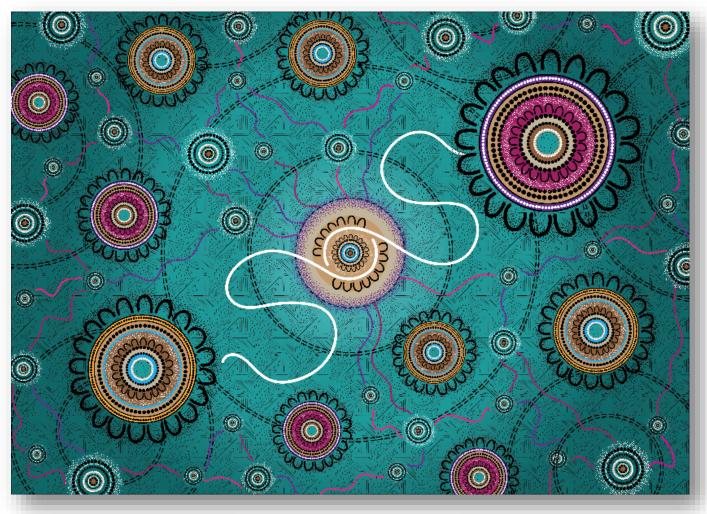


### Transforming Safety Culture It's all about the team

Bernadette King Principal Lead System Safety Culture Clinical Excellence Commission

### Acknowledgement of Country and Elders





CLINICAL EXCELLENCE COMMISSION

This artwork was commissioned by the CEC. It is called 'Health Custodian' and was created by Jasmine Sarin. Jasmine is a proud Kamilaroi and Jerrinja woman from New South Wales.

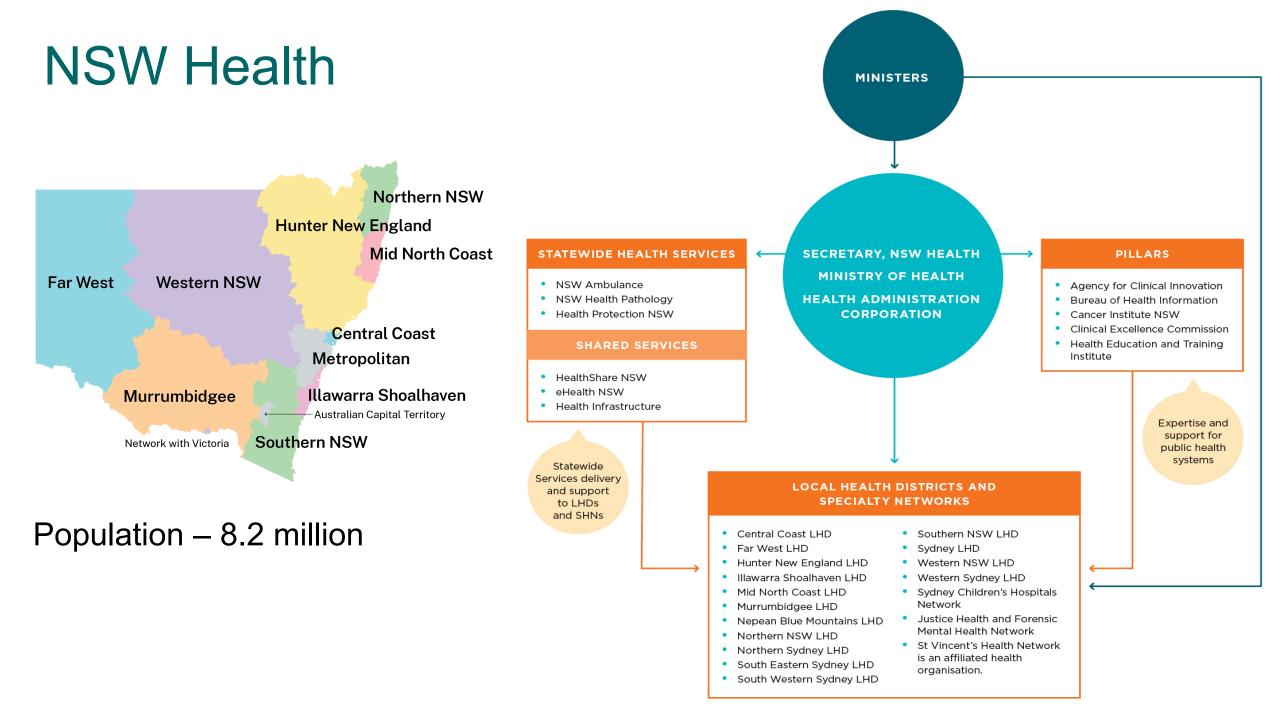
### Recognition of living experience

The Clinical Excellence Commission recognises and values consumers, patients, carers, loved ones and staff as partners in healthcare.

The voices of people with living experience are powerful. Their contribution is vital to the work of continuously improving safety and quality in our health system.







### The Clinical Excellence Commission

Specialists in safety: partners in improvement

- Lead organisation for safety and quality in NSW
- Committed to continuous improvement in patient safety
- We strive for safer care, for every patient, every time

CLINICAL









### A bit about me









### System Safety Culture Team

#### **Team Vision**

Partner with clinicians to create conditions that provide psychologically safe work environments, enable improved teamwork and communication with a focus on safety culture and a strengthened focus on the experiences of staff, patients, and families.



**Dr Mary Ryan** Team Effectiveness Lead



Sue Sims Safety Culture Lead



**Bernadette King** Principal Lead, System Safety Culture



**Debbie Draybi** Clinical Communication Lead



**Debby Shea** Program Support Officer



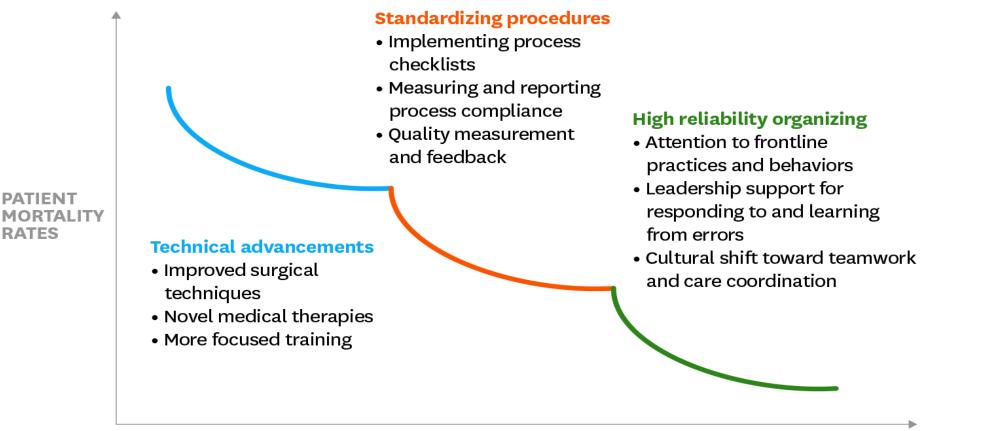
Heather Moses Partnering with People for Safety and Quality Lead



### 3 waves of innovation in Patient Safety

#### **3 Waves of Innovation in Patient Safety**

Technical and procedural improvements have made surgery safer, but future innovation will focus on reliably organizing the work of patient care.



**INNOVATION OVER TIME** 

### What is a safety culture?

'the way we do things around here'

- An organisational culture that places a high level of importance on safety beliefs, values and attitudes—these are shared by most people within the workplace.
- It is about people and how they work together from all levels of the organisation.





### Team behaviour and safety culture

The benefits of effective teamwork communication are well described

- Harm minimisation
- Increase in patient safety
- Better staff experience
- Reduction in staff stress
- Improved job satisfaction





### "Culture eats strategy for breakfast"

Peter Drucker.





The most dangerous phrase in the language is, "We've always done it this way."

Rear Admiral Grace Hopper Pioneering Computer Scientist 1906-1992

### **Psychological Safety**

'It feels safe – it is safe'



"Organisational learning for safety and quality must be underpinned by a culture of psychological safety. Psychological safety is a shared belief to take **interpersonal risk**. Interpersonal risk can take the form of contradicting others, asking questions, or sharing new or alternative ideas."



Edmondson, A. (1999). Psychological safety and learning behavior in work teams. Administrative Science Quarterly, 44, 350–383.



Self	Team	Organisation
My safety and quality responsibilities are clearly defined	Our team demonstrates our individual and shared safety and quality responsibilities to deliver outcomes	There is a comprehensive support network of safety and quality experts who can help us
I have the specific safety and quality capabilities to be effective in delivering my responsibilities	Our team has the breadth and depth of safety and quality capabilities to support each other and fulfil all our responsibilities	A pathway, infrastructure and faculty support our safety and quality capability development
I am a relentless steward of safety and quality for our patients and team	Stewardship for safety and quality is modelled by our leader(s) and reflected by the team	Safety and quality stewardship is modelled at all levels of the organisation
I contribute to enhancing our local safety culture	Our team routinely and collectively monitors and works to improve our safety culture	Our organisation has a safety culture framework that is evident is all teams and services



Adapted from O'Donovan R, McAuliffe E. A systematic review of factors that enable psychological safety in healthcare teams. International Journal for Quality in Health Care. 2020 May;32(4):240-50

### **Power Dynamics**

- Power dynamics are always present to some degree in our health organisations by virtue of the hierarchal nature of roles and responsibilities.
- Power dynamics hinder safety.
- In a safety culture the power dynamics of hierarchy must move to the background. In the foreground are the empowered patient-clinician dyad, the clinical team, and the clinician-manager relationship.







### Incivility

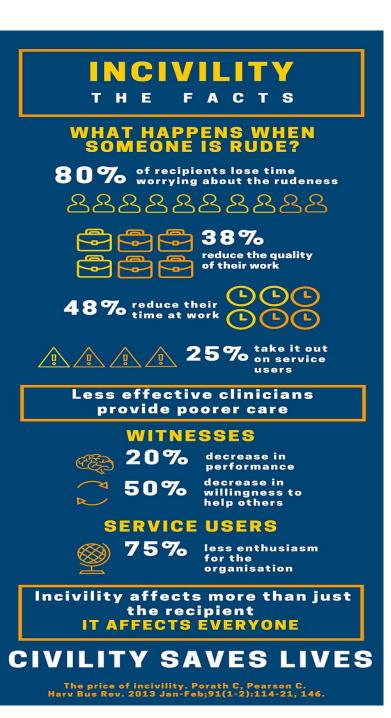
- Teams work best when all members feel safe and have a voice.
- Incivility has been shown to reduce team functioning, clinical decision making and patient outcomes – it robs teams of their potential
- Civility between team members creates that sense of safety and is a key ingredient of a safety culture and great teams.

When rudeness in teams turns deadly | Dr Chris Turner | TEDx



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https://www.civilitysaveslives.com/



"A fascinating, not-to-be-missed book." — Marshall Goldsmith, bestselling author of What Got You Here Wou't Get You There

## THE COST OF BAD BEHAVIOR

How Incivility Is Damaging Your Business and What to Do About It

Christine Pearson and Christine Porath

Foreword by Warren Bennis

"I made a mistake and was publically shouted at in the prep room.

> I barely slept for weeks."

ivilitysave

### **Teams and Wellbeing**

- Well-being is the experience of health, happiness, and prosperity.
- It includes having good mental health, high life satisfaction, a sense of meaning or purpose, and ability to manage stress.





### What has Wellbeing got to do with safety culture?



- The delivery of safe, quality, person centred care is fundamentally grounded in human beings caring for other human beings, with kindness, respect and compassion.
- The most joyful, productive and engaged staff feel both physically and psychologically safe. They appreciate the meaning and purpose of their work, experience camaraderie with others and perceive their work life to be fair and equitable.
- Ultimately the ability for staff to provide safe effective person-centred care will be impacted by how well they feel cared for themselves.



### Psychological Safety & Wellbeing







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Teams who engage in teamwork processes are 2.8 times more likely to achieve high performance than teams who do not.

(Schmutz et al. 2019)

### Healthcare Safety Culture Framework



- The CEC has developed a Healthcare
   Safety Culture Framework
- Everyone has a role in enabling a safe culture through attitudes, behaviours and actions
- The frameworks' purpose is to promote a shared mental model of the interconnected components of Healthcare Safety Culture and highlight the importance of compassionate leadership as an enabler.

### **Compassionate Leadership**

- The Kings Fund describes *compassionate* leadership as most effective for safety and quality outcomes.
- It is respectful, inclusive and distributed across the whole care system, from patients, clinical and support staff, to management and boards.
- We all play a part in leading with compassion by listening to, understanding, empathising with, and supporting people.
- Compassionate leadership behaviours enable a safety culture.



### COMPASSIONATE LEADERSHIP SKILLS & TRAITS



#### Introspective Examines their beliefs to consider how their actions affect the world

around them



Collaborates &

**Communicates** Openly

Embraces the inspiration

and participation of others

by accepting new ideas

and perspectives



#### **Thinks Critically**

Explores a topic from all angles before making a well-thoughtout decision



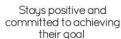
#### Empathetic

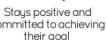
Connects to feelings outside their own by viewing concepts through the lens of another



#### **Inspires Peers**

Sets a positive example for the people around them









Works well in a team and engages their peers by leveraging their unique, individual skill sets



#### Hopeful & Optimistic Adaptable & Resilient

**Embraces challenaes** and overcomes setbacks 23

### Compassionate leadership in other settings



Harvard Business Review

Health And Behavioral Science | Leading with Compassion Has Researc...

Health And Behavioral Science

#### Leading with Compassion Has Research-Backed Benefits

by Stephen Trzeciak, Anthony Mazzarelli, and Emma Seppälä

February 27, 2023

## Compassion can produce better performance - just look at the Lionesses

https://www.theguardian.com/sport/2023/aug/14/compassion-betterperformance-lionesses-england-sarina-wiegman?CMP=share\_btn\_link

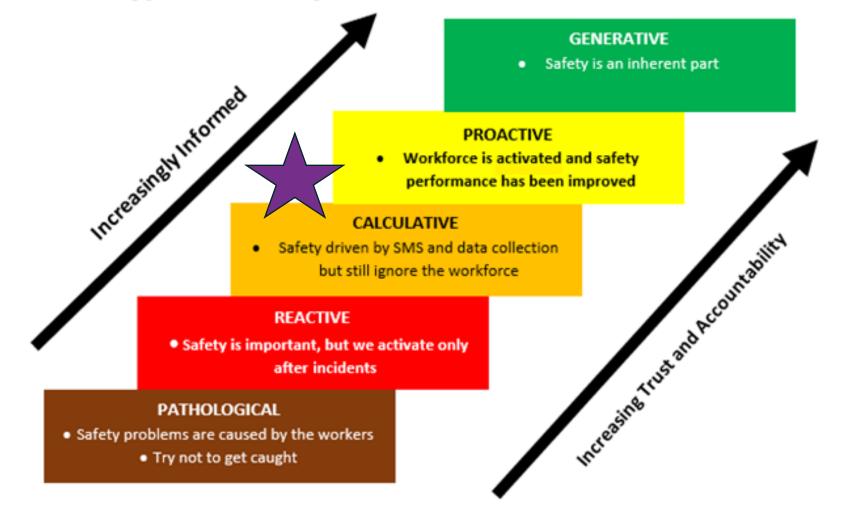
FORBES > LEADERSHIP > CAREERS



5 Reasons Why Compassionate Leadership Is The Key To Success

### Safety culture maturity

#### **Types of Safety Cultures**



Parker, D., Lawrie, M. & Hudson, P. (2006). A Ladder for understanding the development of organisational safety culture. *Safety Science*, 44, 555-562

### Safety Fundamentals

strengthening and promoting behaviours that lead to highly reliable care





CLINICAL EXCELLENCE COMMISSION https://www.cec.health.nsw.gov.au/improve-quality/teamwork-culturepcc/safety-fundamentals/for-teams Clinical Excellence Commission

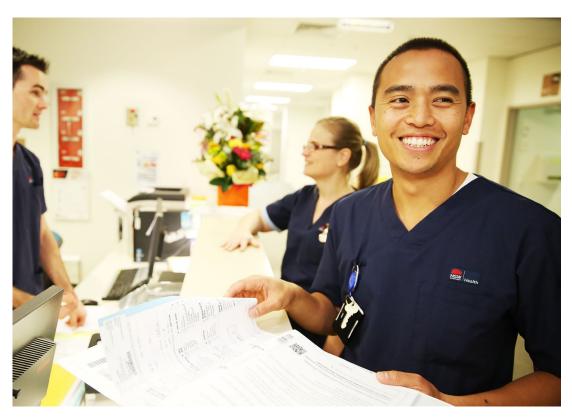
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### Features of Safety Fundamentals

- Behaviour focused change in staff and how they interact within the team and with patients/families/carers
- Important staff recognise activity will improve their experience of work and have meaningful impact for them and their patients
- Evidence-based contributes to the optimal care of and respect for patients and staff
- Measurable specific enough to determine the process or behaviours occur reliably
- Sustainable without substantial renovations, capital expenditures, or purchase of new equipment or technology







### The Safety Fundamentals



### Supporting resources/tools

- Some of the fundamentals are straightforward and quick to implement such as Safety Huddles but all can be adapted to most environments
- Engage medical and nursing leads is key, to provide guidance, support and sustainability of the process you want to implement
- Involve all staff from across all disciplines; clinical and non-clinical
- Plan a way to evaluate to inform changes
- Adapt as required this is about behaviour change and local needs.



### Safety Culture Measurement

Undertaking a safety culture survey enables teams/organisations to:

- Appreciate safety culture as something that needs to be invested in, nurtured and cultivated
- Acknowledge that people are your most important asset
- Work together to change the way in which teams and organisations work and
- Communicate to improve the experience of care for patients and staff



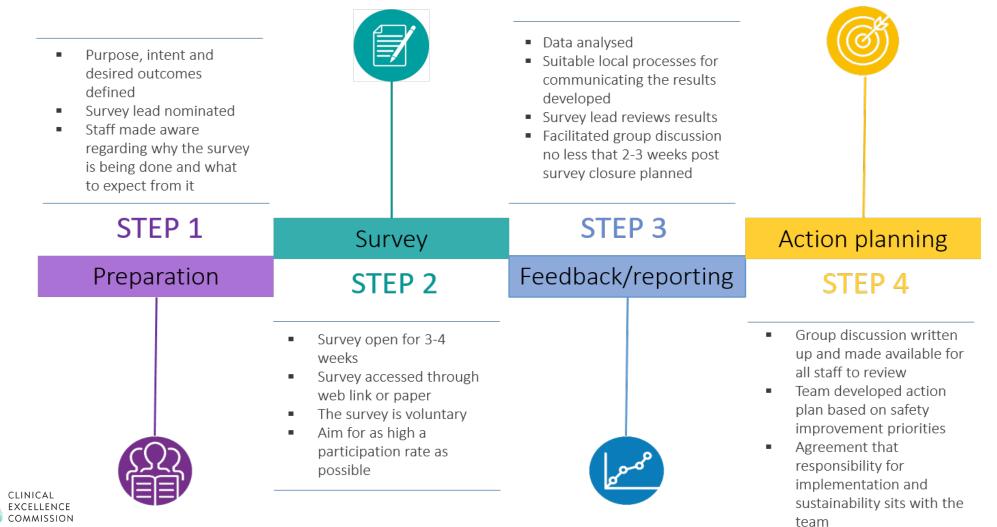
### Safety Attitudes Questionnaire (SAQ)

<sup>1</sup>Sexton, J. B., Helmreich, R. L., Neilands, T. B., Rowan, K., Vella, K., Boyden, J., Roberts, R., & Thomas, E. J. (2006). The Safety Attitudes Questionnaire: psychometric properties, benchmarking data, and emerging research. *BMC health services research*, *6*(1), 44.

Domain definition	Example questions
<b>Teamwork:</b> perceived quality of collaboration between personnel	<ul> <li>Disagreements are appropriately resolved</li> <li>Our doctors and nurses work together as a well coordinated team</li> </ul>
<b>Job satisfaction:</b> positivity about the work experience	<ul><li>I like my job</li><li>This ward/unit is a good place to work</li></ul>
<b>Perceptions of management:</b> approval of managerial action	<ul> <li>Management supports my daily efforts in this ward/unit</li> <li>Management is doing a good job</li> </ul>
<b>Safety climate</b> : perceptions of a strong and proactive organizational commitment to safety	<ul> <li>I would feel perfectly safe being treated here</li> <li>Ward/unit personnel frequently disregard rules or guidelines</li> </ul>
<b>Working conditions</b> : perceived quality of the work environment and logistical support (staffing, equipment etc.)	<ul> <li>Our levels of staffing are sufficient to handle the number of patients</li> <li>The equipment in the ward/unit is adequate</li> </ul>
<b>Stress recognition:</b> acknowledgement of how performance is influence by stressors	<ul> <li>I am less effective at work when fatigued</li> <li>When my workload becomes excessive my performance is impaired</li> </ul>

### Survey part of wider process

#### http://www.cec.health.nsw.gov.au/improve-quality/safety-culture





### **Reflective Practice**

Dynamic process that involves thoughtfully, honestly and critically considering all aspects of professional experience and applying knowledge to practice

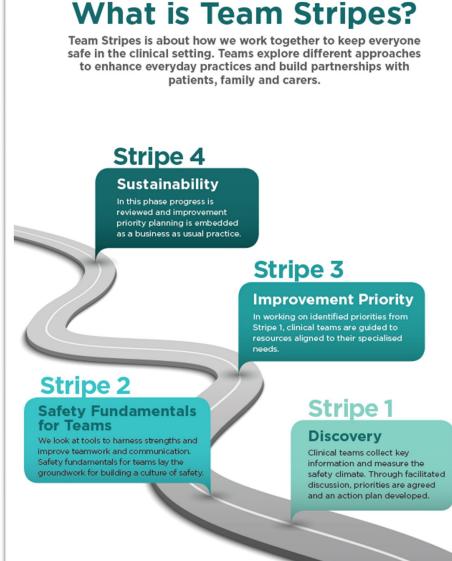
What is it?		How to role model it
To be open-minded about the other operson's perspective	Curiosity	Suspend judgment, ask questions to increase understanding
To understand the other person's context, situation and what they're thinking and feeling, which drives a need to act	Compassion	Recognise and validate the range of emotions others might be feeling, and explore how to help
To apply a human-centred approach	Respect	Put others at the heart of conversations, solutions and decision-making
A willingness to pivot to ideas and solutions that may be different from where you started	Agility	Soom out and broaden perspectives, shift and change mindset and sense-make in the moment
Being clear and honest in what you want to say	Authenticity	Share the reasons why something might be important to you
SW CLINICAL EXCELLENCE COMMISSION		https://www.cec.health.nsw.gov.au/improve

guality/teamwork-culture-pcc/teamwork/reflective-practice

# Team Stripes: building on the strength of the team and fostering a strong safety culture.

- A framework that uses an approach that works with and supports clinical teams to ensure an individualised service specific approach to safety improvement
- Helps teams identify priority areas for improvement
- Teams explore different approaches to enhance everyday practices and build partnerships with patients, family and carers





### How it has worked

- Contacted by small local hospital to support staff in identifying local improvement priorities arising from outcomes of a self-assessment
- Diagnostics culture survey; review of incident data; review of patient / family feedback
- Facilitated discussion 'What do you need to do to change the results'
- Three priorities agreed:
  - Communication
  - Staffing
  - Food services and quality













### Rural outpatient unit









*'Without a physically and psychologically safe and healthy workforce, excellent health care is not possible.'* 



**Donald** M. **Berwick**, MD, MPP, FRCP, KBE, President Emeritus and Senior Fellow, Institute for Healthcare Improvement, Visiting Fellow at The King's Fund.

Choices for the "New Normal" JAMA. 2020;323(21):2125-2126. doi:10.1001/jama.2020.6949



# Thank you

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Website: https://www.cec.health.nsw.gov.au/