Co-Lead

ABOUT THIS MODULE

RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

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RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

What is the goal of this module?

This module will help teams explore the nature of risk and safety, and reflect on past, current, and future safety practices. At the end of the session they will have created a list of measures being gathered on quality and safety of care, as well as any additional processes that may require measurement.

What is the collective leadership focus of this module?

- **Cooperation and coordination between members**
- **Engagement of all team members**
- **Recognising and valuing contribution of others**
- **Sharing leadership roles and responsibilities**

What areas of team behaviour does this module focus on?

- **Motivation towards goals**
- **Cooperation between team members**
- **Cohesion and coordination**
- **Cross-monitoring**

Who is this module for?

All team members. Input from diverse team members can contribute to risk management and patient safety improvement.

What is the patient safety impact of this module?

Through undertaking this module, teams will build upon their existing awareness of risks and safety. By developing a common understanding of existing risks and action areas, teams will collaboratively improve the patient safety environment.

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SESSION OUTLINE

RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

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SESSION OVERVIEW

Purpose:	This session will help create an understanding of the nature of risk and safety as a team and how to understand if care has been safe in the past, is in the present, and will be in the future.
Timing:	60 min.
Setup:	Introduction > Exercise > Feedback > Homework
Outcomes:	List all current measures being gathered on the quality and safety of care we provide as a team and list any additional processes that require measurement.
Facilitators:	1-2 team members to facilitate; 1 team member to act as flipchart scribe to record ideas, discussion points, and outputs.

ADVANCE PREPARATION

Materials:	Printed outcome template handouts.
Equipment:	Flipcharts, markers, pens.
Room:	Configure for round table discussion or small groups for larger teams
Attendees:	If some team members cannot attend due to geographic location, they may participate remotely via teleconference. In such cases, session materials should be shared in advance via email.

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START OF SESSION

1) Welcome and introduction (10 min.)

Welcome and re-cap on Co-Lead (aims, sharing of leadership across team, etc.), give introductions if new people in attendance, and update team on goal progress.

Highlight the relevance of the topic to practice: To improve patient safety we need to first discuss what "safety" means for the team and know what methods, tools and indicators are being used, and should be used, to measure safety.

Note that the aim of today's session is to create an understanding of the nature of risk and safety as a team and how to understand if care has been safe in the past, is in the present and will be in the future.

List the 6 key questions (Health Foundation 2016) that will be central to the team's discussion:

1. What are we doing well in terms of safety as a team?
2. Has the patient care we've provided been safe in the past?
3. Are our team's clinical systems and processes reliable?
4. Is the team's care safe today?
5. Will the team's care be safe in the future?
6. Are we as a team responding and improving?

2) Icebreaker (5 min.)

Take a minute of personal reflection to think about the questions below and then share your thoughts with a colleague sitting next to you. Facilitator then asks each member of the team to feedback one sentence to the larger group.

1. What does safety mean to me?
2. How would I describe the safety culture within the team?

3) Group exercise (20 min.)

If possible create sub-groups that are multi-disciplinary. Distribute the handout and ask each group to use this template to answer the 6 key questions outlined in the introduction; identifying current safety measures and potential risks that may require measurement within the team ONLY. Each small group should to fill in the handout to summarise their discussion.

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4) Group Feedback (20 min.)

Facilitators should lead a group discussion and ask each subgroup to feedback what they have discussed. One facilitator should list the measures discussed (can use template, flip board etc.). Facilitators can use the prompts below to help generate discussion if required.

1. What are we doing well in terms of safety as a team?

Look at the positives in terms of safety; what areas in particular work well in terms of measurement? What can the team learn from these areas?

2. Has the patient care we've provided been safe in the past?

Explore what data your team measures to know if and how care has been unsafe in the past few months, years.

> Possible Examples:

- Hospital mortality statistics – can these be broken down by area for your team?
- Systematic chart review can look at any harm that may have arisen?
- What type and number of incident reports were raised from your team in the last few months? Have they been responded to? Has the person who raised the incident report been kept informed of progress on what is happening to that report?

3. Are our team's clinical systems and processes reliable?

Reliability is defined as a reflection of how well a measure provides consistent results in different circumstances.

What standardised processes do we use as a team? How are they measured?

> Possible Examples:

- As a team are we carrying out audits of how we do things in order to learn or improve (and not simply carrying out audits in order to comply with regulations)?
- Do we regularly carry out checks on equipment to ensure all is functioning as it should be, checks on materials, stocks etc at local level to ensure supplies are adequate.

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RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

(contd.)

4. Is the team's care safe today?

How do we know if the care provided by our team is safe? What are we measuring as a team to know our care is safe today?

> Possible Examples:

- Are all team members able to speak up about safety concerns? (If you think this needs to be improved then see the intervention 'TALKING ABOUT SAFETY/PLAYDECIDE PATIENT SAFETY GAME')
- Does the team follow and apply the HSE Open Disclosure Policy?
- Have any patient experience surveys been carried out? Can you get the results of these broken down to the team level and discuss the results together as a team?
- Are safety huddles carried out by the team? (If you think this would be good for the team then see 'SAFETY PAUSE HUDDLE" intervention)

5. Will the team's care be safe in the future?

What do we measure to know as a team if our care will be safe in the future?

> Possible Examples:

- Does the team plan and anticipate when care might be at risk from a safety perspective (e.g. staff shortages, seasonal increase in patients, patient transfer)?
- Is there a way of reporting and removing frustrations for team members (frustrations can often signal hazards)? (If you think this would be beneficial for your team then see the 'REMOVING FRUSTRATIONS/DEALING WITH SUGGESTIONS' intervention)?
- Are team indicators of safety explored – e.g. team injury rates, team absenteeism rates?
- If organisational level/national surveys are carried out is it possible to obtain results for your team?

6. Are we as a team responding and improving?

Have we learned as a team from previous incidents?

> Possible examples

- What, if any of this data do we feedback to team members to give them a sense of how the team is performing in terms of safety? (This will be explored at the next session 'MONITORING AND COMMUNICATING SAFETY PERFORMANCE at the TEAM LEVEL / PECT (Patient/Environment/Care/Team)' intervention)

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Co-Lead

SESSION OUTLINE

RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

5) Homework (or 5 min. if time allows)

The information gathered from today's session will feed into the team's next safety-focused intervention on MONITORING AND COMMUNICATING SAFETY PERFORMANCE AT THE TEAM LEVEL(PECT).

Prior to that session, ask the team to reflect and note what additional measures are recorded by the hospital in terms of risk and safety that are relevant to the team.

6) Close of session (5 min.)

Give brief feedback on the session. Notes can be collected and collated by one individual to maintain record of discussion.

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OUTCOMES TEMPLATE

RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

UCD DUBLIN Co-Lead

OUTCOME TEMPLATE

RISK AND SAFETY MANAGEMENT AT TEAM LEVEL

Area of the framework	Current measures being gathered as a team	Any gaps where we need to begin measurement	Measures recorded by the wider hospital relevant to our team
What are we doing well in terms of safety as a team? *Look at the positives in terms of safety; what are we doing well as a team?*			
Has the patient care we've provided been safe in the past? *What does your team measure to know if and how care has been unsafe in the past few months, years?*			
Are our team's clinical systems and processes reliable? *What standardised processes do we use as a team? How are they measured?*			
Is the team's care safe today? How do we know if the care provided by our team is safe? What are we measuring as a team to know our care is safe today?			
Will the team's care be safe in the future? *What do we measure to know as a team if our care will be safe in the future?*			
Are we responding and improving as a team? *Have we learned as a team from previous incidents?*			