Accelerating Culture Change - a Multifaceted Approach
University of Maryland Medical Center

Program/Project Description
It is widely accepted that a culture of safety is essential to prevent errors and improve quality in healthcare. Changing a culture, however, is a slow and imprecise process. To achieve performance excellence, we aimed to make significant changes in safety culture.

Process.
The AHRQ Hospital Survey on Patient Safety Culture was used to assess safety culture and evaluate changes over time. The 12-dimension survey was administered to physicians and all hospital staff with patient contact in 2006, 2008, and 2009. AHRQ’s Comparative Database was used to benchmark performance.

Solution.
Over four years, a multifaceted approach was used to promote and support a culture of transparency and safety. Strategies included formal safety training, leadership safety rounds, safety discussions at all meetings, safety culture data discussions, safety and quality conferences and poster days, quality of care reviews, huddles, and implementation of a safety hotline.

Measurable Outcomes.
The 2009 safety culture results showed improvement in all 12 dimensions of culture ranging from 3% to 10% compared to the 2008 survey, with 11 of the dimensions improving 5% or more. Given that the average change in the AHRQ database is 2%, our results represent significant improvement. Notably, “feedback and communication about error” as well as “teamwork across hospital units” improved by 9% in an 18-month time period. Using hospitals with 500+ beds as the benchmark, all dimensions are better than average with 10 of 12 dimension of safety culture significantly (5%) better than average.

Sustainability.
In our organization, a long-term, comprehensive approach to improving patient safety has resulted in significant improvement in safety culture scores. Commitment to sustain and continually improve the current safety culture remains a priority of hospital leadership. The strategies to improve safety culture continue, and additional improvements include addition of a monthly Great Catch award, and Team STEPPS.

Role of Collaboration and Leadership.
The ability of leadership to actively engage and collaborate with staff and physicians are evident in the AHRQ results. Hospital management support for patient safety improved 10% in the 18 month between the 2008 and 2009 surveys, which meant a 17% improvement from 2006 to 2009.

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