

Presenters



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Center for Patient Safety

- Independent not-for-profit
- Established in 2005
- Patient safety resources and services across care continuum
- Staff are from healthcare and have a passion for the work
- Based in St. Louis, Missouri

MISSION: Reducing preventable harm



Disclosure

- Presenters are employees of the Center for Patient Safety, an organization that receives payment for services.
- The Center for Patient Safety nor the speakers are receiving compensation for this presentation.
- The statements and opinions contained in the program are solely those of its presenters.



From Insight to Impact

Using Culture Survey Data to
Drive Safer Systems and
Meet CMS PSSM Expectations

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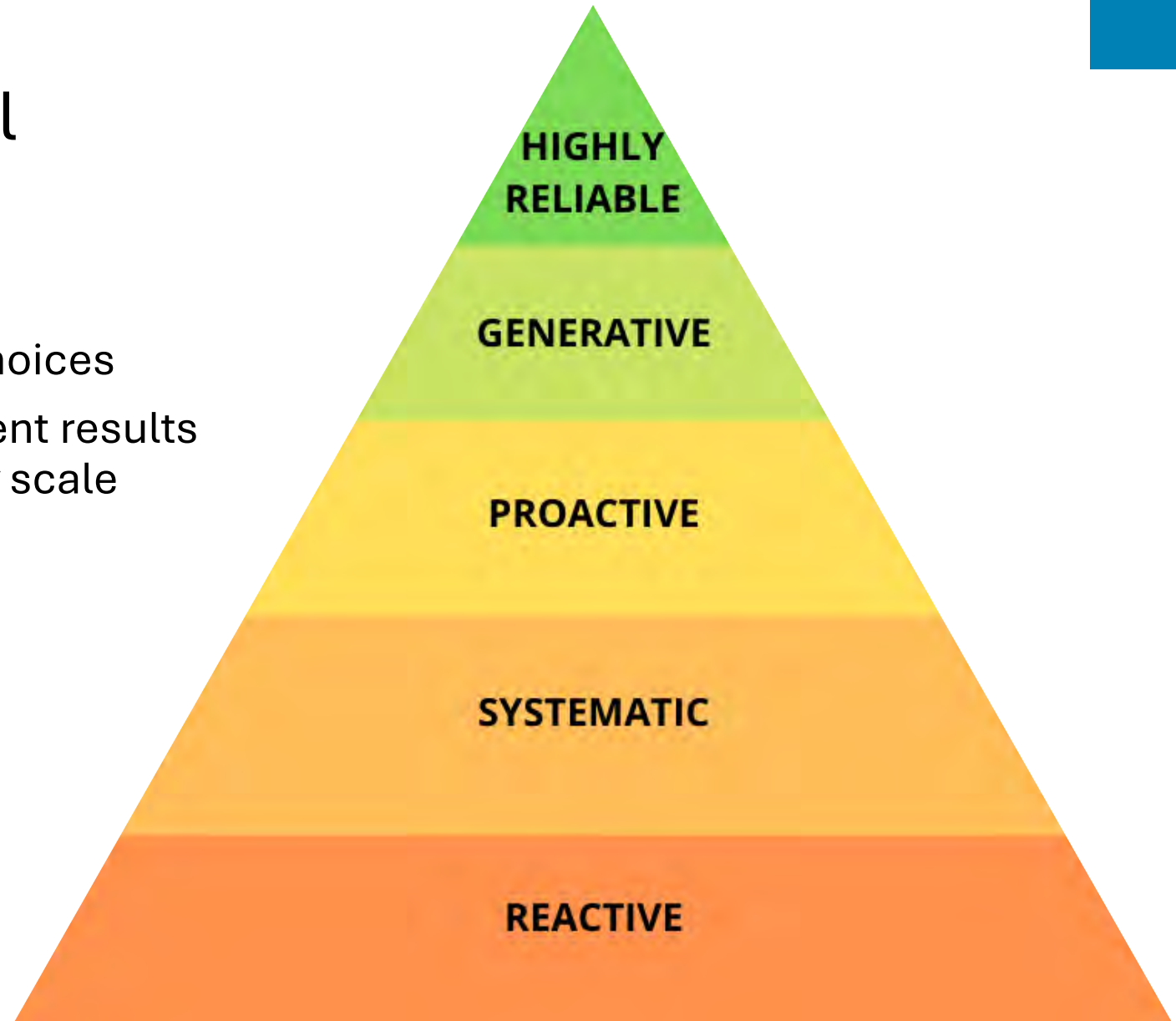


Objectives

- Describe why organizational culture is essential for organizational strategy
- Identify how culture surveys are used as a leadership tool for identifying strengths and opportunities
- Explain how to align your organization's culture efforts with the Patient Safety Structural Measure (PSSM) to drive safer, higher-performing systems while meeting regulatory requirements

The Maturity Model

- Answer polling questions
- Write down your answer choices
- Match your self-assessment results to the correlating maturity scale





Describe **Patient Safety** at your Organization:

- A. Patient safety systems and processes to promote a culture of improving patient safety are not utilized (i.e. strategic plan, patient safety assessments and measures, event reporting system just culture, patient safety education and training, peer review, peer support program, simulation, etc.).
- B. Leaders set the vision to reduce preventable patient harm. Patient safety is a value and integrated in strategic and daily operations. A few systems are in place to promote healthy patient safety culture.
- C. Dedicated resources are committed to patient safety efforts (i.e. time, financial, designated champion). Patient safety culture is assessed on a regular basis. Leaders consistently include patient safety and quality topics and measures on all agendas.

(See next slide for remaining options)



Describe **Patient Safety** at your Organization:

(See previous slide for additional options)

- D. Results of patient safety culture assessment are used to identify and implement patient safety improvements or initiatives utilizing standard processes such as standardized patient handoffs. Organization participates actively with a Patient Safety Organization (PSO) and has a peer-to-peer review process and a peer support program. Staff rewarded for patient safety improvement ideas and initiatives.
- E. Managing patient safety in all operations. Non-punitive error reporting, near miss tracking, highly reliable characteristics embedded in the organization, such as, preoccupation with failure and reluctance to simplify operations while exuding a commitment to resilience.

State of the Industry – Strategic Challenges

- Case Mix is changing
- Workforce shortages and lack of training
- Staffing/generational changes in perceptions of work/life balance
- Inflation, from staffing to supplies = strained budgets
- Technology integration – cybersecurity threats
- Operational efficiencies: AI is pivotal in operational efficiency
- New regulatory requirements: Aging, PSSM, addition of Medicare Advantage
- Growth of an aging population
- Aging population is retiring
- Burnout

“No money, No Mission”

Discharges Rising



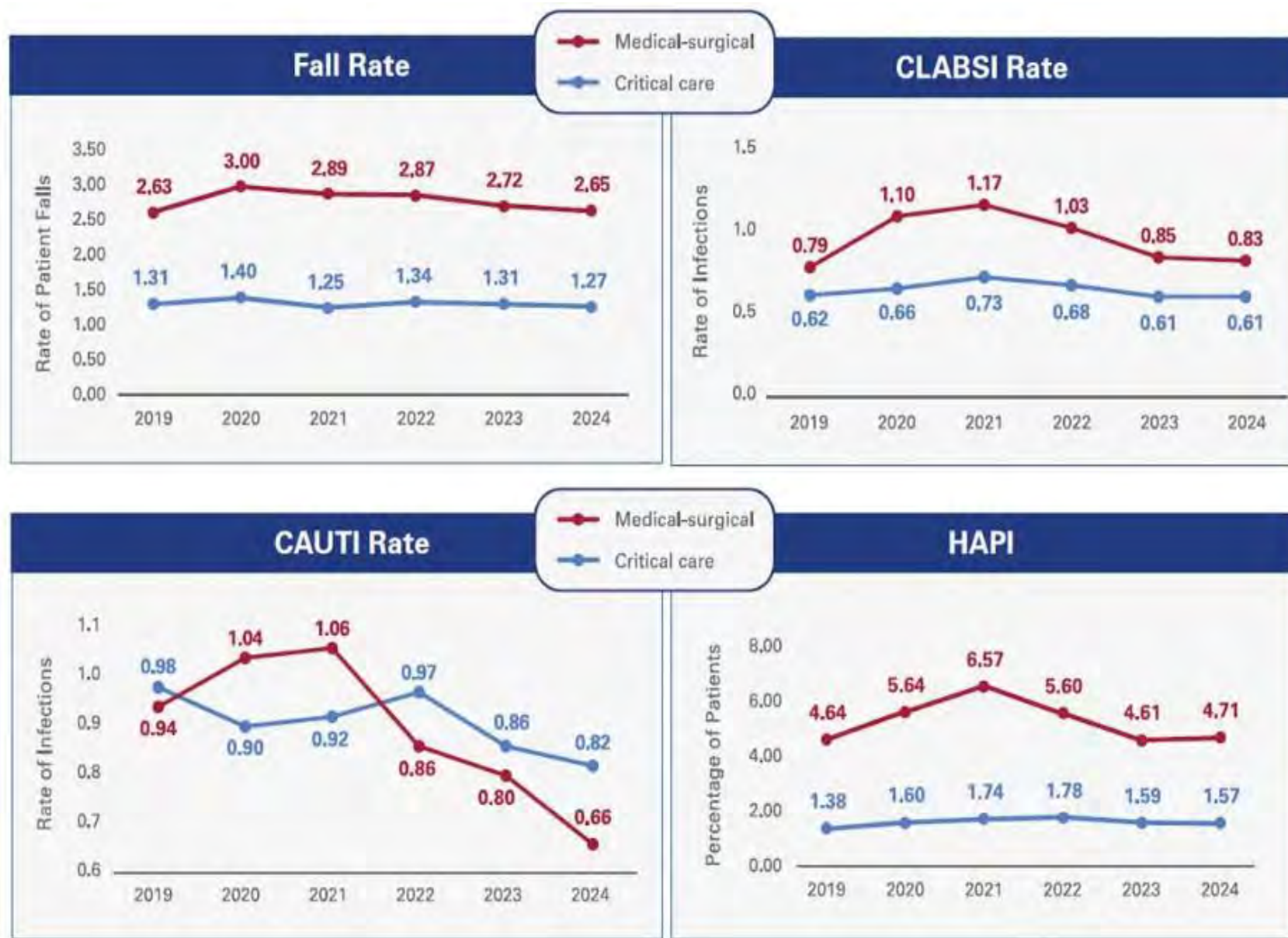
Source: American Hospital Association (2024). New Analysis Shows Hospitals Performance on Key Patient Safety Measures Surpassing Pre-pandemic Levels, aha.org. Sept 10, 2024. [PDE](#)

Case Mix Index Rising



Source: American Hospital Association (2024). New Analysis Shows Hospitals Performance on Key Patient Safety Measures Surpassing Pre-pandemic Levels, aha.org. Sept 10, 2024. [PDF](#)

Quality Measures Improving



Source: American Hospital Association (2025). Improvement in Safety Culture Linked to Better Patient and Staff Outcomes. March 2025. [PDF](#)



Your **Organization's Safety Goals** are:

- A. **not** developed.
- B. are developed. **Some goals are accompanied by an action plan and associated metrics.**
- C. are clearly articulated in strategic and operational plan. **Each goal is accompanied by an action plan and associated metrics.**
- D. are **clearly articulated in strategic and operational plans** for all care settings. Each goal is accompanied by an action plan and associated metrics.
- E. are **clearly articulated in strategic and operational plans** for all care settings. Each goal is accompanied by an action plan and associated metrics **and has a dedicated senior sponsor.**

Current Culture Challenges

- RIFs
- Higher level of expectations
- Staff knowledge – lack of succession planning
- Teamwork
- Leadership turnover
- ROI on patient safety

Impacts of Poor Culture

Increased

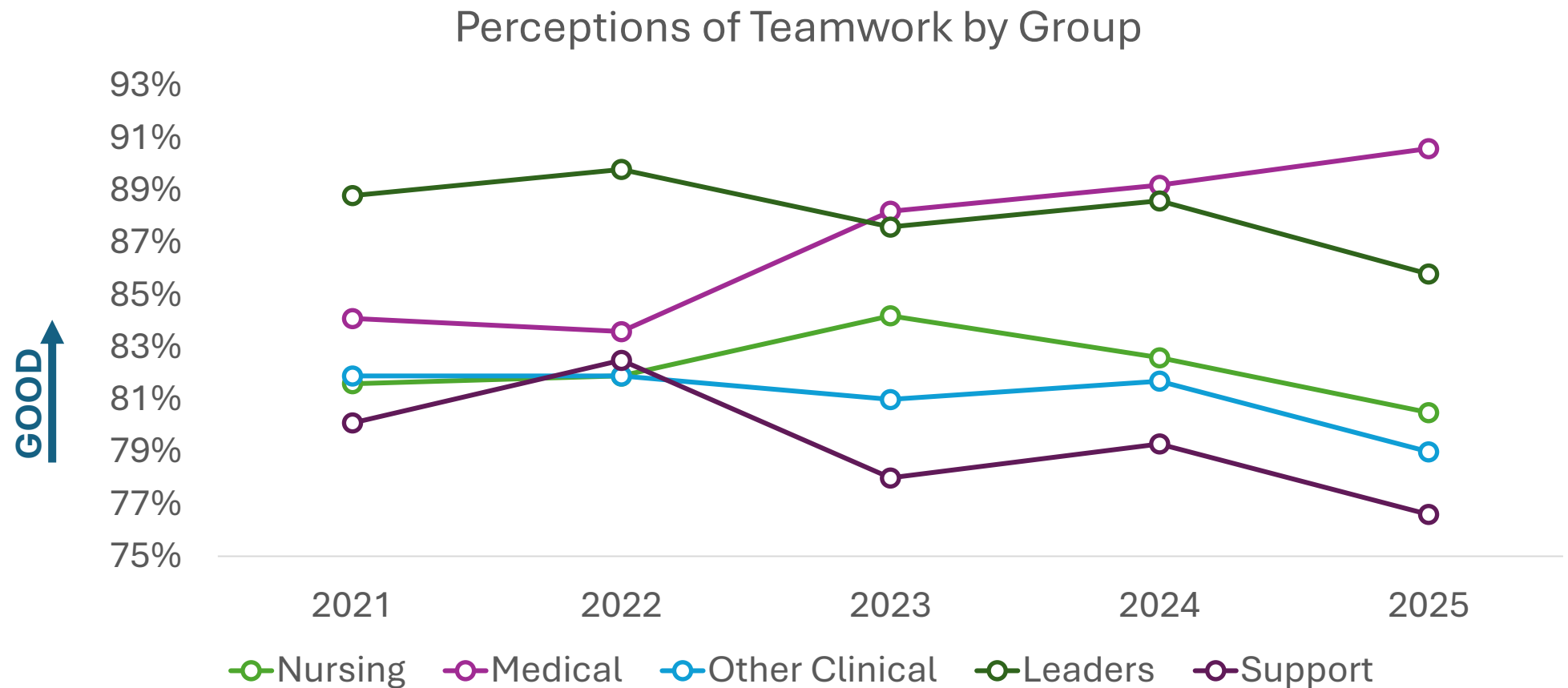
- Turnover
- Burnout
- Agency

Decreased

- Staff Retention
- Employee Engagement/Satisfaction
- Patient Satisfaction

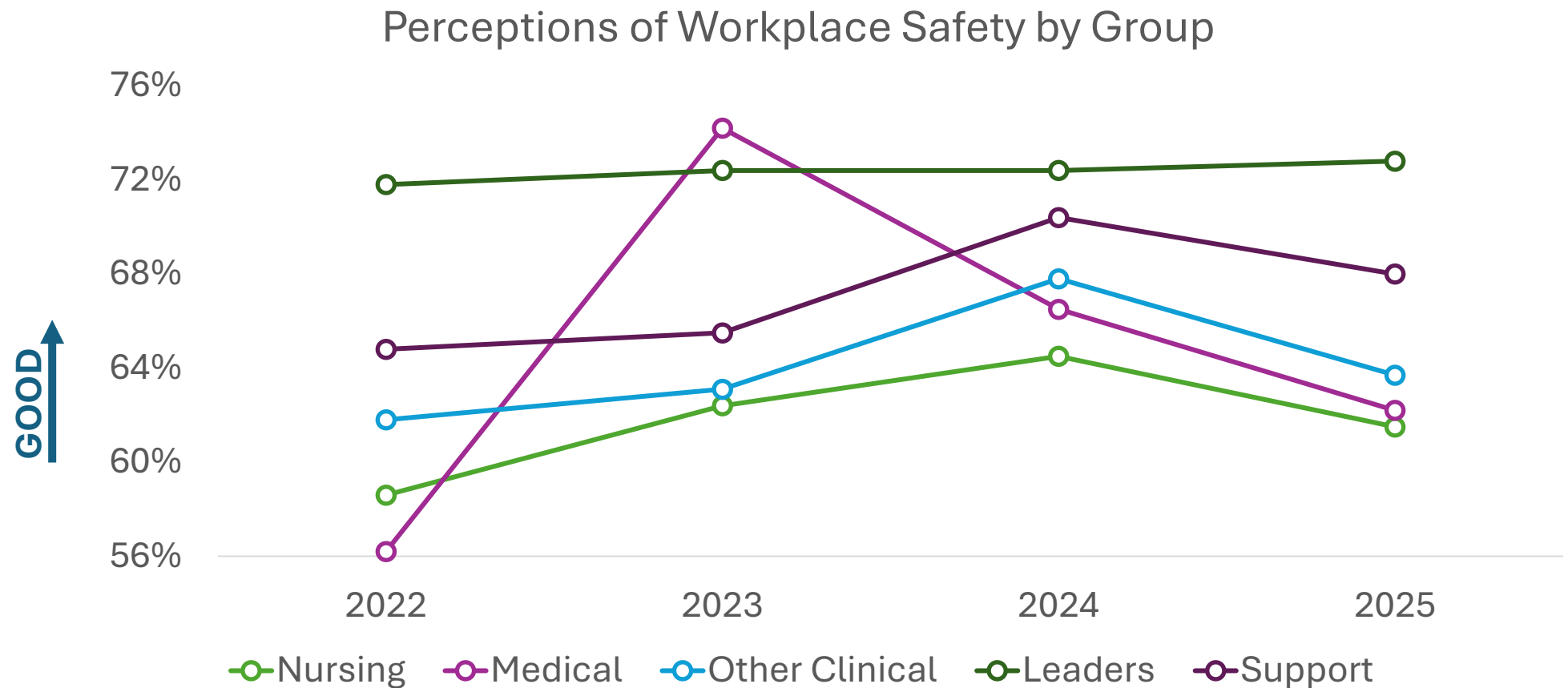
All resulting in increased Adverse Events, Patient Harm, and Poor Outcomes

Teamwork Trends



Source: Center for Patient Safety HSOPS® database, 2021-2025, 67560 responses

Workplace Safety Trends



Source: Center for Patient Safety HSOPS® database, 2021-2025, 5572 responses



Source: Unknown

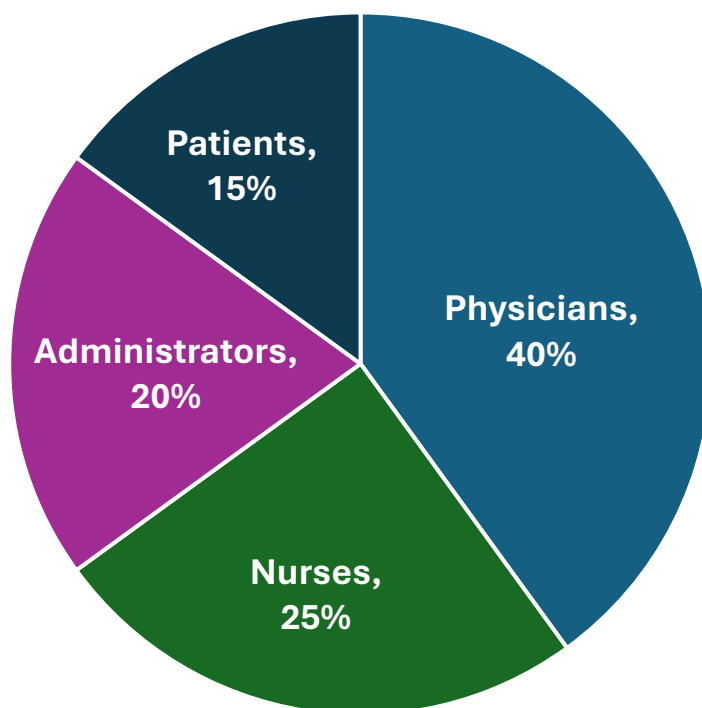


People do not *just* quit companies or leaders ...
they quit organizational cultures.

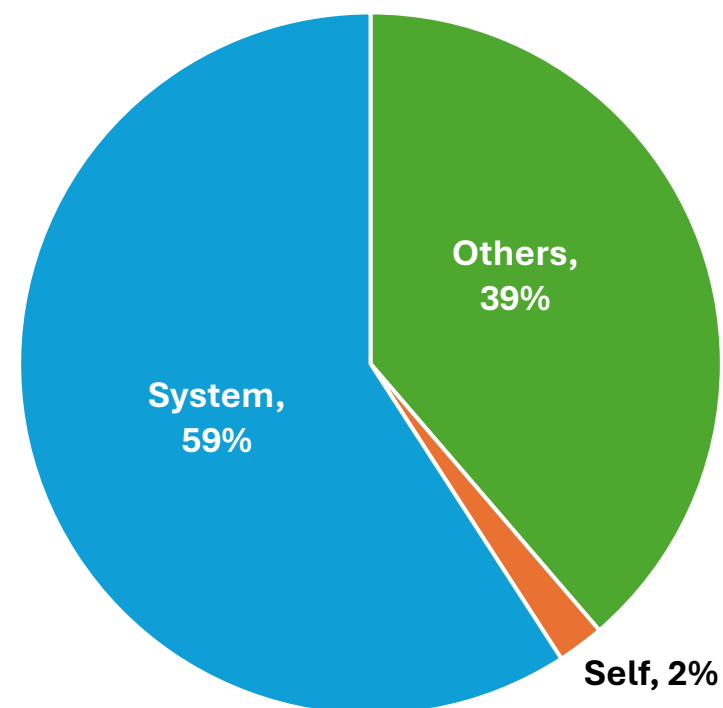
Unknown

Comparisons of Perceived vs Actual Blame Attributions

BLAME ATTRIBUTION
PERCEIVED



BLAME ATTRIBUTION
ACTUAL



Source: Cooper et al., Nature of Blame in Patient Safety Incident Reports, Annals of Family Medicine, 2017

A cartoon illustration of a woman with short dark hair, wearing a blue blazer and skirt, white tights, and blue shoes. She is pointing her right hand towards a wooden sign that reads "BUILD THE VIDEO". The background shows a stylized landscape with green hills and a blue sky.

ENHANCED SKILLS

INCREASED
CONFIDENCE

ORGANIZATIONAL TRANSFORMATION



**LEADING
PATIENT
SAFETY IS
NON-
DELEGABLE**

CULTURE
SHARED VALUES AND BELIEFS OF THE
INDIVIDUALS IN AN ORGANIZATION.
THE WAY WE ACT WHEN
NO ONE IS LOOKING.

DUTY TO ACT, DUTY TO FOLLOW
A PROCEDURAL RULE, DUTY TO AVOID
UNJUSTIFIABLE RISK

- ADVERSE EVENTS
- NEAR MISSES
- UNSAFE CONDITIONS

Who's our safety champion?

I have something to report

Who's our safe champion?

PATIENT SAFETY
IS A VALUE

Focus on the patient!

5

Standardized equipment and protocols

Celebrating

6



MANAGE MISTAKES

We are human - we learn from mistakes.

THE EVENT



BECOME HIGH RELIABILITY
ORGANIZATION

RELUCTANCE T

PREOCCUPATION WITH

SENSITIVITY
TO OPERATIONS

DEFERENCE
TO EXPERTISE

COMMITMENT
TO RESILIENCE

SIMULATION

Learning in a
safe environment.

- Inactive EMS direction
- Event reporting
- Listen to patient voice

ASSESS AND MEASURE PATIENT SAFETY CULTURE

LISTEN TO THE PATIENT VOICE

Listen to me. Don't
hurt me. Be nice to
me.

This is what happened:

Keep up the
good work!

21

Illustration by Joel Bress, Frankfurt, DE

Safety Culture Dimensions

Designed to interpret the organization's prioritization of safety:

- Leadership
- Perceptions of safety
- Teamwork and collaboration
- Safety systems
- Prioritization of safety
- Resources and constraints
- Reporting and just culture
- Openness
- Learning and improvement

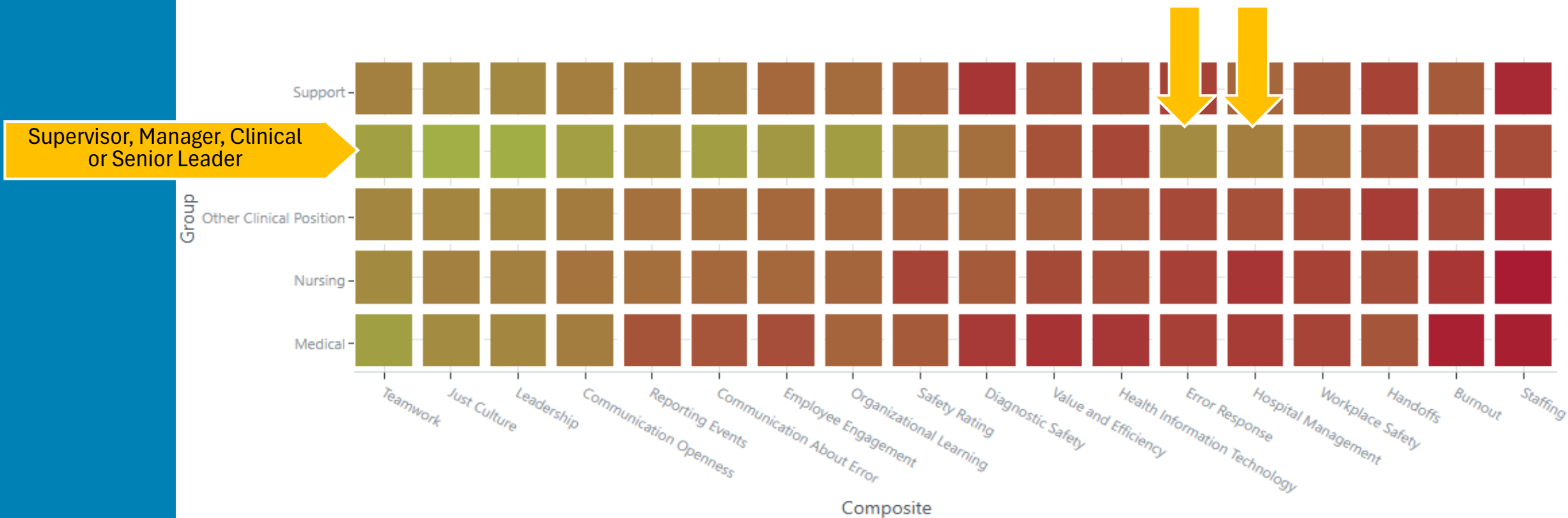
Leadership's Role

Behaviors reinforcing strong culture

- Sustaining momentum through visibility, feedback, accountability
 - o Board alignment
 - o Medical staff alignment
 - o Input from frontline
 - o Safety as a Value
 - o Culture and safety metrics across the organization that are aligned, have benchmarked, measured, consistent review process, action plans
 - o Resources to attain best practices
 - o Governance and Policy Enforcement

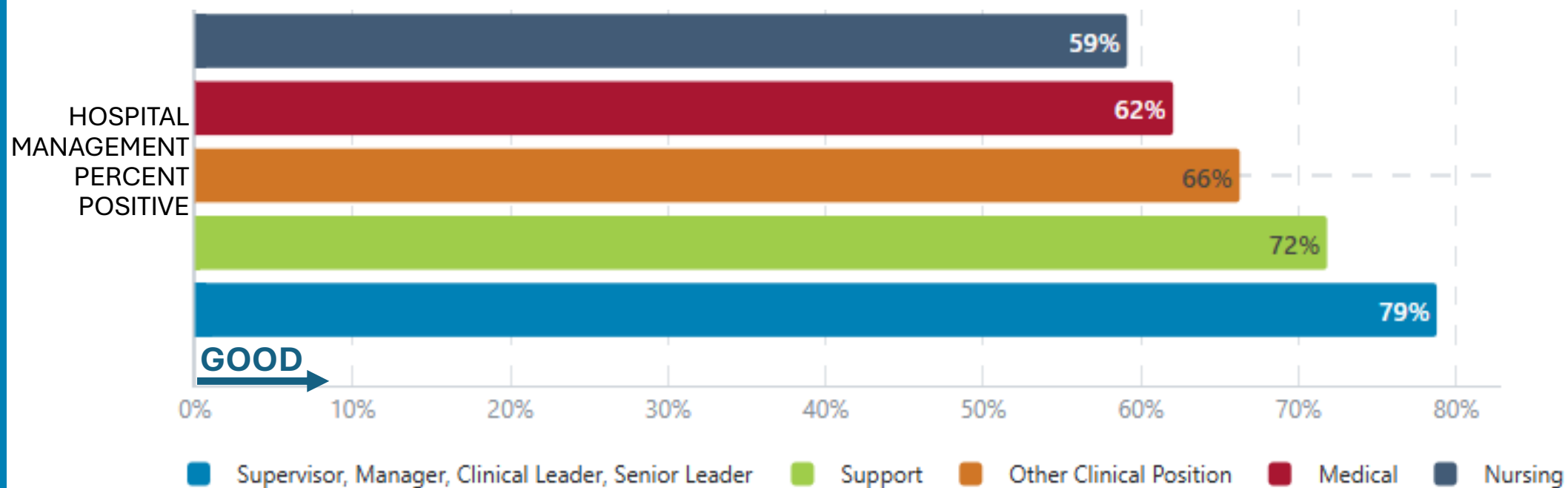
Providing the "why"

Dimension Perceptions Across Groups



Source: Center for Patient Safety HSOPS® database, 2023-2025, 65630 responses

Leadership Perception Across Groups



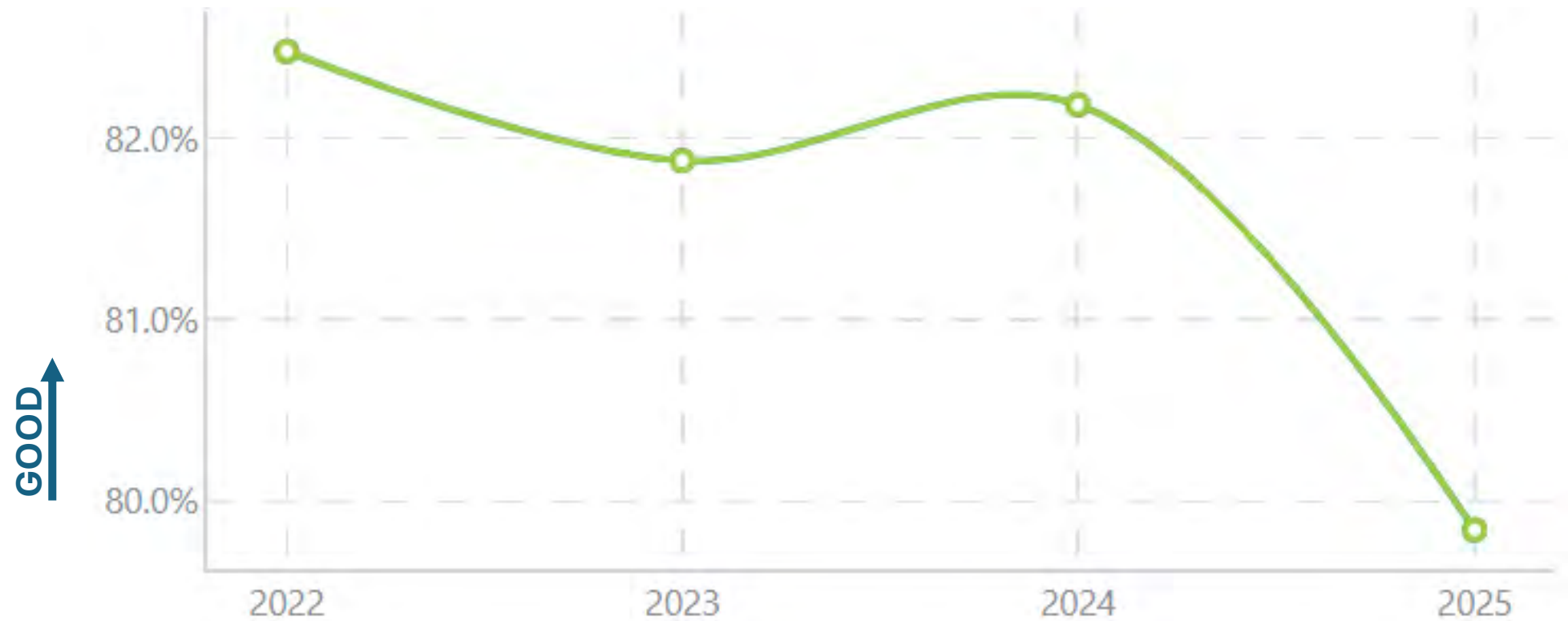
Source: Center for Patient Safety HSOPS® database, 2023-2025, 65630 responses



Your **Governing Board and Executive Leaders:**

- A. are **not** engaged or involved in establishing a culture of safety.
- B. set the **vision and define the mission**, vision and values which support the culture of safety.
- C. set the vision and define the mission, vision and values which support the culture of safety. **Strategic plan includes key safety related goals and measures.**
- D. are engaged and involved in supporting culture of safety initiatives by mandating structure. **Performance improvement activities support key safety related goals** to achieve a culture of safety.
- E. are engaged and involved in supporting culture of safety initiatives. At a minimum, **safety results and reports are discussed and addressed quarterly at key meetings and organization is held accountable.**

Cultures are Changing: Teamwork



Source: Center for Patient Safety HSOPS® database, 2022-2025, 80609 responses

Teamwork Trends



Source: Center for Patient Safety HSOPS® database, 2022-2025, 80609 responses

Cultures are Changing: Communication Openness



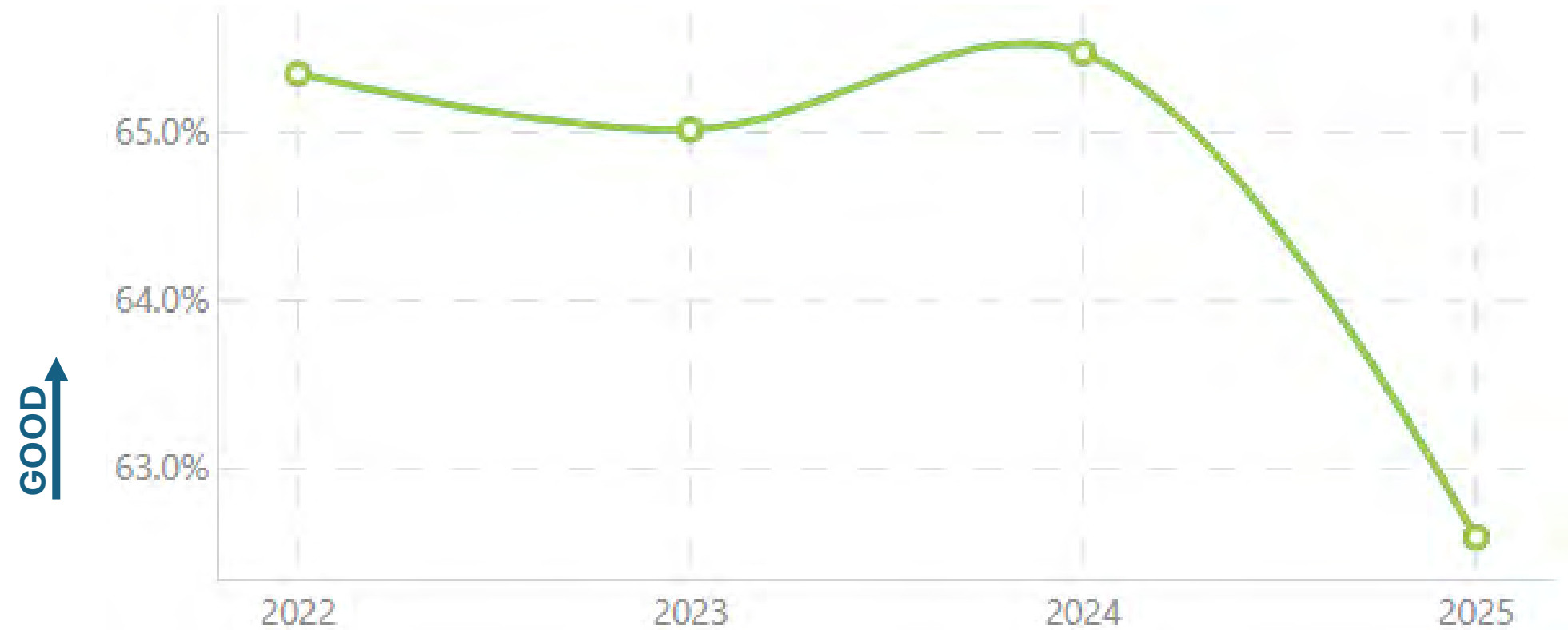
Source: Center for Patient Safety HSOPS® database, 2022-2025, 80609 responses

Communication Openness Trends



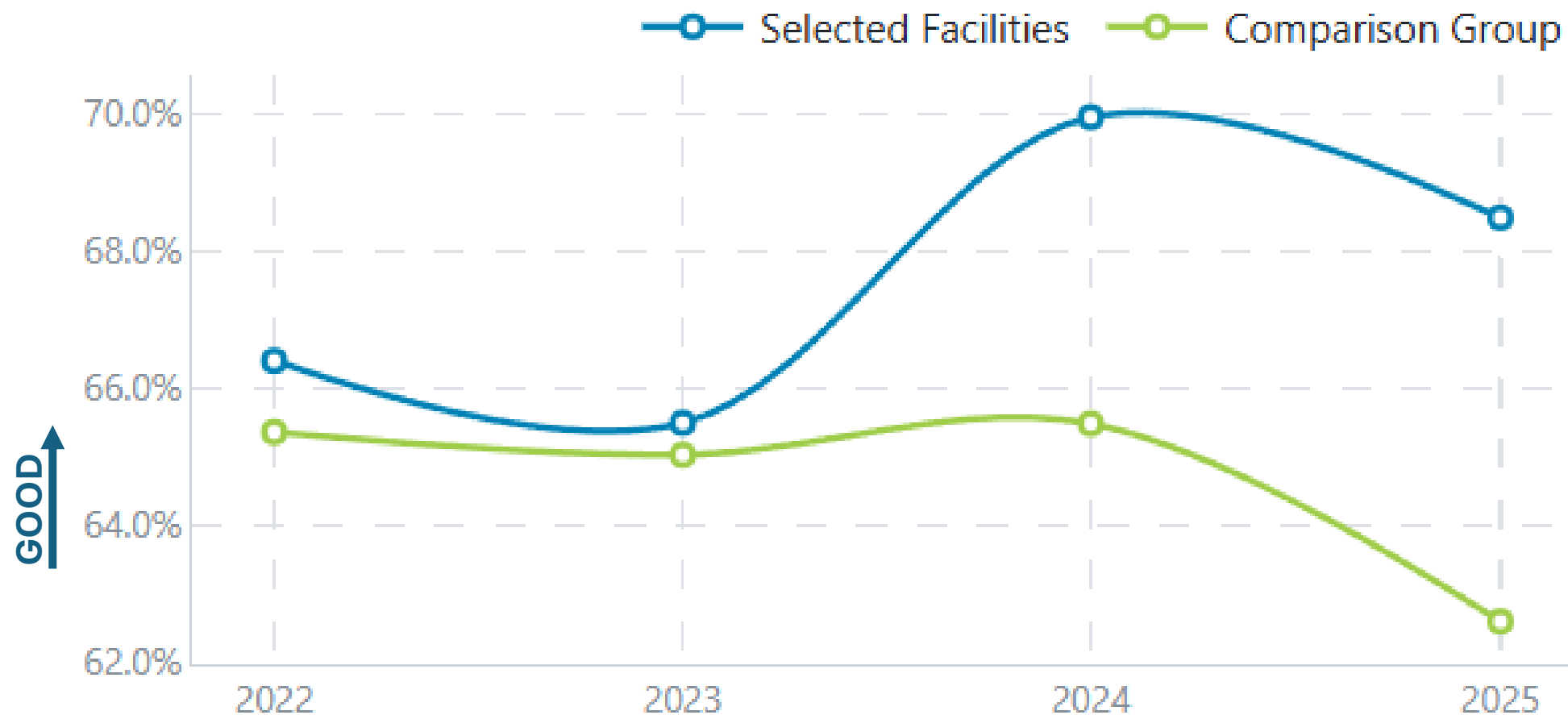
Source: Center for Patient Safety HSOPS® database, 2022-2025, 80609 responses

Cultures are Changing: Error Response



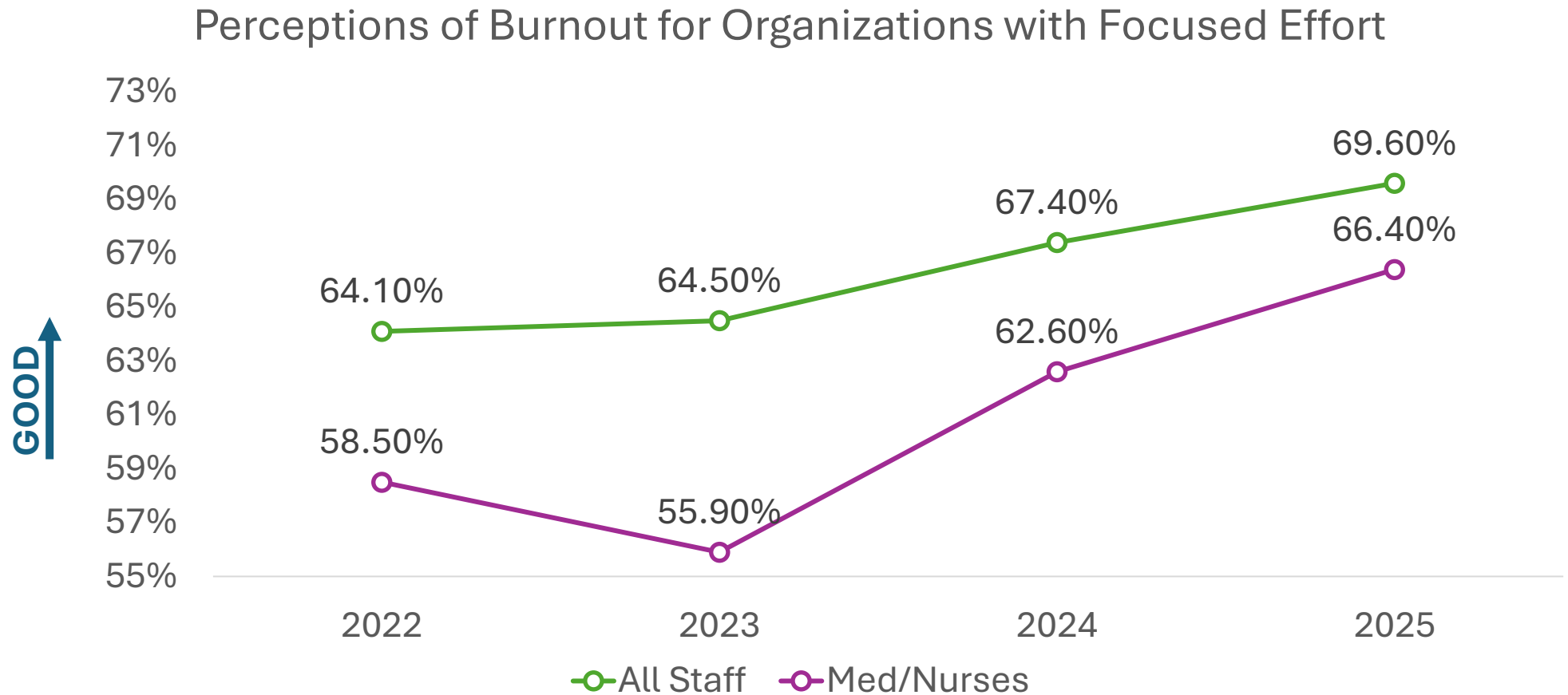
Source: Center for Patient Safety HSOPS® database, 2022-2025, 80609 responses

Error Response Trends



Source: Center for Patient Safety HSOPS® database, 2022-2025, 80609 responses

Burnout with Improvement Trends



Source: Center for Patient Safety Supplemental Burnout data, 2022-2025, 35473 responses

How do you assess your own culture

- Word of mouth/water cooler
- Evaluations/exit interviews
- Forums
- Vendor proprietary questions
- Employee engagement survey
- Validated safety culture survey tool
- Pulse surveys



Describe your **Safety Culture Evaluation**:

- A. No culture of patient safety survey conducted in the past, or surveys are administered more than two years apart, with or without a validated survey tool.
- B. Some units/offices/agencies are administered a patient safety culture survey at least every two years using a validated survey tool.
- C. An organization-wide patient safety culture survey occurs at least every two years using a validated survey tool.
- D. An organization-wide patient safety culture survey occurs at least every two years using a validated survey tool. Survey data is tracked and trended with the ability to drill down to unit/office/agency level. Action plans are put in place, but inconsistently. Information is shared when requested.

(See next slide for remaining options)



Describe your **Safety Culture Evaluation**:

(See previous slide for additional options)

- E. An organization-wide patient safety culture survey occurs at least every two years using a validated survey tool. Survey data is tracked and trended with the ability to drill down to the units/offices/agencies. Action plans are put in place as a result of the data and progress is monitored and evaluated for improvement. Data and action are shared at all organization levels including the Executive and Governing Board.

Benefits of Measuring Organizational Culture

Since the IOM Report, a 'safety culture' has become a pillar of the patient safety movement.

Today, safety culture assessments:

- diagnose safety culture and determine culture maturity
- organizational barriers to culture change;
- identify areas of risk
- evaluate patient safety interventions or programs, and track change over time
- support internal and external benchmarking, and
- fulfill directives or regulatory requirements

Culture Formula for Success



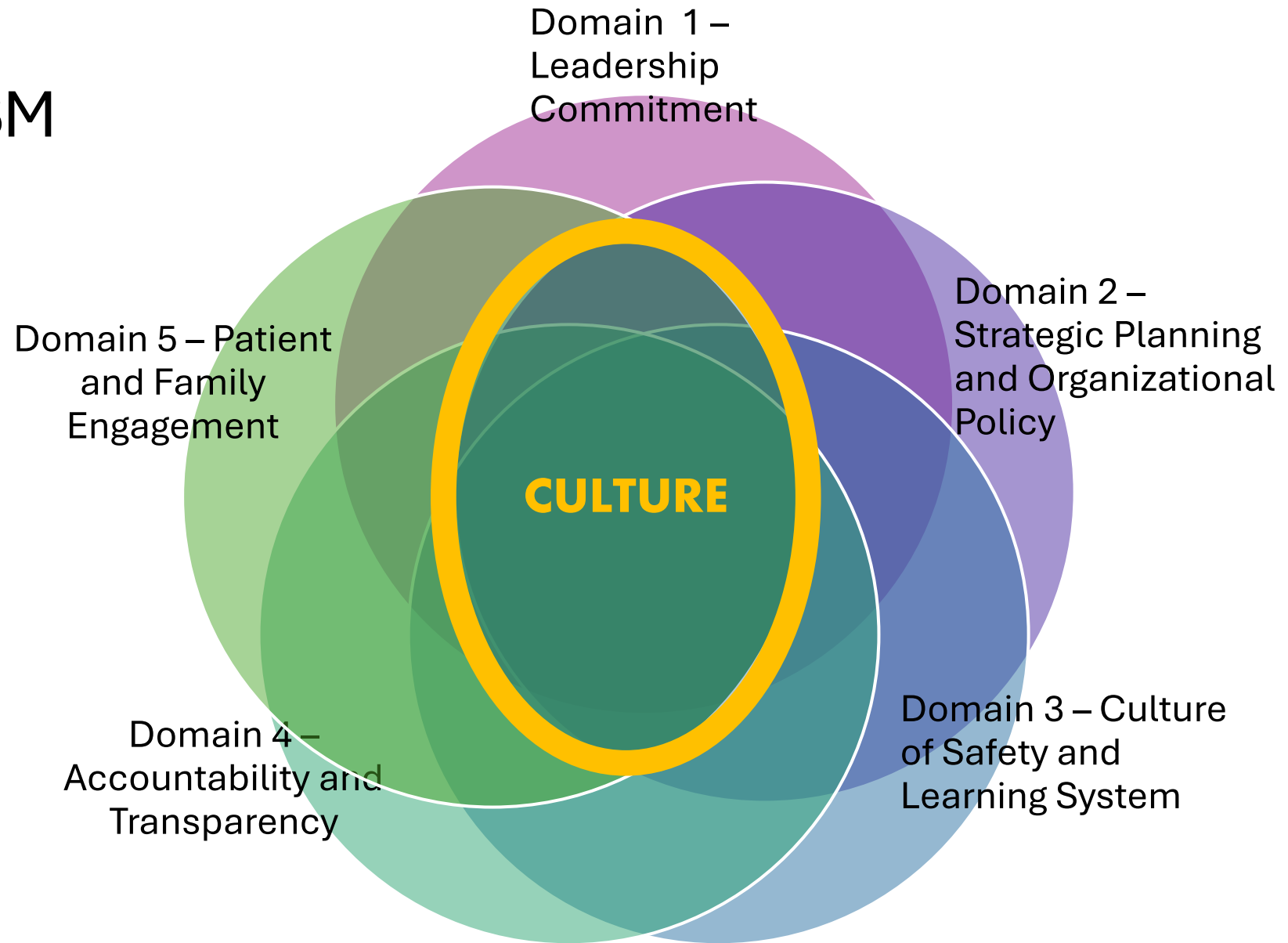
Regulatory
Compliance

Regulatory Requirements

Culture surveys can help hospitals meet various requirements:

- **The Centers for Medicare & Medicaid Services (CMS)** Inpatient Quality Reporting Program (IQR) Patient Safety Structural Measure (PSSM) attestation for Domain 3: Culture of Safety & Learning Health Systems
- **The Centers for Medicare & Medicaid Services (CMS)** Star Report
- **Joint Commission Leadership Standards** to regularly evaluate the culture of safety
- **Leapfrog safety ratings**, by contributing to the performance metrics used to grade hospitals

PSSM



Culture Survey Questions Compared to PSSM Requirements and NEW Joint Commission Standards

Culture Survey Questions	PSSM Requirements	NEW Joint Commission Standards (For Hospitals) – specifically aligns to CMS CoPs
The actions of hospital management show that patient safety is a top priority. Hospital management seems interested in patient safety only after an adverse event happens.	Domain 1: Leadership commitment to eliminating preventable harm	LD.12.01.01, EP 2 As part of performance improvement, leaders (including the governing body) do the following: - Set priorities for performance improvement activities related to health outcomes that are shown to be predictive of desired patient outcomes, patient safety, and quality of care - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and consider the incidence, prevalence, and severity of problems in those areas - Identify the frequency and detail of data collection for performance improvement activities LD.12.01.01, EP 3 The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for the following: - An ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained - The hospitalwide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and all improvement actions are evaluated - Clear expectations for safety are established - Adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients - The determination of the number of distinct improvement projects is conducted annually

Culture Survey Questions Compared to PSSM Requirements and NEW Joint Commission Standards

Culture Survey Questions	PSSM Requirements	NEW Joint Commission Standards (For Hospitals) – specifically aligns to CMS CoPs
The actions of hospital management show that patient safety is a top priority.	Domain 2: Strategic planning and organizational policy	PI.11.01.01, EP 2 The hospital has an ongoing quality assessment and performance improvement program that shows measurable improvement for indicators that are selected based on evidence that they will improve health outcomes and aid in the identification and reduction of medical errors. The program incorporates quality indicator data, including patient care data and other relevant data to achieve the goals of the program. PI.12.01.01, EP 3 The hospital measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service, and operations. PI.13.01.01, EP 1 The hospital analyzes and compares internal data over time and uses the results of data analysis to do the following: - Monitor the effectiveness and safety of services - Monitor the quality of care - Identify opportunities for improvement and changes that will lead to improvement LD.12.01.01, EP 3 The hospital's governing body (or organized group or individual who assumes full legal authority and responsibility for operations of the hospital), medical staff, and administrative officials are responsible and accountable for the following: - An ongoing program for quality improvement and patient safety, including the reduction of medical errors, is defined, implemented, and maintained - The hospitalwide quality assessment and performance improvement efforts address priorities for improved quality of care and patient safety, and all improvement actions are evaluated - Clear expectations for safety are established - Adequate resources are allocated for measuring, assessing, improving, and sustaining the hospital's performance and reducing risk to patients - The determination of the number of distinct improvement projects is conducted annually.

Culture Survey Questions Compared to PSSM Requirements and NEW Joint Commission Standards

Culture Survey Questions	PSSM Requirements		NEW Joint Commission Standards (For Hospitals) – specifically aligns to CMS CoPs
Survey	Domain 3: Culture of safety and learning health systems	Our hospital conducts a hospital-wide culture of safety survey using a validated instrument annually, or every 2 years with pulse surveys on target units during non-survey years. Results are shared with the governing board and hospital staff and used to inform unit-based interventions to reduce harm.	NPG.02.03.01 Leaders regularly evaluate the culture of safety and quality using valid and reliable tools. Possible issues are identified by the culture of safety evaluation. Proposed improvements are prioritized and implemented.
This unit regularly reviews work processes to determine if changes are needed to improve patient safety.		Our hospital has a dedicated team that conducts event analysis of serious safety events using an evidence-based approach, such as the National Patient Safety Foundation's Root Cause Analysis and Action (RCA2).	PI.12.01.01 EP 3 The hospital measures, analyzes, and tracks quality indicators, including adverse patient events , and other aspects of performance that assess processes of care, hospital service, and operations. PI.14.01.01 EP 1 The hospital acts on improvement priorities.

Culture Survey Questions Compared to PSSM Requirements and NEW Joint Commission Standards

Culture Survey Questions	PSSM Requirements	NEW Joint Commission Standards (For Hospitals) – specifically aligns to CMS CoPs
In this unit, we are informed about changes that are made based on event reports. When a mistake is caught and corrected before reaching the patient, how often is this reported?	Domain 4: Accountability and transparency Our hospital has a confidential safety reporting system that allows staff to report patient safety events, near misses, precursor events, unsafe conditions, and other concerns, and prompts a feedback loop to those who report.	PI.12.01.01EP 3 The hospital measures, analyzes, and tracks quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital service, and operations. MM.17.01.01EP 1 The hospital develops and implements policies and procedures for reporting transfusion reactions, adverse drug reactions, and errors in administration of drugs.

Culture Survey Questions Addressing PSSM Domains

Domain 1 – Leadership Commitment

10 Questions



Domain 2 – Strategic Planning and Organizational Policy

10 Questions



Domain 3 – Culture of Safety and Learning System

10 Questions



Domain 4 – Accountability and Transparency

5 Questions



Domain 5 – Patient and Family Engagement





TALLY TIME

HIGHLY RELIABLE. Culture of improvement is likely embraced throughout vertical layers; patient safety is included in all operations; consistency in safety measures is achieved; preoccupation with failure; occurrences and near misses drive change.

**HIGHLY
RELIABLE**

GENERATIVE. Action plans and measures are activated; patient safety processes include support for front-line and includes methods to share and learn from other organizations; events, near misses and unsafe conditions are systematically investigated.

GENERATIVE

PROACTIVE. Improvement models are used and involve staff; resources are committed to patient safety efforts and culture is regularly assessed to identify needs; near miss/great catch program is in place.

PROACTIVE

SYSTEMATIC. You are more aware about the impact of patient safety changes; patient safety is a value; however, patient safety culture is lacking; communication is a challenge; investigations are conducted only after a patient is harmed.

SYSTEMATIC

REACTIVE. Early stages of adopting improvement model; minimal effort to hear voice of front line; patient safety efforts are based on regulatory requirements; and patient harm is viewed as “inevitable” or “bad luck”.

REACTIVE

Turn Insight into Action

Are you struggling with specific areas on the PSSM?

Do you have dimensional scores of 80% positive or higher? Those are a consensus of excellence.

Do you have many units with 80% positive or higher across the same dimensions? Those are cultural competencies: hard wired throughout.

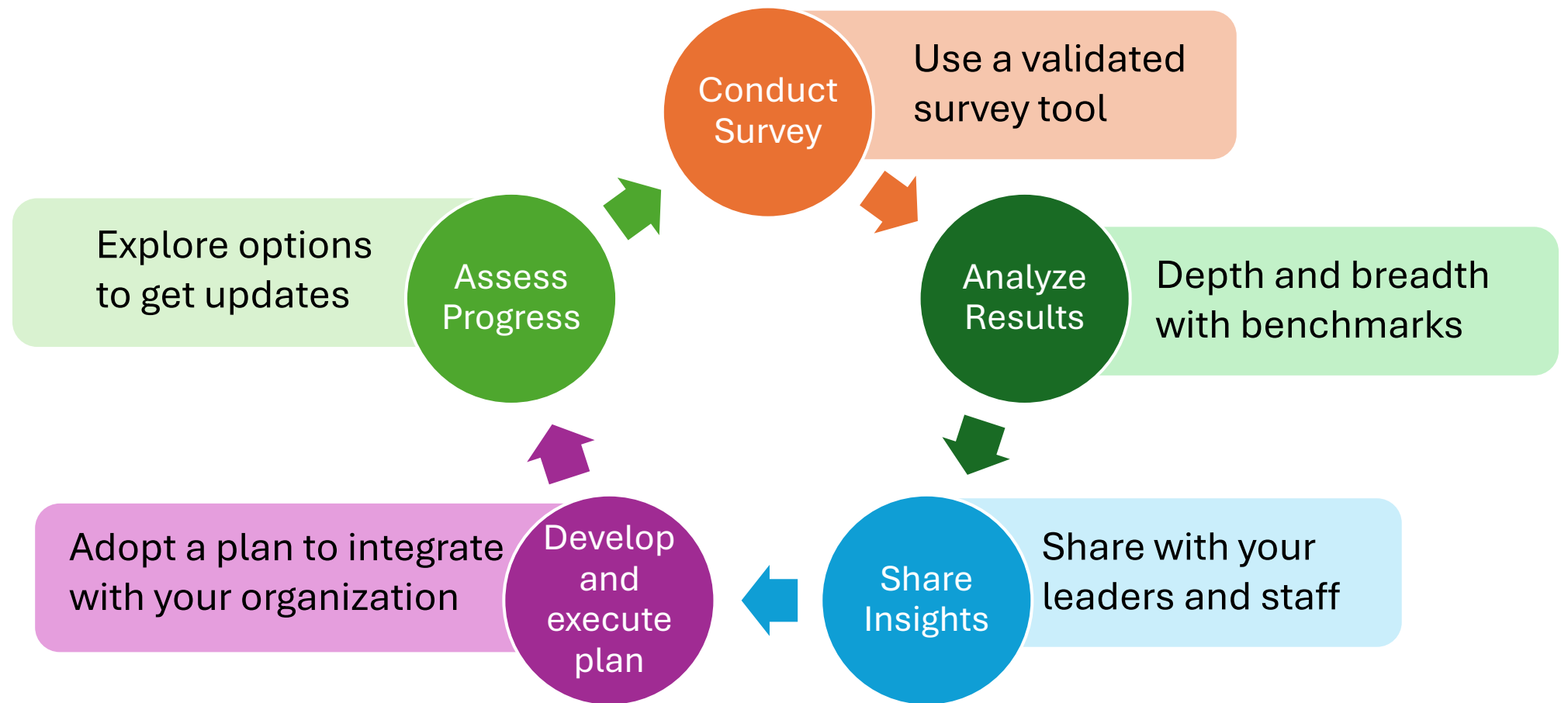
Do you have units with under-performing dimensions that don't align with the organization?

Do you have areas that have dropped since the previous survey?

Are you using pulse surveys to gather data in smaller time increments?

DO IT SMART

Survey Process



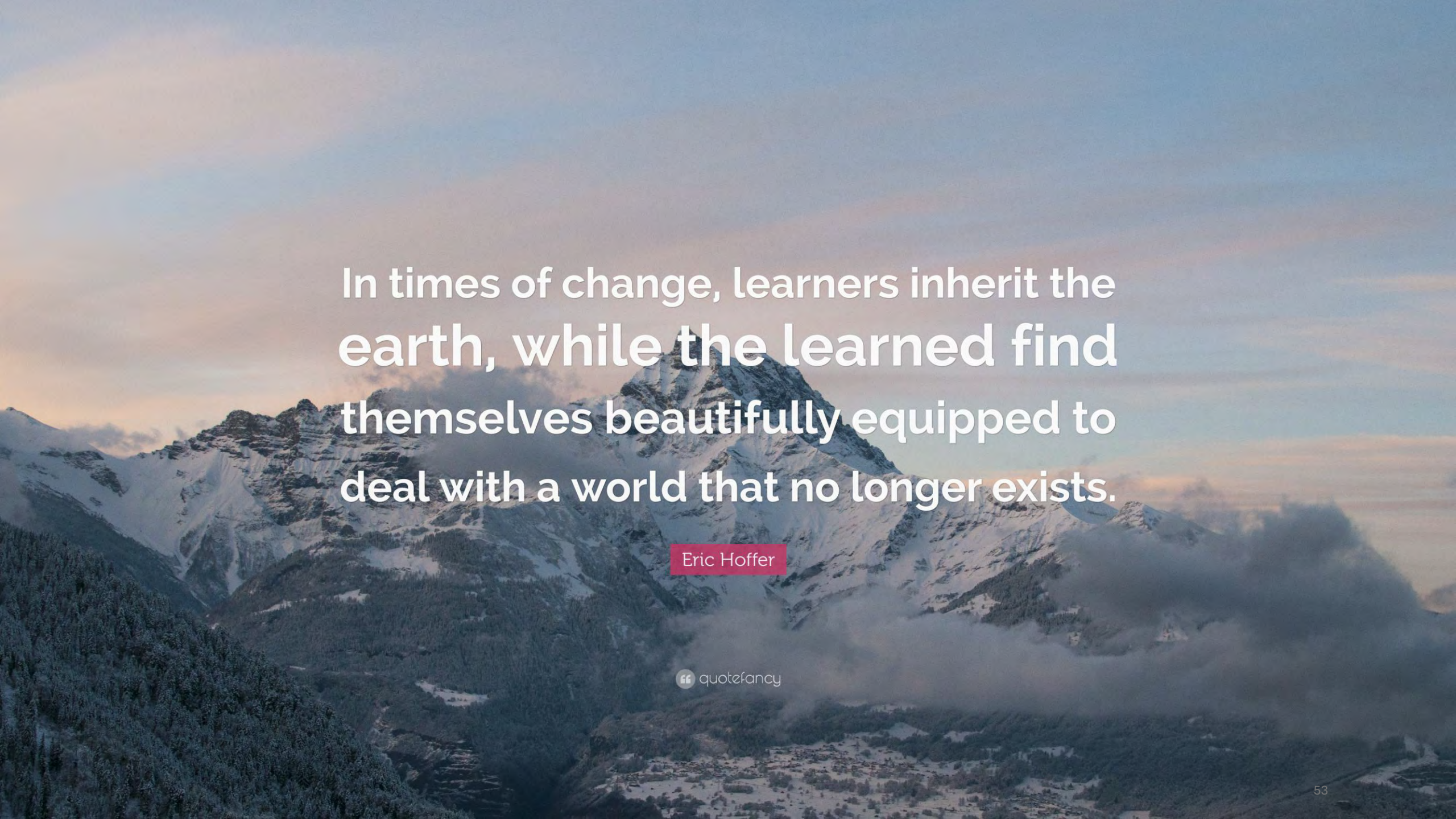
Key Takeaways

- Culture is measurable, actionable, essential
- Survey data is an essential leadership tool
- Align with strong practices, like PSSM, to lead safer systems

Tips and Fun Stuff

- Response rate
 - Anticipate deterrents: email distribution vs QR code
 - Have fun: themes, prizes
- Follow through!





In times of change, learners inherit the
earth, while the learned find
themselves beautifully equipped to
deal with a world that no longer exists.

Eric Hoffer

“ quote fancy



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