

C3: Creating and Sustaining a Culture of Safety

Tejal K. Gandhi, MD, MPH, CPPS
Doug Salvador, MD, MPH

Disclosure of Relevant Financial Relationships

- The following faculty of this continuing education activity has no relevant financial relationships with commercial interests to disclose:
 - Tejal K. Gandhi, MD, MPH, CPPS
 - Doug Salvador, MD, MPH



Faculty

- **Tejal K. Gandhi, MD, MPH, CPPS**
 - Chief Clinical and Safety Officer, Institute for Healthcare Improvement and President, IHI/NPSF Lucian Leape Institute
- **Doug Salvador, MD, MPH**
 - Sr. Vice President and Chief Quality Officer, Baystate Health and Chief Medical Officer, Baystate Medical Center



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Learning Objectives

- Discuss the document, *Leading a Culture of Safety: A Blueprint for Success*, which provides healthcare leaders methods and tools to build and sustain a culture of safety
- Learn best practices for building and sustaining a culture of safety
- Identify ways to embed a culture of safety throughout your organization and the field of healthcare



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Current State of Patient Safety

- An NPSF expert panel determined
 - Health care has gotten safer over last 15 years, but there is more work to be done
 - Improving safety is a complex problem that requires a total systems approach
- The IHI/NPSF Lucian Leape Institute believes
 - Leadership engagement is essential to safety improvement
 - True improvement cannot be piecemeal, it requires:
 - Safety as a core value across an organization
 - Cultures focused on patient, family, and workforce physical safety, psychological safety, and engagement



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Where do we go from here?

1. Ensure that leaders establish and sustain a safety culture
2. Create centralized and coordinated oversight of patient safety
3. Create a common set of safety metrics that reflect meaningful outcomes
4. Increase funding for research in patient safety and implementation science
5. Address safety across the entire care continuum
6. Support the health care workforce
7. Partner with patients and families for the safest care
8. Ensure that technology is safe and optimized to improve patient safety



Recommendations from NPSF publication
Free from Harm:
www.npsf.org/freefromharm



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Ensure that leaders establish and sustain a safety culture



TACTICS	RATIONALE
<p>1.1 Refocus the boards of organizations to guide and be account-able for patient safety through governance, goal setting, and ensuring that executives and all levels of management value and prioritize safety (e.g., ensure that safety data and stories are presented at every board meeting).</p>	<p>A culture of safety is fundamental to driving improvements in patient safety, and more attention is needed for improvement.</p>
<p>1.2 Ensure that leadership and governance bodies develop and implement robust processes to initiate and sustain transformation to a culture of safety and respect, specifically one that encourages honesty, fosters learning, and balances individual and organizational accountability.</p>	
<p>1.3 Develop and implement operational culture change "play- books," based on existing practices and operational experience with successful culture change efforts.</p>	<p>Leaders need practical, tactical strategies to actually change culture.</p>
<p>1.4 Create a new norm that every trustee, leader, and regulator completes a foundational program in patient safety science (e.g., just culture, systems).</p>	<p>Boards, leaders, and regulators (e.g., state agencies) need sufficient education in the fundamentals of safety science to foster culture efforts.</p>

**IMPROVED CULTURE IS NOT THE MEANS TO AN END BUT AN END ITSELF.
IT CANNOT BE TREATED AS ONE AMONG OTHER SAFETY ACTIVITIES.**



How is a culture of safety defined?



Agency for Healthcare Research and Quality

- Defines “safety culture” as:
 - The product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization’s health and safety management
- Organizations with a positive safety culture are characterized by communications founded on mutual trust, by shared perceptions of the importance of safety, and by confidence in the efficacy of preventive measures



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Leadership Imperative

- Priorities of leadership and governance bodies set the tone for the organization
- The ultimate responsibility for system-based errors and their resulting costs rests with the CEO and Board
- Workforce, and therefore patient, physical and psychological safety requires demonstrated dedication of leaders to the principles and behaviors present in cultures of safety



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The Power of Partnerships

- American College of Healthcare Executives
 - Largest & most influential association of executive & high level healthcare leaders
 - Expertise in executive leadership & leadership development
- IHI/NPSF Lucian Leape Institute
 - World renown thought leadership in safety, quality, culture, and transformational essentials to accelerate safety



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Goals and Intended Audience

- Goals:
 - Provide strategic guidance and practical tools for CEOs to lead the implementation of cultures focused on patient and workforce safety in their organizations
 - Applicable at all points on culture journey
 - Applicable across the continuum
- Intended audience:
 - CEOs and senior leaders of healthcare organizations

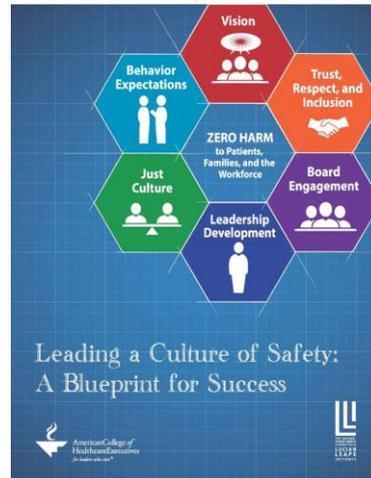


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Leading a Culture of Safety: A Blueprint for Success

Download the full PDF report for free at: [ache.org/Safety](https://www.ache.org/Safety)



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The Six Domains



The Six Domains



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Each Domain Includes:

- **Goal** to strive towards
- **Background** to develop understanding of importance and key characteristics of each domain
- **Strategies** for implementation at the CEO level
- **Tactics** that may be implemented to create change
- **Recommendations** to engage the workforce, clinical leaders, and patients and families
- **Metrics** to assess and track progress



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Establish a Compelling Vision for Safety

- Goal:
 - Commit to develop, communicate, and execute on an organizational vision of zero harm to patients, families, and the workforce.
- Importance:
 - Vision reflects priorities that establish a strong foundation for the work of the organization and individual workforce
 - Vision for total patient and workforce safety establishes safety as a core value of leadership team

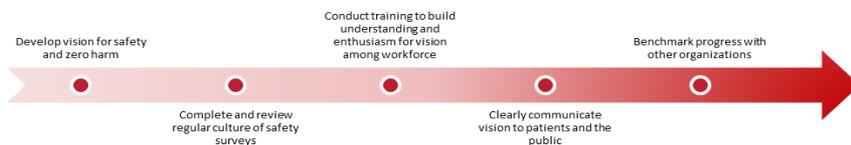


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Establish a Compelling Vision for Safety

- Focus of the CEO:
 - Communicating and modeling shared goal of zero harm
 - Clearly communicating vision and its importance to individual workforce roles and organizational success
 - Prioritizing measurement and improvement of culture of safety
 - Transparently relaying importance and urgency of safety vision to both internal and external audiences
- Sample Tactics:



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MISSION

To provide a comprehensive range of safe, high-quality health services, complemented by related educational and research activities, that meet the health care needs and improve the quality of life in the communities we serve.

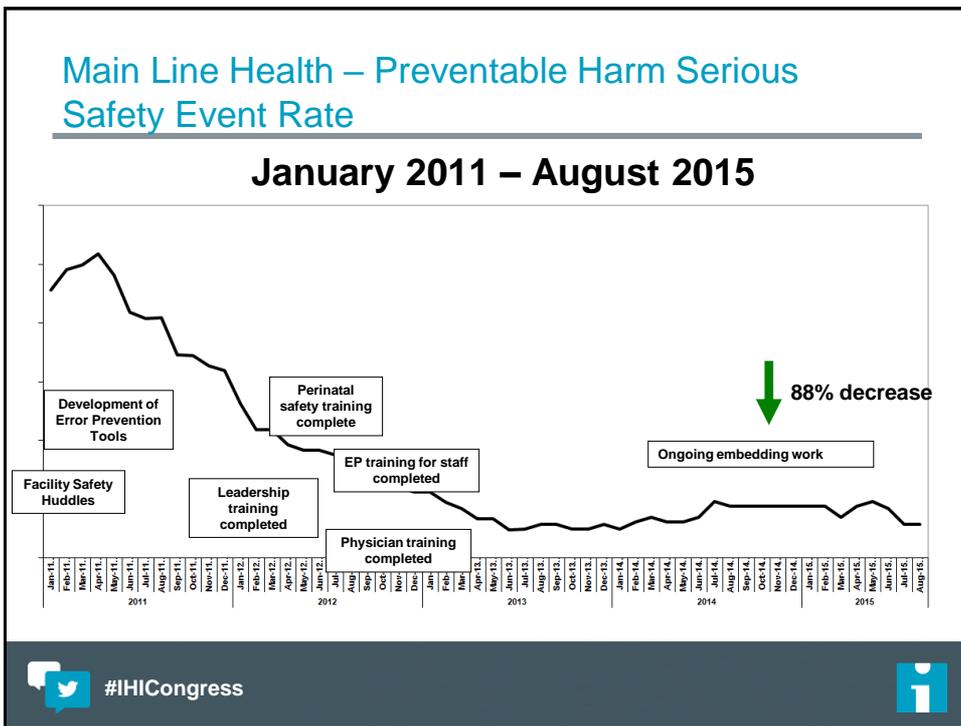
VISION

Be the health care provider of choice in leading and optimizing the health of all in our communities.

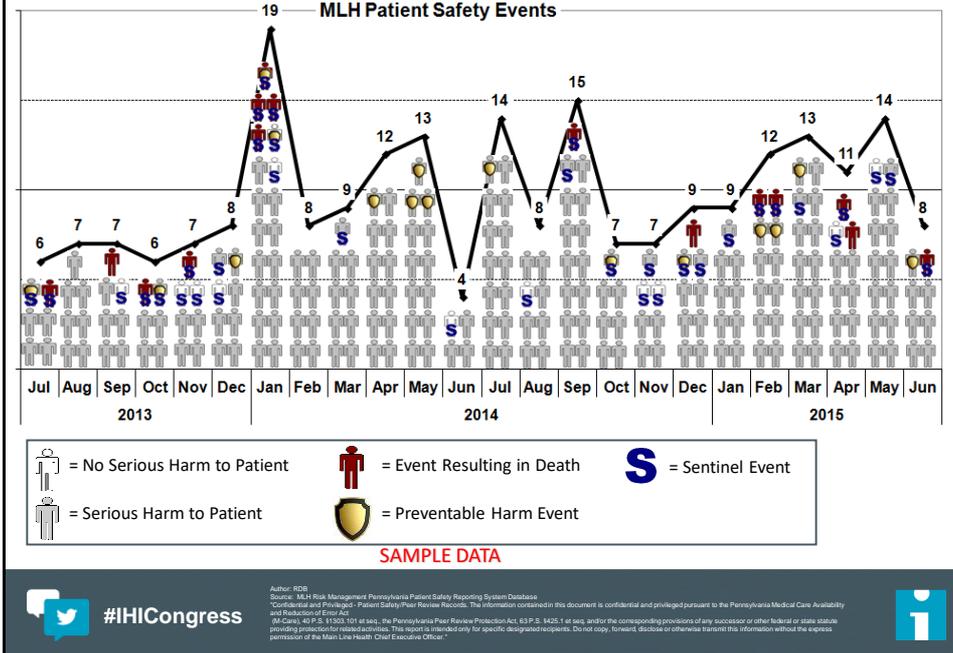
VALUES

Safety | Communication | Compassion
 Diversity | Respect and Inclusion | Excellence
 Innovation | Integrity | Teamwork and Systemness



“People graph”-Preventable Harm Serious Safety Event Rate



Value Trust, Respect, and Inclusion

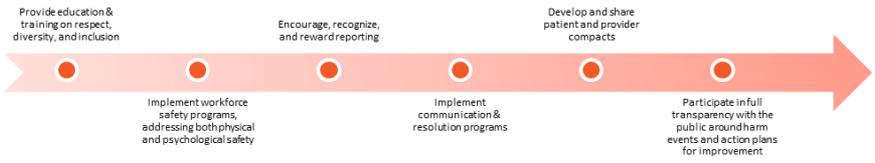
- **Goal:**
 - Establish organizational behaviors that lead to trust in leadership and respect and inclusion throughout the organization regardless of rank, role, or discipline.
- **Importance:**
 - Trust, respect for others, and inclusion are essential to creating environments that are both physically and psychologically safe
 - Each member of the workforce must feel compelled and empowered to uphold mutual accountability and speak up for safety





Value Trust, Respect, and Inclusion

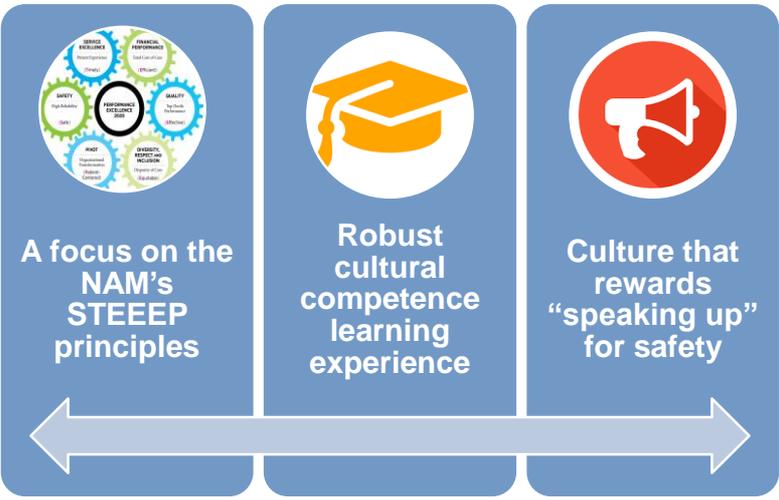
- Focus of the CEO:
 - Establishing clear, visible expectations of acceptable behavior and consequences for behaviors that do not meet standards of trust, respect, and/or inclusion
 - Establishing the expectation that learning from failures and improving systems is a part of daily organizational activity
 - Directing policies that empower the workforce to act first and foremost within the guidelines of trust, respect, and inclusion when making decisions
- Example Tactics:



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At MLH, Quality and Safety = Equitable Care Delivery



Systemwide Disparities Colloquium

7th Annual Main Line Health
Healthcare Disparities Colloquium



SAVE THE DATE
Date: Friday, May 11, 2018

Continental Breakfast 6:30-7:00AM Presentation Time: 7:00-9:00AM

Live Meeting-LMC Auditorium



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Equitable Care



OB STEEP Report - Quality Year 2018 Year to Date

Produced: January 22, 2018

Main Line Health

Quality Year to Date Apr 2017 - Sep 2017

Baseline Period Jan-Dec 2016

MLHS Goals for QY 2018

IOM Dimension Measure	MLHS		Bryn Mawr		Lankensau		Paoli		Riddle		Desired Direction	MLHS Goals for QY 2018			
	Baseline	QYTD	Baseline	QYTD	Baseline	QYTD	Baseline	QYTD	Baseline	QYTD		Threshold	Target	Superior	
Equitable															
Urine Drug Test Screening - Percent of Patients Not Screened	20.1%	24									9%	▽	20.1%	10.1%	0.0%
Urine Drug Test for Patients w/ Admitted Drug Use - Medicaid (Num/Denom)	83.9% (52/62)	8 (7)									9% (10)	Δ	62.3%	81.2%	100%
Urine Drug Test for Patients w/ Admitted Drug Use - Commercial Insurance (Num/Denom)	41.3% (30/72)	5 (1)									9% (2)	Δ	62.3%	81.2%	100%
Urine Drug Test for Patients w/ Admitted Drug Use - Non White (Num/Denom)	71.9% (41/57)	7 (1)									0% (4)	Δ	62.3%	81.2%	100%
Urine Drug Test for Patients w/ Admitted Drug Use - White (Num/Denom)	54.5% (42/77)	7 (2)									7% (14)	Δ	62.3%	81.2%	100%

SAMPLE
Data



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Select, Develop, and Engage Your Board

- Goal:
 - Select and develop your Board so that it has clear competencies, focus, and accountability regarding safety culture.
- Importance:
 - Accountability for safety and culture is shared between the CEO and the Board
 - The Board is responsible for making sure correct oversight for safety and culture metrics and processes is in place
 - Safety must be foundational factor in how Board makes decisions

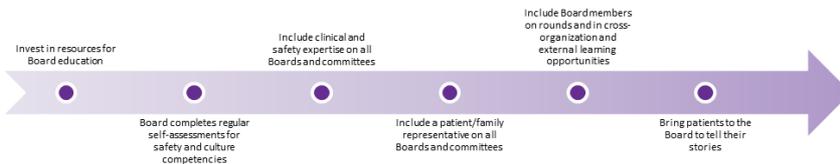


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Select, Develop, and Engage Your Board

- Focus of the CEO:
 - Guaranteeing Board education on quality, safety, and culture, while ensuring appropriate representation of clinicians, safety experts, and patients on the Board
 - Establishing a robust patient and workforce safety dashboard and providing adequate time for review and discussion at each Board meeting
 - Working with the Board and/or compensation committee to align executive compensation with patient and workforce safety culture metrics
- Example Tactics:



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Board Competencies Grid

	Personal Board Chairman	Potential Chairman (Chairman)	Independent (V/C/No)	Other - Board as a Member	Naming	Leadership Position With Profit and/or Non-Profit Board	Senior Executive - Public or Private Corp.	Mergers and Acquisitions	CFO, Valuation/Pharmacist	Medical Education and Research	Strategic Planning and Org. Dev.	Law	Human Resources and Executive Comp.	Govt. Relations	Inform. System and Technology	Compliance	Accounting	Physician	Innovator	Investments	Corp. Finance	Advertising, PR, Media	Community, Academic, Regulatory and Real Estate	Quality Strategy
names	X		Y	C																				
	X		Y																					
			Y	P																				
	X		Y																					
	X		N																					
	X		Y	E	C																			
	X		Y	C																				
	X		Y	P																				
			Y	P																				
			Y	P																				
			Y	C	P																			
			Y	C																				
			Y	C																				
			Y																					
	X	X	N																					
	X	X	Y	E																				
	X		Y	C																				
	X		Y	P																				
	X		Y																					
	X		Y	C																				
	X		Y	C																				
	X		Y	P																				
TOTALS	11	4	3	13	6	3	8	7	5	3	7	5	12	8	8	11	14	16	1	1				



Board Priorities

	P4P	PI work	Strategic Imperatives				Sponsor/ Owner
Clinical Quality	Eliminate Preventable Harm and Reduce Unexpected Mortality	✓	✓	✓	✓	✓	CMO/VPQPS
	Reduce readmissions and improve care coordination for High Risk Patients (COPD, CHF, AMI)	✓	✓	✓	✓	✓	CNO/Dir CM
	Improve the Patient Experience (As measured through HCAHPS)	✓	✓	✓	✓	✓	CNO/Sys Dir PI Exp
	Decrease Healthcare Associated Infections (Focus on surgical site and device related infections)	✓	✓	✓	✓		VPQPS/Med. Dir IP/ Sys Dir IP
	Decrease Inpatient Falls with Harm			✓	✓		CNO/Sys Dir Prof. Exc
	Improve Stroke Appropriate Care Measures			✓	✓		Adm Dir Neurosc./ Med Dir Neurosc
	Reduce Disparities in Care (Focus on HCAHPS in seniors and readmissions in Medicaid patients)	✓		✓	✓	✓	CMO/CNO/ Assoc Adm GME
	Improve Ambulatory Quality Measures (HEDIS metrics)	✓		✓	✓	✓	MLHC Pres/ MLHC Ex Dir Qual
Optimization of new EHR – timely resolution of identified issues		✓	✓		✓	CMIO/EPIC Nsg. Lead	
Process/Operations	Improve Reliability of Specimen Handling		✓	✓	✓	✓	CMO/CNO/VPQPS
	Decrease excess LOS and Improve Patient Flow (As measured from ER assessment to arrival in inpatient bed)	✓	✓	✓	✓	✓	Chair ED/HMS Lead/NVP Lead ED&IP
	Reduce Variation in Clinical Care (Implementation of Standard Pathways for Observation Patients)	✓	✓	✓	✓	✓	Chair Medicine / CNO
	Standardize Perioperative Care Pathways and Processes		✓	✓	✓		Chair Surg Svcs/ NVP Periop
	Improve OR Flow/Utilization (Year over year performance)		✓	✓	✓	✓	Chair Surg Svcs/ NVP Periop
	Improve Outpatient Throughput Process (Focus on MLHC patient access)	✓		✓	✓	✓	MLHC Pres/ MLHC Ex Dir Qual
Enhance Healthcare Analytics Capabilities via technology, governance			✓	✓	✓	VPQPS/CIO/CMIO	

Superior Experience
 Value
 Highly Engaged Employees, Physicians & Partners
 Research & Education
 Community Health

QPS Board Priorities in Bold



Board Agenda Planning

Main Line Health
Quality and Patient Safety Committee of the Board:
2017-2018 Agenda Planner

I. Routine Reports:		II. Board Priorities*	
<ul style="list-style-type: none"> - Chairman's Introductory Comments - Main Line Hospitals/Riddle Hospital Quality & Patient Safety Committee Reports - *MLH Dashboard Review: Get the Red Out Drilldowns/Board Priorities - Main Line Hospitals Medical Staff Report - BM Rehab QPSC Report - Quality & Patient Safety Leadership Reports (CMO, CNO, VPQPS) - MLH Chief Executive Officer Comments - PIVOT Update (every other mtg) - Chairman's Closing Comments 		<ol style="list-style-type: none"> 1. Eliminate Preventable Harm & Reduce Unexpected Mortality 2. Reduce readmissions & improve care coordination for High Risk Patients (COPD, CHF, AMI) 3. Improve the Patient Experience (as measured through HCAHPS) 4. Decrease Healthcare Associated Infections (focus on surgical site and device related infections) 	
III.		Topics	
Meeting Date	(in context of "Transforming Systems of Care")		Presenters
September 7, 2017	Board Priority 4 – Decrease Healthcare Associated Infections (SSI's & device related infections) Board Priority 1- Eliminate Preventable Harm and Reduce Unexpected Mortality <ul style="list-style-type: none"> • QPS Year-End Performance Review • Surgical Clinical Environment Workgroup Update – SSIs, harm, PE/DVT • PIVOT - Enhancements for safety and quality in surgical space 		E. Jakuta P. Ross/ S. Roland F. Day/ D. Klengen
November 2, 2017	Board Priority 2 – Reduce Readmissions & improve care coordination for High Risk Patients (COPD, CHF, AMI) <ul style="list-style-type: none"> • Medical Inpatient/Critical Care CEW update –(STEEP) Acute MI, CHF and COPD (evidence based care) – alignment with PE2020 • MLHC – Outpatient setting – CHF Playbook and impact • Home Care/Hospice – CHF management • PIVOT – Training Migration for medicine systems 		L. Livomese/M. Magargal R. Mankin/D. Tice/S. Rubin Jacovini-Mirsch D. Klengen
January 4, 2018	Board Priority 1- Eliminate Preventable harm and Reduce Unexpected Mortality Board Priority 4- Decrease Healthcare Associated Infections (focus on surgical site and device related infections) <ul style="list-style-type: none"> • OB Clinical Environment Workgroup Update –(STEEP)C- Section Infections, Harm, elective C-sections – alignment with PE2020 • 2018-2019 Top Board Priorities 		R. Wurster/J. Gubern S. Nichtberger
March 1, 2018	Board Priority 3- Improve the Patient Experience Board Priority 2 – Reduce Readmissions & improve care coordination for High Risk Patients (COPD, CHF, AMI) <ul style="list-style-type: none"> • Increase HCAHPS -Data review and action plans • Care Coordination (Care Transition) • PIVOT Update 		B. Wadsworth/ Hamer/ Fehon/ Stalkamp D. Klengen/D. Phillips



Establish Organizational Behavior Expectations

- Goal:
 - Create one set of behavior expectations that apply to every individual in your organization and encompass the mission, vision, and values of the organization.
- Importance:
 - Culture often defined as “the way we do things around here”
 - Transparency, effective teamwork, active communication, just culture, respect, and direct and timely feedback lead to environments of physical and psychological safety
 - Workforce and patients have clear understanding of expectations



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Establish Organizational Behavior Expectations

- Focus of the CEO:
 - Creating, communicating, and modeling an organizational climate of personal and professional accountability for behavior
 - Establishing systems to recognize and reward desirable behaviors
 - Engaging and holding all leaders and workforce accountable for defined behaviors
 - Working with licensing bodies and medical executive committees to ensure behavioral expectations and accountability practices are consistent
- Example Tactics:



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Baystate Health Management & Improvement System

BAYSTATE HEALTH MANAGEMENT & IMPROVEMENT SYSTEM



The BHMIS Framework

- Culture**
- Leadership
 - Psychological Safety
 - Teamwork
 - Accountability

- Learning**
- Transparency
 - Measurement
 - Improvement
 - Reliability



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Culture of Safety Survey Summary

- Teamwork
 - 39% say it is difficult to speak up with a problem about patient care
 - 42% say disagreements are resolved appropriately
 - 66% say dealing with difficult colleagues is consistently a challenging part of my job
- Safety
 - 47% say my suggestions about quality would be acted on
 - 41% say the values of leadership are the same as the values that people in this work setting think are important



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Psychological Safety



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Psychological Safety

We are our own image consultants and best image protectors



To protect one's image, if you don't want to look:

STUPID

Don't ask questions

INCOMPETENT

Don't ask for feedback

NEGATIVE

Don't be doubtful or criticize

DISRUPTIVE

Don't suggest anything innovative

Source: Amy Edmondson

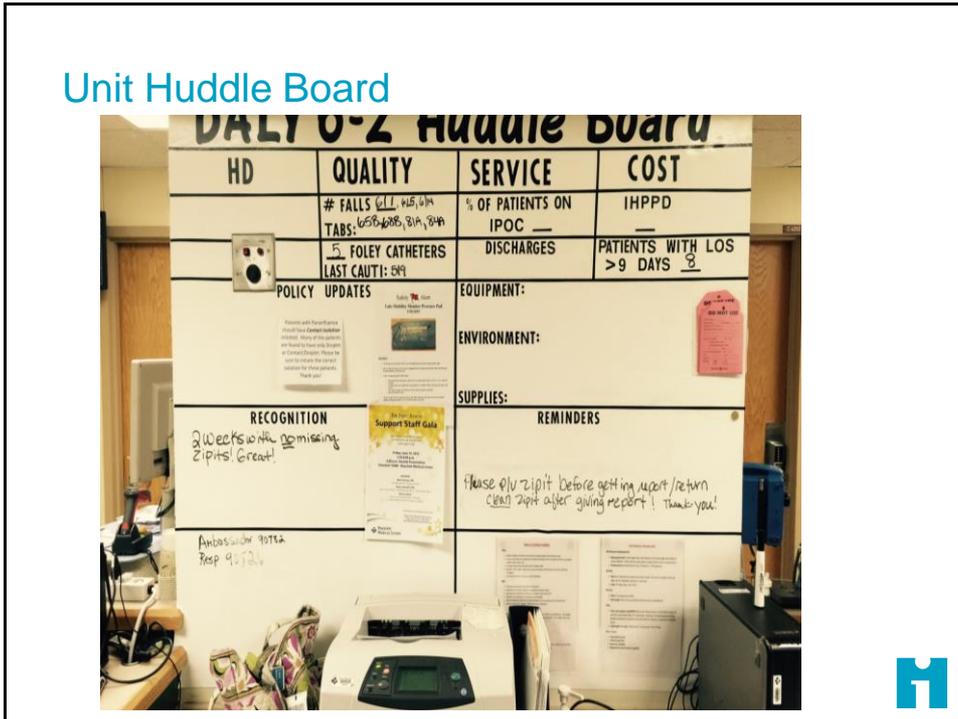


Establish Organizational Behavior Expectations

A case



Unit Huddle Board



The Relationships

- Overnight on Sunday, I was dealing with an anxiety ridden thoracic patient... he woke up around 230 in the morning he was extremely anxious and convinced that he was dying. In order to be able to tell my patient the appropriate responses I wanted to know more about his upcoming surgery and so I paged Doctor Y who was covering the Thoracic beeper. I just wanted to say how professional he was over the phone explaining things to me and how thorough he was with the questions that I had. He explained the patients current situation to me in great detail. Instead of me feeling like I was bothering him, he was very receptive and encouraging, and not to mention knowledgeable about my patients surgery and current state. A lot of times it can be discouraging for nurses to call residents in the middle of the night and expect answers, but I got everything that I needed to hear!



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Prioritize Safety in Selection and Development of Leaders

- Goal:
 - Educate and develop leaders at all levels of the organization who embody organizational principles and values of safety culture.
- Importance:
 - Focus on safety provides all leaders with shared, organization-wide goal
 - Emphasis on safety education can help close gap between administrative and clinical leadership
 - Leaders focused on safety aid in sustainability of mission and vision

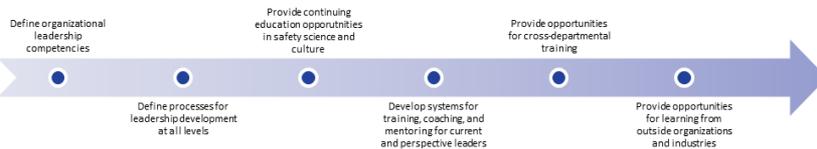


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Prioritize Safety in Selection and Development of Leaders

- Focus of the CEO:
 - Setting expectations and accountability for the design and delivery of the organization's leadership development strategy, including for the executive team
 - Identifying clinical leaders as champions for safety
 - Establishing expectation that quality and safety performance and competence are required elements for evaluating current and potential leaders
- Example Tactics:



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Culture Pillars

ONE Baystate Health

CREATE A COLLABORATIVE AND INCLUSIVE EXPERIENCE THAT ENERGIZES ALL TEAM MEMBERS. VALUE ONE ANOTHER'S IDEAS AND VOICES, REGARDLESS OF POSITION AND AUTHORITY.

Sample Behaviors:

- Encourage the voice of the unheard
- Develop talent and build diverse teams
- Activate frontline decision making
- Operate with transparency and trust
- Demonstrate mutual respect
- Engineer cross-group collaboration
- Create a safe environment free of retribution

LIFT UP OUR TALENT & UNLEASH OUR POTENTIAL

Expectations: Leadership Competencies Created

Manage the Business
Change Leadership

Change Leadership is a particularly powerful leadership competency. It supports all six Strategic Initiatives: Superior Patient Experience, Highly Engaged People, Market Growth, Research, Clinical Education and Financial Performance.

INDIVIDUAL CONTRIBUTOR	MANAGER	LEADER OF MANAGERS	ORGANIZATION LEADER
<p>Adapting to Change</p> <p>Responds to change with a positive attitude and a willingness to learn new ways to accomplish work activities and objectives.</p> <ul style="list-style-type: none"> • Looks for ways to make changes work rather than only identifying why change won't work • Asks questions to fully understand new procedures or methods resulting from a change • Adapts quickly to change • Makes suggestions for increasing the effectiveness of changes • Talks positively about changes with co-workers • Shows a willingness to learn new methods, procedures, techniques, or systems resulting from departmental or organization-wide change 	<p>Facilitating Change</p> <p>Coaches and influences others to understand and implement organizational change. Knows who the key stakeholders are and works to gain their buy-in. Works to overcome resistance to change.</p> <ul style="list-style-type: none"> • Explains the benefits of change to key individual and group stakeholders • Explains what teams and individuals must do to support a change • Establishes consistent processes and methods to manage information and communication during change • Closes the loop with stakeholders, reporting the results of the change initiative • Explains to everyone affected the reasons and rationale behind changes, including how the changes support the strategy • Provides the knowledge, tools and ongoing support needed to implement change • Serves as a personal model for flexibility and adaptability 	<p>Leading Change</p> <p>Initiates and/or leads the change process and energizes it on an ongoing basis. Creates an environment that enables individuals and groups to embrace change.</p> <ul style="list-style-type: none"> • Takes responsibility for change, removing barriers and/or accelerating the pace of change • Evaluates changes proposed by others to ensure feasibility and fit with organization goals and strategic initiatives • Sponsors change efforts suggested by others • Obtains and provides resources to enable implementation of change initiatives • Helps people anticipate the challenges to change and make plans to overcome them • Identifies and enlists the support of key individuals and groups to move the change forward • Taps into the expertise of others by delegating the leadership role for a change initiative • Follows through to ensure the change becomes a standard operating procedure • Provides direction for overcoming adversity and resistance to change 	<p>Advocating Change</p> <p>Initiates organizational changes that will further MLH's achievement of its purpose and strategic initiatives. Identifies environmental changes that impact business and translates them into requisite organizational changes. Defines and communicates an explicit vision for change, creating a sense of urgency that energizes people throughout the organization.</p> <ul style="list-style-type: none"> • Clearly articulates the vision, that is, what should be different, why and how • Translates the vision for change into concrete specifics that enable others to implement it • Publicly challenges the status quo by comparing it to one's vision of change • Coaches others to think openly and to not continue to do things just because they've been done that way in the past • Creates a realistic sense of urgency by explaining the consequences of not changing • Takes calculated risks • Promotes a less conservative, more innovative approach to the business of providing health care • Removes barriers that stand in the way of change



Lead and Reward a Just Culture

- Goal:
 - Build a culture in which all leaders and the workforce understand basic principles of patient safety science, and recognize one set of defined and enforced behavioral standards for all individuals in the organization.
- Importance:
 - Just culture allows for identification and mitigation of system errors
 - Focus on support for affected workforce after harm events improves both patient and workforce safety
 - Accountability is organization-wide, regardless of rank or role



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Lead and Reward a Just Culture

- Focus of the CEO:
 - Communicating and modeling the use of just culture principles in all decisions and actions
 - Ensuring just culture principles are implemented in all interactions and all departments across the organization
 - Employing just culture principles throughout organization and communicating that rules apply to all, regardless of rank, role and discipline
- Example Tactics:



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The Six Domains



Self-Assessment Tool

- Basic evaluation tool that covers the Six Domains
- To be completed with a diverse team selected to lead the safety culture review and improvement process
- Used to inform current state, develop action plans, and to measure progress

Note: This brief assessment may not accurately represent the full environment or state of each organization. It is recommended that teams review all strategies, tactics, and information in the full document for additional clarity and guidance.



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Where to begin?

- Visit ache.org/Safety
- Commit to Safety by signing the We Lead for Safety pledge
- Download Leading a Culture of Safety
- Fill out the corresponding self-assessment tool (online)
- Share these resources with your organization's CEO and leadership team



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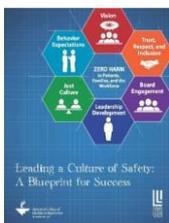


Bibliography/References



Free from Harm: Accelerating Patient Safety Improvement Fifteen Years after “To Err is Human”

www.npsf.org/freefromharm



Leading a Culture of Safety
A Blueprint for Success

www.ache.org/Safety



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Thank You!

Thank you for your commitment to patient safety, and your dedication to improving health and health care worldwide.



How to Receive CE Credit

To be eligible for a continuing education certificate, you must select your sessions prior to the end of the conference.

- You will receive an email on [Friday, May 25](#), with a link to complete a survey
- Complete the survey within 30 days to obtain your continuing education certificate

[Visit the registration edits desk for assistance.](#)



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