Indian Health Service Total System Safety Strategic Plan

Strategy Aim: To achieve total system safety across the IHS healthcare system using a patient and family centered framework to achieve zero incidents of preventable harm and improve outcomes.

GOAL 1

Leadership and governance at all levels will establish structures that commit to the achievement of total system safety at the agency, area, and facility level

Objectives

- 1.1. Foster a system wide culture of safety that encourages all team members to consider patient and workforce safety in all actions, and promotes a culture of trust and respect for patients, families, and care partners
- 1.2. Establish a systematic structure supported by leaders at all levels that promotes psychological safety and a just culture
- 1.3. Develop standardized evidence based training programs that reinforce just culture, effective communication, and high reliability concepts in order to increase patient and workforce safety system wide
- 1.4. Establish a system level patient safety policy that aligns the patient safety strategic plan at all levels of the organization
- 1.5. Develop a standardized patient and workforce safety program that includes patient safety roles and competencies, including competencies for the engagement of patients, families and care partners, at each level of the organization
- 1.6. Leadership will prioritize workforce safety and well-being in order to establish total systems safety

GOAL 2

Establish systems that expose and analyze patient and workforce safety risk proactively and in real time at the agency, area, and facility level

Objectives

- 2.1. Establish a standardized family of patient and workforce safety measures at the system level
- 2.2. Develop standardized patient and workforce safety measures at the area and facility level
- 2.3. Establish a structure for standardized patient and workforce safety reporting to the governing body and senior leadership
- 2.4. Foster transparency by sharing system level patient and workforce safety data with IHS staff patients, families and care partners
- 2.5. Establish a process for collecting system-wide safety culture data which will be used to drive system wide learning and improvement
- 2.6. Establish capacity to identify safety events and systems risks, including a structure for patients and families to report adverse events, risks, and unsafe conditions
- 2.7 Establish collaborative partnership with Enterprise Risk Management to identify and stratify risks to Patient Safety throughout the agency and to prioritize the mitigation and elimination of those risks

GOAL 3

Address risks and safety issues by transforming to a learning organization to promote high reliability, increasing overall quality by achieving zero preventable harm

Objectives

- 3.1. Create capacity across the agency to manage the risk of patient and workforce safety events and close loop communication between leadership and staff for risk mitigation and system and process improvements
- 3.2. Establish a structure to use quality improvement methods and science to strengthen systems, spread evidence based best practices, and increase patient and workforce safety
- 3.3. Develop a knowledge management system for sharing patient and workforce safety information in order to facilitate system wide learning
- 3.4. Establish a system for the use of evidence based practices, including a centralized repository of relevant evidence based practices for reference
- 3.5. Establish a structure for the inclusion of patients, families, and care partners in safety and improvement efforts

Operational definitions:

Total System Safety (TSS): A proactive strategy in which risks are anticipated and system-wide safety processes are established and applied across the entire healthcare continuum in order to constantly improve systems and processes leading to a learning organization that administers highly reliable, quality care. These systems provide a unified approach to both patient and workforce safety in recognition of the importance of workforce safety, and that a safe workforce contributes to a safer patient care environment.

Learning Organization: is an organization that increases quality by creating, acquiring, and transferring knowledge and by modifying behavior to reflect new knowledge and insights.

High Reliability Organization: are organizations that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures.