

CUSP Tool: Culture Check-up Process

PROBLEM STATEMENT

Improving safety culture in a patient care area takes time. Guided culture conversations surface and address patient safety issues while respecting the wisdom and feedback of frontline caregivers.

WHAT IS CULTURE?

Simply put, culture is a consensus view of “the way we do things around here”. One person’s attitude is an opinion. Everyone’s attitude is a culture or climate. No matter what instrument you use to assess the patient safety culture, your safety culture assessment results provide a snapshot of the various climates in your patient care area, including safety climate, teamwork climate, perceptions of management, working conditions, job satisfaction and stress recognition. Caregiver responses were grouped together to provide results for your patient care area.

PURPOSE OF TOOL:

To provide structure to a more actionable culture conversation using the specific survey items, from a unit’s assessment of patient safety culture, rather than the summary scores (e.g., safety climate). Patient care areas that first assess culture before implementing an intervention use the feedback from frontline caregivers to identify potential barriers as well strengths that can be better utilized. Focusing the culture conversation on grouplevel data depersonalizes the discussion and fosters improvement in the context of the local realities of care delivery. This tool can be used to target a result for improvement shortly after the culture assessment, and every 36 months or as needed to promote culture conversations, evaluate cultural issues (between survey administrations), and monitor the progress of culture change.

WHO SHOULD USE THIS TOOL?

- Clinical departmental designee at Staff/Faculty meeting
- Patient care area managers
- Hospital Executives as part of executive partnerships or executive participants in the Comprehensive Unit Based Safety Program (CUSP)

HOW TO USE THIS TOOL:

This tool can be used to structure a series of meetings or a single meeting, by using specific survey questions that are both diagnostic and related to clinical/operational outcomes to guide team discussion. Do not personalize the discussion; rather consider the data a framework for moving forward. Remember, attitudes reflect the norms, values, and beliefs in the unit that make up the culture. This exercise will help you to better understand your culture and consider interventions in a context that facilitates improvement.

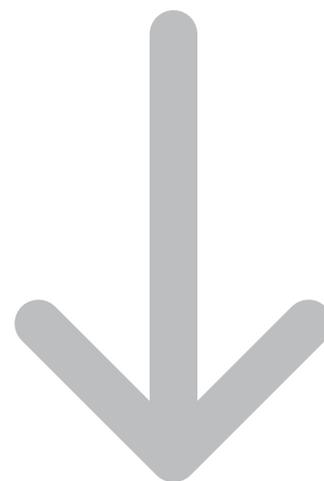
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GUIDING THE DISCUSSION

HOW TO CONDUCT A CULTURE CHECK-UP

CHECK UP PROCESS

- I. Convene a representative group of frontline caregivers for a 30-60 minute discussion. This can be informal over lunch breaks, or a formal agenda item for unit/departmental meetings. As a rule of thumb, 5 to 7 caregivers of mostly midlevel seniority will facilitate a rich discussion.
- II. Review the unit patient safety culture assessment results and select an item where responses indicate a need for improvement. This can be an item where the average response is 3 or below or a domain score with less than 60% agreement.
- III. Assign someone to complete the Culture Item Discussion Form (next page), to document the issues that surface and suggested improvement actions.
- IV. Use active listening skills to guide participant feedback. This is not a meeting to rationalize or justify issues, rather a time to focus on identifying opportunities to improve local culture.
- V. Conclude the meeting with agreement on making at least one change that could positively affect the cultural issue discussed, and commit to revisit whether the change resulted in improvement.



CULTURE CHECK-UP PROCESS

GUIDING THE DISCUSSION

Low scores and significant changes: Review your item level results and consider discussing any item where scores indicate an opportunity for improvement. If you have trend data across years, you could choose an item that changed significantly. Choose an item from your results as the primary discussion starter during your culture check up.

CULTURE ITEM DISCUSSION FORM	UNIT SAFETY ASSESSMENT SCORE (PERCENT AGREEMENT):
Statement to be discussed:	

Role Specific score variation: (e.g. MD vs RN, RN vs Techs, Clinical vs. Admin)

1. What does this statement mean to you?

2. How accurately does the unit score reflect your experience on this unit? (Share examples)

3. How would it look (i.e., what behaviors/processes would we see) on this unit if 100% of caregivers responded agree strongly with this item?*

4. Identify at least one actionable idea to improve unit results in this area:

*If the item is negatively worded so that the desired response is to disagree, then consider what 100% strongly disagree would look like.