

# Fostering a Culture of Safety and Quality in the St Joseph's Health Centre Family Birthing Centre

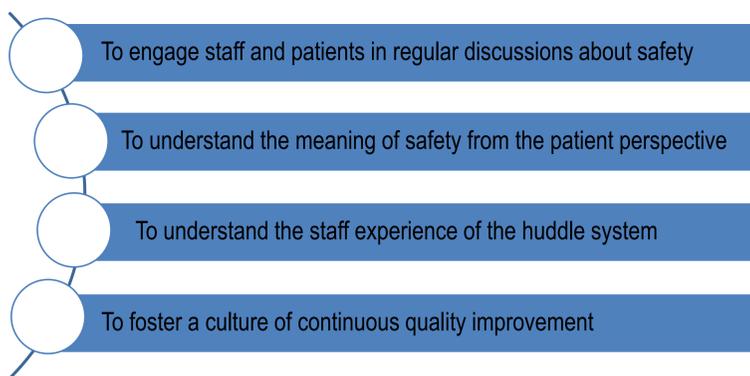
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## BACKGROUND/CONTEXT

- St. Joseph's Health Centre Family Birthing Centre (FBC) is a 44 bed maternal newborn unit in a large community teaching hospital, delivering care to 3300 families per year.
- Historically, FBC patient and family feedback derived from picker surveys and letters of compliment or complaint.
- In 2015, 37.5% of FBC staff felt that the organization effectively balanced the need for patient safety and productivity and 47.5% of FBC staff felt that senior management had a clear picture of the risk associated with patient care.
- This data highlighted the need for consistent conversations about safety with staff and patients to better understand factors contributing for actual or potential adverse events.

## OBJECTIVES

- The objectives are:



## METHODS

The Vincent Framework for Measuring and Monitoring Safety was used as the theoretical backdrop for structure and to stimulate discussion. The framework consists of five dimensions to frame safety through different 'lenses' and to widen staff thinking about safety.

### Design

Prospective, observational study

### Interventions

- Engaged key stakeholders to establish a baseline of our safety culture using the Vincent Framework maturity matrix
- Implemented routine safety and improvement huddles using a huddle board
- Utilized a pick chart to identify ease of implementation and degree of impact of potential solutions
- Invited a patient and family advisor to attend huddles on a weekly basis to contribute to the discussions
- Explored the meaning of safety as well as our opportunities for improvement with patients

### Target population

FBC staff, patients, families

### Study period

August 2017 to March 2018 (Staff)

September 2017 to March 2018 (Patients and families)

## SAFETY HUDDLE BOARD



## RESULTS



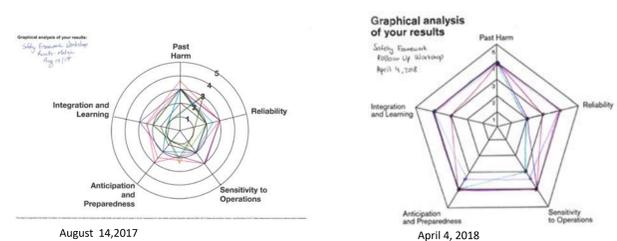
Overall, we experienced positive staff buy in with our huddle framework:

- “When we talk about safety now, it seems more team based, proactive and quality focused”;
- “It seems like we are looking at continuous improvement and not at blaming each other”;
- “Concerns are actually being addressed”;
- “Proactive approach instead of reactive”;
- “This is better than meeting only once a month to talk about things”.

Key patient descriptors related to the meaning of safety:

- “supported”;
- “security, secure premises”;
- “adequate staffing”;
- “good signage”;
- “feeling understood”;
- “being considerate”;
- “good skill mix”;
- “proper transfer of care”;
- “approachable staff”;
- “good infection control practices”

Using the Vincent Framework maturity matrix, we noticed a safety culture shift within our leadership team:



## DISCUSSION

- The FBC successfully engaged staff and patients in regular discussions about the meaning of safety, and in quality improvement.
- We received regular feedback from patients and families about their experiences of care.
- Through our weekly huddles, we gained a better understanding of the safety concerns in the department and of the solutions that are likely to create the best impact.

## LESSONS LEARNED & NEXT STEPS

- Our culture has been enriched by the collaborative efforts of our interprofessional team and by partnering with patients and families.
- To continue to solicit patient feedback, we have developed a bedside patient survey. This will allow more patients to engage in our safety and quality work.

## ACKNOWLEDGEMENTS

The support and contributions of the family birthing centre staff and leadership at St. Joseph's Health Centre are greatly appreciated.