**LL: Creating a Culture of Safety in an Ambulatory Care Setting**

Description

Improving safety and culture have long been the work of hospitals but most people receive the majority of care over their lifetime in ambulatory settings. The solution is not attempting to fit acute care solutions into an ambulatory practices; the work of ambulatory care is different and so are the safety challenges. The methods used to capture, analyze and improve harm and error must match the work and be useable by the ambulatory team. Creating an environment where risks are anticipated, teamwork is the standard and patient partnerships are maximized will allow a culture of safety to flourish.

After this presentation you will be able to:

1. Discuss the unique safety challenges in ambulatory settings
2. Describe tools for developing teamwork
3. Identify two methods for capturing and analyzing harm and error

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1:00-1:15 Introduction

1:15-2:30 Exercise: How do safety challenges differ between acute care and ambulatory care? 20 min. *(we document on flip chart)*

Unique Safety Challenges in Ambulatory Settings 30 min. *about 60 min.* *(Tejal)*

2:30- 2:45 Break

2:45-3:30 Defining and Measuring a Culture of Safety

*Define and discuss measuring safety culture - (Tejal and Carol)* 20 minutes presentation; 25 minutes exercise and bebrief

Hand out AHRQ survey

Exercise: AHRQ survey. Discuss at tables and then debrief: How do we think about culture in the ambulatory setting? Who is measuring culture, using what instrument? What do you do with the data? What changes have you found most successful in improving the culture?
3:30-4:15 Exercise: Methods for Capturing and Analyzing Ambulatory Harm and Error (Carol to be responsible for set up and running exercise)

Exercise:
1. We generate list of methods/mechanisms and ask them to add to the list

2. One flip chart page per mechanism

3. After each methods/mechanisms, we list attribute such as believability, ease of data collection, ease of acting on the data, are they currently doing it

4. We ask them to walk around using multi-voting- Have people put colored dots next to the attributes using a scale for each attribute

5. We then ask them to rank order the top 3 and what they want to work on next

methods/mechanisms we identified:

- Self reporting- many ways to do this (Walkrounds, M&M, safety reporting, huddles)

- NCQA/JCAHO

- Trigger tool

- Claims data

- EHR data- missed appointments, missed test results, referrals

4:15-4:30 Wrap up