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Improving the Culture of Safety at Banner Health

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



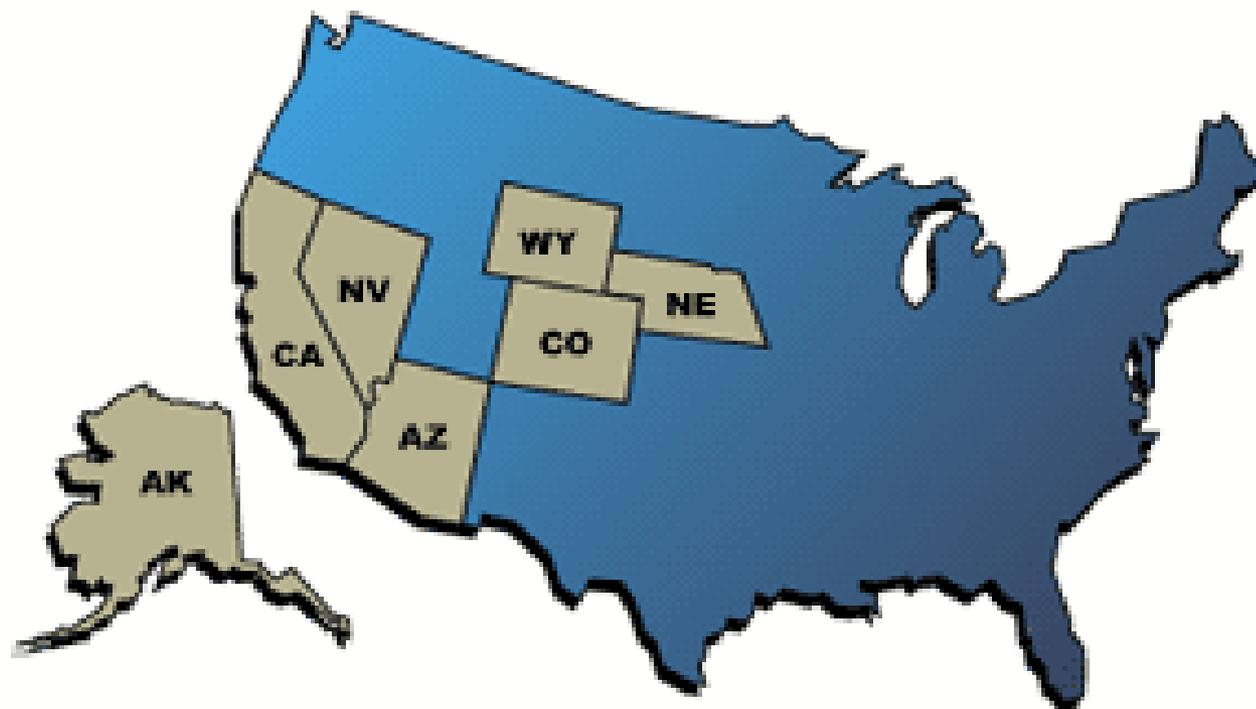
Objectives

- Describe deployment of AHRQ Survey on Patient Safety across a 22 hospital system
- Discuss the usefulness of the survey as part of a patient safety strategic initiative with focus on improving perceptions of patient safety
- Highlight Banner's journey and successes at driving improvement in the culture of safety at Banner Health



About Banner Health

- 22 Facilities in 7 States



Banner's Mission



*Making a difference in people's lives through
excellent patient care.*

Banner's Vision

*Leadership in clinical quality, customer service
and operational performance*



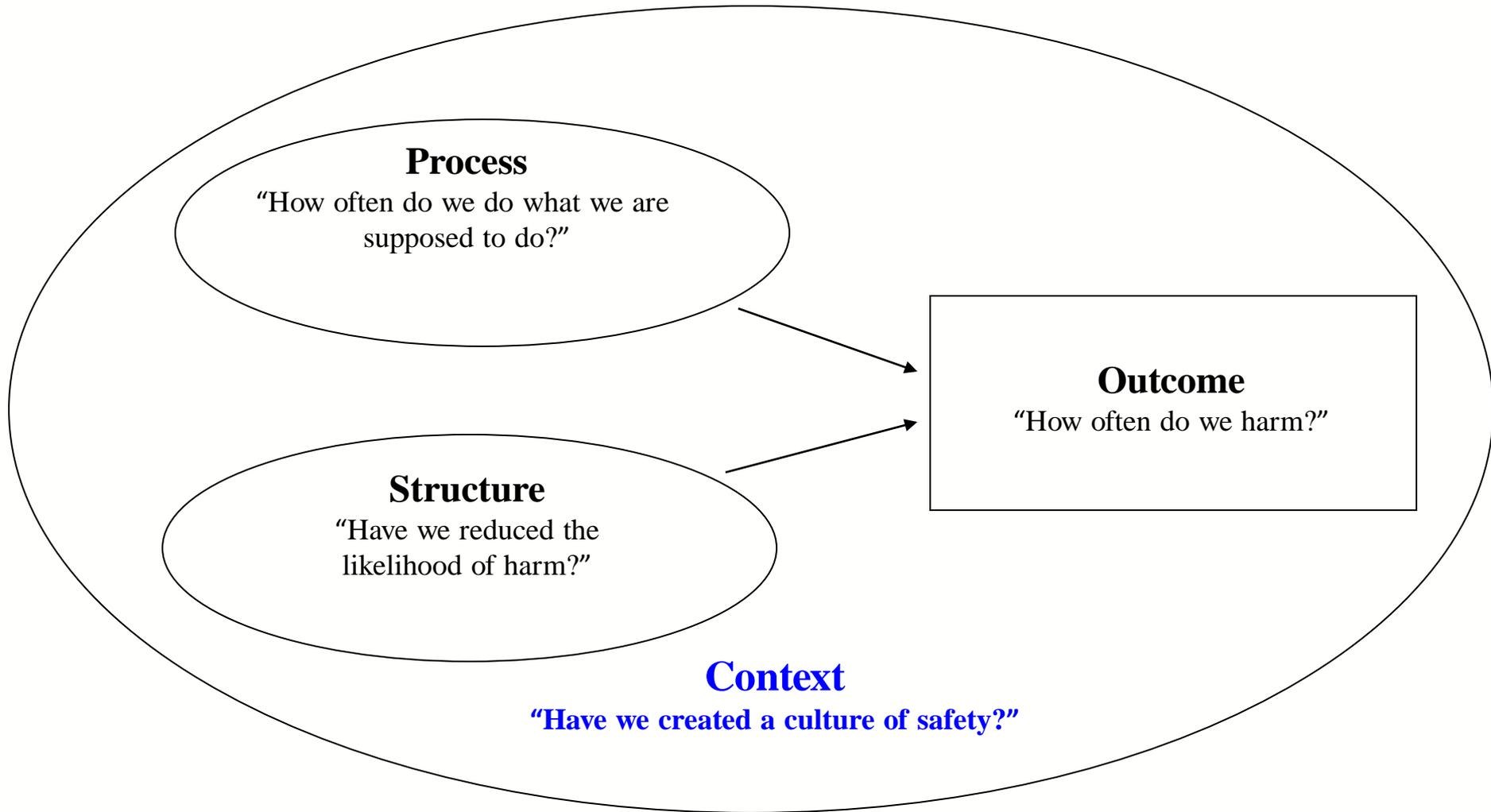
Achieving Clinical Excellence

- **Deliberate, system-wide effort**
 - Both divisional and team structures
 - Addressing prospective, concurrent, and retrospective views
 - Committed to using technology as a foundation
 - Applying reliability concepts for improvement

Model for Measuring Safety



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Our Journey

- 2006 – Increased focus on patient safety
 - Lots of work being done across multiple venues
 - No way to measure our effectiveness
- 2007 & 2008 – SOPS as a strategic initiative
 - Both years exceeded our performance goals
- 2009 – Continued work on patient safety
 - Began work on “Just Culture”
 - Not part of strategic initiative
- 2010 – Hold SOPS
 - Focus on Safety Accountability

System's Approach To Survey Process



Logistics

- Identify appropriate participants
- Vendor selection & deployment of survey

Communication

- Develop & deploy communication plan
 - Pre-survey
 - During Survey
 - Year Long Focus on Patient Safety Work

Education & Training

- Develop & deploy facility educational resources for safety survey (presentations, data analysis, tools, action plans)
- Ongoing f/u education throughout the year

Ongoing Learning

- Facility – facilitated by Leadership (both facility Senior Management Team and Unit Leadership)
 - Measures of success incorporated into unit scorecards
- System (aggregate data) – identify major strengths & opportunities across system with implementation of one system action plan

Banner's Journey: The early years



	2006	2007	2008
BH Participation	6,058	9,925	14,777
BH Participation Rate	29%	48%	74%
# Benchmark hospitals	NA	365	519
% positive scores	63.3%	64.2%	65.4%

SUCCESS....

But we knew better



2007-2008 Key Actions

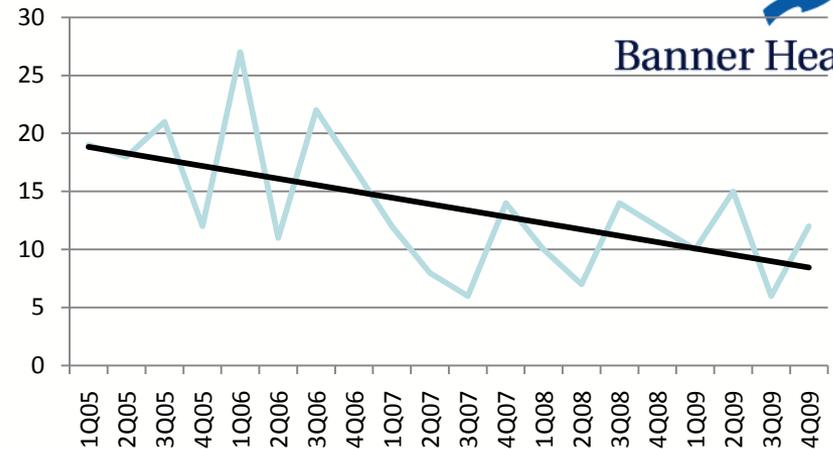
- Implemented Leadership Patient Safety Rounding
 - Define – Design - Implement
 - Deployed at every facility
 - Incorporated into leadership core values & expectations
- Hand Off Communication
 - SBAR
 - Defined as expected practice
 - Designed & Implemented tools
 - Measures of Success
- Pilot Project of TeamSTEPPS
 - One facility one department

Deliberate Focus on Patient Safety

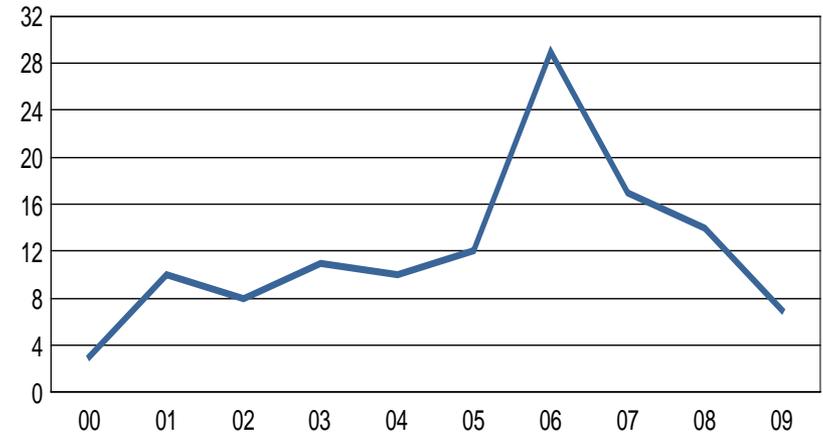
Sentinel Event RCA Transparency

- Standardize RCA Process
 - Strategic Initiative in 2007 & 2008
- Use PSI & other reports to ensure appropriate identification of events
- Share all RCA's across system
- Human Factor Engineer participates in RCA's
- Decrease in repeatable events
 - Retained Foreign Body
 - Equipment related events
- Near Miss Learning

of Sentinel Events

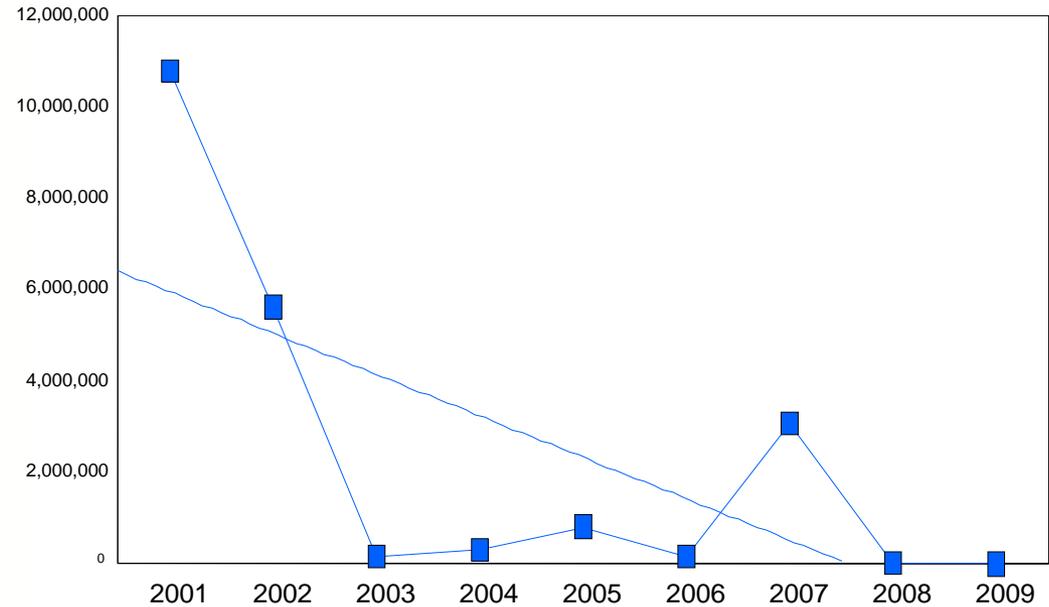


NUMBER OF RETAIN FOREIGN BODY CLAIMS



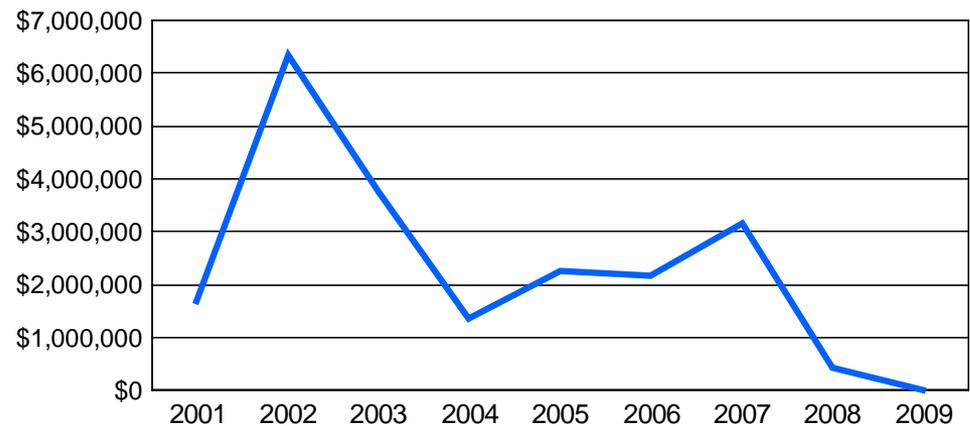
OB

- Implemented PeriGen
 - Software with built in algorithms to identify high risk situations & prompt appropriate care



ED

- Identified top risk areas and standardized assessments & documentation
- Implemented CERNER



Deliberate Focus on Patient Safety

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- **Simulation Center**

- Virtual Hospital
- Standardized nursing, residency & medical staff orientation
- Cognitive learning & critical decision making
- Team training/ communication skills
- Maintenance of provider clinical proficiencies
- Errors reduction in delivery of patient care
- Peer review (OPPE) and evaluation of competencies
- Evaluation of new delivery models for clinical care

- **iCare in 2009**

- 242 beds, plans for 400 in 2010
- Saved 560 more lives than predicted
- Saved Banner approx \$12,375,000

- **eHospital**

- 2009
 - \$18,307,000 in our other Units

Banner's Journey



	2006	2007	2008	2009
BH Participation	6,058	9,925	14,777	19,689
BH Participation Rate	29%	48%	74%	83%
# Benchmark hospitals	NA	365	519	622
% positive scores	63.3%	64.2%	65.4%	62.7%

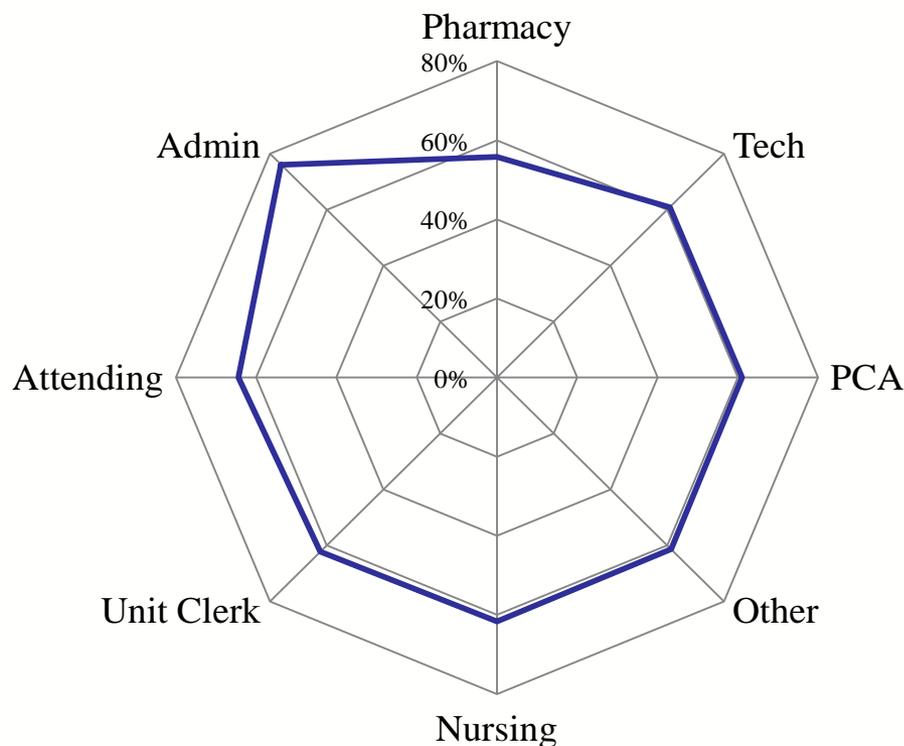
Composite Comparison with 75thtile



	Safety Dimension Composites	2006	2007	2008	2009	AHRQ 2009 75 th %tile	% tile Ranking
1	Overall Perceptions of Safety	65%	67%	68%	65%	70%	50%
2	Frequency of Events Reported	61%	62%	66%	66%	66%	75%
3	Supervisor/Manager Expectations & Actions Promoting Patient Safety	77%	76%	77%	75%	79%	50%
4	Organizational Learning – Continuous Improvement	73%	74%	73%	70%	76%	25%
5	Teamwork Within Units	83%	83%	83%	78%	83%	25%
6	Communication Openness	67%	63%	64%	63%	66%	50%
7	Feedback and Communication About Error	65%	63%	64%	63%	68%	50%
8	Non-punitive Response to Error	50%	50%	51%	49%	49%	75%
9	Staffing	52%	55%	58%	56%	62%	50%
10	Hospital Management Support for Patient Safety	73%	73%	75%	71%	78%	50%
11	Teamwork Across Hospital Unit	55%	58%	60%	55%	65%	25%
12	Hospital Handoffs & Transitions	40%	43%	44%	41%	51%	25%
	Totals	63.3%	64.2%	65.4%	62.7%		



Total % Positive by Position



Administration averaged 20% above Pharmacy & 14% above Nursing

Position	Pharmacy	Tech	PCA	Other	Nursing	Unit Clerk	Attending	Admin
# of Participants:	269	2387	1315	5004	6292	1166	575	1487
Total % positive:	55.8%	60.9%	61.0%	61.4%	61.7%	62.2%	64.4%	76.1%

Strength

- Participation Rates
- Dimensions:
 - Frequency of Events Reported
 - Non-punitive Response to Error

Weakness

- Dimensions
 - Teamwork Across Units
 - Hospital Handoff & Transitions
 - Hospital Management Support for Patient Safety
 - Organizational Learning – Continual Improvement

SWOT Analysis

Opportunity

- Hospital Management Support for Patient Safety
- Organizational Learning – Continual Improvement

Threat

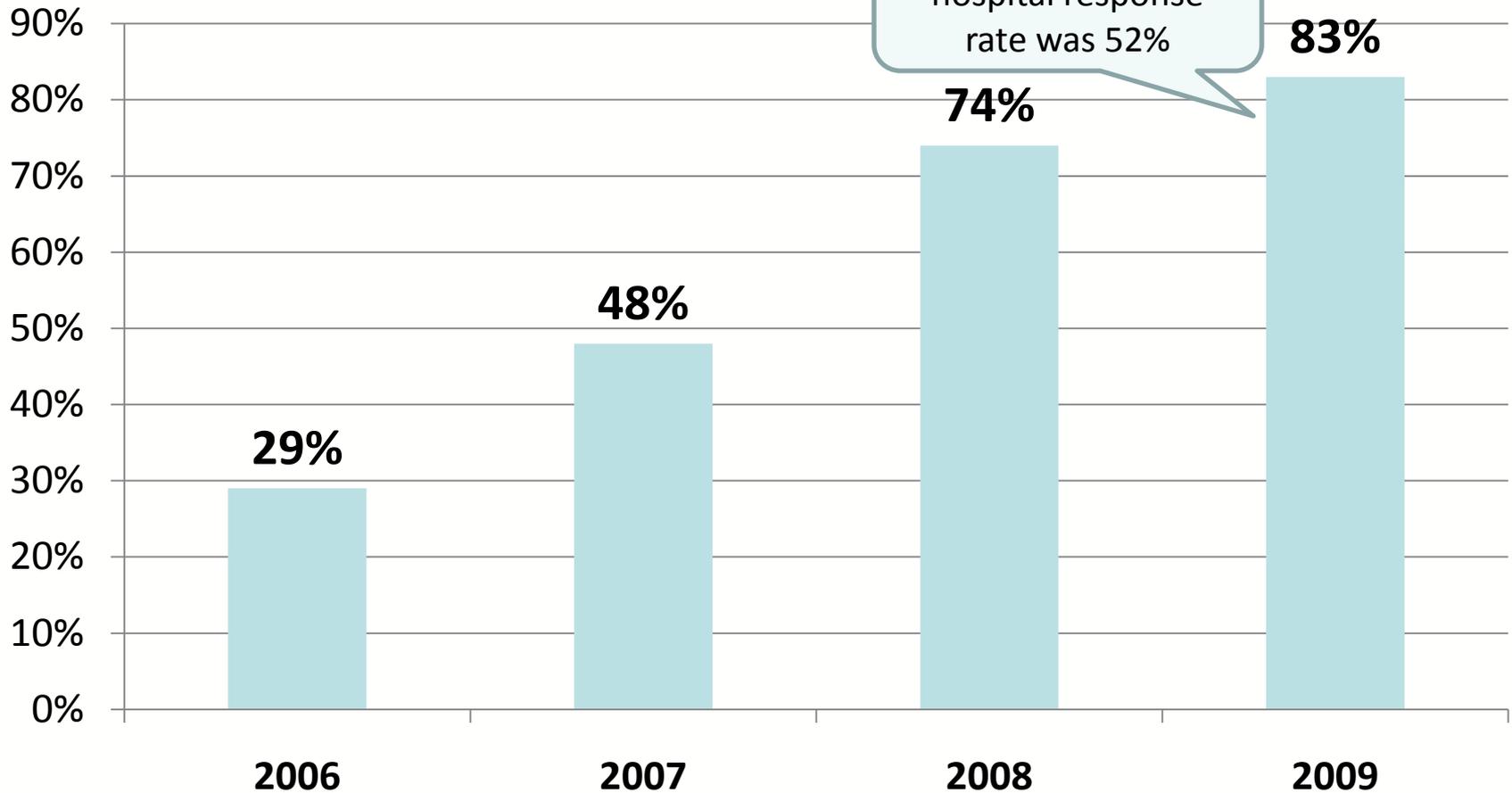
- Comments: Staffing

2009 BH Participation Rate: SOPS



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Note average hospital response rate was 52%



Success: Participation



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- Find Joy in Your Work - Make It Fun!
- Multidisciplinary Team – 4 workgroups
- Daily **communication** of participation rates
- Facility/department competitions
- Leadership “meet and greet” at entrances encouraging employees to take the survey, thanking those who did and expressing commitment to acting upon the feedback from the survey

Performance at 75%tile

Safety Dimension Composites	2006	2007	2008	2009	AHRQ 2009 Comparative Data 75th %tile
Frequency of Events Reported	61%	62%	66%	66%	66%
Non-punitive Response to Error	50%	50%	51%	49%	49%

Note: 2009 Comparative Database Reports identifies these 2 dimensions as areas with potential for improvement for most hospitals

Actions: Nonpunitive Response to Error & Number of Events Reported



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- Standardized electronic event reporting system
- Push data out to facilities and units monthly
- All events must be investigated and closed within 10 days
 - Accountability Reports Monthly
 - Metric included in Quality Scorecard
 - Went from average of 48 days to closure in 2008 to 9 days in 2010
- Best Practice: Event Triage Committee
 - Review every event weekly
 - Appropriateness of actions and closure
 - Identify cases that need escalation to higher level (critical event review team)
- Work on “Just Culture”

Analysis of Why Performance Dipped in 2009 SOPS



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- Larger participation rates
- Financial constraints with productivity focus
- Some normal variation
- Tremendous amount of work on safety but front line employees do not hear about it
- So large, much work, even leadership does not know all the “safety work” being done

Changes Made 4th Work Group



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Logistics

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Education

- Develop & deploy facility educational resources for safety survey (presentations, tools, action plans)
- Ongoing f/u education throughout the year

Safety Planning

- Strategic planning
 - Key tactics, timelines and deliverables
 - Implementation
 - Ongoing Learning



Future of SOPS for Banner

- Incorporated Safety Culture into 2010 Sepsis & CLABSI Strategic Initiative
 - Design for Safety
 - Managing Safe Choices
- Focus on Safety Accountability
 - Incorporate Safety Training into Core Leadership Curriculum
 - Facilities
 - Identifying expected practices
 - Identifying human error, at risk behavior & reckless behaviors
 - Managing Safe Choices



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Questions?