



Community Pharmacy & General Practice Safety Climate Survey Guide 2020-21

Every patient, every time



Adapted with permission



Contents

Contents	3
Glossary & Abbreviations	4
Section 1	5
1.1 Introduction	5
1.2 Definitions	6
Section 2: Instructions	7
2.1 Complete the survey	7
2.2 Understanding your report	7
2.2.1 Example report	8
2.3 Guidance for the Safety Climate Survey Team Meeting	9
2.4 After the meeting	9
Section 3: Resources	10
3.1 Poster	11
3.2 Team Meeting Plan	12
3.3 General Practice Reflection Sheet	15
3.4 Community Pharmacy Reflection Sheet	17

Glossary & Abbreviations

APC	Annual Practicing Certificate
Clinical staff	In general practice - All medical, nursing, and phlebotomy staff employed by the practice as well as clinical staff employed by the health board (district nurses).
Management	In community pharmacy – All registered clinical staff holding a current APC. GP partners or pharmacy partners and managers.
Non-clinical	All staff employed by the team who are not defined as clinical.
Non-management	All other employed staff (including administrative or retail staff) and students.
PMS	Patient management system e.g. MedTech, MyPractice, ToniQ, RxOne
PHO	Primary health Organisation eg Alliance Health Plus, Auckland, Comprehensive Care, East Health Trust, National Hauora Coalition, Procure, Total Healthcare
Primary healthcare teams	The general practice or pharmacy which is undertaking this survey.
RNZCGP	Royal New Zealand College of General Practitioners
Significant event	Any event thought by anyone in the team to be significant to the care of patients or the conduct or safety of the practice team.
SiP	Safety in Practice
Team members	In general practice; All general practitioners, GP trainees, practice staff, practice nurses and practice manager
	In community pharmacy - All pharmacists, pharmacy interns and students, technicians, assistants and retail staff regardless of their working pattern or whether they are contracted or employed by the practice.

Section 1

1.1 Introduction

Safety culture can be defined as:

“Individual and group values, attitudes, perceptions and patterns of behaviour that determine their commitment to safety management” – NHS Education for Scotland, 2010

A team’s safety culture is critical in improving patient safety. The safety climate tool is a proven, effective way to measure, analyse and improve your safety culture. The survey is designed to improve and foster a culture of safety across our sector and is not designed to be punitive in any way. Safety in Practice will not share your individualised results outside of our team. Questions within the survey are focussed around five key factors:



Communication

This factor covers the degree to which discussions between team members at all levels are open and honest, the perceived freedom to question management decisions and whether staff are kept up to date with current developments and vision of the team.

Workload

This factor covers impairment of performance by excessive workload, staffing levels, time constraints, and expectations of staff when working under pressure.

Leadership

This factor covers whether hierarchy has detrimental effects on work, the consequences to staff who highlight significant events, the effectiveness of leadership within teams, whether leaders are open to suggestions for improvement and attitude toward rules and procedures.

Teamwork

This factor covers the importance of teamwork at all levels, amount of respect and support within teams, how disagreements are dealt with, level of job satisfaction.

Safety systems and learning

This factor covers encouragement of reporting of significant incidents, existence of procedures to prevent incidents, participation of all staff members in the development of protocols, risk assessment and significant event analysis, the extent to which teams assess latent threats and pro-actively safeguard staff and patient safety.

1.2 Definitions

Primary healthcare teams

The general practice or pharmacy which is undertaking this survey.

Significant event

Any event thought by anyone in the team to be significant to the care of patients or the conduct or safety of the practice team.

Team members

In general practice - All general practitioners, GP trainees, practice staff, practice nurses and practice manager.

In community pharmacy - All pharmacists, pharmacy interns and students, technicians, assistants and retail staff regardless of their working pattern or whether they are contracted or employed by the practice.

Staff definitions

Management

GP partners, pharmacy owners and practice managers.

Non-management

All other employed staff - including administrative or retail staff - and students.

Clinical

In general practice - All medical, nursing, and phlebotomy staff employed by the practice as well as clinical staff employed by the health board e.g. district nurses.

In community pharmacy – All registered clinical staff holding a current APC.

Non-clinical

All staff employed by the primary healthcare team who are not defined as clinical.

Section 2: Instructions



2.1 Complete the survey

1. Organise for all, or as many team members as is practical, to complete the Safety Climate Survey **by February 1st at the latest**. Ideally this should be within a 2 week period or less. The survey should only take 10minutes to complete.

The survey can be found at:

GP: [CLICK HERE](#)

Pharmacy: [CLICK HERE](#)

We've produced a poster (Section 3.1) to help remind your team to complete the survey.

2. Once all team members have completed the survey please email audit@safetyinpractice.co.nz and request your Safety Climate Survey Report, no later than February 1st.
3. Your Safety Climate Survey Report will be generated and emailed to you – please note this will be sent to you no later than the 15th of February.
4. Organise a team meeting to discuss the report (see Section 2.3 for further guidance).
5. Complete the 'Safety Climate Survey Reflection Sheet' in Section 3.3 or 3.4 and email to audit@safetyinpractice.co.nz (and your PHO facilitator for GP teams) by March 15th. Bring a printed copy to Learning Session 3.

2.2 Understanding your report

For each factor you'll receive a breakdown of results (see example report of the 'Communication' factor overleaf).

For general practice teams, the "Average Other Practices" is calculated based on the aggregate results of over 1,000 survey respondents across the Auckland-Metro region.

For community pharmacy teams, this is based on the aggregate results of the pharmacy teams who participated in the survey previously.

For practices with >20 respondents you'll be provided with data for your managers vs non-managers. For all other practices this is available on request.

Please note: Where data for negative questions is presented (within both leadership and workload sections), the results have been reversed, and a high score is therefore desirable.

2.2.1 Example report

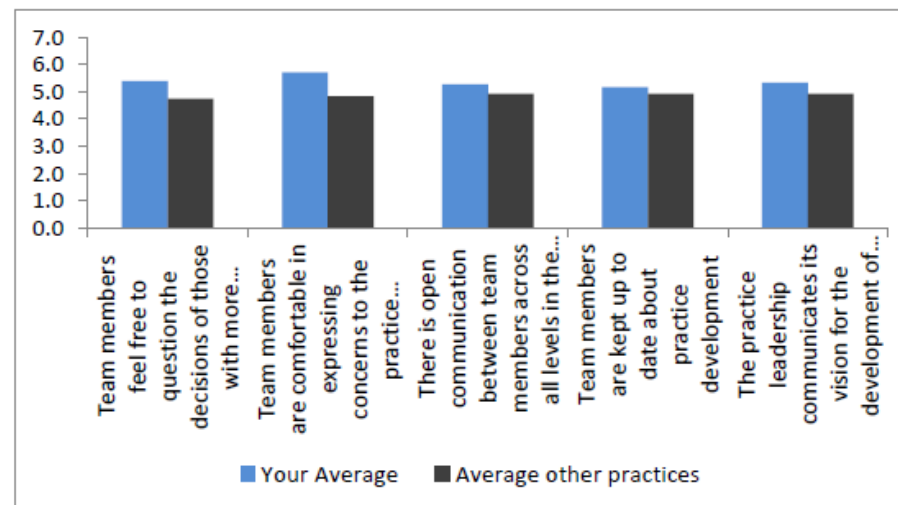
Communication –

Summary	
Your Average 5.4	Other Practices Average 4.9

This factor covers: honest discussion between team members at all levels and freedom to challenge; understanding of practice developments and management decision managers, expressing their concerns, openness of communication at all levels, and whether staff are kept up to date with current developments and overall vision of leaders

Communication	Your Average	Average other practices
Team members feel free to question the decisions of those with more authority	5.4	4.7
Team members are comfortable in expressing concerns to the practice leadership about the way things are done in the practice	5.7	4.8
There is open communication between team members across all levels in the practice	5.3	5.0
Team members are kept up to date about practice development	5.2	4.9
The practice leadership communicates its vision for the development of the practice	5.3	5.0

A high score is always desirable



2.3 Guidance for the Safety Climate Survey Team Meeting

The Safety Climate Survey is a useful tool for involving all staff in a discussion around safety culture and systems. Once the survey has been completed and the results obtained it is very important that staff receive feedback and are involved in a discussion about ideas for change. In order to encourage all staff to have a say, it is important a feedback meeting is organised. If the team has completed a Safety Climate Survey previously, it is also important to allow time to reflect on the progress of the previous action plans.

See Section 3.2 for further guidance and a suggested Team Meeting Plan.

Tips

- Organise the meeting for a time that the majority of staff can attend.
- Try to use a room where staff can work together.
- Ensure you allow enough time for team members to contribute and feel comfortable, often this may require 30-60 minutes or more and may be spread over multiple meetings if necessary.
- Have copies of the survey for staff to see at the meeting – one between two is the minimum.
- You might want to consider outside facilitation from SIP or from your PHO facilitator if it is available.
- Share your report with the team in advance of the meeting to allow them time to consider the results.

2.4 After the meeting

Complete your Safety Climate Survey Reflection Sheet (Section 3.3 or 3.4) and email to audit@safetyinpractice.co.nz (and your PHO facilitator for GP teams) by March 10th. Bring a printed copy to Learning Session 3.

In previous years teams have implemented a number of changes as a result of their Safety Climate Survey:

Communication	Workload	Leadership	Teamwork	Safety systems
<ul style="list-style-type: none"> • Regular team meetings. • Team newsletters. • Notice boards. • Developed structured handover system. 	<ul style="list-style-type: none"> • Focussed work around reception workflow. • Instigating the medical assistant role. • Consultations on rosters. • Setting specific times during the week for specific tasks. • Adapting rosters to ensure cover over busy times. 	<ul style="list-style-type: none"> • Using team meetings/notice boards/newsletters to communicate management priorities. 	<ul style="list-style-type: none"> • Socials. • Discouraging 'shop talk' over lunch. • A team building day. 	<ul style="list-style-type: none"> • Implementing or re-visiting a significant event analysis process. • Adding incidents to team meeting agendas. • Wider involvement of staff in SOP development.

Section 3: Resources

Safety Climate Survey

As part of our work with Safety in Practice we are completing the Safety Climate Survey. How we work together, manage incidents, our workload and our communication are key to keeping patients safe. The survey is a way to measure and improve those things.

Everyone is being asked to take part.

The survey takes around 10 minutes to complete.

Your responses are completely anonymous.



To complete the survey:



Please complete the survey by:



If you have questions speak to:

www.safetyinpractice.co.nz

3.2 Team Meeting Plan

This meeting plan is to help the nominated team member who is overseeing the SCS to prepare for the team meeting. These bullet points and questions are to be used as a guide to use during your staff meeting. See also Section 2.3 for more guidance on conducting your meeting

Activity	Notes
Welcome <ul style="list-style-type: none"> If you have conducted this survey before, what plans were made last year and what has been achieved? The person responsible for overseeing the plan should give an update and invite discussion on what has worked well and what has not worked or not progressed. 	
Analysis of results <ul style="list-style-type: none"> Explain how the results from the survey this year are presented. Don't give any opinions on the results at this stage – you don't want to influence the group discussion. If you have a large team, split into small groups – ensure a mix of job roles in each group. Work through the questions below for each area of the survey. Ask each group to concentrate on actions that you could all take forward to improve the safety culture. Ask one member from each group to make a note of the actions. 	

Split into groups (optional)

Analyse communication section

- What is working well?
- What hinders good communication?
- What ideas do you have to improve communication and so improve safety?

Analyse workload section

- How does the workload here compare to other teams?
- What can we do to improve the workload to make care safer?

Analyse leadership section

- How do the results compare to other teams?
- Are there issues that are not taken seriously or are there issues that are difficult to address?
- How can the leadership more effectively work with the whole team?

Analyse teamwork section

- What aspects of teamwork do we currently do well?
- Can you identify ways in which teamwork could be improved?
- How do we improve job satisfaction and make this a safer place to work?

Analyse safety systems and learning sections

<ul style="list-style-type: none"> • What do we do well in this area? • How well are Significant Event Analyses conducted? • In what areas could educational development be better supported? • How could we make our systems safer? 	
Analyse clinical/management sections if applicable <ul style="list-style-type: none"> • Try to identify any differences between managers and non-managers and clinical and non-clinical staff. • Why might there be these differences? • Can we change anything to align these scores 	
Return to large group if split	
Developing the Action Plan <ul style="list-style-type: none"> • Concentrate on the question <i>“What steps will you take to improve these aspects of your safety culture?”</i> Encourage feedback on actions that were identified in the small group discussions. • Try to identify actions for each of the safety factors. Try to identify who will take responsibility for the actions and decide on a timescale. 	
<ul style="list-style-type: none"> • Sum up and explain to the group how they will be kept informed of any developments. Agree to the ‘next steps’. • If the SCS was performed last year, compare the results to see if any differences have emerged. Close	

3.3 General Practice Reflection Sheet



Please use this form to summarise your practice discussions and action plan on your patient safety climate report. You should submit this completed form to Safety in Practice at audit@safetyinpractice.co.nz. This resource was developed with guidance from RNZCGP.

Practice Name				
Date of team discussion				
	Admin staff	Nursing staff	GP/Medical	Others e.g. managers
Number of practice team members				
Numbers completed survey				
Number of staff at team discussion				
What positive aspects of your team's safety culture were highlighted in the report and your discussions?				
What aspects of your safety culture do you as a team feel you could improve?				
What steps will you take to improve these aspects of your safety culture?				
What else might you change to improve your safety culture?				
Would you like any support or guidance to make changes in your practice? If so, what would be useful?				

Indicator 38: There is a culture of safety and teamwork in the practice

For practices using this as their Team Assessment Survey for Cornerstone please also complete the following:

Criteria 38.1 The practice undertakes a regular assessment of the team culture and approach to patient safety

Completing the Safety Climate Survey and writing an improvement plan has been specifically endorsed by RNZCGP as an appropriate tool for involving all staff in the practice in a discussion around safety culture and systems.

(Please note the above in your self-assessment within QA2QI and have a copy of the survey as evidence for your assessment visit).

Describe how the survey was undertaken and collated so that it was anonymous for staff:

When undertaken as part of the Safety in Practice programme, practices are given a weblink for the online survey which staff members complete anonymously on their own. Once all members of the team have completed the survey someone from the practice lets the Safety in Practice team know and the responses are collated into a report for them. This is then sent back to the practice to review and reflect on the summated responses. Categories where there is only one respondent would not be reported back in the comparators between different roles in the practice. These processes ensure that the responses are anonymous.

If the process you used was different to the above then please outline:

Criteria 38.2 – There is a process to disseminate practice information to all team members.

While the criteria is considering dissemination of practice information in general, the process you have used while undertaking the Safety Climate Survey, reflecting on the results, discussing together as a team, creating an improvement plan which is then also dissemination to all members of the team, can provide good examples you can use as evidence for this criteria.

Evidence might include:

- Staff notice board photo
- Intranet
- Communication book
- Minutes of practice meetings

Photos or examples of these can be uploaded onto QA2QI or you can have them available to be visualised by the assessor on the day or your practice Cornerstone assessment visit.

Attach a copy of the Safety Climate Survey aggregated responses to this record for assessor to view or upload onto QA2QI

RNZCGP Quality Framework has a new structure from 01 April 2020.

Foundation requirements for all practices do not include a team survey, but this survey would still be able to be used as a quality improvement activity for Cornerstone.

3.4 Community Pharmacy Reflection Sheet

Please use this form to summarise your team discussions and action plan from your safety climate survey report. You should submit this completed form to Safety in Practice at audit@safetyinpractice.co.nz by March 10th, and bring a copy to Learning Session 3.

Pharmacy Name	
Date of team discussion	
Number of staff invited to complete survey	
Numbers of staff who completed survey	
Number of staff at team discussion	

What positive aspects of your team's safety culture were highlighted in the report and your discussions?

What aspects of your safety culture do you as a team feel you could improve?

What steps will you take to improve these aspects of your safety culture?

What else might you change to improve your safety culture?

Would you like any support or guidance to make changes in your practice? If so, what would be useful?