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IMPLEMENTATION ANALYSIS TO IDENTIFY BARRIERS AND FACILITATORS IN LOW-INCOME COUNTRIES FOR THE INTRODUCTION OF PATIENT SAFETY MEASURES USING THE EXAMPLE OF MALAWI

WiHelP

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INTRODUCTION

Patient safety is a fundamental principle of health care and critical to preventing medical errors and improving clinical outcomes. However, implementing evidence-based practices (EBP) to improve patient safety is particularly challenging in low-income countries. By analyzing determinants that influence realization of patient safety interventions, barriers and facilitators to EBP adoption can be identified and considered early in the implementation process.

METHODS

A combined approach guided by the Consolidated Framework for Implementation Research was used in an implementation analysis to assess the implementation of patient safety measures at Kamuzu Central Hospital (KCH) in Lilongwe, Malawi. Quantitative and qualitative data were collected from staff members at KCH using the Evidence-Based Practice Attitude Scale 36 and semi-structured interviews.

RESULTS

Overall, positive attitudes toward EBP implementation were evident among KCH staff with a mean total score of 3.83 (+/- SD 1,3). Significant barriers were identified in the internal setting of the KCH and in terms of characteristics and attributes of the individuals involved. However, these areas also show isolated strengths. An additional facilitating factor emerges from the structural framework of the hospital. The themes of openness, monitoring, and feedback were identified as overlapping.

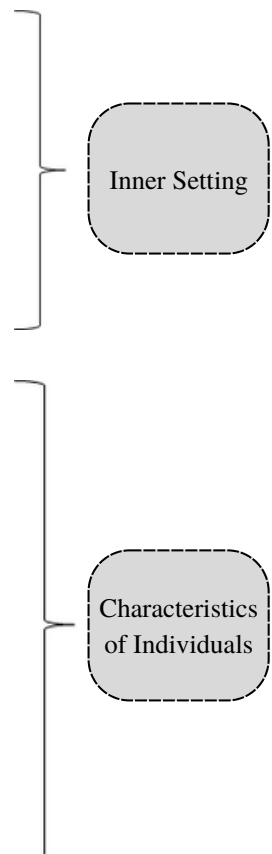
Barriers	Facilitators	
- Outdated architecture, size and structures of the organisation - Limited availability of resources - Limited capacity to absorb change - Lack of opportunities for action by key people	- Patient safety relevant structures - Existing tension for change - Good relationship with leadership	
- Limited knowledge of patient safety - Lack of qualification and training of health care staff - Lack of awareness and attribution of values for patient safety - Poor attitudes of health workers towards evidence-based patient safety practices - Distorted perception of own knowledge of patient safety	Positive attitude of individuals	

Table 1: Results of the qualitative survey: Barriers and Facilitators to implementing Patient Safety Measures

DISCUSSION

Both the quantitative and qualitative data confirm several barriers and facilitating factors to patient safety implementation already identified in the existing literature. The implementation analysis creates a framework and expresses recommendations for developing implementation strategies at KCH. Staff members should be made aware of patient safety issues, patient safety education programs should be implemented, and existing practices should be adapted in order to successfully implement patient safety measures.



Safe@KCH Team



Link to Safe@KCH
promotional video

Fig. 1: Selected domains of the CFIR

REFERENCES

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- Rye, M., Torres, E.M., Friberg, O. et al. The Evidence-based Practice Attitude Scale-36 (EBPAS-36): a brief and pragmatic measure of attitudes to evidence-based practice validated in US and Norwegian samples. *Implementation Sci* 12, 44 (2017). <https://doi.org/10.1186/s13012-017-0573-0>