Safety Culture: Critical Lessons Learned

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Families of Malaysia Airline Staff
CDC Anthrax Incident
Congressional Testimony
Ebola Outbreak

Emory University
Ebola Outbreak

Nigeria and Liberia
Lesson #1

Risks must be understood.
How do we see risk?

Risk is understood through many lenses.

These lenses are called perceptions.
Perceptions drive behaviors.

If good – complacent
If bad - outraged

Experience
Science
Norms

Denial, Fear, Stigma (WA)
Fear, Stigma, Denial (US)
To understand risk, the biological risk mitigation process must include science, experience, and social norms.
Identify
(agent, patient stability, workforce, culture)

Assess
(science and perception)

Manage
(validated SOPs and staff preparedness)

Communicate
(reasoning behind management decisions)
Lesson #2

Expectations must be provided.
Defining Culture

Culture
The intersection between workforce behaviors and leadership beliefs.
Greatest Example of Culture
Key Ingredient of Culture

Cultures that trust one another become family.

Those that don’t – destroy the home.
Workforce Expectations

1. I will follow all SOPs to the best of my ability
2. I will ensure others follow SOPs to the best of their ability.
3. I will immediately report all incidents and accidents.
4. I will report any clinical symptoms which match agents I work with (or around).
5. I will report any new medical conditions which may place me or others around me at an increased risk.
Leadership Expectations

1. I will prepare the workforce to the best of my ability by providing resources and training needed to work safely.

2. I will protect the workforce to the best of my ability by accepting responsibility for human error issues.

3. I will promote the workforce to the best of my ability by acknowledging the entire team for any organizational success.
Lesson #3

Plans must be evaluated and validated.
Jump out of a plane without a parachute.

Pass from the one yard line.

Take your gloves off first.

Work with Ebola like it’s HIV.
**Biosafety**
Containment principles, technologies and practices that are implemented to prevent the unintentional exposure to pathogens and toxins, or their accidental release.

**Infection Control**
Infection control refers to policies and procedures used to minimize the risk of spreading infections, especially in hospitals and human or animal health care facilities.

**Clinical Containment**
The blending of biosafety and infection control strategies for the protection of the community, healthcare staff and patients.
Lesson #4

Staff must be verified.
I want to fly a F-18.
I want to slam dunk a basketball.
I want to be an Olympic tennis player.
I want to clinically care for those sick with Ebola.
Staff Must be Verified

Not everyone who wants to do the work – should do the work.

There must be a cut - otherwise there will be a risk for loss.
Training is a continuous process.
Preparing the Workforce

Training must be done before the event – to raise awareness, verify staff, and increase confidence.
Supporting the Workforce

Training must be done during the event

- to ensure compliance, fight complacency, and remain attentive to detail.
Changing the Workforce

Training must be done after the event – to incorporate lessons learned.

The difference between a lesson learned and a lesson ignored is CHANGE.
Stationary Risk?

Risk is not a static issue – meaning our risk mitigation strategies must change as well.
We have not learned – we are learning.

We have not succeeded – we are succeeding.

We have not lived – we are living.

We have not trained – we are training.
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