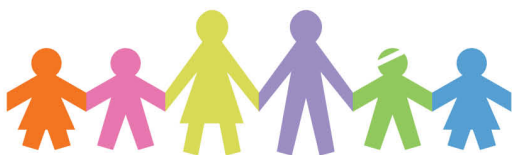


# Children's Health Queensland

## Communicating For Safety 2018 Report

November 2018



## Children's Health Queensland Hospital and Health Service

Children's Health Queensland (CHQ) is a specialist statewide hospital and health service dedicated to caring for children and young people from across Queensland and northern New South Wales.

We are committed to collaborating with all our healthcare partners, most importantly families, to ensure we consistently deliver safe, high-quality patient and family-centred care.

A recognised leader in paediatric healthcare, education and research, Children's Health Queensland delivers a full range of clinical services, tertiary/quaternary level care and health promotion programs.

We provide an integrated network of services through:

- The Queensland Children's Hospital (359 beds)
- The Child and Youth Community Health Service
- The Child and Youth Mental Health Service
- Statewide services and programs, including specialist outreach and telehealth services
- Partnerships with other hospital and health services and non-government organisations

Children's Health Queensland provides services from key locations in the Brisbane metropolitan area, and works with the 15 other hospital and health services as well as NGOs and charity partners in Queensland to deliver an integrated network of healthcare services and support across the state of Queensland.

## 2018 Communicating For Safety Summary

In 2017, CHQ utilised an opportunity to build on the success of the partnership with Cognitive Institute by implementing a safety and quality communication session. The Communicating For Safety (CFS) Session was developed in house, and refined during 2018, in consultation with CHQ Safety Ambassadors (SA's) and Safety and Quality subject matter experts. The 'Communicating for Safety' goal is to provide attendees with the knowledge and skills to contribute to the development of a culture of safety through empathetic communication, influence and graded assertiveness (speaking up). The overarching goal of the training is to enhance clinician communication to prevent patient harm and improve the experience of patients and families.

The SA group is crucial to the PSQS education and training strategy through face to face delivery of the CFS sessions and creating influence through role modelling appropriate safety behaviours across the organisation. The SA group comprises 15 members from various clinical and non-clinical streams. The 50-minute CFS sessions are delivered at corporate orientation, medical orientation and to division/professional specific groups. CHQ SA's are engaged via quarterly meetings and working groups, during which times the CFS session was considered and amended. 2018 CFS program content adaptations include the integration and emphasis on:

- the value of listening,
- the role of influence,
- increased focus on the relationship between respect and concern, and
- recognition that the Cognitive Institute's Safety C.O.D. E™ levels of CHECKS and OPTIONS are utilised as an element of everyday language in healthcare. Whereas DEMANDS and ELEVATES are higher level and more deliberate communication techniques which support staff to respectfully question someone.

The group agreed to continue to deliver the current version of CFS throughout 2018, with the view to formally evaluate and make required adjustments in 2019. A structured peer evaluation was developed and implemented to monitor and review the CFS course content and enhance Safety Ambassador presentation skills through the provision of feedback.

Between rollout in January 2018 through to December 2018, 908 Children’s Health Queensland staff attended a Communicating For Safety (CFS) session. A tool to evaluate the CFS session was developed in April 2018 and since May 2018, participants have been requested to complete an initial session evaluation (*Kirkpatrick Level 1: Reaction – To what degree participants react favourably to the learning event; Level 2: Learning - To what degree participants acquire the intended knowledge, skills and attitudes based on their participation in the learning event*).

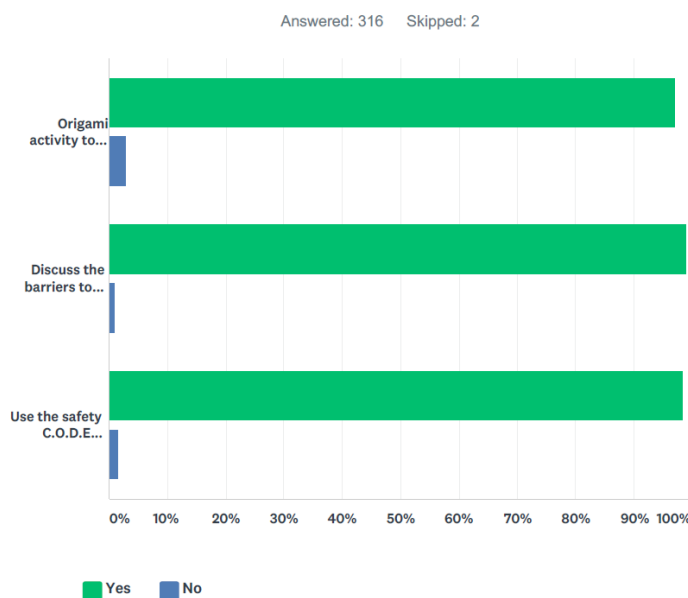
**Evaluation**

- 405 participants attended CFS between January and May 2018 – no evaluation.
- 503 participants attended CFS between May and December 2018 – with session evaluation.

A total of 318 evaluations have been completed and the data entered in Survey Monkey, indicating a 63% evaluation completion rate (based on the May-December data).

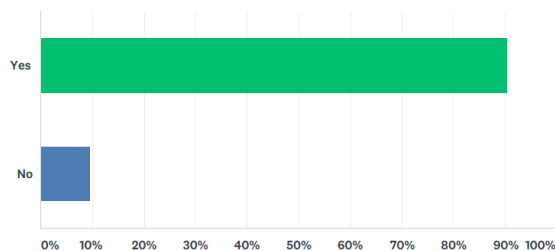
The following graphs show selected data from the Communicating For Safety Session initial evaluations.

Q6 Did the session activities contribute to your learning and understanding of communicating for safety



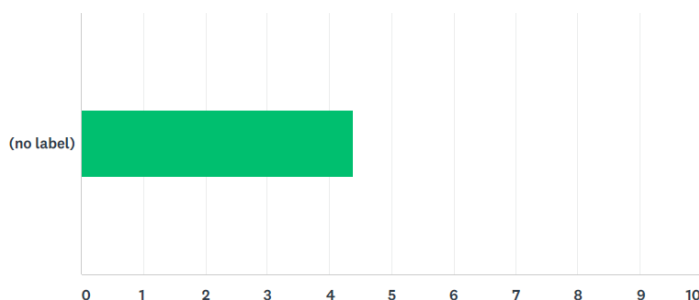
Q7 Would knowledge of the Safety CODE have helped you to speak up in the past?

Answered: 293 Skipped: 25



Q9 Please rate how valuable you found this session?

Answered: 311 Skipped: 7



|            | NOT AT ALL1 | 2     | SOMEWHAT3 | 4      | A GREAT DEAL5 | TOTAL | WEIGHTED AVERAGE |
|------------|-------------|-------|-----------|--------|---------------|-------|------------------|
| (no label) | 0.32%       | 0.96% | 8.36%     | 42.44% | 47.91%        | 311   | 4.37             |
|            | 1           | 3     | 26        | 132    | 149           |       |                  |

A time-spaced evaluation tool was developed to evaluate the degree to which participants retain, utilise and apply the knowledge, skills and attitudes based on the information shared during the CFS session. The survey link is circulated via email to participants recorded as attending a CFS session in TEACHQ. The evaluation incorporates a few questions related to the Safety CODE including:

- Opportunities to use or observe the Safety CODE being used at CHQ.
- Question to explore the CFS impact on the value of listening (*Kirkpatrick 3: behaviour – To what degree the participants apply what they learned during training when they are back on the job*).

The evaluation was emailed to participants who attended the sessions between:

- January, February, March
- April, May, June
- July, August, September
- And will be emailed to October, November, December participants.

Post CFS evaluation completion rates to date have been very low.

- January, February, March – Survey #1 (n = 5 of 342 survey recipients) 1.4% response rate
- April, May, June - Survey #2 (n = 8 of 223 survey recipients) 3.5% response rate
- July, August, September - Survey #3 (n = 13 of 205 survey recipients) 6.3% response rate
- October, November, December (circulated in December, awaiting response).

In effort to improve the completion rate and data accuracy of post CFS evaluation surveys, additional detail was included in the email to staff who attended after June.

## Speaking Up For Safety (SUFS) 2015-2017

All survey monkey data reports for the SUFS sessions are embedded in this document below and include:

- [SUFS Initial Response](#)
- [SUFS #2](#)
- [SUFS #3](#)
- [SUFS #4](#)
- [SUFS #5](#)