Partnering to Lead a Culture of Safety

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A growing body of evidence points to the importance of organizational culture in the success of patient and workforce safety initiatives in healthcare. Likewise, research shows that healthcare leaders are instrumental in developing and sustaining a culture of safety in their organizations. Yet, with no shortage of challenges facing them, healthcare leaders may struggle to achieve lasting culture change. What are the most effective ways to help them create the kind of culture needed to provide safe, high-quality healthcare?

That question has been at the heart of a collaboration between the American College of Healthcare Executives (ACHE) and the National Patient Safety Foundation’s Lucian Leape Institute (NPSF LLI). In May, the two organizations released Leading a Culture of Safety: A Blueprint for Success. Informed by an expert roundtable of safety and culture experts, this guide provides healthcare executives with practical and tactical tools for creating the kind of culture that puts safety at its core. In this column, we describe how this collaboration and the work it generates can help leaders as they endeavor to transform the culture in their organizations.

THE IMPORTANCE OF A CULTURE OF SAFETY

The NPSF founded the LLI in 1997 to provide vision and strategic direction for patient safety work. On May 1, 2017, the NPSF merged with the Institute for Healthcare Improvement, within whose safety agenda the NPSF LLI now functions as a distinct program.

Composed of leading thinkers in healthcare and safety, the NPSF LLI is known for thought leadership on and advocacy for greater transparency in healthcare, patient and...
family engagement, and restoration of joy and meaning in work, in addition to protecting the safety of the healthcare workforce. The first three areas are among the five transforming concepts that NPSF LLI members identified (along with medical education reform and care integration within and across systems) as essential to improving healthcare safety (Leape et al., 2009).

Although each of these areas remains critical to the safety mission, the NPSF LLI is currently focused on leadership and culture as the catalysts to improvement. Absent a true culture of safety, improvements in these areas are difficult to sustain. Absent strong leadership, a culture of safety is difficult to develop and nurture.

The idea of culture as a driver of safety in healthcare goes back at least as far as To Err Is Human: Building a Safer Health System, the seminal report that is widely regarded as launching the present-day patient safety movement (Institute of Medicine, 2000). A culture of safety can be defined as one in which people are held accountable for their behavior but not punished for human error; errors are identified and reported to serve as opportunities for learning and improvement, and known or suspected risks are mitigated before harm occurs (NPSF, 2015).

Research suggests that lapses in patient safety—essentially preventable harm in healthcare—are still a leading cause of death in the United States (James, 2013; Makary & Daniel, 2016). Moreover, hospital executives surveyed by ACHE (2016) ranked quality and safety as second among their major concerns, behind financial challenges. The LLI’s particular interest in culture stems from the idea that safety needs to be much more than just another priority; it must be embraced as a core value of an entire organization—in fact, as a moral and ethical imperative in healthcare.

LEADERSHIP DRIVES CULTURE
As the primary professional home for healthcare executives, ACHE helps frame priorities for their organizations and provides robust educational programming to enhance their development as leaders. ACHE’s influence reaches across the healthcare spectrum, representing a valuable platform for promoting executive engagement with the patient safety imperative.

At the heart of the ACHE–NPSF LLI partnership is a shared belief in the need to sharpen the focus on leadership in quality and safety. Culture change is never easy, but strong and steadfast leaders can begin by adopting a sense of urgency and by committing to greater transparency.

It is imperative that leaders convey urgency around safety and ensure a process for prioritizing and addressing safety issues. A sense of urgency will compel staff to respond, use their knowledge and ideas, and innovate to improve safety. Without urgency, there can be no change, because the status quo is a powerful inhibitor.

Likewise, culture change requires unprecedented transparency, particularly within the organization and between caregivers and patients (NPSF LLI, 2015). If we are not honest and transparent with our patients and colleagues, we cannot honestly advance safety or quality. Revealing personal or organizational weaknesses may be unpleasant, especially to leadership. But no organization can overcome challenges or seize opportunities without honest, open communication.
In considering the leadership role in healthcare, one must look beyond the CEO and consider the roles of the entire executive team, the trustees or directors, and the leaders who are charged with managing teams in the organization. Strong leadership is also shared leadership—with chief executives demonstrating confidence and trust in their team. Education in safety and quality is essential for board members so that they can set priorities and ensure that resources are available to fulfill organizational safety goals and objectives. Education also can align administrative and clinical leaders in their understanding of the safety imperative and necessary change.

**ADDING VALUE FOR LEADERS**

To revisit the question asked earlier: What are the most effective ways to help leaders ensure their organizations are providing safe, high-quality healthcare? A chief goal of the partnership between ACHE and the NPSF LLI is to help leaders create a culture of safety. By combining the ACHE tradition of education and professional development with the thought leadership and safety expertise of the NPSF LLI, the aim is to bridge the gap in knowledge and resources needed to create and sustain the kind of culture that advances patient and workforce safety.

In 2016, ACHE and the NPSF LLI convened two roundtable meetings of experts in leadership and safety to help outline practical knowledge for executives to lead and sustain culture change. Ultimately, the panel focused on six domains for creating a culture of safety:

1. Establish a compelling vision for safety
2. Build trust, respect, and inclusion
3. Select, develop, and engage the board
4. Prioritize safety in selection and development of leaders
5. Lead and reward a Just Culture
6. Establish organizational behavior expectations

*Leading a Culture of Safety: A Blueprint for Success* provides descriptions and strategies as well as tactics to operationalize each domain. The guide is meant to be used by executives and organizations at any stage of organizational culture transformation.

Of course, a culture of safety is an ongoing commitment that requires constant nurturing. Building trust, for example, can only happen over time and must be sustained. But there is no better time to begin than now. It is the duty of healthcare leaders to protect their patients and their workforce and to aim for zero preventable harm.

**REFERENCES**


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