DUKE UNIVERSITY HEALTH SYSTEM

GUIDE TO SCORE SURVEY (CULTURE OF SAFETY) INTERPRETATION

Interpreting the SCORE Survey | 2016

Duke University Healthcare System

Guide to SCORE Survey (Culture of Safety) Interpretation

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Introduction

The ability to understand, assess, and influence unit level safety culture is becoming increasingly important in healthcare. As the body of patient safety and quality improvement literature continues to grow, so does the evidence that unit level safety culture can be targeted for interventions to improve patient outcomes[1]. Moreover, the Joint Commission recently updated its leadership standards[2] to no longer ***recommend***, but ***require*** routine assessment of safety culture.

The Joint Commission's standards address safety culture in Standard LD.03.01.01, which requires leaders to create and maintain a culture of safety and quality throughout the hospital. According to the standard, leaders regularly evaluate the culture of safety and quality using valid and reliable tools, prioritize and implement changes identified by the evaluation, and provide opportunities for individuals who work in the hospital to participate in safety and quality initiatives. Thus, with safety culture advancing as an active area of research and an accreditation priority, individuals involved in quality, risk, and safety need to understand the nuances of culture assessment, interpretation, feedback, and interventions.

Background

While commonly referred to as "the way we do things around here," safety *culture* is defined as individual and group values, attitudes, perceptions, competencies, and patterns of behavior that demonstrate the commitment to, and the style and proficiency of an organization's safety management. When measured through questionnaires, it is often called "climate" but can be reliably assessed and interpreted using published methods such as representative response rates, at the unit level, from scales that are psychometrically sound, responsive to interventions, and predictive of meaningful outcomes.

Background of the SCORE Survey

The SCORE survey is an updated version of the Safety Attitudes Questionnaire (SAQ), which was developed and refined since 1993 and has undergone rigorous validation and reliability research. Contemporary healthcare safety needs began to outpace domains covered by the SAQ by 2014, and significant overlap with employee engagement surveys began to create duplicate workload and highly overlapping action plans for safety culture and employee engagement survey results (e.g., SAQ domains

[1] "A Safety Culture Primer for the Critical Care Clinician", Hudson, Daniel et al, Contemporary Critical Care, Vol 7, No. 5, Oct 2009

[2] The Joint Commission, 2009 Comprehensive Accreditation Manual for Hospitals (CAMH): The Official Handbook. Chicago, IL: Joint Commission Resources; 2008; see also: https://www.jointcommission.org/assets/1/18/PSC_for_Web.pdf

of perceptions of management, working conditions, and job satisfaction were already addressed to a significant degree by engagement instruments for employees and physician satisfaction surveys).

SCORE, and its predecessor the SAQ, have been administered to hospitals, clinics, home care groups, community pharmacies, behavioral health clinics, etc., in the USA and abroad in over 30 countries. They consist of a series of statements to which respondents are able to answer with agreement or disagreement, using a 5-point Likert scale. Overall climate scores showing ≥60% agreement are considered favorable, with a goal of ≥80%. Differences of ≥10 points, over time or between groups, are considered statistically significant.[3]

In 2015, SCORE was released to retain the best domains of safety culture from the SAQ and other instruments, while including two new domains. Retained domains included Teamwork Climate and Safety Climate in addition to Work-life Balance and Burnout, which DUHS had been using in prior safety culture assessments. These domains were integrated into SCORE as highly diagnostic and responsive metrics. Two new domains – Learning Environment and Local Leadership – are also included in SCORE; these domains each assess actions of the local leadership within a work setting to create an environment of trust and learning. A positive learning environment from the perspective of a worker, for example, uses input/suggestions from the people who work here, integrates lessons learned from other work settings, effectively fixes defects to improve the quality of what we do, allows us to gain important insights into what we do well, and is protected by our local management. Similarly, local leadership is a metric of psychological safety. From the perspective of a worker, they would report that local management is available at predictable times, regularly makes time to provide positive feedback to me about how I am doing, provides frequent feedback about my performance, provides useful feedback about my performance, and communicates their expectations to me about my performance.

As the SCORE has evolved, three targeted themes, **safety climate, teamwork climate, and burnout climate**, have emerged as primary factors in overall safety culture. Given the relatively recent entry of Learning Environment and Local Leadership to safety culture assessment, comparisons of their predictive validity for clinical and operational outcomes, relative to teamwork, safety and burnout climate, are ongoing areas of research. However, the links between safety culture and employee engagement are strikingly clear. In 2014, DUHS correlated results of the Work Culture Survey and the SAQ between 292 work settings. Work setting can be an inpatient unit, clinic, homecare group, GME group, lab, or other work unit where people share a physical space, interact with each other, and influence or can be influenced by the local norms. Positive correlations were seen between our work culture domains/tiers and safety culture domains.

In 2014, The Just Climate and Safety Climate scores are the two biggest factors impacting the WCS Power Item score. Tier 1 units scored 66% higher than Tier 3 units in Just Climate, and 45% higher in Safety Climate (See Figure 1).

[3] Sexton JB, Grillo S, Fullwood C, Pronovost PJ. Chapter Two: Assessing and improving safety culture. In: Frankel A, Leonard M, Simmonds T, Haraden C, Vega KB, eds. *The Essential Guide for Patient Safety Officers.* Chicago, IL: Joint Commission Resources with the Institute for Healthcare Improvement, 2009:11-20.

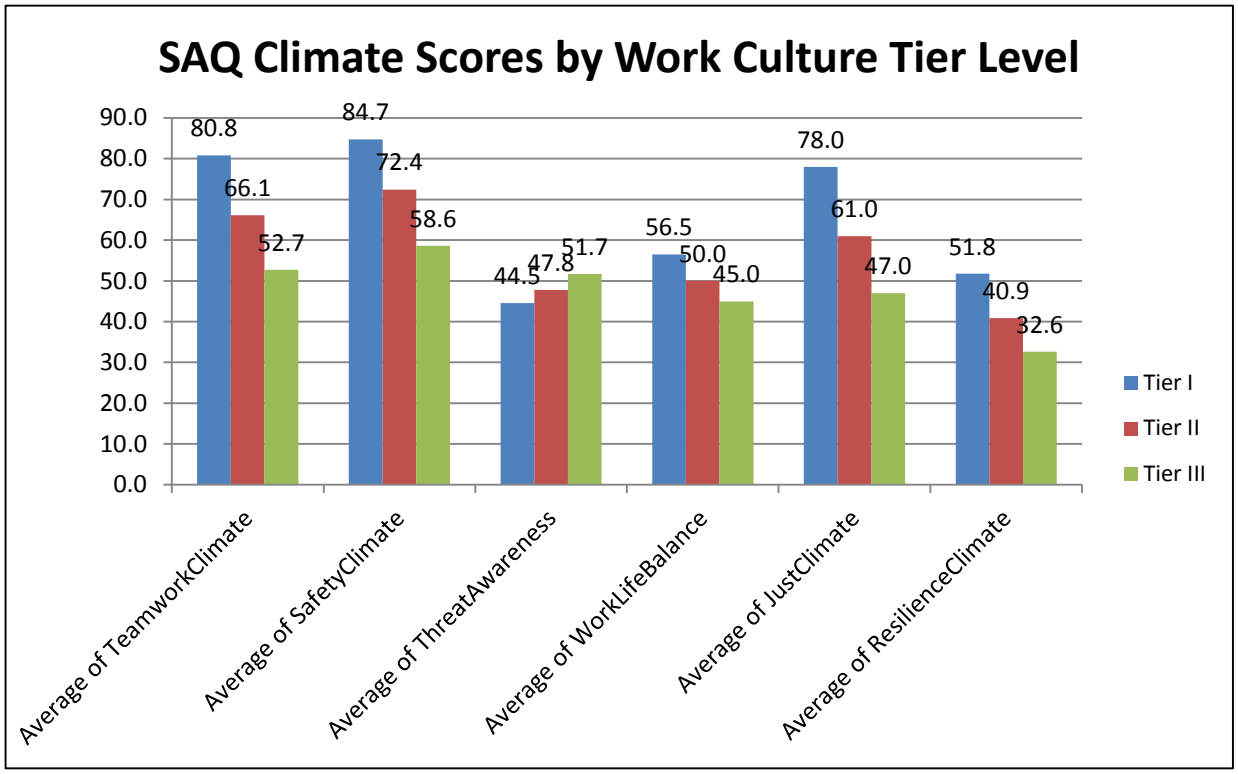


Figure 1: Correlation between SAQ Domain Scores and Work Culture Tiers

Assuring Success: Role of Leadership

The results of the SCORE survey provide important information about the organization's progress in building a safe patient care environment, and to that end, participation is critical. The leadership of the organization sets the tone and establishes methods to augment that participation.

Senior leaders will also outline the report flow post-survey, defining the high level committees that will hear reports from the survey. There may be organizational themes that need to be addressed and that will be best accomplished by designated committees. Senior leaders will also establish the follow-through requirements related to survey responses cascading down through their organizations.

At each type of facility implementing the SCORE survey, advance planning to allocate resources for administration and debriefing is crucial for success.

Debriefing Your Results

1. Complete the "Orientation to Debriefing the SCORE survey" online webex found on the Duke Patient Safety Center website www.dukepatientsafety.com or https://www.youtube.com/watch?v=YiPW9y55Gis&feature=youtu.be or attend one of the live sessions.

2. Selected entity leadership will be provided a user name and password to access data and run customized reports. The Safe and Reliable Care website for logging into the report center is https://reports.safeandreliablecare.com/login.html

3. The reporting platform **requires Chrome or a version of Firefox released in the last year** in order to support the SVG graphics that are on the slides.

4. Clinical Area Facilitators will draft a standard slideshow from the reports or will use the .pdf version from the application. This may be for groups of clinical areas or for single departments, for example at DUH, the PSO will work with SSAs to facilitate the development of area-specific reports.

5. Leadership teams, including Medical Staff leaders, will review results from their associated areas first, to gain understanding of the responses, and to analyze factors that may have contributed to the results. Patient Safety staff will collaborate in the leadership debriefs and will assist Clinical Area Facilitators in summarizing the interpretation at this level. Depending on the size of the organization, these debriefs may include clinical area managers. If clinical area managers are not included in this first level review, then the next step would be to debrief with the clinical area managers one-on-one or in small groups.

6. Once the leadership team has reviewed the results, an overview should be provided to staff, including physicians and mid-level providers. The schedule for these presentations should allow for optimal attendance, including shift and weekend considerations.

7. Overall climate scores showing ≥60% agreement are considered favorable, with a goal of ≥80%. Differences of ≥10 points, over time or between groups, are considered statistically significant.[4]

8. Finally, for additional detailed action planning, each clinical area manager should identify staff groupings that are pertinent to their area (e.g. staff with tenure >10 years, weekend shift staff, staff with < 2 years etc.). Organize meetings for small groups of staff (first 5 who show up) to discuss the findings and identify a desired action. The rule of thumb for the number of groupings is about 1 group per 20 staff members. This should include the medical staff participants for that clinical area.

[4] Sexton JB, Grillo S, Fullwood C, Pronovost PJ. Chapter Two: Assessing and improving safety culture. In: Frankel A, Leonard M, Simmonds T, Haraden C, Vega KB, eds. *The Essential Guide for Patient Safety Officers.* Chicago, IL: Joint Commission Resources with the Institute for Healthcare Improvement, 2009:11-20.

Interpreting Your Results: Understanding the interaction between domains and key questions

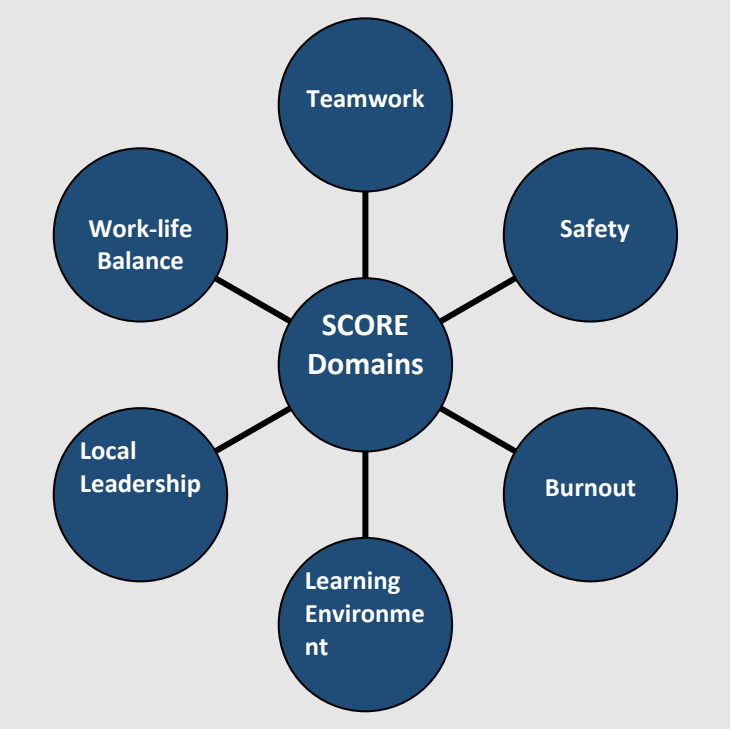
"Safety culture is a performance shaping factor that guides many of the discretionary behaviors of healthcare professionals toward viewing patient safety as one of their highest priorities." (Nieva and Sorra, 2003)

This quote, cited in a Canadian analysis of safety culture, is an important statement for us to consider as we analyze the results of our culture of safety survey. Because of the very human nature of healthcare delivery, we must trust our staff to make good choices within the framework of policies, procedures, equipment and supplies we provide as the organization. Without a strong safety culture, those choices are not well positioned to reduce risk.

The interpretation guide below will assist you in debriefing your results with the leadership team of your area as well as with direct care staff. The outcome of your debriefings should be a carefully planned set of actions that are focused and unique to the local care area respondents.

The SCORE survey is composed of 6 domains:

- Learning Environment
- Local Leadership
- Teamwork Climate
- Safety Climate
- Burnout/Resilience
- Work/Life Balance



The important conclusions from the items that comprise each of these domains is summarized below.

1. **Learning Environment – New Domain for 2016**

An important pillar of an overall safety culture is the learning environment. The elements in the survey associated with this domain point to the degree of openness and transparency that exist in the work setting. Strong learning environments foster open discussion, curiosity and exploration without ridicule or punishment. Rather, questions and learning from errors are supported and managed in a just manner, recognizing that the sharing of learnings from errors and improvements must be spread in order to transform work and reduce risks. Leaders with strong learning environments use methods that encourage input from all team members, respectfully review errors and solutions and use the learnings

to improve the work for the team. In strong learning environments, front-line team members play an active role in identifying defects and fixing those defects through local actions or through support from external resources.

Example of survey items for the Learning Environment domain include:
The learning environment in this work setting…

- *utilizes input/suggestions from the people who work here.*
- *integrates lessons learned from other work settings.*
- *effectively fixes defects to improve the quality of what we do.*
- *allows us to gain important insights into what we do well.*
- *is protected by our local management.*

If the Learning Environment domain scores low (≤ 60%), consider:

- Use of SRS data in staff meetings to identify common causes and solutions
- Deployment of the Learning from Defects tool within local work teams to prioritize and solve local issues
- Leader Patient Safety Walkrounds with Stoplight or Feedback reports related to problems solved
- "Bright Ideas" methods to get staff input for improvement
- Adoption of structured language for assertion/escalation ("I Need Clarity", CUS from TeamSTEPPS)
- Adoption of CUSP (Comprehensive Unit Based Safety Team)

2. Local Leadership Domain (Psychological Safety) – New Domain for 2016

The leader closest to the front-line staff team is foundational to managing the infrastructure that staff work within that promotes safety culture. Tied directly to the teamwork and safety climate is the provision of feedback which is a crucial leadership practice. To enhance psychological safety and to reduce stress, access to the manager is also important. The more predictable the environment, the less stress. The elements in this domain are clear and focused, allowing distinct interpretation and response, and they focus on local management access, interaction associated with the team member's performance, feedback to staff, and setting clear expectations.

Examples of Local Leadership survey questions include:
In this work setting local management…

- *is available at predictable times.*
- *regularly makes time to provide **positive feedback** to me about how I am doing.*
- *provides frequent feedback about my performance.*
- *provides useful feedback about my performance.*
- *communicates their expectations to me about my performance.*

If the Local Leadership domain score is low (≤ 60%), identify the specific item that is driving the overall score and target that for improvement, such as:

- Setting specific office hours so staff can drop in
- Using the performance evaluation process in a constructive way to set expectations and to provide tangible feedback
- Making appointments between formal evaluation times to talk with staff about performance
- Rounding on staff (not patients) to be sure to make contact and provide positive feedback, to notice performance in a favorable way

3. Teamwork Climate

A low teamwork climate stems from persistent interpersonal problems among the members of a given work setting. When teamwork climate is low, employees feel that their coworkers are not cooperative, that their voices are not heard by management, and that their efforts are not supported. These feelings can deeply affect employee performance and patient outcomes.

If fewer than 60% report good teamwork climate, look at the teamwork items to see which aspect of teamwork pulled down the overall score: was it speaking up, conflict resolution (conflict may be between staff, between staff and physicians or related to process consistency conflicts), asking questions to clarify ambiguities, physician-nurse (or other inter-professional) dynamics, etc.? Rather than focus on teamwork in general, it is better to focus on the particular aspect of teamwork that is the biggest struggle for frontline workers, e.g., speaking up with concerns.

Interventions: Encourage employees to support each other's' work and help their fellow coworkers when problems, such as work overload or a problematic patient arise. Managers may also consider formal teamwork actions such as Mutual Support and "Task Assistance". Through conversation, try to understand why they might feel that they can't speak up or aren't being listened to when they do, and seek to address their concerns directly.

There are several **Key Teamwork Climate Questions** that are statistical predictors of operational outcomes such as Nurse Turnover and length of stay (LOS).

Teamwork Climate Questions	Operational Outcome Indicator
"*The physicians and nurses here work together as a well-coordinated team"*	This is the #1 predictor of nurse turnover, which can be very costly. Metrics to measure would include turnover rate and associated costs, overtime FTE's and associated costs. You may also want to monitor call out rate and employee injury rate (especially for injuries such as lifting strains and back injuries) and the financial impact to the unit or organization. When teamwork is lacking, employees may be more likely to perform high risk tasks independently rather than asking for help.
"Disagreements in this clinical area are resolved appropriately (i.e. not who is right, but what is best for the patient)"	This item is the #2 predictor of nurse turnover; it may be reflective of a lack of role clarity or task differentiation

A strong emphasis in Teamwork climate is **conflict resolution**.

- When debriefing with staff (and MD's) try to get issues related to conflict out in the open. Select a recurrent theme of conflict as a target for action and have the staff contribute to *how* they think this problem can be solved. Engage them in the solution.
- If the conflict issue is related to uncertainty about processes (for instance, recent changes in core processes and staff see inconsistency in how the process is being done), focus efforts around improving the standardization of that process.
- If there is a communication barrier with another department, begin by bringing the issue to that department. Consider also inviting the leader of the other department to a staff meeting to talk directly with local staff.

Metrics to measure related to the Teamwork domain:

- Turnover rate, cost of turnover
- Overtime hours and cost
- Absence rates and employee injury rates

4. Safety Climate Domain

Safety Climate scores predict clinical outcomes. When respondents report a low safety climate, they don't perceive a real dedication to safety in their work setting. Safety climate is significantly related to both caregiver safety (e.g., needlesticks, back injuries) and patient safety (e.g., bloodstream infections, decubitus ulcers), so low safety climate is critical to address.

Interventions: During interventions, emphasize the importance of keeping lines of feedback and communication open. Let employees know that it is encouraged that they bring errors to the attention of managers and clinical leaders. Get staff input about barriers they encounter when bringing forward concerns and error information. Let managers and clinical leaders know that they need to be responsive to error reports and show appreciation for having errors brought to their attention. This should be a sincere reflection about the value of knowing where errors are occurring so that solutions can be sought and future errors of the same kind prevented.

There are several **Key Safety Climate Questions** in this section that are statistical predicators of clinical outcomes, such as pressure ulcers, VAP, BSI's etc.

Safety Climate Questions	Clinical Outcome Indicator
"*I would feel safe being treated here as a patient"*	Administrators (particularly non-clinical leaders) like to see this item, particularly if it scores well – it gives them a sense of confidence that things are alright clinically. However, if it is not strong (favorable), it points to lack of consensus between caregivers about quality and safety in that clinical area.
"I receive appropriate feedback about my performance"	This item is linked to confidence and suggests whether staff will speak up. If there is improvement from the first survey to the second in this item, it is a strong indicator that staff confidence is improving and more staff will speak up to prevent errors, raise concerns etc. When managers provide feedback consistently and effectively, they are role modeling how staff can raise concerns and commendations. They are essentially helping staff establish pattern recognition, and pattern recognition helps to establish mental frameworks for behavior (what is good performance, what is mediocre performance, what is unacceptable performance). Feedback needs to be both positive & constructive. It is important to identify how each staff member prefers feedback.
"*In this clinical area, it is difficult to discuss errors"*	If this item scores low, actions need to include very simple and consistent methods to obtain staff input that show progress over time. The "Learning from Defects" tool is very helpful in this kind of department.
"*I am encouraged by my colleagues to report any patient safety concerns I have."*	This item is an excellent predictor of clinical outcomes (particularly VAP, Decubitus Ulcers, BSIs), and it is the #1 predictor ("crystal ball") of safety climate two years out (if all else remains essentially the same). This item is responsive to Learning from Defects tool use and Leader Patient Safety Walkrounds.

Interventions: Possible actions to consider for enhancing Safety Climate

- Goal is to build capacity, help staff learn from errors (see Learning Environment above)
- If staff feel unsafe, they need to gain psychological safety: Executive Partnership may help here or more staff involvement in Leader Patient Safety Walkrounds.
- "Safety as a System" video to help staff gain broader awareness of all the process design factors that contribute to error – it isn't just about them
- Learning from Defects tool
- If consensus about quality and safety is low (I would feel safe being treated here as a patient, I'm encouraged by my colleagues to report safety issues, responses in safety domain vary by caregiver role): Safety as a System video first; build awareness about systems theory, swiss cheese etc.

Metrics to measure related to this domain:

- BSI rates
- VAP rates
- Staff injury rates
- Errors rates, if they can be measured objectively. Generally, measuring the number of SRS's is not a good metric because an increase or decrease is dependent on staff entering the SRS.

5. Burnout/Resilience and Work/Life Balance: "Resilience *is* Quality"

"Investment in resilience is an investment in clinical and operational outcomes"

There's a phrase "culture eats process for lunch". Well, resilience eats culture and process for breakfast. Staff with low resilience (burnout) cannot step up to the performance demands of a challenging work environment and do not have the emotional and innovation energy to cope with changes that may be unfolding around them, such as PI projects or adoption of new technology.

Burnout domains are the "pace-ometer," for a work setting, as it tells you the pace and intensity of interventions and efforts that are likely to be successful and sustainable. If burnout is low, taking on significant teamwork or safety related interventions is reasonable if this unit falls below 60% on either teamwork climate or safety climate. However, if this unit falls below 60% on the other major domains and the burnout score is above 40%, then an initial focus on recovering from burnout and work-life balance is important as a first step.

If burnout is high and changes are non-negotiable, recognize the burnout and be extremely transparent in discussions with associates – no surprises. Take on change as slowly and methodically as possible. The leader will have to support the team in more depth to manage change and to assure the sustainability of change. That should be incorporated in the planning of that change, such as modifying timelines, adding resources to support the team after implementation etc.

Interventions for Burnout:

The "antidote" to burnout (low resilience) can be found, to some degree, in work-life balance methods and practices. In fact, work-life balance predicts resilience in the future (18 months). Work-life balance represents behavioral frequencies of various activities that demonstrate self-care. If self-care is strong and staff are caring for themselves, they will be better able to care for their patients.

The work-life balance items assessed in the SCORE are: (based on the number of days this occurs during the week)

1. Skipped a meal
2. Ate a poorly balanced meal
3. Changed personal/family plans because of work
4. Had difficulty sleeping
5. Slept less than 5 hours in a night
6. Arrived home late from work
7. Worked through a shift without any breaks
8. Felt frustrated by technology

To the degree the employer can facilitate improvement in these practices, it should be undertaken. This domain also represents certain personal and professional accountabilities, particularly for people working in a high risk, human endeavor. Raising the knowledge of staff and management around wake-sleep cycles, circadian and homeostatic rhythms and the factors that affect them can enhance people's adherence to some basic practices that may improve their resilience.

Key Elements to Address when conducting a SCORE Debrief: (See Addendum A)

Review unit level results and choose an area to improve

- Improve the percent positive climate score to > 60%
- If you have a climate (teamwork, safety, etc) with a score less than 60%, review the question-level results to determine which question is of particular concern or relevance.
- Determine why was this item important to your group.
- What are specific examples that illustrate how this item reflects your experiences?
- Envision the ideal work setting. What would it look like if 100% of the respondents felt positively about the survey item?
- Agree on one actionable step

Additional Resources:

Orientation to Conducting a Debrief Webex

- Dr. Bryan Sexton leads a discussion on how to review your unit level SCORE data and conduct a meaningful debrief
- https://youtu.be/YiPW9y55Gis

AHRQ Comprehensive Unit-based Safety Program (CUSP)

- The Comprehensive Unit-based Safety Program (CUSP) toolkit includes training tools to make care safer by improving the foundation of how your physicians, nurses, and other clinical team members work together.
- Recommended for areas with low Overall Perceptions of Patient Safety and low Communication Openness scores
- http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html

SBAR

- The SBAR (Situation-Background-Assessment-Recommendation) technique provides a framework for communication between members of the health care team about a patient's condition.
- Recommended for areas with low Communication Openness scores
- http://www.ihi.org/resources/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx

Patient Safety Leadership WalkRounds™ Tool

- Senior leaders can demonstrate their commitment to safety and learn about the safety issues in their own organization by making regular rounds to discuss safety issues with the frontline staff.
- Recommended for areas with low Overall Perceptions of Patient Safety scores
- http://www.ihi.org/resources/pages/tools/patientsafetyleadershipwalkrounds.aspx

Daily Safety Huddles

- Safety Huddles provide a structured method for learning both from safety occurrences and from near-miss safety events. The huddle process encourages open communication between members of the leadership team to raise awareness of any occurrence that could be considered a safety event. The Safety Huddle is an informal process in which there is no recrimination, and it promotes transparent discussion regarding potential safety issues. Identified Issues are usually resolved within 24 hours.

TeamSTEPPS-Team Strategies and Tools to Enhance Performance and Patient Safety

- Developed jointly by the Department of Defense (DoD) and the Agency for Healthcare Research and Quality, TeamSTEPPS® is a resource for training health care providers in better teamwork practices.
- Recommended for areas with low Teamwork Within Units scores and low Communication Openness

Safety Youtube Videos

Bryan Sexton

Safety as a system: https://www.youtube.com/watch?v=TmEKgfEiYg8
Resiliency: https://www.youtube.com/watch?v=zL1FmLYOC4c
Mindfulness: Mindfully Learning From Defects
https://www.youtube.com/watch?v=cs1BoVPqE94

Sidney Dekker –

Just Culture (Full Lecture): https://www.youtube.com/watch?v=gKqYMpWZbV8
Sidney Dekker on The Second Victim:
https://www.youtube.com/watch?v=YeSvCEpg6ew

A Culture of Safety – Mercy Medical Center, Redding

https://www.youtube.com/watch?v=l23IsBVPqWQ

Annie's Story: How A System's Approach Can Change Safety Culture:
https://www.youtube.com/watch?v=zeldVu-3DpM

Chasing Zero: Winning the War on Healthcare Harm:
https://www.youtube.com/watch?v=MtSbgUuXdaw

Addendum A: Culture Item Discussion Form

After reviewing your item-level results, which item is of particular concern or relevance to this clinical area right now due to recent or ongoing events or activities?	
	% Agree
Why was this item important to your group?	
What are some specific examples that illustrate how this item reflects your experiences in this clinical area?	
Envision an ideal unit. What would it look like if 100% of the caregivers in this unit agreed strongly with this survey item? (provide specific behaviors, processes, norms, policies, etc.)?	
Agree on one actionable step to move your unit closer to the ideal unit (agree on specifics task(s); person responsible; follow- up date; external committee / leader with whom the plan is shared.	
Tasks(s): Person Responsible: Follow-up Date: External Committee/Leader:	

Adapted from Sexton, Paine, et al. 2007. A checkup for safety culture in 'my patient care area'. *Jt Comm J Qual Patient Saf*, 13(11): 699-703.

Duke University Health System
SCORE Culture of Safety Survey Debrief Resources

Domain	Sample Survey Questions	If your concern is…	Consider one of the following actions or resources
Teamwork Climate Goal Score ≥ 60 Score predicts operational outcomes, such as staff turnover, delays, etc. A low teamwork climate stems from persistent interpersonal problems among the members of a given unit.	Nurse input is well received in this work setting	Difficulty speaking up	Standardize Communication, using tools like SBAR
	In this work setting, it is NOT difficult to speak up if I perceive a problem with patient care		Enhance feedback processes; consider using the feedback module from TeamSTEPPS to coach/simulate effective feedback
	Disagreements in this work setting are resolved appropriately (i.e. not who is right but what is best for the patient)	Interdisciplinary patient management issues exist	Daily Goals Worksheet and Task Assistance Situation, Behavior, Impact Tool (Mindtools)
	It is easy for personnel here to ask questions when there is something that they do not understand.	Staffing levels inadequate OR information is lost at shift change	Briefing Tool
	The physicians and nurses work well together as well coordinated team	Conflicts are not resolved appropriately OR Role Clarity is lacking	Shadowing Another Provider Tool
		Multiple aspects of Teamwork are low-scoring and it is determined that the department would like a structured approach to building teamwork, communication and collaboration – consider TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety).	TeamSTEPPS Overview Leadership Brief TeamSTEPPS Essentials (4-hour overview) TeamSTEPPS Master Trainer Course (2 day Fundamentals, Change Management and Implementation) Duke Patient Safety Center – course listings www.dukepatientsafetycenter.com
Domain	**Sample Survey Questions**	**If your concern is…**	**Consider one of the following actions or resources**
Safety Climate Goal Score ≥ 60 Safety scores typically predict clinical outcomes	I know the proper channels to direct questions regarding patient safety in this work setting Errors are handled appropriately in this work setting	Staff lack consensus about safety issues (low score on "I would feel safe being treated here as a patient)	Science of Safety training (Safety as a System video, DUHS Patient Safety Center) Duke Patient Safety Center – online resources. www.dukepatientsafetycenter.com: Formalize review of SRSs such as a regular agenda item at staff meetings
	I receive appropriate feedback about my performance The culture in this work setting makes it easy to learn from the errors of others	Staff feel unengaged in safety issues	Learning from Defects Tool (LFD) Mindfulness: Mindfully Learning from Defects https://www.youtube.com/watch?v=cs1BoVPqE94
	I would feel safe being treated here as a patient	Staff feel unengaged, unsafe and unsupported for safety	Executive Partnership (Leader Patient Safety Walkrounds)
	In this work setting, it is NOT difficult to discuss errors I am encouraged by others in this work setting to report any patient safety concern I have	Low overall safety climate score	CUSP (Comprehensive Unit-Based Safety Program) *see "A Safety Culture Primer for the Critical Care Clinician", Hudson D, Sexton, J B; Vol 7, #5, Oct 2009* , or Unit-Based Core Safety Team.
Domain	**Sample Survey Questions**	**If your concern is…**	**Consider one of the following actions or resources**
Burnout Climate & Personal Burnout Goal score ≤ 40 Burnout is associated with lower patient satisfaction and errors. Work settings/staff that are burned out are unable to embrace new changes	Events in this work setting affect the lives of people here/me in an emotionally unhealthy way	Staff with burnout cannot step up to the performance demands of a challenging work environment. Staff do not have the emotional and innovation energy to cope with changes	Protected time with Resilience Webinar YouTube WISER introduction https://www.youtube.com/watch?v=QWhILRBVsT4&feature=youtu.be
	I am/People in this work setting are burned out from their work I am/People in this work setting are fatigued from their work		Consider the Enhancing Resilience Course (2-day seminar) or the Essentials Course (1 day) www.dukepatientsafetycenter.com
	I am/People in this work setting are frustrated by their jobs I am/People in this work setting are working too hard on their jobs		Consider taking on change slowly and methodically as possible. The team may need more support to manage change.
Domain	**Sample Survey Questions**	**If your concern is…**	**Consider one of the following actions or resources**
Work life Balance Goal Score ≥ 60 Work-life balance represents behavioral frequencies of various activities that demonstrate self-care	In the past week, how often have you … - skipped a meal - ate a poorly balanced meal - worked through a day/shift without breaks - arrived at home late from work - had difficulty sleeping - slept less than 5 hours in a night - changed personal/family plans because of work - felt frustrated by technology	The "antidote" to burnout If self-care is strong and staff are caring for themselves, they will be better able to care for their patients	Raise the knowledge of staff and management around wake-sleep cycles, circadian and homeostatic rhythms and the factors that affect them Evaluate breaks and how they are structured or managed to assure staff get "downtime" Managers need to evaluate which staff may not be getting off at consistent times to build strategies for improvement

Domain	Sample Survey Questions	If your concern is…	Consider one of the following actions or resources
Learning Environment Goal Score ≥ 60 The learning environment domain points to the degree of openness and transparency that exist in the work setting. Strong learning environments foster open discussion, curiosity and exploration without ridicule or punishment	Utilizes input/suggestions from people that work here Integrates lessons learned from other work settings Effectively fixes defects to improve the quality of what we do Allows us to gain important insights into what we do well Allows us to pause and reflect on what we do well Is protected by our local management	Questions and learning from errors are NOT supported and managed in a just manner Input of staff is NOT encouraged	Use of SRS data in staff meetings to identify common causes and solutions Deployment of the Learning from Defects within local work teams to prioritize and solve local issues Leader patient safety walkrounds with Stoplight or Feedback reports related to problems solved "Bright Ideas" methods to get staff input for improvement Adoption of structured language for assertion/escalation ("I Need Clarity", CUS from TeamSTEPPS) Adoption of CUSP (Comprehensive Unit Based Safety Team)

Domain	Sample Survey Questions	If your concern is…	Consider one of the following actions or resources
Local Leadership (Psychological Safety) Goal Score ≥ 60 Focus on local management access, interaction associated with the team member's performance feedback, and setting clear expectations	Is available at predictable times Regularly makes time to provide positive feedback to me about how I am doing Regularly makes time to pause and reflect with me about my work	Not having defined opportunities to interact with local management	Setting specific office hours so staff can drop in
	Provides frequent feedback about my performance	Expectations are NOT clear	Using the performance evaluation process in a constructive way to set expectations and to provide tangible feedback
	Provides useful feedback about my performance	Infrequent discussions about performance	Make appointments between formal evaluation times to talk with staff about performance
	Provides meaningful feedback to people about their performance		Rounding on staff (not patients) to be sure to make contact and provide positive feedback, to notice performance in a favorable way
	Communicates their expectation to me about my performance		

General Interventions to Consider for Improvements in all domains are Patient Safety Walkrounds with Feedback; Positive Rounding; Safe Choices; and Schwartz Rounds