Riverside Health

Assessing Patient Safety Culture to Improve Hospital Handoffs

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Riverside Health System

5 primary markets/regions

8,000 square miles

9,500+ team members

750+ providers

Riverside Health

Hospitals & Medical Offices

- Acute Care Hospitals
- Rehabilitation Hospital
- Behavioral Health Center
- Primary & Specialty Care Medical Offices
- Urgent Care
- Virtual Care

Lifelong Health

- Independent Living, Assisted Living & Memory Care
- ChooseHome
- Skilled Nursing & Rehabilitation
- At Home - Home Health, In-Home Private Care, Palliative Care, Hospice Care
- Memory Care, Caregiver Support, Research & Education
- Physical Therapy
- Wellness & Fitness Centers

Outpatient Services

- Surgery & Treatment Centers
- Diagnostic Imaging Services
- Outpatient Testing

Riverside College of Health Sciences

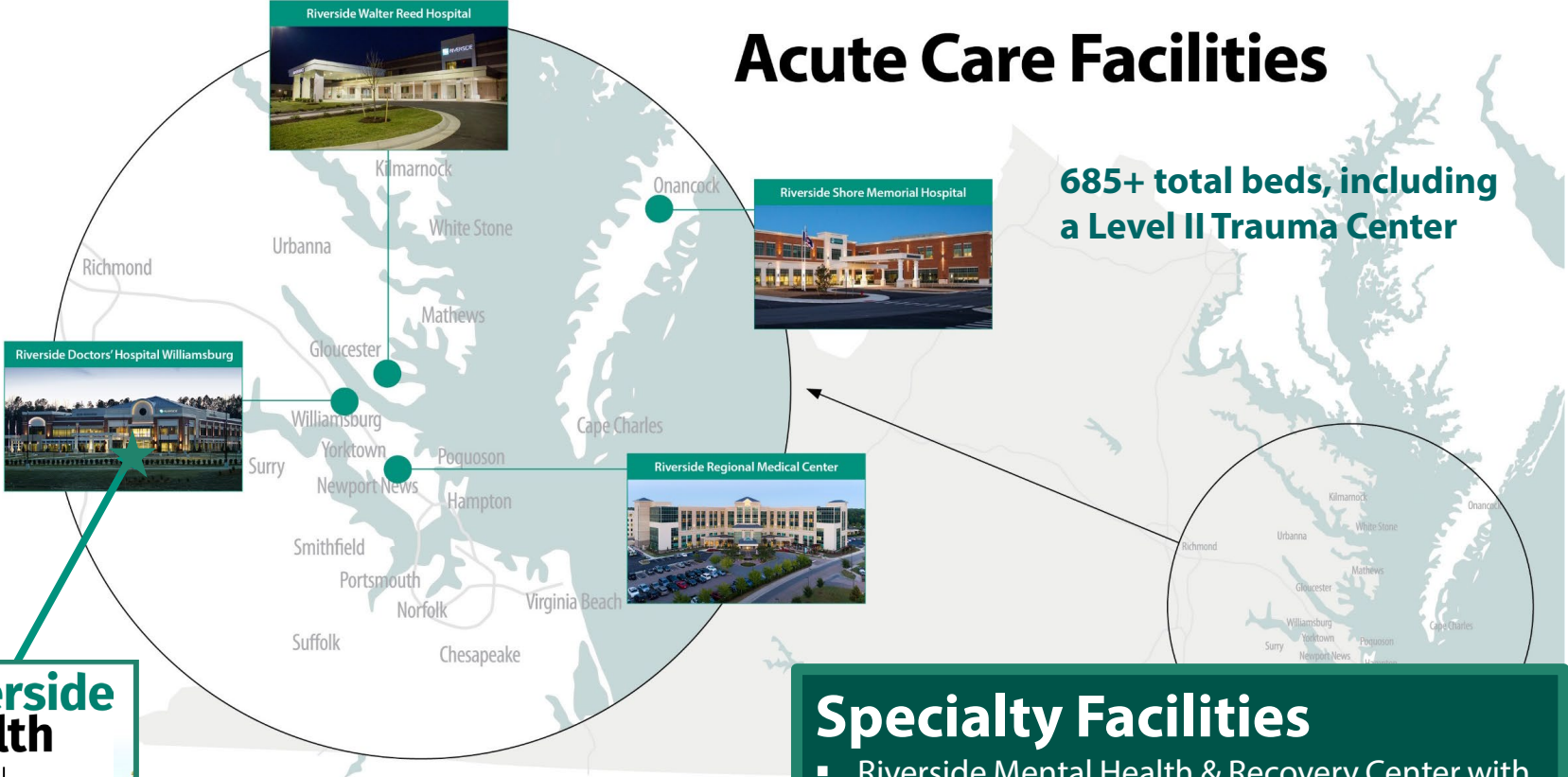- Riverside College of Health Sciences

Riverside Foundation

- Riverside Foundation

Riverside Health

Acute Care Facilities

Riverside Walter Reed Hospital

Riverside Shore Memorial Hospital

685+ total beds, including a Level II Trauma Center

Riverside Doctors' Hospital Williamsburg

Riverside Regional Medical Center

Kilmarnock
White Stone
Urbanna
Richmond
Mathews
Gloucester
Onancock
Williamsburg
Yorktown
Poquoson
Cape Charles
Surry
Newport News
Hampton
Smithfield
Portsmouth
Virginia Beach
Norfolk
Suffolk
Chesapeake

Riverside Health

Smithfield Hospital

Coming Early 2026

Specialty Facilities
- Riverside Mental Health & Recovery Center with Psychiatric Emergency Department
- Long-term Acute Care (with Select Medical)
- Rehabilitation (with Select Medical)

Riverside Walter Reed Hospital

Population (2020 estimate)
Gloucester County	38,711
Mathews County	8,533
Middlesex County	10,625
Portions of King & Queen & Lancaster Counties	

67 Licensed beds
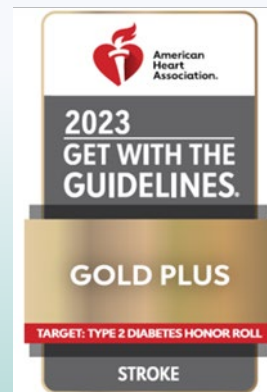
Serves 5 counties

Leapfrog Grade A recipient

CMS Hospital Rating – 4 Stars ⭐⭐⭐⭐

ANCC Pathway to Excellence designee

ACC Chest Pain Accredited

AHA 2023 Get with the Guidelines – Gold Plus

Commitment & Accountability

Safety Commitment

Safety Goals and Outcomes shared regularly with Board of Directors

Safety Story shared at beginning of each meeting

Budget allows for safety training and initiatives

Accountability

People

Inspire a culture that empowers our team members with the opportunity to thrive, grow and successfully carry out the Riverside Health mission of caring for others as we care for those we love.

1.1 Show our team members, our most valuable asset, how much we value them by becoming a national leader in team member engagement, as measured by the Riverside Health Voice Survey and compared to national benchmarks.

1.2 Be a national leader in diversity and inclusion by creating an inclusive workplace that empowers people from all walks of life to make unique contributions to our team, as measured by the Riverside Health Voice Survey and compared to national benchmarks.

Quality, Safety & Service

Provide compassionate, personalized, evidence-based care and service to every patient, resident and customer. Create and sustain a culture of continuous learning and operational excellence, where the principles of a fair and just culture are applied and evident throughout Riverside Health.

Quality – Stronger Together

2.1 Be recognized for excellence in care, treatment and services by continuing to provide compassionate, personalized, evidence-based care and service to every patient, resident and customer.

- Our hospitals will achieve a Leapfrog rating of "A" for Spring 2024 and Fall 2024.
- Lifelong Health Skilled Nursing Facilities and Home Health divisions will improve their CMS star ratings.
  - Skilled Nursing Facilities will achieve an average CMS star rating of 3.0.

– Home Health will achieve an average CMS star rating of 3.5.
- Riverside Medical Group Accountable Care Organization (ACO) quality metrics – 10 measures at or above goal

Safety – Safer Together

2.2a Promote and sustain a culture of continuous learning, improvement and operational excellence, fostering a fair and just environment throughout Riverside Health. Ensure every team member feels empowered and accountable for safety, as evidenced by the Safety Culture Survey results.

2.2b Continue implementation of evidence-based best practices supporting high reliability: daily safety huddles, use of visual mission boards, practicing safety behaviors, conducting weekly safety event reviews, monthly safety event learnings, defining and adhering to essential standard work and rounding for outcomes.

Service – Better Together

2.3a Consistently provide compassionate, personalized, evidence-based care and service to every patient, resident and customer, earning the loyalty of our patients, residents and customers by achieving top quartile performance in experience survey ratings.

2.3b Address health disparities by ensuring equitable access to services. Riverside policies and procedures provide everyone with the opportunity to achieve optimal health. We offer compassionate, personalized care that is co-designed and delivered in collaboration with patients, residents and their loved ones.

Innovation & Operational Excellence

Empower our teams to think creatively, embrace change and continuously improve processes. We will transform health care by setting new standards of excellence. Through this commitment, we will lead the way in delivering exceptional results; exceed expectations; and drive intentional, sustainable growth, efficiency and value for Riverside Health and our stakeholders.

3.1 Ensure that Riverside Health is well-positioned for financial sustainability through deliberate growth strategies as outlined in the Riverside Health Strategic Plan.

3.2 Drive high-performance, clinical transformation and integration across our hospitals.

3.3 Use a data-driven strategy to grow the right volumes for Acute Care, Lifelong Health and Riverside Medical Group.

Finance

Continue serving and investing in our community's health for generations by responsibly managing our resources and maintaining financial sustainability for long-term success. This commitment honors our community's trust and their need for access to high-quality health care that enhances their lives.

4.1 Cultivate an environment of accountability to surpass the approved 2024 operating income budget, demonstrating our commitment as responsible stewards of the trust vested in us.

4.2 Maintain our "A-" Standard & Poor's (S&P) financial rating according to the Riverside Health Strategic Plan.

4.3 Deliver $5.8M in philanthropic support through Riverside Health Foundation gifts that fuel our mission, support instrumental programs and make health and happiness possible for those in our care.

MC100912.1

Culture: LeapFrog & Patient Safety
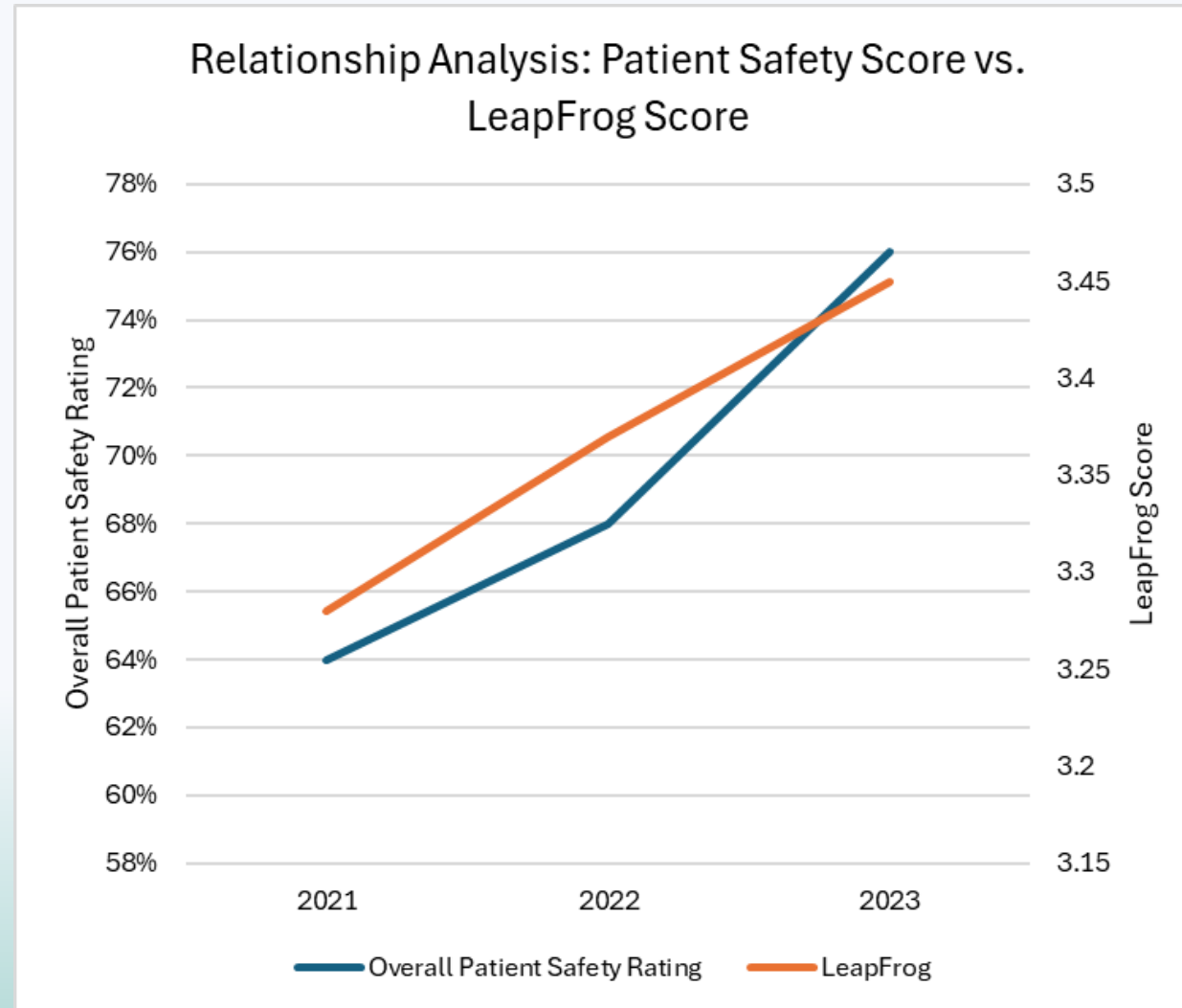
Riverside- SOPS Survey Administration

- Annually (Fall)
- Open approximately 4 weeks
- Acute, LLH and Medical Practices

Boosting & Obtaining Participation

System Level

- Messaging from RHS System Executive Leadership
  - E-mail, weekly RHS newsletter
- Maximize use of intranet-Partner w/marketing

RWRH-Boosting & Obtaining Participation

- Facility Level Specific Messaging

  - Start 3 weeks before survey opens

  - Weekly thereafter (Participation rate updates, raffle winners, why the survey is important to them)

- QR Codes

- Raffles- Weekly

- Rounding w/ FUN Engagement

RWRH Participation

- 2021: 75%
- 2022: 77%
- 2023: 73%

PATIENT SAFETY ESSENTIALS
Patient Safety Culture Survey
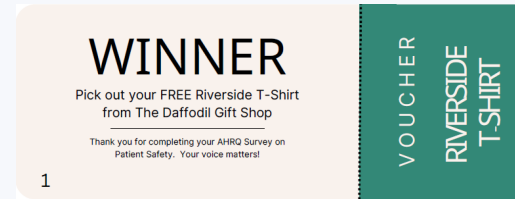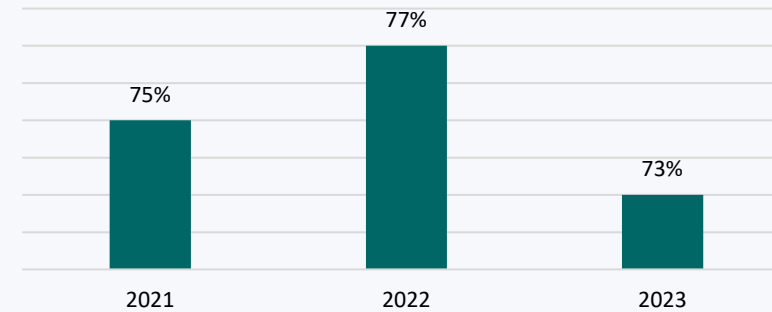
The AHRQ Patient Safety Culture Survey is coming soon and we need your help!

Survey Starts October 16

What is Patient Safety Culture?

Patient Safety Culture refers to the beliefs, values, and norms shared by providers and team members throughout Riverside that influence their actions and behaviors as it relates to patient safety.

How is the Survey Used?
- Raise staff awareness about patient safety.
- Assess the current status of our patient safety culture.
- Identify our patient safety culture strengths and determine areas of opportunity for improvement.
- Examine trends in patient safety culture over time.
- Evaluate the cultural impact of patient safety interventions and initiatives.

The Patient Safety Culture Survey is completely anonymous! Lookout for survey info & links coming to your Riverside e-mail soon!

Safer Together   10/2/2023 AH

WINNER
Pick out your FREE Riverside T-Shirt from The Daffodil Gift Shop

Thank you for completing your AHRQ Survey on Patient Safety. Your voice matters!

VOUCHER   RIVERSIDE T-SHIRT

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2023 AHRQ SOPS Response Rates – Final

Survey	Head Count	Responses	Response Rate
Hospital	5,730	2,744	48%
RRMC	2,706	1,572	58%
RDHW	387	231	60%
RWRH	425	310	73%
RSMH	364	267	73%
RMHRC	393	142	36%
ASC	101	41	41%
RDC	68	28	41%
RHWS	1,286	153	12%
Medical Office	2,308	1,060	46%
Nursing Home	1,608	743	46%
Total	9,646	4,547	47%

RWRH-Boosting & Obtaining

RWRH- Monitoring/Measuring YOY

Facility Specific Excel Spreadsheet (Overall & By Dept.)

Composites	2021	2022	2023	% Change	2023 BnchMrk	Above or Below BnchMrk
Reporting Patient Safety Events	72%	78%	81%	4%	74%	7%
Manager/Leader Support for Safety	77%	85%	84%	-1%	80%	4%
Team Work	77%	82%	85%	4%	82%	3%
Communication Openness	74%	82%	80%	-2%	76%	4%
Communication About Error	70%	79%	83%	5%	73%	10%
Organizational Learning/Continuous Improvement	66%	73%	78%	7%	70%	8%
Hospital/Mgmt Support for Safety	69%	68%	75%	10%	64%	11%
Response to Error	56%	69%	69%	0%	63%	6%
Hand-offs & Informration Exchange	61%	62%	63%	2%	63%	0%
Staffing & Workplace	43%	55%	61%	11%	51%	10%

	2021	2022	2023	% Change
Overall Patient Safety Rating	64%	68%	76%	12%

	2021	2022	2023	
Participation	75%	77%	73%	-4%

Overall Patient Safety Rating
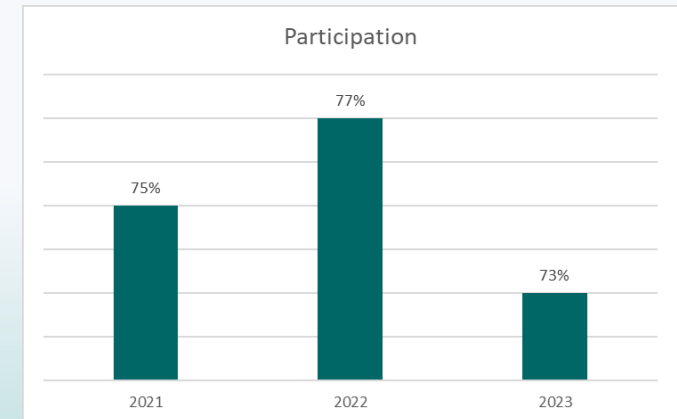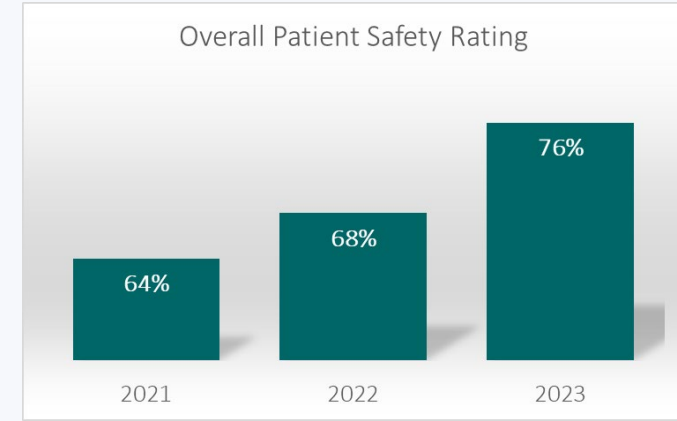
Participation

RWRH- Monitoring/Measuring YOY

Facility Specific Excel Spreadsheet (By Dept.)

Med/Surg

	2021	2022	2023						
# of Participants	41	45	45						

	2021	2022 Bnch Mrk	2022	YOY Change	Above or Below Bnch Mrk	2023 Bnch Mrk	2023	YOY Change	Above or Below Bnch Mrk
Supervisor, Manager, or Clinical Leader Support for Patient Safety (Composite)	56%	78%	73%	30%	-5%	78%	89%	22%	11%
My supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient	58%	77%	73%	26%	-4%	77%	90%	23%	13%
My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention.	58%	82%	78%	34%	-4%	82%	87%	12%	5%
My supervisor, manager or clinical leader wants us to work faster during busy times, even if it means taking short cuts.	53%	75%	68%	28%	-7%	75%	89%	31%	14%
Teamwork (Composite)	61%	80%	71%	16%	-9%	80%	94%	32%	14%
In this unit we work together as an effective team	71%	88%	77%	8%	-11%	88%	100%	30%	12%
During busy times, staff in this unit help each other.	66%	85%	73%	11%	-12%	85%	92%	26%	7%
There is a problem with disrespectful behavior by those working in this unit	47%	69%	62%	32%	-7%	69%	90%	45%	21%
Communication Openness (Composite)	59%	73%	69%	17%	-4%	73%	82%	19%	9%
In this unit, staff speak up if hey see something that may negatively affect patient care.	71%	80%	76%	7%	-4%	80%	86%	13%	6%
When staff in this unit see someone with more authority doing something unsafe for patients, they	54%	70%	69%	28%	-1%	70%	84%	22%	14%
When staff in this unit speak up, those with more authority are open to their safety concerns.	57%	72%	73%	28%	1%	72%	80%	10%	8%
In this unit, staff are afraid to ask questions when something does not seem right.	56%	69%	59%	5%	-10%	69%	78%	32%	9%
Reporting Patient Safety Events	61%	73%	82%	34%	9%	73%	90%	10%	17%
When a mistake is caught and corrected before reaching the patient, how often is this reported?	50%	65%	79%	58%	14%	65%	87%	10%	22%
When a mistake reaches the patient and could have harmed the patient but did not, how often is this reported?	73%	81%	84%	15%	3%	81%	93%	11%	12%

Path/Lab

	2021	2022	2023						
# of Participants	15	9	19						

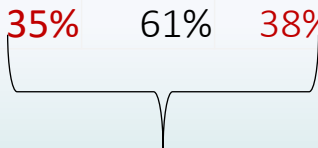|	2021	2022 BnchMrk	2022	YOY Change	Above or Below BnchMrk	2023 BnchMrk	2023	YOY Change	Above or Below BnchMrk
Supervisor, Manager, or Clinical Leader Support for Patient Safety (Composite)	78%	79%	96%	23%	17%	79%	88%	-8%	9%
My supervisor, manager, or clinical leader seriously considers staff suggestions for improving patient safety.	70%	76%	100%	43%	24%	76%	88%	-12%	12%
My supervisor, manager, or clinical leader takes action to address patient safety concerns that are brought to their attention.	91%	82%	89%	-2%	7%	82%	94%	6%	12%
My supervisor, manager or clinical leader wants us to work faster during busy times, even if it means taking short cuts.	73%	79%	100%	37%	21%	79%	81%	-19%	2%
Teamwork (Composite)	31%	77%	81%	161%	4%	77%	90%	11%	13%
In this unit we work together as an effective team	21%	83%	89%	324%	6%	83%	94%	6%	11%
During busy times, staff in this unit help each other.	43%	82%	67%	56%	-15%	82%	94%	40%	12%
There is a problem with disrespectful behavior by those working in this unit	29%	67%	89%	207%	22%	67%	81%	-9%	14%
Communication Openness (Composite)	66%	74%	85%	29%	11%	74%	90%	6%	16%
In this unit, staff speak up if hey see something that may negatively affect patient care.	77%	80%	78%	1%	-2%	80%	100%	28%	20%
When staff in this unit see someone with more authority doing something unsafe for patients, they speak up.	70%	71%	86%	23%	15%	71%	92%	7%	21%
When staff in this unit speak up, those with more authority are open to their safety concerns.	70%	75%	89%	27%	14%	75%	92%	3%	17%
In this unit, staff are afraid to ask questions when something does not seem right.	45%	71%	89%	98%	18%	71%	75%	-16%	4%
Reporting Patient Safety Events (Composite)	75%	78%	88%	17%	10%	78%	81%	-8%	3%
When a mistake is caught and corrected before reaching the patient, how often is this reported?	63%	69%	75%	19%	6%	69%	63%	-16%	-6%
When a mistake reaches the patient and could have harmed the patient but did not, how often is this reported?	88%	87%	100%	14%	13%	87%	100%	0%	13%
Organizational learning–Continuous Improvement (Composite)	17%	67%	70%	312%	3%	67%	76%	9%	9%
This unit regular reviews work processes to determine if changes are needed to improve patient safety.	15%	70%	78%	420%	8%	70%	82%	5%	12%
In this unit, changes to improve patient safety are evaluated to see how well they worked.	0%	60%	56%	0%	-4%	60%	71%	27%	11%

How Improvement Area for Handoff was Determined

Department Specific Score Review-Med/Surg

	2021	2022 BnchMrk	2022	YOY Change	Above or Below BnchMrk	2023 BnchMrk	2023	YOY Change	Above or Below BnchMrk
Handoffs and Information Exchange (Composite)	**44%**	**62%**	**47%**	**7%**	**-15%**	**62%**	**61%**	**30%**	**-1%**
During shift changes, there is adequate time to exchange all key patient care information.	61%	71%	56%	-8%	-15%	71%	68%	21%	-3%
When transferring patients form one unit to another, important information is often left out.	38%	54%	48%	26%	-6%	54%	49%	2%	-5%
During shift change, important patient care information is often left out.	35%	61%	38%	9%	-23%	61%	67%	76%	6%

Opportunity
- SOPS Scores
- Safety Event Reports
- IPOC

RWRH Use of SOPS Action Planning Tool

Facility name: Riverside Walter Reed Hospital   **Date last updated:** 2/1/2023

Action Plan for the AHRQ Surveys on Patient Safety Culture

1. Identifying Areas To Improve

1a. What areas do you want to focus on for improvement?

Handoff and Information Exchange, Specifically Med/Surg, Shift to shift

1b. What are your "SMART" goals?

To improve SOPS "During shift change, important patient care information is often left out" from 38% in 2022 to 61% benchmark in 2023.

Notes or Comments

RWRH Use of SOPS Action Planning Tool

Facility name:	Riverside Walter Reed Hospital	Date last updated:	2/1/2023

Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)

2. Planning Your Improvement Initiative

2a. What initiative will you implement?

A standardized hand off tool for RNs to use for shift to shift handoff on Med/Surg.
Review what other facilities are using within health system and outside of health system. Adopt practice of standardized paper tool.

2b. What resources will you need?

Types of staff and required time and estimated costs:

RN's, iCare Analyst, Nursing Leaders, Shared Governance Team

Supplies, materials, equipment, and other resources needed and estimated costs:

Supplies: Computer, Microsoft suite

2c. What are possible barriers and how can you overcome them?

Barriers	Strategies for Overcoming Barriers
1. Front line team engagement & active participation	1. Involve RN shared governance team for front line engagement and driving change.
2. Leadership ability to drive sustainment-expectation of handoff	2. Consistent clear communication re: the why & progress, inclusion in decision making

RWRH Use of SOPS Action Planning Tool

Facility name: Riverside Walter Reed Hospital   **Date last updated:** 2/1/2023

Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)

2. Planning Your Improvement Initiative (continued)

2d. How will you measure progress and success?

Process Measures	Preparedness for IPOC, Spot check auditing, Frontline Feedback, standing on unit meeting agenda
Outcome Measures	Annual AHRQ Survey on Patient Safety- Hand off Questions: During Shift Changes, important patient care information is left out.

2e. Will you pilot test the initiative?

PDSA Plan:

Med/Surg will implement small test of change for shift to shift hand offs utilizing the improved hand off tool developed by the shared governance team.
The team will seek feedback from front line, assess/enhance tool as needed and share that feedback to the shared governance committee.

Area within the facility where pilot test will be done:

Med/Surg unit-shift to shift

2f. What is the timeline?

Task/Milestone	Start Date	End Date
Develop presentation to shared governance team	2/6/2023	2/7/2023
Meet with shared governance team, present and discuss	2/14/2023	2/14/2023
Tool Implementation on Med/Surg	5/10/23	5/10/2023
Monitoring/Auditing	5/11/2023	Ongoing

RWRH Use of SOPS Action Planning Tool

Facility name: Riverside Walter Reed Hospital   **Date last updated:** 2/1/2023

Action Plan for the AHRQ Surveys on Patient Safety Culture (continued)

3. Communicating Your Action Plan

3a. How will you share your action plan?

Whom action plan will be shared with:

RWRH Nursing Leadership Team
RWRH Case Review Team-Participants noted below under 3b.

Communication methods:

In-person at nursing leadership meeting, Safety Huddle, Shared Governance, Unit Meetings, Visual Mission Board, E-Mail, Private closed unit facebook page.

3b. How will you provide progress updates on your action plan?

Whom progress updates will be provided to:

Weekly Case Review Team to include Shelly Johnson, President, Dr. Melvin Schursky, CMO, Dr. Ivan pierce, CNO, Lanell Williams, ACNO, Janet Norman, Quality Director and Kim Harper, System patient safety director. Updates also to Inpatient Service Line and front line staff unit mt

How often progress updates will be provided:

Status will be updated and shared weekly at case review. Monthly at unit meetings and quarterly at Inpatient Service Line.

Notes or Comments

Handoff Body of Work

Partnered with Shared Governance

- Nurse driven work & practice
- Threat vs. Opportunity Matrix- creating shared need
- Research of best practices, shared learning between other RHS & outside nursing units re: tools & practice
  - Took the best of all and developed a draft paper handoff
  - Shared Governance edited, enhanced and presented to their peers
- Test of change, trialing tool, enhancing and hardwiring to daily standard work

	Threat	Opportunity
Short Term	• Inaccurate Handoff • Incomplete Handoff • Missed patient care • Delayed patient care • Multiple tools for handoff w/ varying information • Patient Harm- SSE • Inconsistent communication between each other and w/ patients/families	• Standardized Handoff Template • Eliminate various versions of paper handoffs
Long Term	• Loss of trust from patients/families • Decreased job satisfaction for team members • Negative impact to patient experience • Negative impact to key performance indicators • Decrease in leapfrog Grade A • Decrease in CMS Star Rating • Patient Harm- SSE	

RWRH Med/Surg Handoff Tool

Inpatient / Observation   Provider: _____   **Riverside Health**

Room: _____
Hospital Day: _____
Admit Diagnosis:

Allergies:

BMAT score: **1 2 3 4**

Name: _____
Age: _____ M / F   **Code:** _____
Isolation: _____
Diet: _____
Fluid Restriction: _____
Medication Admin: whole / crushed w/_____
Neuro: A/O x _____   Mobility: _____
Neuro checks Q __   ☐ NIHSS: _____
                              (reminder: flowsheet handoff @ COS)
Fall Risk: Y / N
PPI: _____
DVT prophylaxis: SCDs / Lovenox / Heparin /_____

IV Access:
R - L - 18 - 20 - 22 - FA - AC - H - UA
R - L - 18 - 20 - 22 - FA - AC – H - UA
IJ - EJ - R - L - _____ - 1 - 2 - 3 lumen
PICC: R - L - single - double
Hemodialysis cath: _____
Fistula: _____ Chest Port: _____

I/Os & Fluids:
NS / LR / _____
Continuous / Bolus
Rate: _____

Telemetry: Y / N
Box #: _____
Rhythm: _____

PMH: DM / CHF / HTN / CAD / PCI / HLD / PVD / GERD /
COPD / Asthma / CKD s __/ ESRD / Smoker / Drug abuse /
ETOH / Psych _____ /
CVA / Dementia / Hypothyroid / Sepsis / Seizures / Sleep apnea /
Cancer _____ / Afib / CDiff

Integumentary:

Limb alert (pink band): _____
☐ Pericare _____ ☐ CHG _____

ACHS / Q6 / Q__
____   ____   ____
____   ____   ____

Respiratory: _____   Room Air
Acute / chronic   **Rate:** _____ NC / OXY / NRB
CPAP / BiPaP   Home O2 rate: _____
Trach: Y / N

GI:
BR / BSC / bedpan / FMS
Ostomy: _____
Loose Stools: 1 2 3 4
Last BM: _____

Peritoneal Dialysis:
Fluid: _____
Q: ___
Drain time: _____
Dwell: _____

Cardiovascular:
Pacemaker Y / N   Edema: _____
Echo Y/N EF: _____
Dialysis: _____   Pulses: _____

GU: continent / incontinent
☐ Foley: _____
☐ Purwick
☐ Urinal
☐ Ostomy: _____

I/O's
Intake: _____
Output: _____
24hr balance: _____

Date:	Test:
Result:	
Date:	Test:
Result:	
Date:	Test:
Result:	

Time Critical Med Y/N

Home Meds: Y / N

Wound Care: Y / N

Consults:

Relevant Labs:

Discharge Plan: Home / HH / SNF / Transfer / _____
Oxygen Home Eval: _____
Equipment: _____
Placement: _____
Transport: _____
Medication needs: _____
Procedure needs: _____

Hospice / Palliative Care / Respite
☐ Hospice - Do not obtain lab work
☐ Butterfly Cart
☐ No vital signs
☐ PCA pump (reminder: dual sign off & clear @

Date & Updates:

Date & Updates:

Date & Updates:

Date & Updates:

Date & Updates:

Date & Updates:

Date & Updates:

Date & Updates:

Date & Updates:

Communication with Frontline

Communication Channels

- Unit Based Safety Huddles
- Shared Governance
- Monthly Unit Meetings
- Visual Mission Board
- E-Mail
- Closed Facebook group

Content of Communication

- Transparency
- Tool in practice- What does integrating the tool into the daily work look like
- Expectations of use
- 2-way communication & feedback
- Continual highlights of handoff enhancements based on frontline feedback

Quantitative Improvement in Handoff Scores

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Anecdotally- Staff Perspective/Feedback

- Consistent delivery and flow of information being handed off

- Organized information led to efficient handoffs (time)

- Eliminated duplicate efforts for IPOC (Consolidated 2 forms to 1)

- Improved standardization & preparedness for IPOC

- Providers communicated value added to IPOC content

- Team members shared gratitude that they could develop the tools that drive their work

- Increased empowerment and investment in the outcome

Future State

- Shift to shift handoff for CCU- In process

- An adapted tool for other disciplines on the medical/surgical unit-In-Progress

- Interdepartmental handoffs