, 2017).

IPEC collaboratively works with the Complaints & Grievances Department, and every department within the organization to provide a comprehensive team approach to increase patient satisfaction, perception of care, and ultimately achieve improved health outcomes. In addition, support actionable items from the Hospital Survey on Patient Safety Culture (HSOPS). The HSOPS is a tool designed to help hospitals assess the culture on safety in their institutions. In 2018, FWMC completed the HSOPS, which exposed areas in need of focused improvement – *Communication openness, Management Support for Patient Safety, Supervisor/Manager Expectations & Actions Promoting Safety, and Teamwork within Units*.

IPEC meets monthly and represented by all departments within the organization. There is a strong and preferred emphasis for staff versus leadership participation. The committee is approximately 50% attended by frontline staff. In addition and highly valuable, the committee has a community based Patient Representative that actively participates and shares views, comments and suggestions as a nonclinical person, but as a former patient. In addition, a Doctor of Nursing Practice (DNP) student partially participates and helps to facilitate and champion initiatives. This interdisciplinary team approach on improving patient experience had not been achieved prior, and has proven beneficial in supporting enhanced communication, sharing of data and its analysis, collaborative work, and development of performance improvement initiatives. Lastly, IPEC provided a format for all things patient experience to live. This included collective data from initiatives, HCAHPS surveys, patient rounding, Complaint & Grievances trends and analysis, online review, verbatim comments, etc. The benefit to this format is that information is no longer disjointed. In addition, all data is analyzed as one body of work, which clearly identified glaring themes for improvement.

2. Adopt-A-Room Initiative was a program derived from IPEC and proved the most innovative approach to patient experience within the organization. Designed to strategically enhance the patient experience by yielding meaningful outcomes – see Figure B.

Figure B.

Innovation	Benefit(s)
Engaging all levels of the organization as every department participates	Impact organizational culture by creating synergy, collaboration, teamwork, and communication
Increasing focused patient rounding	No longer nursing staff conducting patient rounding. All-hands-on-deck
Providing a structure in staffs' approach to patient interaction	Professionalism, uniformity, and continuity
Capturing qualitative and quantifiable data on patients' perception of care and services prior to being discharged	Close to real time feedback on care and services rendered. Produced actionable data and themes. Increase in the number of patient feedback.
Enhancing organizational awareness and ownership on patient experience and its outcomes	Every department is accountable and engaged
Supporting the purpose of IPEC and 2019 Patient Experience Plan	Demonstrates efforts towards improving.

How was it implemented?

Implementing IPEC was relatively painless as the organization strongly felt the need for a focused approached to improving patient experience. To commence IPEC, and to emphasize the importance of patient experience and its impact on patient safety, Sorrel King was invited to share her reality of her 18-month old daughter's death. Since the unexpected death of her daughter in 2001, Sorrel King has become a nationally renowned patient safety advocate. Sorrel's story is a sobering reminder to the responsibility we have to our patients.

The Chief Medical Officer led the charge by announcing the committee structure and the need for representation by all departments. The subsequent month, IPEC formed with an engaged

group of staff and leadership. The members developed and approved a committee charter (see Figure C.), which provided structure and directed the actions of IPEC.

Figure C.

Fort Washington Medical Center	[INTERDISCIPLINARY PATIENT EXPERIENCE COMMITTEE TEAM CHARTER-CY2019]

Topic	Content
Team Purpose	The purpose of the Interdisciplinary Patient Experience Committee (IPEC) and in collaboration with Complaints & Grievances is to provide a team approach to increase patient satisfaction, perception of care, and ultimately achieve better health outcomes. In addition, supports actions for the Hospital Survey on Patient Safety Culture and the following domains: Communication openness, Mgmt. Support for Patient Safety, Supv./Mgr. Expectations & Actions Promoting Patient Safety, and Teamwork Within Units.
Scope	IPEC will oversee the patient experience program by making key decisions, working with unit level teams to carry out improvement activities, and monitoring progress. In addition, the team will work towards improving the patients' experience through data review and analysis, innovation, collaboration from all departments, patient rounds, and development of action plans based on Key Drivers, evidenced based research, and hospital initiatives. Deliverable consists of documentation of patient rounding, sharing of monthly HCAHPS reports to include verbatim comments, outcome of patient rounds and review/discuss complaints and grievances.
Members	<table><tr><th>Department/Group</th><th>Responsible Person</th><th>Adopted Inpatient Room#</th></tr><tr><td>Admitting</td><td>Leilani Langford</td><td>230</td></tr><tr><td>Case Management</td><td>Anita Mason</td><td>242</td></tr><tr><td>Dietary</td><td>Sharon French</td><td>236</td></tr><tr><td>Education</td><td>Janese Nichols</td><td>238</td></tr><tr><td>Environmental Services</td><td>Derrick Hoffman</td><td>236</td></tr><tr><td>Health Information Management</td><td>John Cox</td><td>234</td></tr><tr><td>Human Resources</td><td>Tammy Woodfork</td><td>240</td></tr><tr><td>Infection Control/ Occupational Health</td><td>LeAnna Hatcher</td><td>226</td></tr><tr><td>Information Technology</td><td>Chris Burgess</td><td>234</td></tr><tr><td>Laboratory</td><td>Sharon Kennedy-Dews</td><td>214</td></tr><tr><td>Maintenance</td><td>Steve Blamer</td><td>216</td></tr><tr><td>Materials Management</td><td>Fiona McMahon</td><td>212</td></tr><tr><td>Patient Accounts</td><td>Betty Edwards</td><td>220</td></tr><tr><td>Perioperative</td><td>Socorro Obedoza</td><td>224</td></tr><tr><td>Pharmacy</td><td>Howard Robinson</td><td>218</td></tr><tr><td>Radiology</td><td>Julie Agbebaku</td><td>222</td></tr><tr><td>Rehab</td><td>Perique Wimes</td><td>228</td></tr><tr><td>Respiratory</td><td>Jereen Donaldson</td><td>210</td></tr><tr><td>Security</td><td>Lavonne Freeman</td><td>232</td></tr></table> **PI Coordinator & Patient Experience** – will serve as the IPEC facilitator, Project Manager for improvement activity and initiatives, collect data, track trends and report outcomes. In addition, assist with developing departmental action plans using evidenced based practice and resources. **Risk Manager** – will manage the Complaints and Grievances process and provide data and outcomes to IPEC. In addition,

	offer recommendations for improvement. **Managers/Directors/Lead Charge Nurses** – Responsible for developing, overseeing and implementing patient experience action plans for their respective area(s). Ensure representation for assigned area is present at IPEC. Support frontline staff participation at IPEC. Offer solutions for improvement to include feedback from frontline staff. Ensure effective communication on IPECs initiatives and outcomes are shared with staff. **Executive Leadership** – Provide support to IPECs programs and initiatives to include financial, staffing and administrative etc. to ensure departments are able to meet established goals and initiatives.
Meetings	The PEC will meet monthly and as needed based on critical situations. **Quorum**: There must be a minimum of five (5) committee members present.
Reporting Structure	The PEC reports to the Patient Safety Committee →Quality Assessment Performance Improvement (QAPI) Committee →Governing Board of Directors
Responsibilities	**Annually in November, the PEC members will review and revise as necessary**: 1. Patient Experience -Hospital Orientation presentation slides 2. Health stream Patient Experience learning module 3. PEC Committee Team Charter

Adopt-A-Room Initiative

A program derived from IPEC was the Adopt-A-Room initiative. This program created a platform for non-clinical departments to actively participate, and to see the impact they have on patient experience although they do not necessarily provide direct patient care.

How it works?

Figure D.

An Adopt-A-Room Initiative Guide was created, which provided the structure (uniformity, consistency, and one message) for the program. See outline guidance below:

Arrival to unit:

Notify the charge nurse and/or patient's nurse.

Before entering patient's room:

Knock and receive permission before entering room. Use proper hand hygiene. Prepare to smile and use cheerful tone of voice.

Entering patient's room:

Greet patient by name. Introduce yourself. Explain reason for visit.

Helpful script:

Good morning/afternoon/evening Mr. or Mrs. _____. My name is ____ and I am from the _____ Department. My purpose for visiting is simply to see how you are doing. I want to make ensure you are having a pleasant experience. Do you have any concerns or would you like to recognize someone for providing outstanding care or service? If you do not mind, I or someone from my department will visit you tomorrow to check-in on you. Is there anything I can do for you before I leave? Thank you for taking the time to speak to me.

Addressing negative comments or concerns:

When possible, offer an apology. Example: Mr. or Mrs. ____ I am sorry that we did not exceed your expectations. I will be sure to share your concerns with the appropriate person. Is there anything I can do for you now? Thank the patient.

Resource/Support:

In the event another department or service had to be contacted, a list of departments, leaders' name, and number was located on the guide. Example: The patient complained that their bathroom sink appeared to be clogged. The person conducting the rounds could quickly reference the Guide and contact facilities to investigate the issue. Immediately responding to the issue in front of the patient would demonstrate that their concerns are a priority.

To serve as a handy reminder, Figure E. below illustrates the double-sided card that each department/employee could carry along during patient rounding.

Figure E.

Document patient rounds:

Available to every department is a share drive folder located on the hospitals internal computer network system. An excel Adopt-A-Room Documentation Log (Figure F.) was created to capture data from patient rounding.

Captured Data:

- date rounds completed
- patient's account number
- reason for the inability to complete patient rounding (ex. isolation, sleeping, testing/procedure, non-verbal, vacant),
- brief description of patients feedback
- brief description of what was done to address patients concerns

- when applicable, name of person/department informed about the patient's concern
- indicate whether the patient's concern was resolved, unresolved, or requires follow up
- name of staff or department patient recognized for providing outstanding care or service
- additional comments

Each department has its own tab in which to capture their findings.

Figure F. Adopt-A-Room Documentation Tool (Patient's account numbers blacked out to obscure identifiable patient information)

Although some non-clinical staff are comfortable with interacting with patients, not all are. To help those people feel comfortable and to alleviate any angst, IPEC members' role-played the Adopt-A-Room Initiative to include varying patients' responses and examples on how to address them. This was a fun and teachable activity. Non-clinical staff not comfortable with entering isolation rooms, were excluded from rounds while precautions were in place. Alternatively, they could ask a clinical person to perform patient rounding on their behalf.

The Quality Departments' Performance Improvement Coordinators manages the Adopt-A-Room Documentation Log. Monthly, and at least 5 days prior to IPEC meeting, each departments' patient rounding comments are quantified, qualified, analyzed into a format to be shared, and discussed at IPEC.

An uncomplicated quantifying track tool (Figure G.) was designed to capture the number of rounds completed by each department per month. This data was not displayed at IPEC, but shared with department leaders for accountability purposes.

Example:

Figure G. Adopt-A-Room: # of Patient rounds completed by department/month

| Departments | # of Rounds | | | | | | | | | | Sum |
	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
Admitting	0	8	20	6	8	15					57
Case Mgmt.	0	0	0	0	0	0					0
Dietary	15	29		31	7	14					96
Education	33										33
EVS	3	0	0	0	0	0					3
HIM	32	17	39	23	22	39					172
HR	12	0	0	0	3	0					15
Infection Control	16	5	0	0	0	0					21
Information Tech	0	0	0	0	0	0					0
Laboratory	32	NA	19	0	0	0					51
Maintenance	0	0	0	0		0					0
Materials Mgmt.	13	14	15	0	0	0					42
Patient Accounts	0	0	0	0	0	0					0
Perioperative	38	18	24	7	15	8					110
Pharmacy	13	18	25	12	13	25					106
Radiology	10	24	24	0	4	0					62
Rehab	39	26	65	29	36	55					250
Respiratory	30	11	34	28	19	17					139
Security	0	0	0	0	0	0					0
sum	286	170	265	136	127	173					1157

An uncomplicated qualifying tally-tracking tool (Figure F.) was designed to capture trends from patient's feedback. This provided vital information in identifying trends and areas to focus improvement efforts.

Figure H. (example) Adopt-A-Room: Comments and # of instances

	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Sum	%
# of Rounds	286	170	265	136	127	173	0	0	0	0	1157	%
No concerns/Complaints	153	51	62	69	61	53					449	38.81%
Compliments	16		2	2		0					20	1.73%
Sleeping	37	19	23	21	15	37					152	13.14%
Vacant	23	25	37	18	19	44					166	14.35%
Isolation	5	5	0	0	3	0					13	1.12%
Testing/Procedure	3	2	8	3	1	3					20	1.73%
Receiving Personal Care		4	0	3	1	0					8	0.69%
Pain	10	3	2	2	0	4					21	1.82%
Nourishment	6	2	4	5	1	2					20	1.73%
Behavior	8	2	1	1	2	1					15	1.30%
Positioning	1	0	0	0	0	0					1	0.09%
Medication Delay	3	0	0	0	0	0					3	0.26%
Care Delay/Response	1	3	1	3	1	1					10	0.86%
Hygiene	2	0	0	1	1	0					4	40.00%
Bathroom	1	0	0		0	0					1	0.09%
Language Barrier	1	0	0		0	1					2	0.17%
Pt. Cofused	2	0	0	3	4	2					11	0.95%
Temp. Too Cold	0	0	0	1	0	0					1	0.09%
Temp. Too Hot	0	0	0	0	2	0					2	0.17%
Post DC Plan	0	0	0	1	0	1					2	0.17%
Construction- Room	0	0	0	1	2	1					4	0.35%
Plan of Care	0	0	0	2	0	2					4	0.35%
Cleanliness	0	0	0	1	0	0					1	0.09%

Patient provided feedback on staff and departments that rendered excellent care or service. This information was captured as well and illustrated below in Figure I.

(Figure I.)

Staff Complimented	
Adebisis Allison	
Adela	
Allison	2
Ann	2
August	
Beth	
Christina	6
Curtis	
Derrick (EVS)	
Dianna	
Katherine	2
LeAnna (IC)	
Lola	
Mila	2
Neda	
Ola	2
Pam	
Perique	
Queenie	
Ranjit	
Sharon	
Toni	
Wendy PT	1
Musu	1
Caroline	1

Departments Complimented	
OR	
PACU	
ED	3
2East	2

Figure J. below displays a summary of a department report out at IPEC.
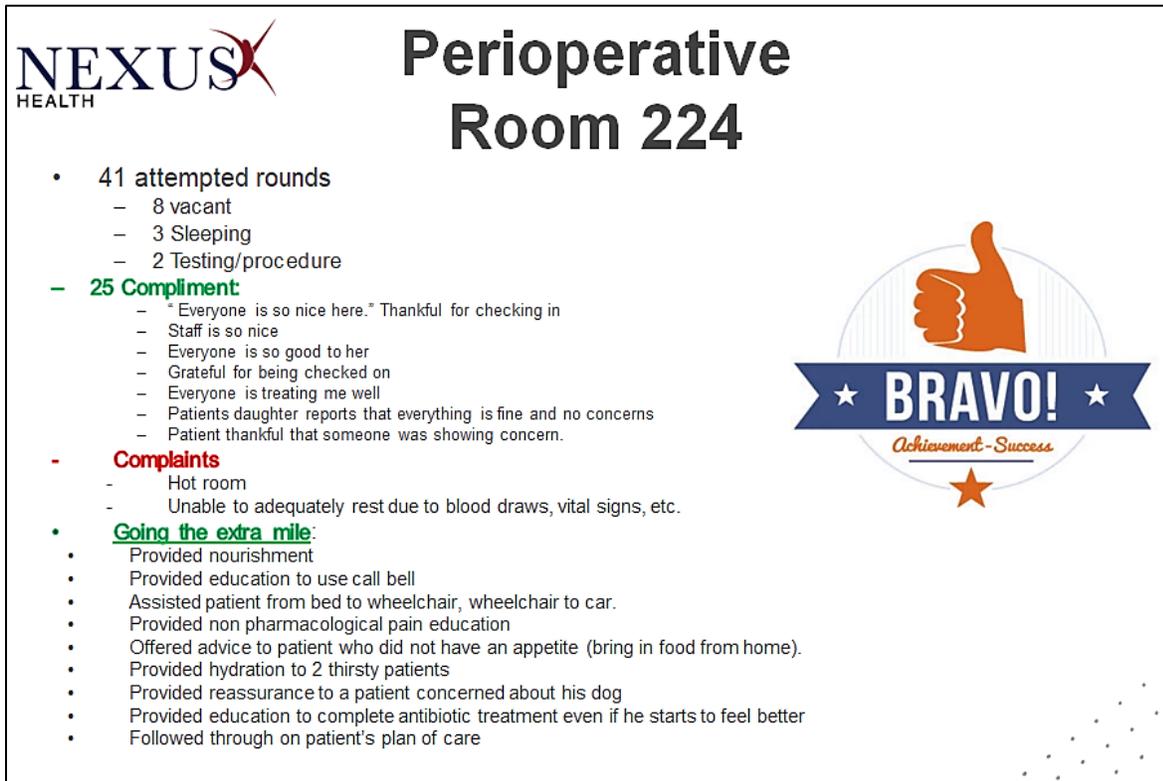
Below, Figure K. displays an Adopt-A-Room summary for a particular month and reported at IPEC.

Figure K.
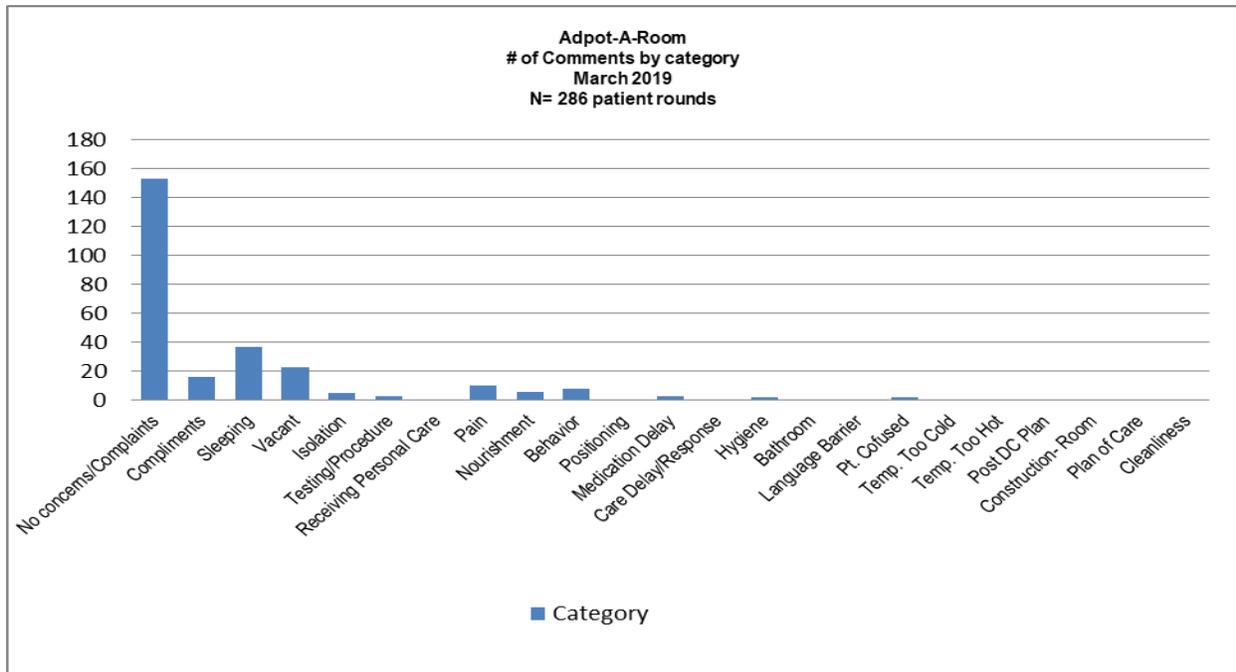
Measurable Outcomes:

What are the results of implementing the Solution? Provide qualitative and/or quantitative results to data. (Please include graphs, charts or tools).

The creation of IPEC and the Adopt-A-Room initiative both proved highly successful. IPEC has met for approximately eight consecutive months with 100% participation and engagement from every department. In addition, the Patient Representative values the meeting so much that on the one month she was unable to attend, she profusely apologized and insisted that on a later date she was provided a one-on-one update, as she did not want to miss anything. The committee continues to have at least 50% staff participation.

The Adopt-A-Room initiative exceeded expectations and has created a high level of synergy in a relatively short period. Prior to this program, nursing staff were required to conduct hourly patient rounding. In addition, leadership completed patient rounding. Unfortunately, any information captured was not analyzed, or shared for the benefit of identifying what worked well or opportunities for improvement.

Results:

1. In eight months, FWMC has captured relatively real time patient feedback from minimal (unquantifiable as it was not captured) to 1157 patient encounters.
2. Initially, complaints increased which was to be expected as the Adopt-A-Room created an opportunity to capture more patient feedback. After a few months, data shows fewer complaints and very little negative HCAHPS verbatim comments.
3. On the spot service recovery. Through the Adopt-A-Room initiative staff is able to address patients concerns on the spot. As the Adopt-A-Room log illustrates, patients are appreciative that their needs and concerns are heard and acted upon.
4. Through the consolidation of all things patient experience (HCAHPS survey results, verbatim comments, online reviews, Complaints and Grievances, Nursing Supervisor reports, Adopt-A-Room Initiative, Thank you Cards, etc.) and information shared and discussed at IPEC, three glaring themes for improvement were identified.
   a. Communication
   b. Empathy
   c. Accountability

There is a high level of organizational engagement to improve upon these themes, as it is not a top-down leadership demand, but something that evolved through the work of front line staff and their efforts. An example of this bottom-up engagement is how one unexpected department stepped up to flex their talent. The organization's Information Technology (IT) Department is not known to be vocal and seen as a helpful resource for all things computer based. After several months of participation at IPEC, a member of IPEC volunteered to facilitate an educational session on breaking down silos. Not only did IT conduct an amazing and engaging presentation, others within the organization no longer view IT staff as a group of quiet computer geeks, but active and engaged members of the team.

Another unexpected outcome from the Adopt-A-Room initiative is the ownership staff has of their assigned room. Not only does staff round on the patient, but also the environment and climate of the room. Staff has opened blinds to let in the sunlight. Staff has called maintenance or housekeeping to tend to something that the patient was unaware.

In another instance, a patient asked for a newspaper to read. It was at that moment the staff person realized that the organization does not offer that type of reading material. The staff person went to the local store and purchased a newspaper for the patient. The next day, the staff person arrived prepared with another newspaper. The patient was extremely appreciative. This encounter was shared at IPEC, and now the organization has a newspaper subscription available to patients. These are small but highly impactful things that patients and staff appreciate. Not only was the patient appreciative, but the employee was proud that she could make someone feel happy and promote change on an organizational level.

5. At the beginning of this process, goals and targets were set. As of today, there has been improvement in all areas, with nursing communication, and overall hospital rating having the highest improvements (see Figure L.)

Figure L.

FWMC Patient Experience Plan 2019 – Goals			8 month analysis review	
Goals	**From (baseline)** FWMC Qtr. 4 2018 – source HCAHPS	**To: Target** 2018 MD Average – source HCAHPS	**Qtr. 3 2019** Source: HCAHPS	**Analysis comparison Baseline: Target**
Improve overall hospital rating	50%	66%	62.1%	⬆ 12.%
Improve doctor communication score	71%	81%	72.4%	⬆ 1.4%
Improve nurse communication score	68%	80%	78.2%	⬆ 10.2%
Increase inpatient response rate to 20% of total inpatient population.	14%	20%	Unable to determine at this time.	

Sustainability: What measures are being taken to ensure that results can be sustained and spread?

Sustainable is obtainable. Most departments have more than one employee, which provides an opportunity to not overburden one person with performing daily rounds. In addition, smaller departments share an inpatient room and collaborate on a rounding schedule.

With continuation of the multi-disciplinary team approach, we are sustaining our efforts for improvement through continuous communication, sharing of data and its analytics. The PDCA cycle has demonstrated benefits in both IPEC and the Adopt-A-Room initiative. As of today, both programs will continue.

Role of Collaboration and Leadership:

What role did teamwork and collaboration play in the Solution?

What partners and participants were involved?

Was the organization's leadership engaged and did they share the vision for success?

How was leadership support demonstrated?

This initiative could not work without collaborative teamwork between hospital staff and medical providers in conjunction with the support of Executive Leadership. The Chief Medical Officer and Chief Nursing Officer were highly engaged and supportive of the progress and outcomes of this initiative. The multi-disciplinary team was further highlighted with participation from a DNP scholar and a Patient Representative. We were fortunate because the team members were vested in success as evidenced by active participation and full attendance at team meetings.

Innovation:

What makes this Solution innovative?

What are its unique attributes?

When dealing with complex processes with many nuances and layers, sometimes the best approach for improvement is to keep it simple. The innovation comes in the form of one department taking ownership of one inpatient room. This provided a manageable and structured approach versus different teams of people rounding in various patient rooms. In some instances, a patient could have been visited twice, which the patient could feel there is a breakdown in communication and/or teamwork. FWMC is a small hospital and assigning an inpatient room to each department is something that larger hospitals could do as well. In larger hospitals, it may take more effort to quantify and qualify large volumes of data, but financially beneficially. Close to real time data is received. Actionable items are identified based on current information, and increased patient feedback versus information received 6 weeks to months later. In addition and extremely impactful, is the opportunity to perform service recovery on the spot. Assigning an inpatient room may sound simple, but sometimes that is the best approach.

Culture of Safety:

What impact did the solution have on the culture of safety within the organization?

The culture of safety within health care is an essential component of preventing or reducing errors and improving overall health care quality (AHRQ, 2017). FWMC supports the collaboration across ranks and disciplines to seek solutions to patient safety problems. In addition, there is an organizational commitment of resources to address safety concerns. Listening to the voice of the patient and creating an atmosphere where patients feel comfortable to speak, promotes patient safety. A breakdown in communication is always a contributing factor in patient safety events. Adopting the High Reliability Organization (HRO) principles, IPEC

does not ignore any failure, no matter how small, because any deviation from the expected result could lead to an untoward outcome. Additionally, it is important to focus on how things could fail, even if they have not. The use of the PDCA methodology prevents us from not acknowledging the complexities of a problem, but assists in identifying the root cause of a problem.

Patient and Family Integration:

How did the solution include the patient and family?

FWMC asked a former patient, who was not happy with the care and services, to become a member of IPEC. She agreed. Without doubt, this has proven to be extremely beneficial. We wanted to demonstrate that the organization is truly striving for excellence. Also, we do not have all the answers. During IPEC and with the Patient Representative present, the good, bad, and ugly is shared with full transparency. When the Patient Representative speaks, every member of IPEC listens. The Patient Representative is extremely engaged and an integral part of improvement efforts.

Related Tools and Resources

1. Culture of Safety. (n.d.). Retrieved November 11, 2017, from https://psnet.ahrq.gov/primers/primer/5/safety-culture#
2. Jessup, R. (2007, September). Interdisciplinary versus multidisciplinary care teams; do we understand the difference. Retrieved October 28AD, from https://www.researchgate.net/.
3. Lavenberg, J. G., Trotta, R., & Umscheid, C. A. (2014). Hourly rounding to improve nursing responsiveness: a systematic review. Retrieved from https://ncbi.nlm.nih.gov//.
4. Ketelsen, P. (2016, June). HCAHPS: What's it mean to you. https://hcatoday.com.

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