What do we know from 5 years of measuring Patient Safety Culture?

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From Broader Safety Culture Research, we know:

1. In other industries, safety culture has been linked to improved outcomes
2. Different group-level sub-cultures exist within a given organizational culture
3. Leadership (org and unit) plays the key role in establishing a culture of safety:
   - by showing safety is a priority and
   - by rewarding safety behaviours
4. ...so org and unit leadership become key dimensions of PSC measurement
5. PSC can also be measured using a broader set of (sub) dimensions such as learning culture, blame-free culture, just culture

6. But, no widely agreed dimensions/measures of safety culture and problems validating SC measures

7. Where we have measured, minor sector and staff group differences exist (so what?) – managers are out of touch with their providers’ perceptions of safety culture

8. Safety culture measurement data only reflects culture when you have strong RRs
In 5 yrs we have learned about:

- PSC measures
- The PSC measurement process
- The use of PSC data
What we have learned about…
PSC measures

1. We have some fairly good measures of different dimensions of patient safety culture…Why only fairly good?
   - Lack of agreement re what constitutes a safety culture has made it impossible to identify and validate sound measures of safety culture
   - A close look at the literature on safety culture measurement in healthcare and in other industries confirms this
   - However, very few papers tell this true story
   - Very few, if any papers on the measurement of patient safety culture have met the higher level psychometric requirements for sound measures
   - All that said, org and unit level leadership dimensions of culture are key and enduring and we can measure these well. In addition, we can measure other sub-dimensions of culture and at least produce data useful for improvement
What we have learned about…

PSC measures

2. Dimensions of PSC the MSI measures:
   – **Valuing safety at the organization level** *(senior leadership support for safety)*
   – **Supervisory leadership** *(AHRQ+ (unit leadership for safety))*
   – Fear of repercussions
   – Threats to safety
   – Learning from safety events

3. Our data show good variation across units/depts, some variation across sites and very little variation across Regions/organizations
My supervisor/manager overlooks patient safety problems that happen over and over (% positive)

- LTC area
- Respiratory Therapy
- Neuro/medicine
- Palliative care
- Medical floor
What happens and who gets involved following a safety event?

- “I would have thought that it would be the role of the risk manager.....she phones me for a million other things...I would’ve thought that is her role...she is the risk manager.”

- “I think that it has to be up to that manager... and that is what happens here... where was the breakdown.... It is my job to get everyone around the table and work through the issues.”
What we have learned about... the PSC measurement process

4. Survey implementation needs to be done right to get strong RRs that allow you to look at unit-level data

5. Resources req’d to measure PSC the right way are under-recognized

6. Major problems with receptivity to these data in organizations persist
What we have learned about...
the use of PSC data

8. We know that measurement does not achieve improvement all by itself and that it is really quite difficult for organizations to make use of these data (PGN)

9. To date, most common use of PSC Survey Reports: bookends

10. We know there are a variety of forces that drive PSC measurement and indeed broader performance measurement activities (eg accreditation)
   - ...why an org chooses to measure may be the most important predictor of whether the data get used

11. An organization’s own data are far more valuable for improvement than comparison data
Discussion around major events focuses mainly on system-related issues, rather than focusing on the individual(s) most responsible for the event (\( \% + \))
Surveys aren’t the only tool

- Survey data can be used in tandem with qualitative safety culture assessment tools:
  - As a method of org or unit self-assessment to understand where their culture is
  - As a source of creative tension for change and improvement if they aren’t where they want to be

- Feedback plays a central role in improving performance; PSC assessments are a potentially important source of such feedback if used appropriately