



Patient Safety

Patient Safety Culture

Perception of Patient Safety Culture in Slovenian Acute General Hospitals

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Workshop on system solutions of monitoring and implementing measures for sentinel events and other adverse events in Slovenia

Monday 22th and Tuesday 23rd of May 2017



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To Err is Human

First, Do no Harm



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Initially and still prevailing approach to safety

Safety I –as little as possible goes wrong

The system is safe but people make it unsafe

Reactive approach to safety

More recently

Safety II- as much as possible goes right

The system is unsafe and people create safety

Proactive approach to safety

Both Safety I and Safety II are complementary



Healthcare
organisations

Patient Safety
First Priority

A lip service

National culture

Organisational culture

Patient safety culture



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Culture

- values
- beliefs
- assumptions

inferred through

- stories
- myths
- socialisation
- observed behaviour

Culture

Climate

Social process where staff attach meaning to the policy and practice they experience and the behaviour they observe





Culture of Knowledge and System Thinking

Leadership is up to date with the development of patient safety science



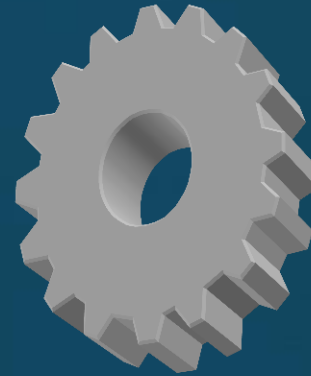
Culture of Reporting

Organisational climate encourages reporting rather than blaming and shaming



Flexible Culture

Participative leadership and management



Just Culture

Staff knows that there will be a just approach and is aware of the boundary between acceptable and unacceptable behaviour. It is not totally blame free approach



Culture of Learning

RCA

Disclosure and apologizing

Clinical Risk management

Improvement science

Patient centred care



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Harmony

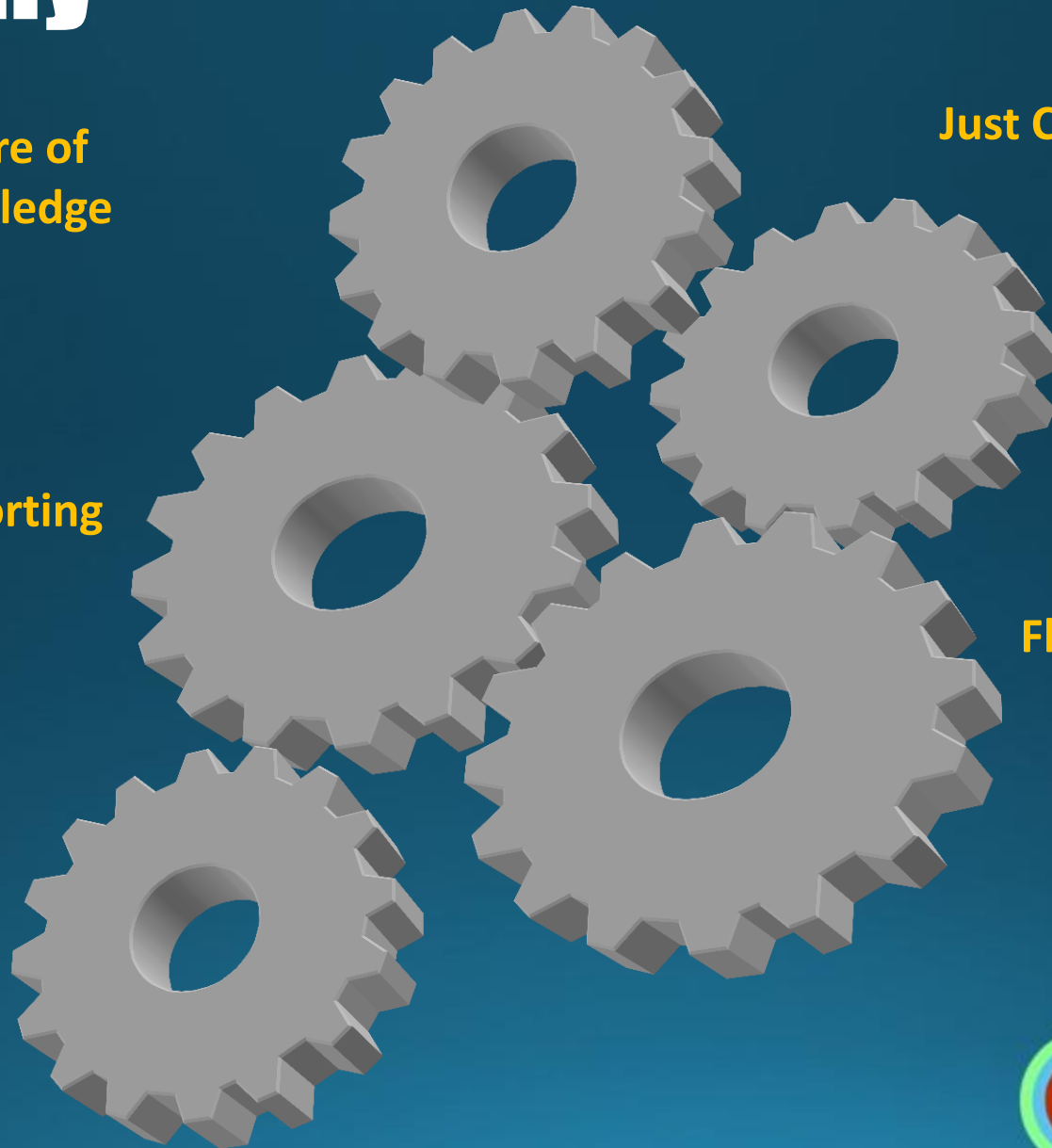
Culture of
Knowledge

Just Culture

Culture of Reporting

Flexible Culture

Culture of Learning



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Patient Safety Culture

How a healthcare organization
behaves when nobody is
watching



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How we will know if we have a culture of safety?

Measuring Culture

Academic or Anthropologic Approach



Way of life

Qualitative research



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Experience-based approach

Increasing Awareness and Trust

Staff started to tackle safety problems

Mission of health professionals and healthcare organisations

GENERATIVE
Risk management is an integral part of everything that we do

PROACTIVE
We are always on the alert for risks that might emerge

BUREAUCRATIC
We have systems in place to manage all identified risks

Vulnerable system syndrome
Single loop vs Double loop learning

REACTIVE
We do something when we have an incident

A behaviour towards regulators and media

Narcissism of leadership

PATHOLOGICAL
Why waste our time on safety?

Individual interests only

Parker, Hudson, 2002



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Analytical or Psychological Approach

Self-administered questionnaires

Slovenia

**Slovenian version of
AHRQ for hospitals**

SAQ – primary care

International Journal for Quality in Health Care 2013; pp. 1–7

10.1093/intqhc/mzt040

Hospital Survey on Patient Safety Culture in Slovenia: a psychometric evaluation

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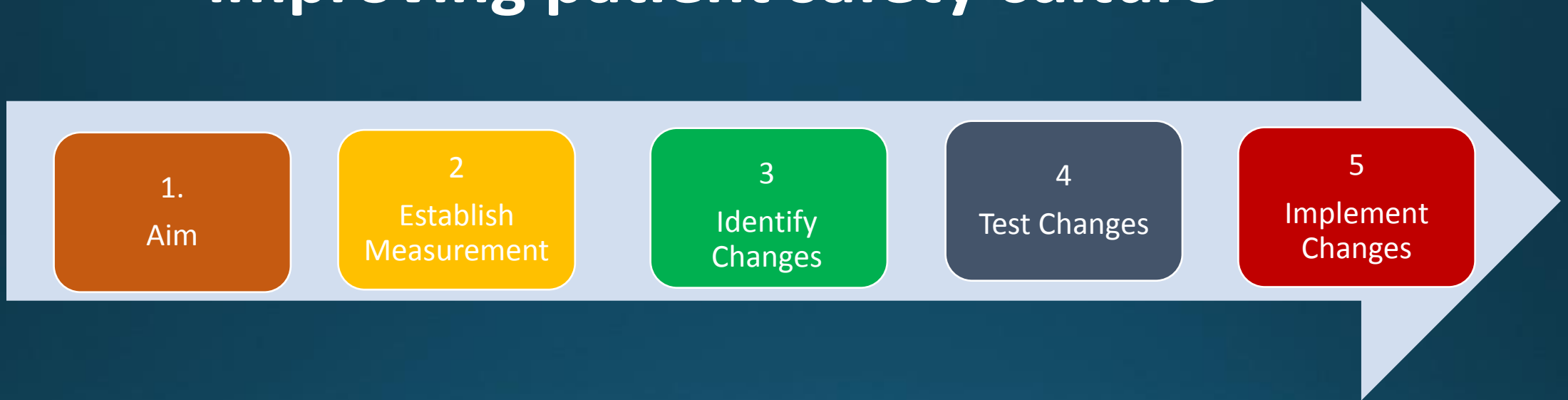
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Our plan for studying and improving patient safety culture





Global Aim: To improve patient safety in
Slovenian healthcare

Specific Aim: To assess patient safety culture in
Slovenian hospitals



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Instrument

The Agency for Research and Quality of Healthcare
self-administered questionnaire for hospitals (Sorra, 2004)

The questionnaire tackles 12 domains of patient safety with
42 items and 2 outcomes

Pilot study for the evaluation of validity and reliability





Psychometric evaluation

1. Translated AHRQ questionnaire, 12 domains, 42 items

Exploratory factor analysis to adjust the questionnaire to the Slovenian situation

2. Slovenian version, 9 domains, 39 items

1. Translated AHRQ questionnaire, 12 domains, 42 items

Confirmatory factor analysis

2. Slovenian version, 9 domains, 39 items

All 3 models fitted well for the Slovenian situation

3. Slovenian version, 9 domains with 3 nested items added to 39 items

Cronbach alfa was at acceptable level

Satorra-Bentler scaled χ^2 difference test

1. Translated AHRQ questionnaire, 12 domains, 42 items



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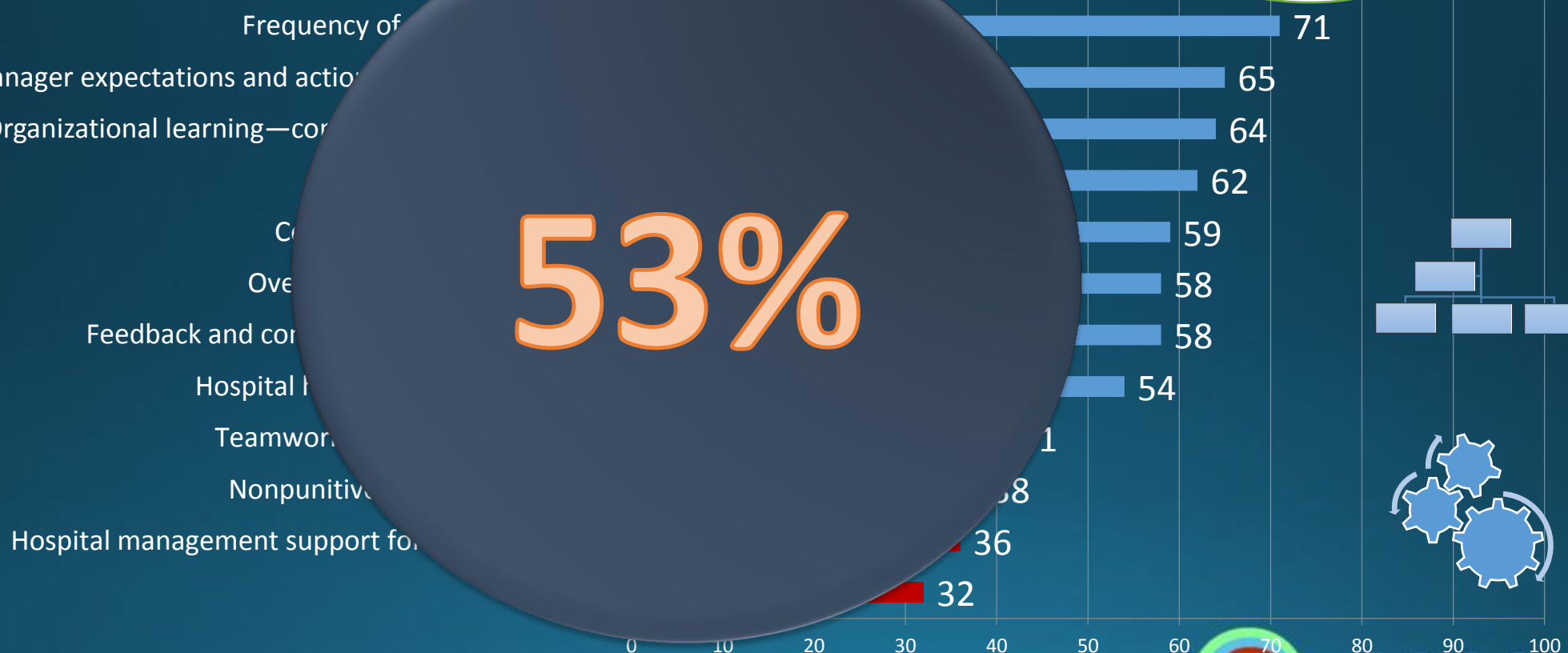
Perception of patient safety culture in Slovenian acute general hospitals

Zdrav Vestn 2013;
82: 648–60

Distributed questionnaires
6043
Respondent rate
3084 (51%)
ranged from **11 to 85%**
Evaluated
2925 (48%)

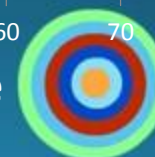
Composite level - positive response

12 composites of patient safety culture



53%

Percentage



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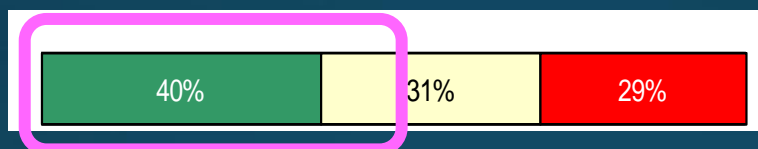
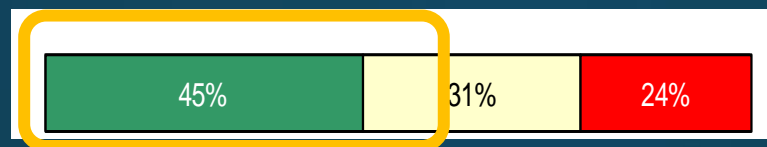
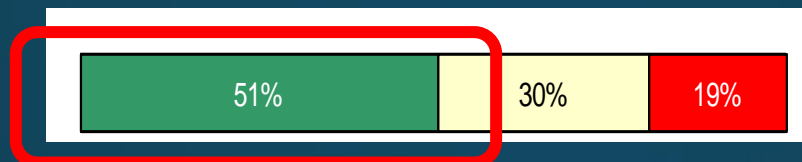
Nonpunitive response to errors

1. Staff feel like their mistakes are **not** held against them

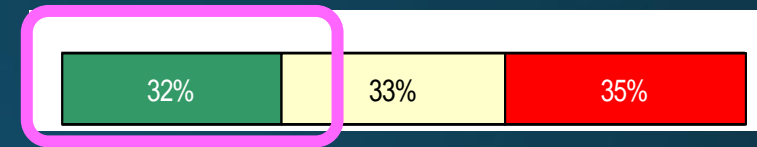
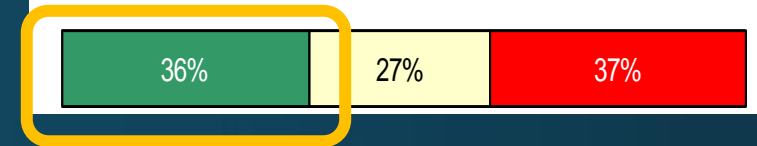
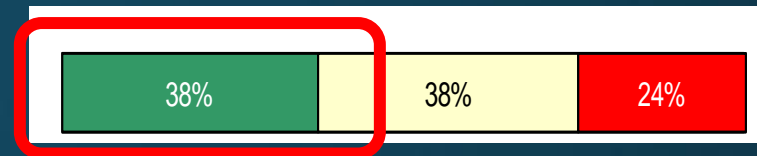
2. When an event is reported, it feels like the problem is **not** written up to the person

3. Staff do **not** worry that mistakes they make are kept in their personnel file

Registered nurses (Diplomirane)



Nurse Assitants (Srednje)



Physicians



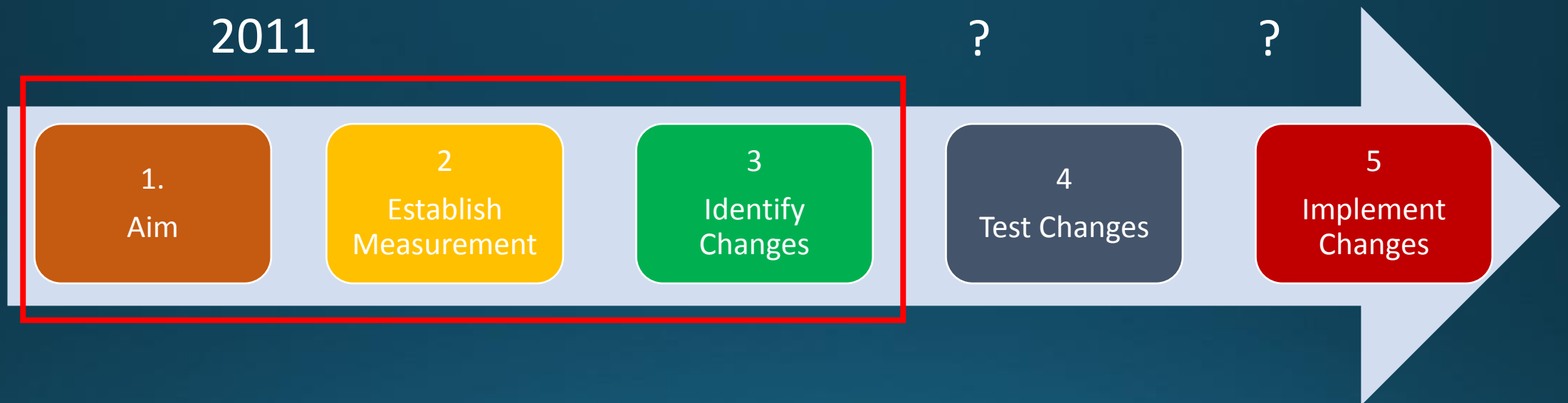
Professional groups



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What was our plan after measuring baseline patient safety culture?





What to do with the results?

A8R Staff feel like their mistakes are held against them

79% think that this is true

F1 Hospital management provides a work climate that promotes patient safety

80% feel that this is not true

F2R Hospital units do not coordinate well with each other

88% believe that this is true



Department of internal
medicine of one hospital



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Thank you

Safety culture can not be built by policies,
strategic goals, mission statements , job
descriptions or placing safety notices on the
walls

How then improve patient safety?

