The Armstrong Institute for Patient Safety and Quality


This manual has been adapted from the publically available documentation accompanying the HSOPS survey:

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Chapter 1. Introduction

Patient safety is a critical component of health care quality. As health care organizations continually strive to improve, there is a growing recognition of the importance of establishing a culture of safety. Achieving a culture of safety requires an understanding of the values, beliefs, and norms about what is important in an organization and what attitudes and behaviors related to patient safety are expected and appropriate.

Safety Culture Definition

The safety culture of an organization is the product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management (ACSNI, 1993). Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures.

As part of the Johns Hopkins Armstrong Institute Model to Improve Care, administering the HSOPS survey is the initial step that is necessary to measure clinician and staff perceptions of safety culture on the unit. Measuring safety culture will be done prior to establishing CUSP on the unit, as it is related to improving patient outcomes and influencing the effectiveness of quality and safety interventions.

Development of the Hospital Survey on Patient Safety Culture (HSOPS)

The Hospital Survey on Patient Safety Culture (HSOPS) is a measurement tool that is used to assess the culture of patient safety in health care organizations. HSOPS was developed by a private research organization under contract with the Agency for Healthcare Research and Quality (AHRQ).
In developing this survey, the researchers conducted a review of the literature pertaining to safety, accidents, medical error, error reporting, safety climate and culture, and organizational climate and culture. In addition, the researchers reviewed existing published and unpublished safety culture surveys and conducted in-person and telephone interviews with hospital staff. After pilot testing the survey, the resulting *Hospital Survey on Patient Safety Culture* is reliable and valid.

**Who Should Complete the Survey**

The *Hospital Survey on Patient Safety Culture* examines patient safety culture from a hospital staff perspective. The survey can be completed by all types of hospital staff—from housekeeping and security to nurses and physicians. The survey is best suited for the following, however:

- Hospital staff who have direct contact or interaction with patients (clinical staff, such as nurses, or nonclinical staff, such as unit clerks);
- Hospital staff who may not have direct contact or interaction with patients but whose work directly affects patient care (e.g., housekeeping, orderlies, environmental services, if they spend most of their work time on the unit);
- Hospital-employed physicians who spend most of their work hours in the hospital and work in a particular work area or unit; and
- Hospital supervisors, managers, and administrators.
- Note that some physicians have privileges at hospitals but are not hospital employees and may spend the majority of their work time in nonhospital, outpatient settings. Consequently, these types of physicians may not be fully aware of the safety culture of the hospital and generally should not be asked to complete the survey. Careful consideration should be given when deciding which physicians to include or exclude from taking the survey.
Safety Culture Dimensions Measured in the Survey

**HSOPS Survey:** The survey places an emphasis on patient safety issues, errors, and event reporting. The survey measures seven unit-level aspects of safety culture:

1. Supervisor/Manager Expectations & Actions Promoting Safety (4 items),
2. Organizational Learning—Continuous Improvement (3 items),
3. Teamwork Within Units (4 items),
4. Communication Openness (3 items),
5. Feedback and Communication About Error (3 items),
6. Nonpunitive Response to Error (3 items), and
7. Staffing (4 items).

In addition, the survey measures three hospital-level aspects of safety culture:

1. Hospital Management Support for Patient Safety (3 items),
2. Teamwork Across Hospital Units (4 items), and
3. Hospital Handoffs and Transitions (4 items).

Finally, four outcome variables are included:

1. Overall Perceptions of Safety (4 items),
2. Frequency of Event Reporting (3 items),
3. Patient Safety Grade (of the Hospital Unit) (1 item), and
4. Number of Events Reported (1 item).
Chapter 2. Getting Started

Before you begin, it is important to:

1. Understand the basic tasks involved in the survey data collection process, and
2. Decide roles and responsibilities of the team members involved in survey administration.

This chapter is designed to guide you through the planning stage of your survey.

**Determine Available Resources, Project Scope, and Schedule**

Two of the most important elements of an effective project are a clear scope of your data collection effort (i.e., how many units or work areas will you be surveying) and a realistic schedule. In planning the scope of the project, it is critical to think about your available staff, time or effort, and budget resources. You may want to ask yourself the following questions:

1) Who within the hospital is available to work on this project?
2) When do I need to have the survey results completed and available?

**Plan Your Project**

Use the timeline which follows as a guideline in planning the tasks to be completed.
Form a Project Team & Identify an HSOPS Coordinator

You will need to establish a project team responsible for planning and managing the project. Your project team may consist of one or more individuals from your own hospital staff. This team will be the core group of individuals leading your efforts to reduce patient harm.

The Project Team’s Responsibilities

The project team is responsible for a variety of duties including:

Selecting a sample—Determining how many and which staff to survey.
Establishing unit-level survey coordinators—Contacting department- and unit-level points-of-contact in the hospital to support survey administration, maintain open communication throughout the survey, and provide assistance.

Supporting survey coordinators in distributing and receiving survey materials—Distributing pre-notification letters, surveys, and nonresponse postcards; and handling receipt of completed surveys.

Reviewing survey response rates with survey coordinators—

Monitoring unit or work area progress toward the minimum 60% response rate

Reviewing reports of survey results

Developing a debriefing plan to share results of the survey with frontline staff and clinicians, as well as engage them in improvement planning based upon results

HSOPS Survey Coordinator’s Responsibilities

One of the first steps in preparing to survey clinicians and staff members working in your organization is to identify an HSOPS Survey Coordinator. The role of the Survey coordinator is to ensure that the survey data is collected in an organized, efficient way.

What tasks are Survey Coordinators responsible for?

The Survey Coordinator is responsible for:

- Helping coordinate the survey administration process,
- Participating in training webinars and conference call to learn how to use the online survey database,
- Informing clinicians and staff about the survey items and instructions; assisting them if they have questions about how to complete the online survey,
- Entering data about the work area(s) that will be completing the survey into the online survey database,
- Monitoring the survey response rate using the online survey database,
• Working with hospital and work area leadership to distribute survey materials and information,
• Communicating with HSOPS Coordinators in other project hospitals
• Ensuring that laptops or other computer are available to clinicians and staff to complete the survey during work hours

**How much time will the HSOPS Survey Coordinator need to complete these tasks?**

Survey Coordinators will need approximately 3 to 5 hours per week to work on tasks related to the survey. They will need most of this time to complete the webinar training that will teach them how to use the online survey database and to work with work areas leaders in planning how to inform clinicians and employees about the survey. Once the survey is sent out to work area members, the Survey Coordinator will need approximately 1-2 hours per week to check the online survey database, to send or post reminder notices, and attend staff meetings to remind staff to complete the survey. After the survey closes, the Survey Coordinator will need time to download the results of the survey and to send reports to work area leaders. Survey Coordinators also often help with debriefing frontline clinicians and staff regarding the results of the survey and in planning how to improve.

**Recommended skills for survey coordinators:**

• Computer skills, including experience using the internet. Previous experience with surveys is recommended.
• Great communication skills and the ability to work well with work area or unit level leaders and staff
• Working knowledge of patient safety or quality principles
Chapter 3. Selecting a Sample & Determining Whom to Survey

All staff in your hospital or hospital system represent your population. From this population, you will want to survey staff working in those units participating in the current CUSP for Surgery (SUSP) project. There are several ways to select a sample from a population, but for this project, you will use the following sample selection process:

**Staff in the particular work areas/units participating in the CUSP for Surgery (SUSP) project:** You will want to survey staff in the particular hospital areas or units (e.g., pre-operative area, operating room, and floor units) that are participating in this project. All staff and clinicians who spend the majority of their working time in participating units and who have worked in the unit for 4 weeks or more should be surveyed.

**Determine Your Sample Size**

The purpose of the HSOPS is to understand the perceptions of safety culture of all staff and clinicians; therefore, it is best to include all staff and clinicians working in your unit in the survey. The **unit sample size is the total number of staff and clinicians in your unit who will be surveyed.** The sample size in each unit represents the number of surveys that will be sent out.

**Compile Your Unit Email List**

After you determine whom you want to survey and your sample size, compile a list of the staff from which to select your sample. When compiling your sample list, include several items of information for each staff member:

- First and last name,
- Internal hospital email address (to send pre-notification letters, web survey hyperlinks, or reminders),
- Hospital area/unit,
• Staffing category or job title.

**Review and Fine-tune Your Survey List**

Once you have compiled your survey list, review the list to make sure it is appropriate to survey each staff member on the list. To the extent possible, ensure that this information is complete, up-to-date, and accurate. Points to check for include:

• Staff on administrative or extended sick leave,
• Staff who appear in more than one staffing category or hospital area/unit,
• Staff who have moved to another hospital area/unit,
• Staff who no longer work at the hospital, and
• Other changes that may affect the accuracy of your list of names or email addresses.

**Confidentiality and Anonymity of Survey Data**

The purpose of the survey is learning to help guide improvement within the organization. Survey coordinators and project team members should reiterate that confidentiality and anonymity of survey data is essential.

• The survey data is anonymous and confidential
• There will be no way to link individual responses to email addresses or names.
• Survey coordinators will not be able to tell who has completed the survey and who has not.
• Opinions provided on the survey are confidential and anonymous
Chapter 4. Determining Your Data Collection Methods

Once you have determined your available resources, project scope, and timeline; established a project team; and selected your sample, you need to decide how to collect the data.

**How Surveys will be Distributed and Returned**

When deciding how surveys will be distributed and returned, consider any previous experience your hospital has had with surveys. What were employee survey response rates? If possible, it is best to use methods that previously were successful in your hospital.

**Distributing Surveys**

All surveys will be emailed directly to the staff. We recommend that you provide explicit instructions and allow staff to complete the survey **during work time** to emphasize hospital administration’s support for the data collection effort.

The survey coordinator will upload a list of email addresses to the online survey platform known as the HSOPS Application or “HSOPS App” on the designated project website. Specific details of this process and the URL for the website that survey coordinators will use to manage the survey are included in a separate manual dedicated to the details of the online survey process.

In terms of planning your survey it can be helpful to plan to have several laptop computer stations set up during the period of time the survey is sent to staff and clinicians. Some staff may not have easy access to a computer or their email otherwise, so it is important that the project team consider how to make it easy for staff to complete the survey online.
Returning Surveys

The Survey Coordinator will be able to track the number of surveys that have been completed and the survey response rate through the online HSOPS App available on the Johns Hopkins Armstrong Institute website. Remember that the responses will be confidential and anonymous, so there will be no method of linking responses with email addresses or other individual information.

Identify the HSOPS Coordinator as the Point-of-Contact within the Hospital

You will want to identify the HSOPS Coordinator in the hospital to serve as the point-of-contact for the survey. The HSOPS Coordinator will increase the visibility of the survey by showing his/her support for the effort and by helping to answer questions about the survey. This will allow the staff to have one central source for their questions or concerns about the survey. The HSOPS Coordinator will also represent the hospital and be the point-of-contact when communicating with other project hospitals and with their coordinating entity (e.g., if participating through their State Hospital Association or Hospital Engagement Network).

We recommend including contact information for the HSOPS Coordinator in the pre-notification letter or survey cover letter sent to staff (i.e., phone number, e-mail address, office number).

Additional Points-of-Contact

You may decide to recruit additional points-of-contact for each unit. A unit-level point-of-contact is responsible for promoting and administering the survey within his/her unit and for reminding unit staff to complete the survey, without coercing them in any way. An informational letter describing these duties and the overall survey process should be sent to potential contacts before you begin survey administration. Unit-level contacts typically are at the management or supervisory level, such as nurse managers, department managers, or shift supervisors.
Spread the Word about the Survey: Pre-notification Materials

Preparing clinicians and staff for the survey experience is an important step. Informing clinicians and staff that they will be asked to participate in the survey, explaining the purpose of the survey, and what will happen with results can be included in pre-notification materials. Pre-notification materials can be used BEFORE the actual survey is sent out to inform clinicians and staff that they will receive a survey and throughout the survey administration period to remind respondents.

There are many forms of pre-notification and reminder materials. It is up to your team to decide which methods and materials will work best for the work areas or unit(s) you will be surveying.

Below are several examples of pre-notification materials:

Example Pre-Notification Materials

Elevator Speech

A short (less than 1 minute) description of why your unit is conducting the survey, what staff and clinicians will be asked to do, who staff and clinicians can go if they have questions or would like more information, etc.

Example: “As part of a national surgery improvement project, we are conducting the Hospital Survey on Patient Safety known as the HSOPS to measure the culture of safety on our unit. All staff will be asked to complete the survey online. It will take about 10 to 15 minutes to complete, and your individual responses will be kept confidential and anonymous. It is important to answer as honestly as possible, so that as a team we can identify areas of improvement. If you have any questions, you can contact our HSOPS Coordinator [contact name and job position].”
Pre-notification email (or letter)

A brief email or letter whose purpose is to prepare staff and clinicians, to let them know to expect that the survey will be available soon, and that it will come to them via email. If staff does not have easy access to email or a computer it is also recommended to notify staff when and where computer stations will be available to them.

This email or letter should also explain the purpose of this survey, why staff and clinicians are being asked to complete it, etc.

Example:

Dear (staff member),

“As part of our participation in a national surgery project, you will soon be asked to complete a Hospital Survey on Patient Safety (HSOPS) survey. This survey is part of our hospital’s efforts to continuously improve patient safety and the working environment for clinicians and staff.

The survey is being distributed to (sample description). All staff will be asked to complete the survey online. It will take about 10 to 15 minutes to complete, and your individual responses will be kept confidential and anonymous. There will be no way to link responses with email addresses or other individual information. Data from the survey will be aggregated to the unit level report group level results. It is important to answer as honestly as possible, so that as a team we can identify areas of strength and also opportunities to improve.

Please complete your survey when you receive the email link promptly. I encourage all staff to complete the survey. Your input and efforts will contribute to improving the safety culture on our unit.

Please contact [contact name and job position] if you have any questions [provide phone number and email address]. Thank you in advance for your participation in this important effort.”
**Stickers, buttons, water bottles, or t-shirts**

Some teams have created stickers, buttons, water bottles, or t-shirts that they designed to spread the word about the survey and project. These may include slogans that teams have developed (e.g., “Safety is Strong Medicine”, “Speak Up for Safety”, etc.). Survey coordinators, leaders, or others who are involved in spreading the word about the survey have handed these out to frontline staff after meetings that discuss the survey and project or with distribution of pre-notification letters.

**Flyers & Posters:**

Flyers and posters may be created to help spread the word about the survey as well. Flyers can be created and printed using usual word processing tools, however, posters may need to be printed through the organization’s marketing department. The marketing department can also be helpful in the design of flyers and posters.

**Example Flyer Contents:**

“YOU ARE CORDially INVITED TO…

As part of our participation in a national surgery improvement project, our unit invites you to assist us in measuring safety on the unit by completing the Hospital Survey on Patient Safety (HSOPS) Survey.

**Who:** All staff  
**What:** Online survey, 10-15 minutes to complete, responses are confidential and anonymous  
**Where:** You will receive an email with a link to complete the survey online  
- Additional computer stations will be available (where)  
**Why:** To measure safety culture on the unit  
**HSOPS Coordinator Contact Information:** [contact name and job position].”
Ideas for where to post flyers and posters:

- Physician lounge
- Surgical lounge
- Physician parking
- Physician dictation
- Staff lounge
- Staff restrooms
- Staff work areas
- Computer stations
- Nurses Station

Creating a Debriefing Plan

Surveying clinicians and staff about their perceptions of safety culture in their work area/unit and organization is the first step in understanding current strengths of the unit safety culture and opportunities for improvement. The second step is to conduct debriefings with clinicians and staff to discuss the results of the survey. This is an important step for identifying the aspects of the unit’s safety culture that your CUSP team may want to focus on improving.

What is a Debriefing?

A debriefing is a semi-structured conversation among frontline clinicians and staff that is usually led by a designated facilitator. The purpose of debriefing is to (1) encourage open communication and interactive discussion about the survey results, and (2) to engage clinicians and staff in generating and implementing their ideas about how to create an effective safety culture in their work area. Debriefings can be held once surveys have been scored and reports are available. The debriefing facilitator can help to ensure active and effective conversation during the debriefing sessions using the Safety Culture Check Up Tool.
It is important that as many clinicians and staff who completed the survey as possible have the opportunity to participate in a debriefing session to discuss the results. In most cases this may mean holding more than one debriefing session.

**Creating a Debriefing Plan**

It is important to start planning how clinicians and staff who took the survey will be informed of the survey results and participate in both action planning and improvement based on the results. A debriefing plan can be helpful in identifying how many debriefing sessions will be conducted, when and where they will be held, who will facilitate the debriefings, and other details. Use the table below to outline your team’s plan for debriefing frontline clinicians and staff regarding the results of the safety culture survey for their work area (or unit).

If you are surveying more than one work area or unit in your hospital your team may want to create one debriefing plan for all units or create an individual debriefing plan for each unit participating in the survey.

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<tr>
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Choosing a Debriefing Facilitator(s)

The role of the debriefing facilitator is to help to guide the debriefing session. It is important that anyone chosen to facilitate a debriefing session is a skilled communicator and can create rapport with participating staff, unit leaders, and the overall project team.

During the debriefing session the debriefing facilitator has four main goals:

1) Provide copies of survey results to frontline clinicians and staff and allow time for them to react and discuss the results
2) Guide clinicians and staff through the process of identifying at least one area of safety culture that they think would be important to improve.
3) Ensure that the conversation is constructive, and solution focused. This means helping the participants focus on learning and improvement and ensuring that the conversation does not focus on placing blame or pointing fingers.

The goal of the debriefing is to engage frontline staff in identifying and planning how to create the most effective safety culture for their unit. This is an important part of the CUSP process that helps all clinicians and staff to have a voice in improvement efforts and to create ownership among clinicians and staff for creating an effective culture of safety in their work area.

Tools Available for Debriefings

Debriefing facilitators and survey coordinators may find it helpful to use the Culture Check-up Tool during debriefing sessions. The Culture Check-up Tool can be found in Appendix C of this manual.

The purpose of this tool is to (1) help identify cultural strengths and opportunities for improvement based upon the safety culture survey results for a particular unit and (2) help guide improvement planning that includes frontline staff and clinicians.

Though it is a paper-based tool, the purpose of the Culture Check-up tool is to help guide debriefing discussions and to engage frontline clinicians and staff in improvement efforts.
References

   http://www.ahrq.gov/qual/patientsafetyculture/us ergd.htm

Appendix A: Quick Reference Guide-HSOPS Survey Coordinator
HSOPS Survey Coordinator

The Hospital Survey on Patient Safety Culture (HSOPS) is a survey that measures clinician and staff perceptions about the safety culture in their work area and hospital. One of the first steps in preparing to survey clinicians and staff members working in your organization is to identify an HSOPS Survey Coordinator. The role of the Survey coordinator is to ensure that the survey data is collected in an organized, efficient way.

What tasks are Survey Coordinators responsible for?

The Survey Coordinator is responsible for:

1. Helping coordinate the survey administration process,
2. Participating in training webinars and conference call to learn how to use the online survey database,
3. Informing clinicians and staff about the survey items and instructions; assisting them if they have questions about how to complete the online survey,
4. Entering data about the work area(s) that will be completing the survey into the online survey database,
5. Monitoring the survey response rate using the online survey database,
6. Working with hospital and work area leadership to distribute survey materials and information,
7. Communicating with other HSOPS Coordinators on project related conference calls and webinars.

How much time will the HSOPS Survey Coordinator need to complete these tasks?

Survey Coordinators will need approximately 3 to 5 hours per week to work on tasks related to the survey. They will need most of this time to complete the webinar training that will teach them how to use the online survey database and to work with work areas leaders in planning how to inform clinicians and employees about the survey. Once the survey is sent out to work area members, the Survey Coordinator will need approximately 1-2 hours per week to check the online survey database, to send or post reminder notices, and attend staff meetings to remind staff to complete the survey. After the survey closes, the Survey Coordinator will need time to download the results of the survey and to send reports to work area leaders. Survey Coordinators also often help with debriefing frontline clinicians and staff regarding the results of the survey and in planning how to improve.

Recommended skills:

- Computer skills, including experience using the internet. Previous experience with surveys is recommended.
- Great communication skills and the ability to work well with work area or unit level leaders and staff
- Working knowledge of patient safety or quality principles
Appendix B: Quick Reference Guide- Survey Debriefing Plan
Creating a Survey Debriefing Plan

Background
Surveying clinicians and staff about their perceptions of safety culture in their work area (or unit) and organization is the first step in understanding current strengths of the unit safety culture and opportunities for improvement. The second step is to conduct debriefings with clinicians and staff to discuss the results of the survey. This is an important step for identifying the aspects of the unit’s safety culture that your CUSP team may want to focus on improving.

What is a Debriefing?
A debriefing is a semi-structured conversation among frontline clinicians and staff that is usually led by a designated facilitator. The purpose of debriefing is to (1) encourage open communication and interactive discussion about the survey results, and (2) to engage clinicians and staff in generating and implementing their ideas about how to create an effective safety culture in their work area. Debriefings can be held once surveys have been scored and reports are available. The debriefing facilitator can help to ensure active and effective conversation during the debriefing sessions using the Safety Culture Check Up Tool.

It is important that as many clinicians and staff who completed the survey as possible have the opportunity to participate in a debriefing session to discuss the results. In most cases this may mean holding more than one debriefing session.

Creating a Debriefing Plan
Use the table below to outline your team’s plan for debriefing frontline clinicians and staff regarding the results of the safety culture survey for their work area (or unit).

If you are surveying more than one work area or unit in your hospital your team may want to create one debriefing plan for all units or create an individual debriefing plan for each unit participating in the survey.

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Appendix C: Quick Reference Guide-CUSP Safety Culture Check-up Tool
**CUSP Safety Culture Check-up Tool**

**What is Culture?** Culture is a generally accepted view of “the way we do things around here”. One person’s attitude is an opinion. Everyone’s attitude is a culture or climate.

Your Safety Culture Assessment results provide a snapshot of the culture in your patient care area. Teammate responses are grouped together to provide results for your clinic.

**What is the Purpose of this Tool?** Sometimes, clinics try to improve patient care by making new rules or changing the way teammates do work. Often these changes do not work as well as everyone hoped. This is because the clinic culture was not taken into account. Clinics that evaluate their culture before implementing an intervention work better. They can use teammates’ feedback to predict roadblocks, and avoid them. They can also use feedback to make the most of the team’s strengths.

The Culture Check-up Tool was created to help you use your Safety Culture Assessment results to make patient care safer. It provides a structure for discussing specific actions to improve safety culture and infection prevention practices. Because you are taking your clinic culture into account, the improvements you make are more likely to work.

**Who Should Use this Tool?**
- Designated leader or designated teammate at a scheduled teammate meeting
- Facility administrators
- Medical directors as part of Executive Partnership (Step 3 in the Comprehensive Unit Based Safety Program [CUSP])

**How Do I Use this Tool?** This tool is designed to be flexible. It can be used to structure a series of meetings or a single meeting. Even though the tool is a paper form, it is meant to guide conversation. Someone in your team should take notes, but you do not have to complete this form like paperwork. Be sure to share the results of the conversation and next steps with all clinic teammates, physicians, and administrators. The tool focuses on unit-level data. You should not use your meeting time to point fingers at specific individuals. Focus conversation on the unit, not individuals.

1) Bring together frontline team members from your unit/clinic.
2) Have a copy of your culture survey results that all team members can see during the meeting. You may want to use a computer and projector to show the results on a screen during the meeting.
3) As a group, complete the 6 steps in this worksheet. Even though this tool is in paper form, use it to guide conversation and discussion. Complete pages 1, 2, and 3. Survey coordinators or
debriefing facilitators may want to complete Steps 1 and 2 before the debriefing session and have copies available for staff during the debriefing session. Examples are indicated by “Ex.”

- In step one, your team identifies the general strengths and weaknesses of your clinic culture.
- In step two, your team identifies specific behaviors and attitudes that make up those strengths and weaknesses.
- Step three encourages group reflection. Your team chooses opportunities for growth, understanding that cultural strengths can help fix cultural weaknesses.
- In step four, your team identifies a strategy for fixing the opportunities selected in step three. As a guide, the Agency for Healthcare Research and Quality (AHRQ) recommends different strategies depending on your unit’s needs. For example, sometimes a safety concern is reported, but teammates do not know if management is working on the problem. If teammates in your clinic need better feedback about safety concerns, AHRQ recommends creating ‘safety briefings’ – short daily updates and tips about patient safety concerns or tips in the unit. For more ideas, go to: [http://www.ahrq.gov/qual/patientsafetyculture/hospimpdim.htm](http://www.ahrq.gov/qual/patientsafetyculture/hospimpdim.htm).
- In step five, your team works out the details of putting strategy into action. This is not an easy step, so be patient with your teammates.
- In step six, your team evaluates your plans. Be sure to meet again after 3 weeks. 3 weeks will give your unit enough time to give each change a chance to work.