

Culture ^{of} Safety 2019

Newsletter

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SCORE Survey

This year BVCHD participated in the "SCORE" survey for the first time. Computers were set up in the conference room for employees to come and take the survey. Everyone that took the survey was given a raffle ticket. During hospital week a drawing of the raffle tickets was held and several lucky employees won gift cards to local businesses.



Quick Facts about the SCORE Survey...

- In April 2018 87% of BVCHD participated in the SCORE Survey
- SCORE is an acronym for Safety, Culture, Operational Risk, Reliability/burnout and Engagement
- We plan to participate in the same survey over the next few years so that we can compare results and measure improvement

What were the results?

Each department was given an opportunity to discuss the results of the survey and give feedback about what issues were going on within the department as well as make suggestions for improvement. After all of the department meetings 3 common themes emerged and we were able to see that there were several opportunities for improvement in the areas of communication, teambuilding and educational opportunities. Based on feedback and ideas that came directly from staff an action plan was developed to address our opportunities for improvement. Department managers will be working with their staff to share the action plan and implement some of the great ideas that staff came up with during the debriefings.



Basics of the SCORE Survey action plan.... Just a few of the ideas

Steps

Just Culture

In 2018 BVCHD implemented a "Just Culture" which is to have a work environment where forward problems that they are having or system issues that have caused issues before we end up with a high number of investigations surrounding events system problems that may have led to expecting individuals to never make the same mistake again.

A team of employees that consists of Department Managers and Frontline staff completed a course on Just Culture. From their comments, "system fixes", and safe

Variance Hotline

Due to feedback from staff, we have been finding it being difficult to enter an accident report without not having computer access. We developed a "variance hotline" where staff can call 8399 at any time to report a message on the hotline about a variance. From there, staff are reporting. From there, the variance system will be implemented.



A look back at “good catches and lessons learned”

Here’s a snapshot of some of the improvements we made this year based on variances that were submitted.

Code Stroke

After reviewing variances submitted by staff as well as feedback from patients and families, we determined that we could investigate ways to improve stroke patients that came to our ED. A workgroup was formed and was tasked to develop strategies for improving timelines, and consistency and standards of care for stroke patients. The workgroup developed the “Code Stroke” policy, implanted NIH training and testing for ED nurses, educated all ER staff on signs and symptoms of stroke, and coordinated with Big Bear Fire Department and the Radiology department to develop a rapid door-CT procedure.

Acute EMAR

Due to a medication error on the acute unit that was reported we were able to fix a problem with the EMAR that may have prevented other nurses on the unit from making the same error. The RN who made the medication error was pleased that they were able to participate in improving the process and was happy that the hospital looked at the error as a “system problem” rather than trying to place blame on the individual. We are hopeful that as our “Just Culture” progresses we will be able to make more changes that improve systems and ultimately provide a safer patient experience.



Patients getting lab results through HIM



Clinic Medication Safety

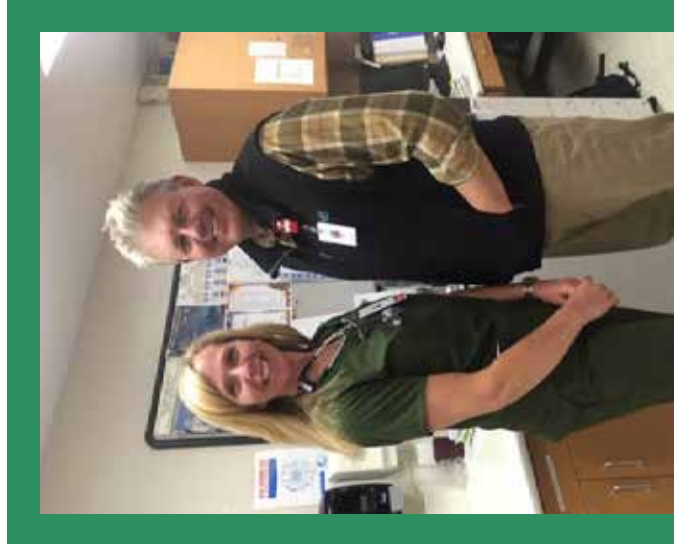
The clinic was able to improve medication order form to improve medication safety to a self-reported error in medication administration. In review, we realized that the process designed but the process was reviewed by staff as the patient involved in the error. It was determined changes were made to the process.

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“good catches and lessons learned”**

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EMS blood chain of custody

After noticing a small trend of issues surrounding blood received from EMS for incoming ED patients, the laboratory revised policy to state that BVCHD will draw all blood specimens to ensure accurate labeling draw technique, and specimen handling.



Culture follow up process

The clinical managers worked with Infection Prevention to develop a system to ensure that all patients who need a change of medication due to a culture result are notified in a timely manner. The new system has improved “days to resolution” for these patients.

Striving for High Reliability and Transparency

As BVCHD looks forward to 2020, the focus in the area of patient safety will be towards becoming a High Reliability Organization. We will strive to improve processes that are system dependent rather than “person dependent”, encourage staff to report problems as part of solutions, and further develop our Culture Program.

Another area of focus for improving patient safety will be in increasing transparency to make sure we are giving our patients and families the Quality Improvement (QI) information on our webpage and provide links to our QI resources.

Creating an environment of patient and family engagement

BVCHD has had an active Patient and Family Engagement Program with issues such as patient and family concerns, barriers to accessing and using services, and who volunteer their time and why. We have either been a patient or are a family member and given us valuable insights into our patient and family experience.

Focus on BETA HEAR

BVCHD is participating in the Beta Hearing Program, which includes five domains that pertain to patient and family experience.

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Family Health Center
The Rural Clinic
Skilled Nursing Facility
Physical Therapy
Respiratory Therapy
Imaging

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Telehealth
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The MOM & DAD Project
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