



AMERICA'S
ESSENTIAL
HOSPITALS

Essential Hospitals Engagement Network (EHEN) 2014 Best Practice Survey: Highlights and Responses

Leadership & Patient and Family Engagement

Background

- In May 2014, EHEN asked its hospitals to complete a survey of the interventions and practices they have implemented or plan to implement as part of their quality improvement efforts.
- Response rate: 12 of 22 hospitals responded (55 percent).

Report Information

- This report is not intended to recommend any one intervention or practice, nor is it intended to prove causation between interventions and outcomes.
- Hospitals were not necessarily able to answer every question.
- The report is a full breakdown of responses to each question from the survey.
- For questions, please contact your improvement coach or e-mail EHEN@essentialhospitals.org.



Essential Hospitals Engagement Network (EHEN)

Best Practices Survey 2014 - Leadership

Red Numbers Represent Responses (n=12)

Section 2: Leadership

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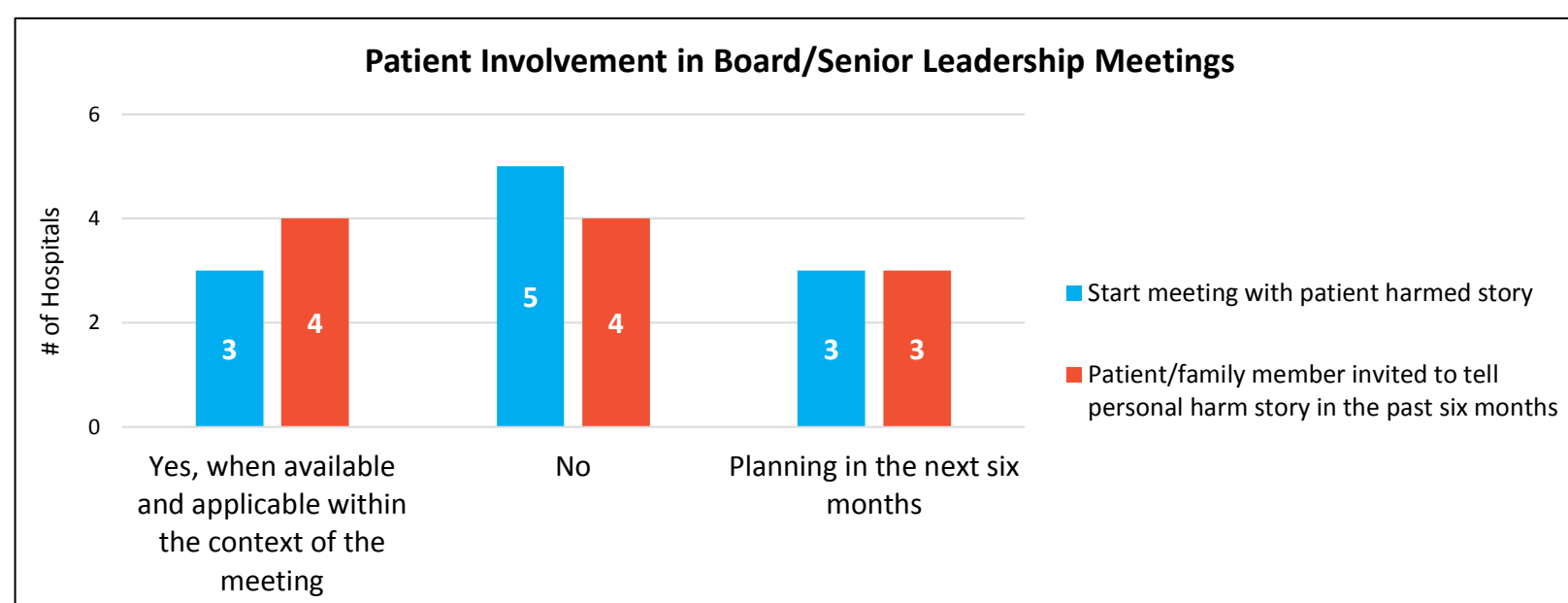
1. The Partnership for Patients has created four measures used across all hospital engagement networks (HENs) to understand and benchmark leadership practices. Please indicate which apply to your organization. Check all that apply.

- 9 Hospital has regular quality review aligned with the Partnership for Patients goals.
- 9 Hospital has a public commitment to safety improvement with transparency in sharing more than CORE measurement data with the public.
- 10 Hospital staff, all or nearly all, has a role or perceived goal in patient safety (e.g., explicit in HR goals, a group bonus based on a patient safety target).
- 11 Hospital board of trustees has a quality committee established and regularly reviews patient safety data, including review and analysis of risk events.

2. Do board or senior leadership meetings start with a story about a patient who has been harmed (The patient is not present at the meeting)?

- 0 Yes, every meeting
- 3 Yes, when available and applicable within the context of the meeting
- 5 No
- 3 No, but plans are in process to try this within the next six months

3. Has a patient or family member been invited to a board or senior leadership meeting to tell their personal story of harm at least once in the past six months?



4. Which answer best describes your hospital's current application of the safety practice known as the "Housewide Daily Safety Huddle" (also called "Daily Safety Briefing")?

- 1 We are unaware of this practice.
- 2 We are aware of this leadership practice but haven't tried it.
- 6 We are aware of this leadership practice and are planning to try it.
- 2 We have tried this practice but do not do it regularly.
- 1 This is an established practice

5. If you answered D or E to question 4, please tell us about the structure of your huddles. Check all that apply.

- 2 The huddles are led by either the CEO or the highest ranking leader present in the hospital.
- 0 Huddles are held once a day.
- 1 Huddles are held twice a day.
- 0 Huddles are held five days a week.
- 1 Huddles are held seven days a week.
- 1 The huddles follow a scripted set of questions.
- 1 Key operational leaders and department leaders are expected to attend the huddles.
- 3 There is a process in place to follow up on all issues.
- 0 Other:

6. Which answer best describes the current practice of your hospital’s leadership with regard to transparency and learning from adverse events?

0

Staff do not share or discuss things that go wrong, because they fear being blamed or punished.

0

Staff would be willing to discuss things that go wrong, but legal counsel does not allow them to talk about adverse events, unless risk management is present (e.g., a risk management committee meeting where the discussion is legally protected from discovery).

7

Throughout the organization, we are open about things that go wrong in our care. Data on harm events, such as infections and complications, are available to all staff and discussed regularly as part of the process of learning and improvement. However, **it is not shared with patients, families, or the general public.**

5

Throughout the organization, we are open about things that go wrong in our care. Data on harm events, such as infections and complications, are available to all staff and discussed regularly as part of the process of learning and improvement. **We voluntarily make our data on harm events available to the public, whether it’s posted in patient areas in the hospital, on our website, or some other easily accessible forum.**

7. Which answers best describe your hospital’s leadership practice of “Reality Rounding” (scripted, regular rounds on clinical units by leaders, focusing on discovering and fixing operational barriers to safety practices)?

Frequency:

0

Never

6

Seldom

6

Often

Barriers discussed: (Check all that apply)

9

Operational (e.g. supplies, equipment)

8

Non-operational (e.g. culture)

9

Clinical (e.g. bundle compliance, care coordination)

Reality Rounding Participants

9

7

8

7

2

Clinical C-suite (e.g. CMO, CNO)

Unit managers

CEO

Operational C-suite (e.g. COO, CFO)

Board members

8. Which answer describes your hospital’s approach to data display about safety?

0

Our safety reports are fairly technical displays of rates of events per 1,000 device days or per 100 cases. These data are discussed by safety experts and medical staff, but staff on the units or floors are basically unaware of them.

6

The safety committee and other experts sees both technical data on harm rates and simple data on the number of patients who have experienced harm, but these data aren’t shared in any widely accessible way with staff on each unit.

6

Each unit has clear, simple displays in hallways and work areas that show the number of patients who have been harmed in that unit and that are regularly updated with current information.

9. Is the Partnership for Patients/EHEN initiative part of your organization’s current strategic/quality plan to improve care?

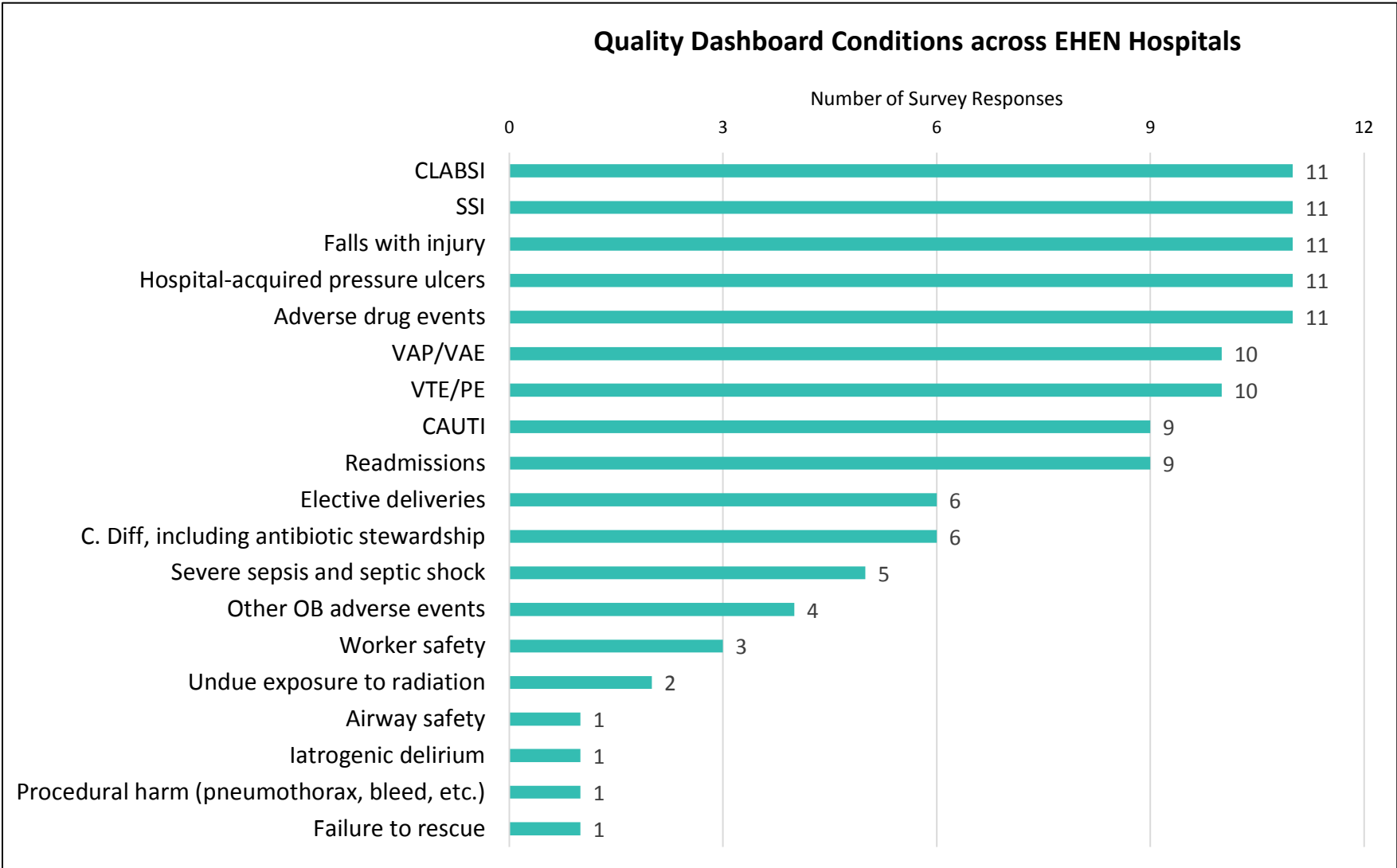
10

Yes

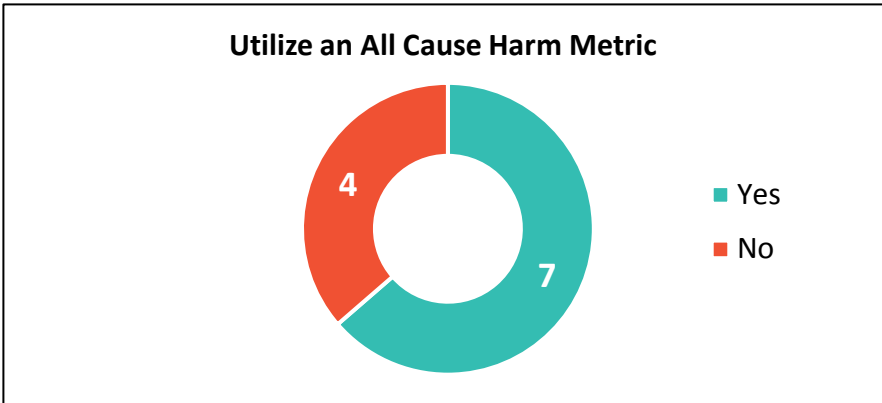
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No

10. Does your strategic plan/quality board dashboard focus on reducing harm in many of the Partnership for Patients conditions? Please check all that are included as organizational priorities in your current strategic plan/quality board dashboard:



11. It is an emerging best practice to track “harm across the board” or “all cause harm,” which is a composite measure of various types of harm events (the measure may include any of the above types of harm and any other type of harm that the hospital chooses). Does your hospital have an all cause harm metric?



Hospital	Metric Description
SFGH	CAUTI, CLABSI, VAP/VAE, SSI, Falls w/injury, HAPU, VTE/PE, ADE, Readmissions, Elective Deliveries, Sepsis, C.Diff and antibiotic stewardship
Rancho Los Amigos	All patient harm events from UHC's Safety Intelligence System
MetroHealth	SSI, Falls, HAPU, ADE, VTE, EED
Harbor-UCLA	Medication errors, Falls, HAPU, SSI, CLABSI, CAUTI, VAP
Regional One	All incident reports reviewed weekly Risk Management/Quality. Quality portion of the Board is updated Quarterly on various safety issues noted from the Incident Tracking System. Current focus is on ADE related to our recent go live with scanning.
San Mateo	Medication errors, CLABSI, CAUTI (ICU ONLY), HAPU, Falls with injury, SSI, VTE
Contra Costa	IHI Global Trigger Tool Measurement, IHI Perinatal Trigger Tool Measurement

12. Our staff last took the Hospital Culture of Safety Survey in (please provide the year):

2011	2012	2013	2014
1	4	5	1

13. How has your organization used the results from your Hospital Culture of Safety Survey? Check all that apply.

10	To diagnose the current status of our organizations safety culture
9	To raise awareness about patient safety issues to senior leadership
7	To examine the effectiveness of specific patient safety interventions
6	To fulfill organization and/or regulatory requirements
7	To conduct internal and external benchmarking
9	To track change over time
0	Not applicable
1	Other: SFGH:"To get feedback from front line staff"



Essential Hospitals Engagement Network (EHEN)

Best Practices Survey 2014 - Patient and Family Engagement

Red Numbers Represent Responses (n=12)

Section 3: Patient and Family Engagement (PFE)

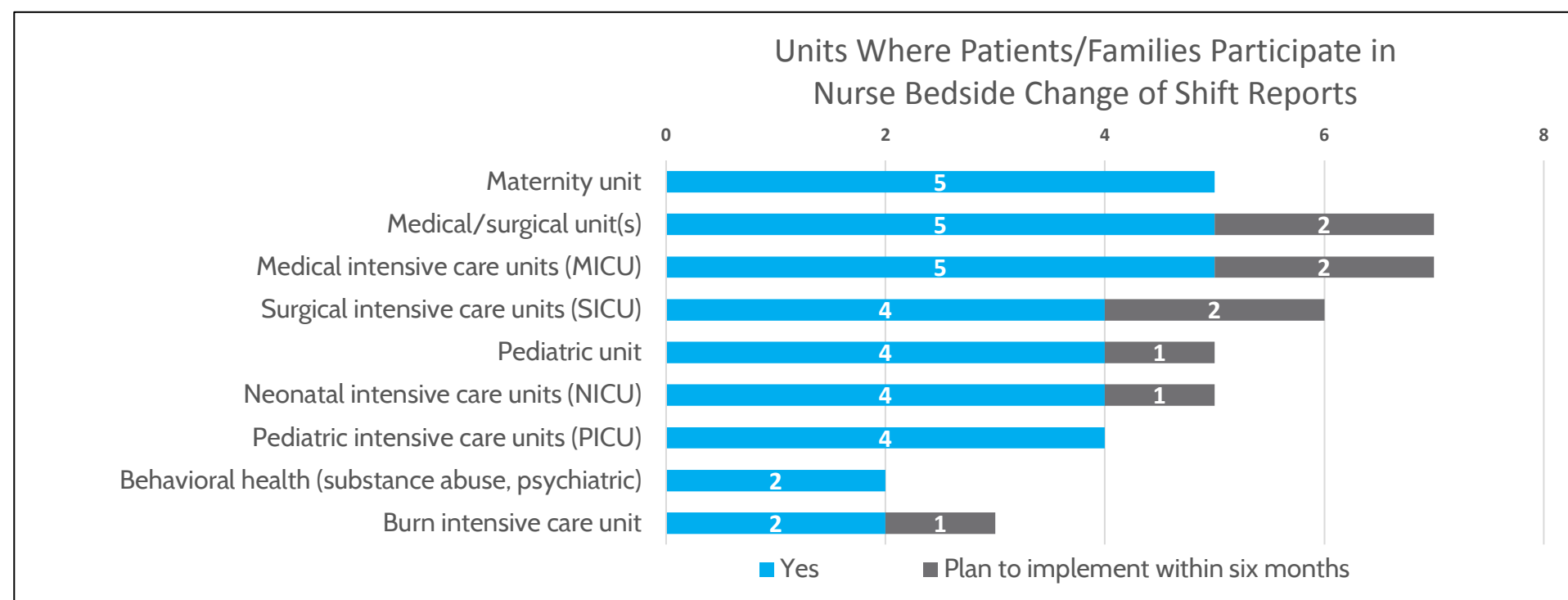
1. Before every scheduled admission, does hospital staff provide and discuss with the patient and family a planning checklist similar to CMS' Discharge Planning Checklist, and elicit questions or comments from the patient or family?

2 Yes
9 No
Plans are in process to have in next six months

2. When feasible, does your hospital conduct shift-change huddles and bedside reporting in the presence of patients and family members?

1 Yes, across all units
8 Yes, across some units or planning to implement (If selected, see question 2A.)
3 No, not in any hospital unit

- 2A. If answering "Yes, across some units or planning" above, for each unit listed below please indicate whether patients and/or family members are encouraged to participate in the nurse bedside change of shift report.



3. Does your hospital have a person or functional area, which may also operate within other roles in the hospital, dedicated to and proactively responsible for PFE and that systematically evaluates PFE activities (e.g. open chart policy, PFE trainings, and establishing and disseminating PFE goals)?

6 Yes
5 No
Plans are in process to have in next six months

4. Does your hospital have an active PFE committee or at least one former patient who serves on a patient safety or quality improvement committee or team?

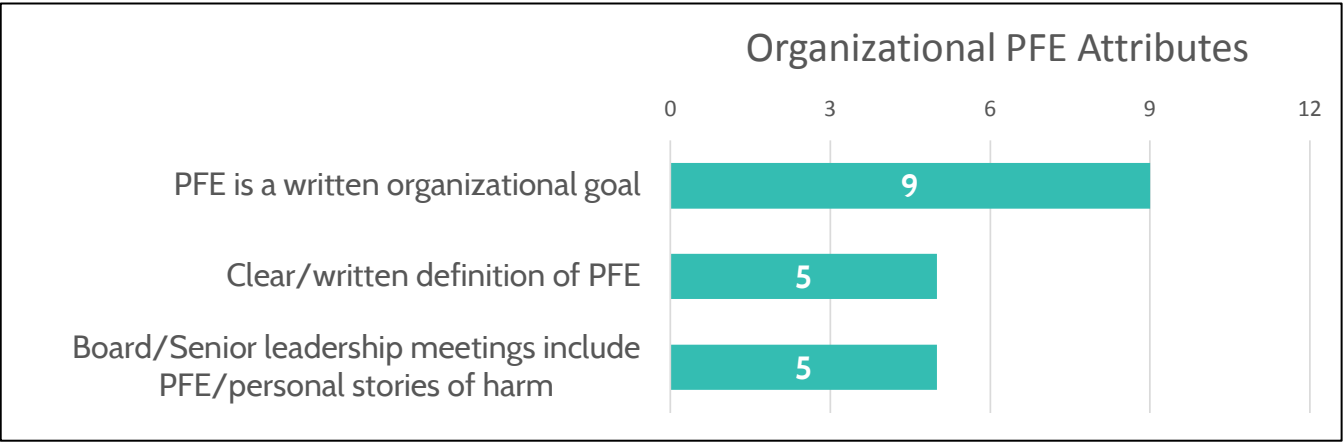
6 Yes
6 No
Plans are in process to have in next six months

5. Does your hospital have at least one patient who, acting as a patient representative, serves on a governing and/or leadership board?

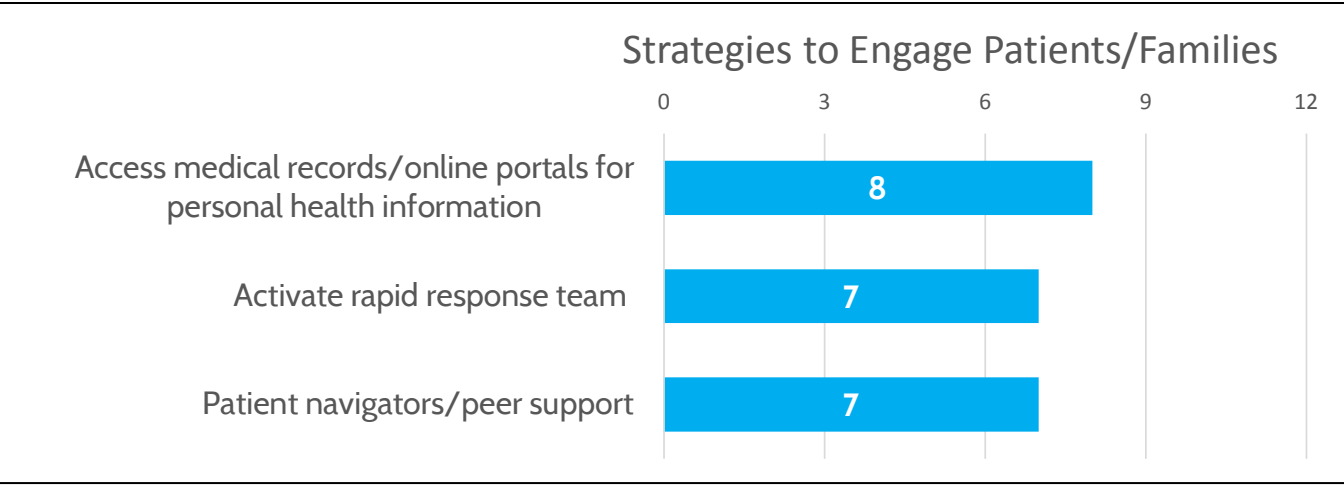
5 Yes
7 No
Plans are in process to have in next six months

Section 3: Patient and Family Engagement (PFE)

6. Which of the following are true regarding PFE and leadership in your organization? Check all that apply.



7. Which of the following strategies does your hospital use to engage patients and their families in care? Check all that apply.



8. Are visiting hours unrestricted and families welcomed at all hours?

