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Assessment of the safety-related culture within a healthcare district

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Objectives: 1) To describe the frequency of positive attitudes and behaviors, in terms of patient safety, among the healthcare providers working in a healthcare district; 2) to determine whether the level of safety-related culture among these healthcare providers differs from those reported in other studies; 3) to analyze negatively valued dimensions and to establish areas for their improvement.

Material and Method: Descriptive transversal study based on the results of an evaluation of the safety-related culture, conducted between February 1st and 29th 2012, with a randomly selected sample of 247 healthcare providers working in a healthcare district, by using the Spanish adaptation of the Hospital Survey on Patient Safety Culture (HSOPSC) designed by the Agency for Healthcare Research and Quality (AHRQ), as the evaluation tool. Positive and negative responses to the 42 survey items – grouped into 12 safety-related culture dimensions – were analyzed, as well as the global score given to patient safety in the involved healthcare district. Results were compared with international results reported in the “Hospital Survey on Patient Safety Culture: 2010 User Comparative Data Base Report” and with national results reported in the “Análisis de la cultura sobre seguridad del paciente en el ámbito hospitalario del SNS.

Results: A total of 176 completed survey questionnaires were analyzed (response rate: 71.26%; 92.98% with direct interaction with patients); 50% of responders described the safety climate as very good, 37% as acceptable and 7% as excellent. Strong points were: “Teamwork within the units” (80.82%) and “Supervisor/manager expectations and actions” (80.54%). Dimensions identified for potential improvement included: “Staffing” (37.93%), “Non-punitive response to error” (41.67%) and “Frequency of event reporting” (49.05%).

Conclusions: Strong and weak points were identified in the safety-related culture of the studied healthcare district, together with potential improvement areas. Benchmarking at the international level showed that our safety-related culture was in the average of hospitals (with 6 dimensions over and 6 dimensions below the average), while at the national level, our results were over the average of hospitals (with 10 out of 12 analyzed dimensions over the average). Improvement strategies appear to be necessary, such as promoting efficient and rational resources management within units, non-punitive culture in relation with safety events, explicit support to patient safety by the Management board and coordination between the clinical units included in a healthcare district.

Biography

Miguel Angel Prieto is Bachelor of Medicine from the University of Granada in 1979 and has been Physician Specialist in Intensive Care Medicine (Intensive Care) in the Hospital Regional Universitario de Malaga since 1987. He obtained his doctorate in Medicine from the University of Málaga in 1993. He holds Diplomas in HIV Epidemiology and Clinical Research at the Andalusian School of Public Health (EASP); Expertise Diploma in Strategic Management of Health Professionals for EASP and Expertise Diploma in Bioethics from the University of Granada (2011-2012). He is an active participant in several Hospital Committees and Chairman of the Committee on Mortality HRU Malaga from 1992 to 1997. He has been resident Tutor in Intensive Care (ICU), 2000-2007 and developed 5 PhD Thesis as doctoral director. Since 2010, He has held the Emergency Critical Care section chief and hospital Medical Director positions at Hospital Regional Universitario de Malaga. He is an active researcher with more than 40 scientific paper and book chapter, multiple communications at national and international congresses; and holder of research grants from regional, national and international funding bodies.

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