

Culture Check-in Questions for Management and Leadership

Use these questions from the Veterans Affairs National Center for Patient Safety to check-in on your organization’s patient safety culture and identify areas to improve.



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for Patient Safety and Medical Error Reduction

For a more extensive workbook of questions about patient safety topics, including equipment management, recalls, and implementation in a variety of settings (long term care, behavioral health units, pharmacy, outpatient, and more), visit the [Patient Safety Assessment Tool \(PSAT\)](#).

MANAGEMENT AND LEADERSHIP - Element 1						
	Question:	Rationale/Assessment Methods:	Met (1)	Partially Met (2)	Not Met (3)	If score other than 'met' what are possible root causes
Leadership/Support						
1.1.1	Does a non-punitive environment exist that promotes reporting of errors and mistakes?	<i>Interview leadership and staff. Ask leaders or patient safety coordinator about Safety Attitudes and Safe Climates Questionnaire (SAQ) results and related action plan for dimensions that showed non-favorable results.</i> JC- CAMH LD-03-01-01.pdf VHA Handbook 1050 01 PSI.pdf /A Page=3				
Leadership/Support						
1.1.2	Are staff made available to serve on root cause analysis (RCA) teams including physicians, pharmacists and other staff as needed?	<i>Review RCAs, looking for a mix of staff participation and interview patient safety coordinators and upper management. Employees who work on second and third shifts and weekends should be documented in the RCAs. The patient safety coordinator should keep management abreast of the participation status. RCA Team membership appropriateness should be supported by management and facilitated by staff.</i> JC- CAMH LD-03-05-01.pdf; VHA Handbook 1050 01 PSI.pdf /A Page=6				

Leadership/Support						
1.1.3	Is the patient safety coordinator permitted to charter RCA teams based upon the SAQ score without approval from his/her supervisor or top management?	<i>Interview patient safety coordinator and management. The patient safety coordinator or other individuals trained on using the SAQ form should be the authority for determining which cases become individual RCAs. Although top management approval is ultimately needed to begin an RCA, the patient safety coordinator should be the primary decision-maker.</i> JC- CAMH LD-03-01-01.pdf				
Leadership/Support						
1.1.4	Do RCA teams meet with top management to discuss their findings and recommendations?	<i>Interview patient safety coordinator and management. Evidence should show management interaction with the teams, including suggestions/recommendations made. Reports should not be without justification for actions not approved.</i> JC- CAMH LD-03-01-01.pdf; VHA Handbook 1050 01 PSI.pdf /A Page=6				
Leadership/Support						
1.1.5	Are close call reports being received?	<i>Review reporting systems (informal, paper, or online) to see if close calls are being entered. Have patient safety coordinator show specific examples of close calls including events that have become RCAs.</i> JC- CAMH LD-03-06-01.pdf; VHA Handbook 1050 01 PSI.pdf				
Leadership/Support						
1.1.6	Are lessons learned from RCAs and best practices shared throughout the organization or network?	<i>Show reports made on paper or online. Methods for sharing information could include: meetings, conference calls, e-mail correspondence, summaries done by patient safety coordinator, etc.</i> JC- CAMH LD-03-04-01.pdf; VHA Handbook 1050 01 PSI.pdf				
Leadership/Support						
1.1.7	When criminal or intentionally unsafe acts are identified during the RCA process, is the RCA stopped, the record sealed and top management notified without revealing team findings and conclusions?	<i>Verify via interviews with key personal (patient safety coordinator, Director, RCA team members). If systems issues are identified a new RCA team may be chartered to complete the RCA following completion of the investigation.</i> VHA Handbook 1050 01 PSI.pdf /A Page=9				

Leadership/Support						
1.1.8	Are confidentiality rules complied with in the RCA process?	<p><i>Conduct interviews, review how records are managed (e.g., locked office, record access, etc.). Leadership should possess general knowledge of protection for patient safety data and patient safety coordinator should have in-depth knowledge of all confidentiality rules related to sharing data collected.</i></p> <p>202 Briefing.ppt; Confidentiality 5705 Cognitive Aid.pdf; JC- CAMH IM-02-01-03.pdf</p>				
Leadership/Support						
1.1.9	Are RCA reports de-identified thoroughly prior to sharing?	<p><i>Review a random sample of shared RCAs for identifiers. Reviewing the reports received through the NCPS</i></p> <p>5705.pdf Code of Federal Regulations_part 17.pdf; JC- CAMH IM-02-01-03.pdf</p>				
Staffing						
1.2.1	Is there an established patient safety coordinator?	<p><i>A staff member should be responsible for coordinating patient safety efforts. The patient safety coordinator may have other roles depending on the size of the organization.</i></p> <p>Supporting the Patient Safety Program Memo.pdf JC- CAMH LD-03-06-01.pdf; USH memo PSM Job Jar (2).pdf</p>				
Staffing						
1.2.1.1	Is clerical support personnel provided if deemed necessary by the patient safety coordinator?	<p><i>Depending on facility size, a rigorous work load of RCA inputting, maintenance, and follow up can keep the patient safety coordinator from being able to perform other duties, therefore clerical support, if justified, should be provided.</i></p>				
Staffing						
1.2.2	Does the patient safety coordinator report directly to top management?	<p><i>While reporting structures differ, the VA indicates that patient safety coordinator "report directly to top management (i.e., Director or COS)."</i></p> <p>Supporting the Patient Safety Program Memo.pdf; JC- CAMH LD-03-06-01.pdf; USH memo PSM Job Jar (2).pdf</p>				
Resources						
1.3.1	Does management support patient safety staff by funding attendance at patient safety training/conferences?	<p><i>Verify via training certificates, training records, etc.</i></p> <p>JC- CAMH LD-03-05-01.pdf</p>				

Resources						
1.3.1 .1	If needed, is specific training being provided for the <i>patient safety coordinator</i> to meet job responsibilities to enhance qualifications?	<i>On-going training should be sought and provided to patient safety coordinator to meet the job responsibilities. See NCPS web site for memo and list of job criteria in the VA system as an example at vawww.ncps.med.va.gov/</i> JC- CAMH LD-03-06-01.pdf; USH memo PSM Job Jar (2).pdf				
Resources						
1.3.2	Is there dedicated space and equipment for patient safety efforts including an appropriate meeting space, a portable notebook computer, and an LCD projector?	<i>Private work space should be provided to the patient safety coordinator when needed to help to comply with confidentiality guidelines. A dedicated work space or room for RCA teams should also be provided for team meetings. LCD projector and notebook should be made available to teams upon request.</i> JC- CAMH LD-03-02-01.pdf				
Resources						
1.3.3	Is Information Technology support personnel provided to assist the patient safety program to complete related tasks?	<i>IT staff is often needed for online reporting system help or for patient safety related upgrades to software.</i> http://vawww.ncps.med.va.gov/Tools/SPOT/installation.html				

Adapted from Patient Safety Assessment Tool (PSAT), VA National Center for Patient Safety,
<https://www.patientsafety.va.gov/professionals/onthejob/assessment.asp>