

Safety Culture Survey in the PeriOperative Areas

The Problem

The BIDMC Goal is to eliminate preventable harm by 2012. Assessing and understanding the perception of safety culture among our staff will let us know if our staff feel supported in calling out freely about safety problems and if they are then engaged in problem solving.

Aim/Goal

The AHRQ Safety Culture survey tool allowed us to do benchmarking against other surgery areas for comparative purposes.

The Team

- Pat Folcarelli RN, PhD
- Deb Stepanian
- Safety Culture Operational Task Force

The Interventions

The AHRQ Safety Culture Survey was administered 10/20 – 10/31/08 to all PACU, PeriOp, and CPD staff, surgeons and anesthesiologists. 570 were returned. Response Rates were as follows:

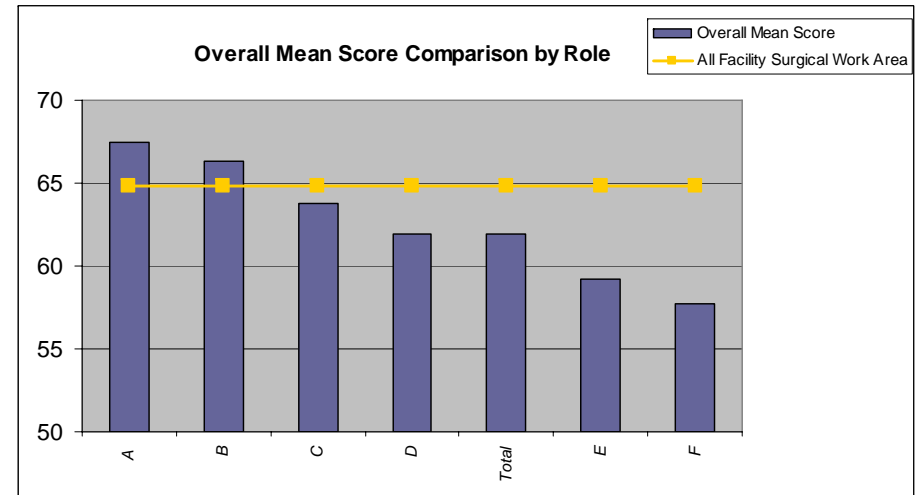
- Anesthesia Attendings 87%
- PeriOperative Staff 79%
- Anesthesia House Staff 66%
- Surgery House Staff 51%
- Surgery Attendings 43%

Lessons Learned

Areas for Improvement include praising each other for our work and helping each other across all areas when we are busy, helping us feel more comfortable in calling out safety problems to our managers so that together we can be involved in safety work.

Results: Overall Safety Mean Score

** Higher means reflect a greater sense of safety culture.



Can you match the group with the results below?

PACU Staff? Anesthesia House Staff? Surgical Attendings?
Surgical House Staff? PeriOperative Staff? Attending
Anesthesiologists? (answer key below)

Next Steps/What Should Happen Next

- Focus groups are being held with groups of respondents
- Results are being shared with the perioperative community
- Safety Culture Operational Task Force is developing intervention strategies to address concerns

(Answer key. A) Surgical Attendings, B) Surgical House Staff, C) PACU Staff, D) Anesthesia House Staff, E) PeriOperative Staff, F) Attending Anesthesiologists)



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