The Integrated SCORE (Safety, Communication, Operational Reliability & Engagement Survey) Survey for Organizational Learning and Improvement

SAFE AND RELIABLE HEALTHCARE

MISSION

Safe and Reliable Healthcare is deeply committed to improving the quality, safety and reliability of the care experience for patients, people providing care at the bedside and healthcare organizations. Patients entrust their lives to us. We must continually strive to keep patients and their families safe and deliver the care that benefits them

HISTORY

Founded and headquartered in Colorado since 1999, Safe and Reliable Healthcare has actively contributed to shaping how healthcare is delivered in the United States, Canada, Europe and The Middle East. Having served over 1000 leading and community hospitals, our insights appear in dozens of articles, books and manuals on how to design and embed safe and reliable processes across a variety of care delivery settings, and demographic circumstances.

NOTABLE MOMENTS

1992 First application of aviation safety to healthcare– **Leonard / Frankel**
1992 Development of first safety culture survey instrument (SAQ) **– Sexton**
1996 First patient safety officer in the US **– Frankel, Partners Healthcare**
1998 First National Physician Leader for Patient Safety – **Leonard, Kaiser**
2002 co-Inventor for the *Global Trigger Tool* – **Christensen**
2004 Architects IHI Patient Safety Officer Program – **Christensen, Frankel**
2008 High profile "never event" investigations – **Brown**
2011 Architect of Mayo Clinic's largest quality initiative – **Frankel**
2012 First validated healthcare burnout / resilience survey – **Sexton**
2013 First fully integrated healthcare survey- **SCORE** – **Frankel / Sexton**
2014 Milestone year – trained 3000 hospital executives, CMOs, PSOs – **Frankel / Leonard**

OUR PEOPLE

Healthcare is all about people. We live this mantra at Safe and Reliable Care, providing our people with the structure and support needed to innovate solutions that address the most pressing issues in healthcare. For us, this is our passion and our service.
Our team includes noted contributors to the field of patient safety, employee engagement, healthcare economics, and clinical informatics. A partial list of our leadership team includes:

Michael Leonard, MD, Founder

- Trained in Anesthesiology and Internal Medicine, Beth Israeli Deaconess
- National Physician Leader for Patient Safety, Kaiser Permanente
- Professor of Medicine, Duke University
- Senior Faculty, Institute of Healthcare Improvement (IHI)

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- Trained over 3000 hospital executives, CMOs, PSOs in patient safety
- Pioneered application of aviation safety and Crew Resource Management (CRM) principles to healthcare, with Professor Robert Helmreich
- Numerous books, manuals, guides, articles and keynote addresses

Allan Frankel, MD

- Trained in Cardiac Anesthesia, Beth Israel Deaconess
- First Patient Safety Officer in the United States, Partners Healthcare
- Senior Faculty, Institute of Healthcare Improvement (IHI)
- Trained over 3000 hospital executives, CMOs, PSOs in patient safety
- Architect Mayo Clinic's *Commitment to Safety* Program, including "TEM" approach to building clinical learning systems – largest safety & quality initiative in Mayo history
- Pioneered application of aviation safety and Crew Resource Management (CRM) principles to healthcare, with Professor Robert Helmreich
- Numerous books, manuals, guides, articles and keynote addresses

Professor J. Bryan Sexton, PhD,

- Organizational Psychologist with special interest and expertise in healthcare burnout, resilience and employee engagement
- Developed nation's first safety culture survey instrument (SAQ) with Eric Thomas and Professor Robert Helmreich
- Numerous books, manuals, guides, articles and keynote addresses

Terri Christensen, RN, BScM, Chief Operating Officer

- Senior Faculty, Institute of Healthcare Improvement (IHI)
- Co-Inventor, IHI Global Trigger Tool
- Principal Architect, IHI Patient Safety Officer Development Program
- Directed numerous safety improvement efforts in North America and Europe

Jeff Brown, MS, Consultant

- Applied human factors practitioner and Senior Director, ARA
- 2002 recipient - John M. Eisenberg Patient Safety Award for System Innovation
- Highly sough-after accident investigator for hospitals and HROs
- Expert at risk mitigation efforts in a variety of high-risk domains, such as border security, defense, aviation, and electrical transmission.Co-author, *A Sociotechnical Model for Pharmacy, Hospital Pharmacy (2013) and Chapter 10, Using Technology to Enhance Safety in the Essential Guide for Patient Safety Officers*, *2nd Edition*, The Joint Com

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SCORE SURVEY – Why we need a better survey instrument:

- *1 in 3 patients experience an adverse event, of which 2/3 are preventable or ameliorable. 6% of patients are harmed to the point they have an increased length of stay and go home with a temporary or permanent disability.*
- *Preventable harm accounts for 5% of the USA GDP spend each year*
- *An additional 5% is spent on employee turnover, which reached 28% last year across the US (compared to 8% in all other industries)*
- *>30% of the frontline is experiencing burnout and difficulty in speaking up*
- *Patients are choosing their providers based on experience, performance and co-pays*

… Which Has Propelled Unprecedented Healthcare Reforms

Reform through Accountable and Affordable Care is changing the context in which care is being delivered and compensated. Fee-for-value; market consolidation; at-risk reimbursements, employee engagement and patient satisfaction are only some of the drivers of this change. More than 10% of reimbursements will be withheld.

Culture Is Now Known To Be A Critical Factor In Improving Performance …

It is now understood that culture is a critical determinant of patient safety and quality of the patient care experience. Studies have also begun to link culture to organizational efficiency and financial performance
Please refer to Appendix 1 for a Summary

… But We Are Not Applying This New Knowledge To Culture Measurement.

Today's most commonly used safety culture instruments, the AHRQ/SOPS and SAQ, are 10 and 21 years old, respectively, and have not evolved with this advanced understanding of culture, nor healthcare reform. Moreover, both have demonstrated <2% aggregate score improvement across >1500 US hospitals over the last 7 years underscoring limitations in what they are actually measuring. Dr. Bryan Sexton, safety culture expert and co-developer of the SAQ, states, "these instruments were not intended for use in today's healthcare environment." Moreover, numerous studies now conclude that these instruments have "limited evidence of reliability and validity".

Moreover, duplicative survey efforts in most hospitals continue to create cost burden, survey fatigue, and isolated datasets that do not produce a comprehensive snapshot of the factors driving hospital performance. The need for survey integration has never been more acute, as has the need for a more refined and specific survey instrument that clearly links measurement to improvement.

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The SCORE Survey Is Born.

Having trained more than 2000 CMOs, CNOs, CQOs and PSOs across more than 600 hospitals in the last 20 years, Drs. Allan Frankel, Michael Leonard, Bryan Sexton, Jim Conway and Terri Christensen Frankel have developed an advanced understanding of how to measure, codify and hardwire culture change, employee engagement and patient-centeredness across both the highest and lowest performing hospitals in the nation.

This knowledge has been distilled into an integrated survey instrument with uniquely powerful psychometric properties that enable leaders to anticipate and avoid performance issues related to:

- ***Patient Safety***: VAPs, CAUTIs, CLABSIs, LOS, Readmits, Wrong Site Surgeries, etc
- ***Organizational Efficiency and Effectiveness***: Patient Access, operating room efficiency, discharge planning, HCAHPS, etc; and
- ***Financial Performance***: Unit and Department level revenues and net operating margin.

This is the first instance in healthcare where the measurement of culture and engagement has been clearly linked to clinical and financial outcomes. Survival in today's regulatory and reimbursement environments require this level of insight.

The Integrated SCORE Survey

- Developed by Drs. Bryan Sexton, Allan Frankel, and Michael Leonard,
- 6 Domains including:
    - Safety Climate
    - Communication and Teamwork
    - Learning Environment
    - Work / Life Balance
    - Resilience and Burnout
    - Perceptions of Local Leadership
    - Engagement (TBR)
    - Patient Centeredness (TBR)
- Opportunities to customize questions to generate longitudinal data benchmarks
- Powerful psychometrics and predictive value for clinical and financial outcomes
- Comprehensive end-to-end survey offering with best-in-breed analytics and reporting
- Full mobile functionality for survey, reporting and analytics platform

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Culture As A Key Determinant Of Clinical, Operational and Financial Outcomes

Outcome	Author	Published in
Cost	Pronovost et al.	2011
Adverse events	Pronovost/Pettker	2010/2009
Patient safety indicators	Singer et al.	2009
Adverse event reporting	Katz-Navon et al.	2005
Medication errors	Sutcliffe et al.	2007
Readmissions	Singer et al.	2011
Patient satisfaction	Hofmann et al.	2006
Surgical outcomes	Birkmeyer/Neily	2011/2010
Staff burnout, turnover	Mark et al.	2007
Medical malpractice claims	RAND Corporation	2010

Appendix B

What different aspects of Culture are measured by the SCORE survey?

- The Learning Environment – it is critically important that healthcare organizations build capacity to identify defects, and systematically remove waste and harm. Estimates are that up to 30% of all money spent in healthcare does not create value. Every one of us can readily identify numerous defects and workarounds we face every day in attempting to provide safe, reliable patient care.
- Perceptions of Local Leadership– effective leadership providing support and feedback to the front line is an essential component of a high performance culture.
- Resilience and Burnout – caring for the caregiver is mandatory. Having caregivers who are burned out is a losing proposition for everyone. There is clear evidence that patients receive poorer care and there is a significant, unhealthy toll on the caregivers themselves. Some studies have shown that up to 30-40% of caregivers are clinically burned out.
- Communication & Teamwork – effective teamwork, psychological safety, the ability to learn from error, conflict resolution and working in a respectful workplace are essential to building systems that deliver safe and reliable care. We know from safety culture data that 20% of caregivers in the U.S. say they would be hesitant to voice a concern about a patient. In the AHRQ database, 50% of respondents do not feel safe to report an error. High performing healthcare organizations are very intentional in measuring and taking action in these areas.

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What are the requirements to have high quality, actionable information?

- High response rates greater than 60%
- Unit level data reflecting the perceptions of different caregiver types
- Commitment to debrief culture data with front line caregivers and take visible, measurable action
- Survey administrations at an interval of 12-18 months to drive continuous learning and cultural improvement.

Who should take this survey?

- We are influenced in the perspective of all individuals who influence the culture of your organization

Why is it Important to Assign Caregivers to a Specific Unit or Care Location?

Because culture lives at a unit level, it is valuable to know how people feel when they work together in a specific location. That allows for a more accurate diagnostic process, and produces specific actions that can be taken to build upon existing cultural strengths, and to address cultural weaknesses and areas of opportunity.

How Will the Survey be Administered? Specific Aspects of Survey Administration

The survey will be available for caregivers to take for approximately three weeks. This has been found to be an optimal length, which affords people enough time but is not too long. This length of time may be adjusted as necessary to specific circumstances, for example known vacation times that dictate keeping the survey open longer. Some organizations are able to complete the survey in less than three weeks time. There are two modalities available for survey administration, and they can be combined to make the process as easy for your organization as possible.

The two modalities are:

- Weblink / URL
- Desktop Icon

How do Staff Know Their Responses Will be Anonymous and Confidential?

Safe & Reliable Healthcare has extensive experience with culture measurement in numerous organizations. We have never had an instance where caregiver anonymity and confidentiality has been broken. In communicating to your staff, assure that they know that you will make respondent confidentiality an absolute priority. Individual hospitals and healthcare organizations will only see aggregated data. ***We require a minimum of five caregiver responses in a given caregiver type to identify it as a specific group*** – nurses, physicians, technicians, etc. If the number falls below this,

these responses will be aggregated as "other." People need to feel safe to tell us what they really think. This is an absolute requirement.

Debriefing Culture Data for Improvement

Feeding back data and involving front line caregivers around what they said and where they see opportunity is really important. Framing the conversation to the positive is essential – "everyone gets out of bed in the morning to do the right thing for patients. Let's talk about where we have some opportunity." Talk about positive aspects of the culture as well as areas that need improvement. Engage caregivers around a short list of specific actions that can be taken to improve culture on the unit. Remember "the best way to eat an elephant is one bite at a time." It is far better to be successful at really fixing a few things than trying too many things and not achieving sustainable progress. Safe & Reliable Healthcare will provide specific support and detailed instructions for debriefing.

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