HealthManagement
Promoting Management and Leadership

Transitioning to a Culture of Safety

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In understanding a culture of blame and denial and why it is difficult to move to a culture of safety, you have to be willing to examine and understand the current culture within an organisation. As outlined in the Patient Safety Movement Foundation's Actionable Patient Safety Solutions (APSS) #1, 'Culture of Safety,' creating such a culture entails fostering a safe and reliable environment of transparency, safety, trust and accountability (PSMF 2018). For this, several priorities must be set as a basis for transition.

The first priority is to have universal agreement from executive leadership, medical staff and management that there needs to be a cultural change from one of blame and denial to safety. Commitment to the body of work needed has to be understood as it is not measured in a 30-60-90 day metric cycle, but in years and a professional lifetime of advancing patient safety.

The second priority is for all leaders to become educated on what a culture of safety is, the differences in approaching errors and reporting failures and responses by leaders in promoting accountability in totality. It has to be in both actions, words and responses from all leaders within an organisation, not just the clinical or quality executives. Think of your childhood, when Dad said one thing and Mom said the other, you would align with the one you felt that you agreed with. That created division and divisiveness. It is no different in a healthcare setting. Employees look to their leaders for uniformity and when they find division or differences of priorities, they align to the message they like the best. Usually, it is the one they are the most familiar with and does not require as much effort or change.

The third priority is the alignment of performance metrics. Safety and quality metrics need to always be the top goals reported on a dashboard, before other metrics, such as financial. The subtlety of alignment of goals communicates a message to the organisation. Is patient safety and quality the top priority or is it the financial performance of the organisation? Messaging, both formal and informal, must be strategic to gain movement in changing a culture from deeply embedded knowledge and messages to the desired culture envisioned by the organisation.

The fourth priority is continuing education, recognising that a constantly changing environment will always have new problems to solve and dilemmas to manage, thus new ways of attending to safety.

Steps Necessary to:

Initiate Change

a. Information about the current state.

b. Acknowledgement that change is necessary and beneficial.

c. Pervasive commitment and belief in the value.

d. Technological and infrastructure to support ongoing learning and implementation.

e. Clearly communicated expectations.

f. Training and support to fulfill the expectations (skills, relations, equipment, analysis, reporting, etc).

Sustain Achieved Results

a. Continuous examination and engagement from every person impacting the system (inside and outside the organisation).

b. Evidence of the change resulting in benefit.

c. Thirst for continuous learning.

In the upcoming issue of HealthManagement.org The Journal, 'The Future is Digital,' Martie and Vonda speak in detail about the challenges of transitioning from a culture of blame and denial to a culture of safety in a healthcare organisation, and provide insight into how to facilitate this transition.

UPDATE: *The article 'Going from a Culture of Blame and Denial to a Culture of Safety' can be found here.*

References

Patient Safety Movement Foundation (2018) Actionable Patient Safety Solution (APSS) #1: Culture of Safety. Available from iii.hm/11i8

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