



The Office of the National Coordinator for  
Health Information Technology

# The Roles of Leadership and Culture: Relationship to Health IT Safety

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# Adm. H.G. Rickover

“Attaining competence and reliability in a nuclear operation is difficult, but recognizing them is not. In fact, for the experience in operation, it is possible to lay down certain principles which are essential for safety and are observable and verifiable.”



An Assessment of the GPU Nuclear Corporation Organization and Senior Management and Its Competence to Operate Three Mile Island  
(Nov. 19, 1983)

# Take Home Messages

- **Organizational culture is the first prerogative of leadership**
- **Safety is a shared responsibility**
- **A successful path forward requires a system, resources, and courage**

# Safety Culture

“...the **core values and behaviors resulting from a collective commitment by leaders and individuals to emphasize safety over competing goals to ensure protection of people and the environment.**”

US Nuclear Regulatory Commission

<http://www.nrc.gov/about-nrc/safety-culture.html>

## Original Paper

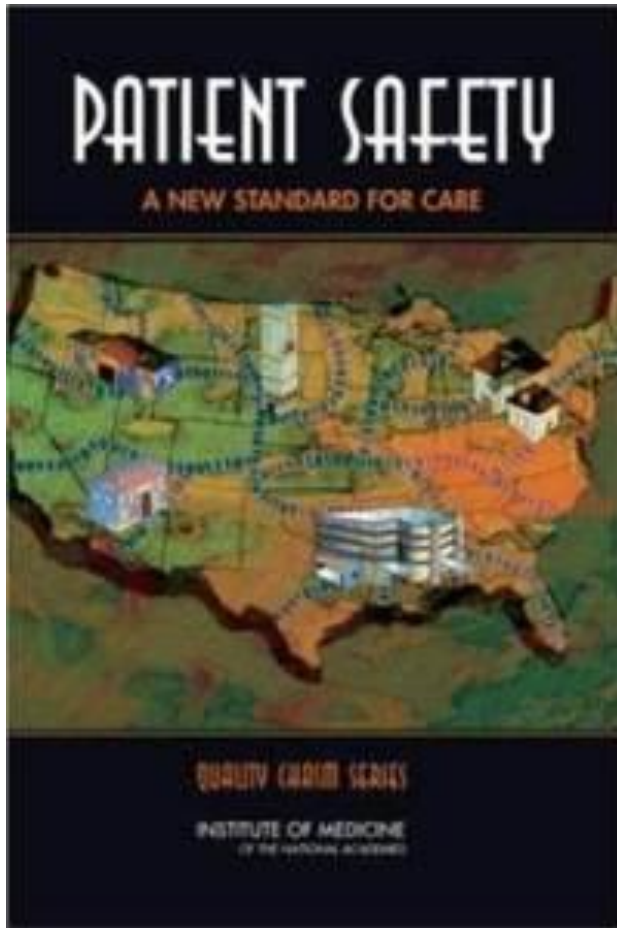
### Safety paradoxes and safety culture

James Reason

Department of Psychology, University of Manchester, UK

*Injury Control & Safety Promotion- 2000 Vol. 7, No. 1, pp. 3-14*

**“A safe culture is an informed culture, one that knows continually where the ‘edge’ is without necessarily having to fall over it. The ‘edge’ lies between relative safety and unacceptable danger.”**



“The committee strongly believes that patient safety is indistinguishable from the delivery of quality care.”

**Paul Tang, MD, Committee Chair**  
**Patient Safety: Achieving a New Standard for Care: November 2003, pg. 6**



**Quality = Help**

**Safety = Do no harm**

# Perceptions of Hospital Safety Climate and Incidence of Readmission

Luke O. Hansen, Mark V. Williams, and Sara J. Singer

HSR

Health Services Research

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RESEARCH ARTICLE

**Conclusions:** Our findings indicate that hospital patient safety climate is associated with readmission outcomes for AMI and HF and those associations were management level and discipline specific.

climate and higher readmission rates for AMI and HF ( $p \leq .05$  for both models). Frontline staff perceptions of safety climate were associated with readmission rates ( $p \leq .01$ ), but senior management perceptions were not. Physician and nurse perceptions related to AMI and HF readmissions, respectively.

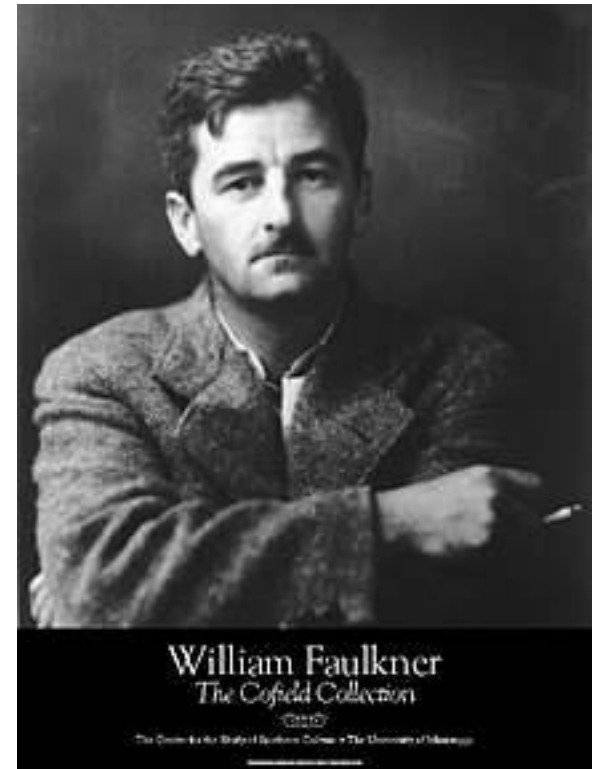
**Conclusions.** Our findings indicate that hospital patient safety climate is associated with readmission outcomes for AMI and HF and those associations were management level and discipline specific.

**Key Words.** Safety culture, safety climate, hospital readmission



**“The past is never dead.  
It's not even past.”**

**Requiem for a Nun  
by William Faulkner**



**William Faulkner**  
*The Cofield Collection*

The Center for the Study of Southern Culture • The University of Mississippi



## **CMS Quality Measure Development Plan: Supporting the Transition to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APMs)**

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>

# Initial Priorities for Measure Development by Quality Domain

- **Clinical Care**

- Measures incorporating patient preferences and shared decision-making
- Cross-cutting measures that may apply to more than one specialty
- Focused measures for specialties that have clear gaps
- Outcome measures

- **Safety**

- Measures of diagnostic accuracy
- Medication safety related to important drug classes

- **Care Coordination**

- Assessing team-based care (e.g., timely exchange of clinical information)
- Effective use of new technologies, such as telehealth

- **Patient & Caregiver Experience**

- Patient-reported outcome measures (PROMs)
- Additional topics that are important to patients and families/caregivers (e.g., knowledge, skill, and confidence for self-management)

- **Population Health & Prevention**

- Developing or adapting outcome measures at a population level, such as a community or other identified population, to assess the effectiveness of the health promotion and preventive services delivered by professionals
- IOM Vital Signs topics (e.g., life expectancy, well-being, addictive behavior)
- Detection or prevention of chronic disease (e.g., chronic kidney disease)

- **Affordable Care**

- Overuse measures (e.g., overuse of clinical tests/procedures)

# Avedis Donabedian

(1919 – 2000)



“If we are truly committed to quality, almost any mechanism will work. If we are not, the most elegantly constructed of mechanisms will fail.”



# The Roles of Leadership and Culture in Health IT Safety

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