

Culture of Safety in EMS

Karen C. Owens

Emergency Operations Manager

Virginia Office of Emergency Medical Services

Objectives

- ⌘ Upon completion of this course participants will:
 - ⌘ Understand the definition of a culture of safety
 - ⌘ List components of a culture of safety in EMS
 - ⌘ Understand the importance of developing and supporting a culture of safety
 - ⌘ Recognize the importance of supporting a culture of safety
 - ⌘ Identify successful implementation of a culture of safety in an EMS agency

What is a Culture of Safety?

⌘ *“The enduring value and priority placed on worker and public safety by everyone in every group at every level of an organization. It refers to the extent to which individuals and groups will commit to personal responsibility for safety; act to preserve enhance and communicate safety concerns; strive to actively team, adapt and modify (both individual and organizational) behavior base don lessons learned from mistakes; and be rewarded in a manner consistent with these values.”*

-Wiegmann, Zhang, Thaden, Sharma, & Mitchell, 2002

What is a Culture of Safety?

↳ Organizational safety culture refers to the collective beliefs and perceptions of workers regarding the organization and safety of their workplace operations

-Zohar, 1980

Why a Culture of Safety is Important?

- ⌘ Occupational Fatality Rate

 - ⌘ 12.7 per 100,000 per year

- ⌘ Non-fatal injuries

 - ⌘ 34.6 per 100 full-time workers per year

- ⌘ Studies regarding fatigue and safety outcomes

 - ⌘ 1.9 greater odds of injury

 - ⌘ 2.2 greater odds of medical error

 - ⌘ 3.6 greater odds of safety-compromising behavior

Why a Culture of Safety is Important?

⌘ Violence

- ⌘ 8.5% of patient encounters involve some type of violence
- ⌘ 4.5% of patient encounters involve violence directed at them

⌘ Transportation

- ⌘ 20% of transportation related injury cases result in 31 or more lost work days
- ⌘ 86% of occupational fatalities are secondary to transportation events

2013 Statistics

⌘ Total Injured

⌘ 20,200

⌘ Types of Injuries

⌘ Sprains & Strains –
6,800

⌘ Contusions &
Abrasions – 2,700

⌘ Punctures &
Lacerations – 1,900

⌘ Injury Cause

⌘ Overexertion – 6,500

⌘ Harmful Exposures –
4,000

⌘ Contact with objects
& equipment – 3,100

⌘ Falls, slips, trips –
2,200

Creating a Global Culture of Safety

Strategy for a National EMS Culture of
Safety

Background on National EMS Culture of Safety

↳ Released in 2013

↳ Culmination of 3 years of research

↳ Developed with help

 ↳ National Highway Traffic Safety Administration (NHTSA)

 ↳ Health Resources and Services Administration (HRSA)

 ↳ EMS for Children Program (EMSC)

 ↳ American College of Emergency Physicians (ACEP)

 ↳ National EMS Advisory Council (NEMSAC)

Components of a Culture of Safety

⌘ Just Culture

⌘ Coordinated Support and Resources

⌘ EMS Safety Data System

⌘ EMS Education Initiatives

⌘ EMS Safety Standards

⌘ Requirements for Reporting and Investigation

Just Culture

⌘ Defined as *an open-source, non-proprietary approach that embodies fairness and promotes accountability*

⌘ An organization that encourages individuals to report mistakes and allows for assessment that includes the risk that led to error

Coordinated Support and Resources

- ⌘ Sharing of information and resources
- ⌘ Centralized provision of guidance
- ⌘ Representation from a broad spectrum of stakeholders

EMS Safety Data System

- ⌘ Envisioned as a national, robust, secure data system that links current systems
- ⌘ Improved data access
- ⌘ Allow for better data collection and analysis

EMS Education Initiatives

- ⌘ Training that places value and practical elements of a culture of safety
 - ⌘ Included in basic and continuing education
- ⌘ Awareness of the safety of responders, patients, and public would be key to training

EMS Safety Standards

- ⌘ High priority given to operational, technical, and cultural perspectives
- ⌘ Developed following evidenced-based approached whenever possible

Requirements for Reporting and Investigation

⌘ Mandates to report data needed

⌘ Steps for investigation processes are needed

How Virginia Supports a Culture of Safety

Provider Health and Safety Committee

⌘ Statewide committee focused on mental and physical well-being from all aspects of response

⌘ Agency Health and Safety Pledge

⌘ Provider Health and Safety Pledge

Health and Safety Bulletin

⌘ Monthly training bulleting on health topics

⌘ Previous Topics

⌘ Nutrition

⌘ Safe Driving

⌘ Mental Health

⌘ Cancer Prevention

⌘ Roadway Incident Safety

⌘ PPE Use

⌘ Safety in Heat

EMS Safety Officer Program

⌘ Currently in development

⌘ Similar to Infection Control Officer

⌘ Train providers to recognize safety issues both on-scene and in station and provide recommendations for improving agency safety

Additional Training Classes

& Traffic Incident Management (TIM)

& National Association of EMT (NAEMT) EMS
Safety Course

& Critical Incident Stress Management

Culture of Safety

An Agency Perspective

Richmond Ambulance Authority

- ⌘ Crew Chain of Safety (CCS)
 - ⌘ Similar to AHA Chain of Survival
- ⌘ Nine links
 - ⌘ None are mutually exclusive of the other

Crew Chain of Safety

- ⌘ Staff Selection
- ⌘ Emergency Vehicle Operators Course
- ⌘ Precepting/Vehicle Operator Training
- ⌘ Operator Monitoring
- ⌘ Crew Resource Management (CRM) Safety Vehicle Operating
- ⌘ After-Action Review/Root Cause Analysis
- ⌘ Self-Reporting
- ⌘ Sustainment
- ⌘ Maintenance and Truck design

Conclusion

- ⌘ A culture of safety is most successful supported from the top-down development
- ⌘ The desire exists, but many agencies do not know where to find the resources

Questions?

✉ Karen Owens

✉ Karen.Owens@vdh.virginia.gov

✉ 804-888-9155