Culture Check-Up Tool

Problem statement:Improving safety culture in a patient care area takes time.

What is culture? Attitudes reflect the norms, values, and beliefs in the unit and, in turn, create the culture. No matter what instrument you use to assess patient safety culture, your 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.

Purpose of tool: This tool offers structure to create a more productive culture conversation, using the specific survey items based on 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 starting an intervention use feedback from frontline providers to identify potential barriers to overcome, as well as strengths that can be better used. Focusing the culture conversation on group-level data removes the focus from individuals and fosters improvement in care delivery. This tool can be used to target a goal for improvement in unit safety shortly after the initial culture assessment and then every 3 to 6 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 designees.
* Patient care area managers.
* Hospital executives.

How to use this tool:This tool can be used at a staff or faculty meeting to structure one or a series of meetings by using specific survey questions that are both diagnostic and related to clinical or operational goals to guide team discussion. Do not personalize the dialogue; instead, consider the data as a framework for progress. Remember, attitudes reflect the norms, values, and beliefs in the unit and, in turn, create the culture. This exercise will help you better understand your culture and consider interventions that lead to improvements in patient safety.

# Check-up process

1. Convene a representative group of frontline providers for a 30- to 60-minute discussion. This discussion can be informal, such as over a lunch break, or it can be a formal agenda item for unit or departmental meetings.
2. Review the unit patient safety culture assessment results and select an item for which responses indicate a need for improvement. This can be an issue for which the average response is three or below or a domain score that shows less than 60 percent agreement.
3. Assign someone to complete the Culture Item Discussion Form (next page) to document the issues that surface and any suggested improvements.
4. Use active listening skills to guide participant feedback. This is not a meeting to rationalize or justify concerns, but rather a time to focus on identifying opportunities to improve local culture.
5. Conclude the meeting by establishing a tentative plan and timeline for carrying out an agreed-upon change that could improve the issue discussed.

# Guiding the discussion

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

# Culture Item Discussion Form:

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| Statement to be discussed: |
| Unit Safety Assessment Score (percent agreement): |
| Role-specific score variation:  (e.g., MD vs. RN, RN vs. Techs, Clinical vs. Admin) |
| 1. What does this statement mean to you? |
| 1. How accurately does the unit score reflect your experience on this unit? Share examples. |
| 1. How would it look (i.e., what behaviors or processes would we see) in this unit if 100 percent of staff responded “agree strongly” with this item?[[1]](#footnote-1) |
| 1. Identify at least one actionable idea to improve unit results in this area: |
| 1. What are the next steps, and how will we accomplish them? |

1. If the item is negatively worded so that the desired response is to disagree, then consider what 100 percent “strongly disagree” would look like. [↑](#footnote-ref-1)