

Unraveling Patient Safety Dynamics: Exploring Insights from Hospital Al-Sultan Abdullah's Comparative Patient Safety Culture Survey

FZ MOHAMED ALI and J MD NOOR

P108

ISQUA2024-ABS-1885

INTRODUCTION

This study delves into the dynamics of patient safety within Hospital Al-Sultan Abdullah, a newly established teaching hospital committed to fostering a robust patient safety culture.

Since its inception in March 2021, the hospital has prioritized enhancing patient safety through proactive management and leadership initiatives. In pursuit of this goal, comparative patient safety culture surveys were conducted in 2022 and 2023 to assess the evolution of patient safety attitudes and practices within the organization.

Notably, the 2023 survey, conducted just three months before the hospital's accreditation by the Malaysian Society for Quality in Health (MSQH), revealed a decline in patient safety culture percentages over the preceding two years

OBJECTIVES

The objective of this study is to compare patient safety culture across two consecutive years, identifying any significant trends or changes. The study aims to analyze specific domains that may contribute to the improvement or decline of the patient safety culture. Additionally, the research seeks to identify potential factors that influence these changes, providing insights into areas for further improvement and interventions.

METHOD

- A cross-sectional study was conducted at our hospital using the Hospital Survey on Patient Safety Culture (HSOPS), developed by the Agency for Healthcare Research and Quality (AHRQ). The survey was translated and validated in Malay to ensure cultural relevance.
- The survey targeted ten key areas of patient safety culture: Supervisor/manager support for patient safety, teamwork, communication openness, reporting of safety events, organizational learning, communication about errors, hospital management support, response to errors, handoffs and information exchange, staffing and work pace
- The survey was conducted twice:
 - 2022: November 1st–December 15th
(301 participants – Response rate 25%)
 - 2023: August 1st - September 30th
(399 participants – Response rate 27%)
- Data was collected via Google Forms, then processed in Microsoft Excel following AHRQ guidelines.
- The AHRQ Data Entry and Analysis Tool was used to generate graphs and tables, allowing for a detailed analysis of patient safety culture.

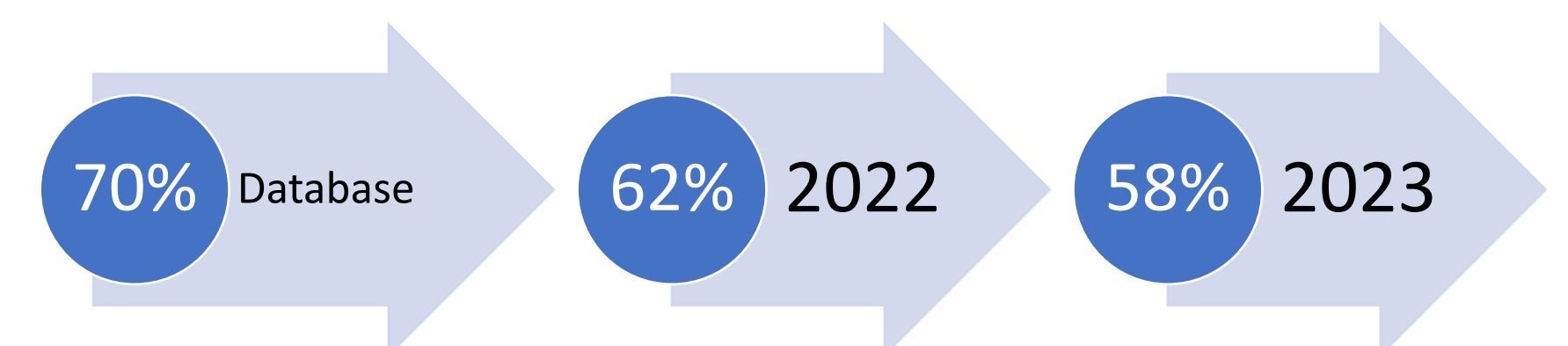
RESULTS

DEMOGRAPHIC

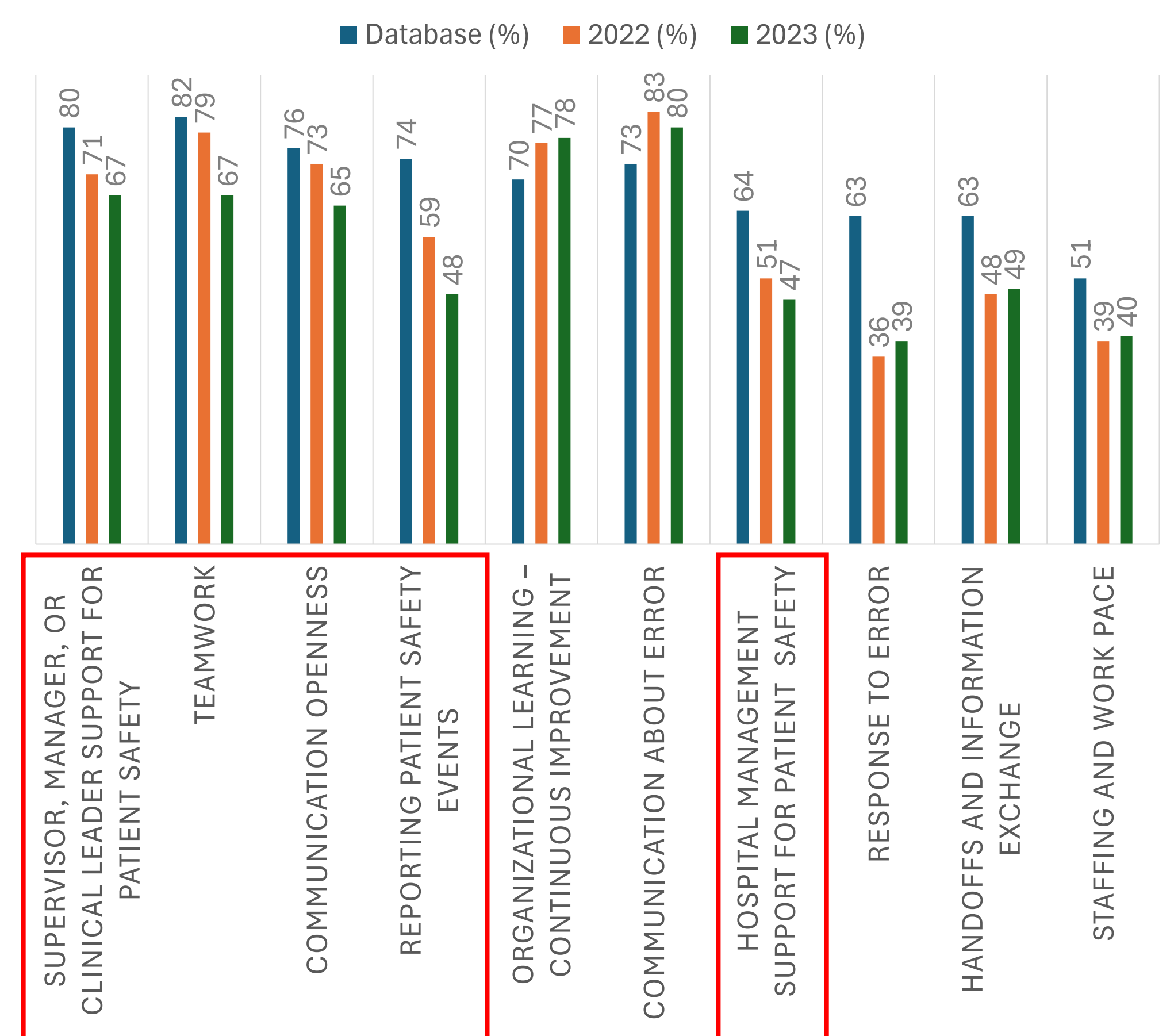
Staff Position	2022 (%)	2023 (%)
Nursing	30	40
Medical	31	17
Allied Health Professional	22	29
Department Manager/Senior Leader	5	5
Support	12	9
Unit/Work Area	2022 (%)	2023 (%)
Many Different Unit	9	4
Medical/Surgical Unit	18	14
Patient Care Unit	36	33
Surgical Services	1	7
Clinical Services	21	30
Administration/Management	9	7
Support Services	7	5
Tenure with Current Hospital	2022 (%)	2023 (%)
Less than 1 year	28	17
1 to 5 years	50	63
6 to 10 years	11	5
11 or more years	11	15
Tenure in Current Unit/Work Area	2022 (%)	2023 (%)
Less than 1 year	34	26
1 to 5 years	48	58
6 to 10 years	11	5
11 or more years	7	10
Hours Worked Per Week	2022 (%)	2023 (%)
Less than 30 hours per week	6	7
30 to 40 hours per week	41	40
More than 40 hours per week	53	53

COMPOSITE MEASURE AVERAGE

The survey uncovered a notable decline in the overall positivity rate of patient safety culture, decreasing from 62% to 58% in comparison to the previous year's findings



PATIENT SAFETY CULTURE COMPOSITE MEASURES



The Patient Safety Culture Composite Measures indicate a general decline in several key areas from 2022 to 2023, including **supervisor, manager, or clinical leader support for patient safety, teamwork, communication openness, reporting patient safety events, and hospital management support for patient safety.** although some measures have shown stability, positivity rates remain low in areas such as **response to error, handoffs and information exchange, and staffing and work pace.**

Work areas show lower positivity rates	Administration/Management	Questions in the survey that raised concerns	Disrespectful behaviour
	Pharmacy		Underreporting of near-miss event
	Emergency		Management's reactive approach
	Critical Care (Adult/Paeds)		Staff feeling penalized for mistakes
	Cardiology		Working longer hours

POSSIBLE FACTORS

In the past year, the new hospital has experienced significant changes, with preparing for its first accreditation being a major event for the staff. It is possible that the accreditation process could lead to a decline in the positivity rate of the patient safety culture. This potential decline can be attributed to several factors, as outlined below. However, further qualitative or quantitative measures should be implemented in the hospital to validate this theory.



WORK IN PROGRESS

The hospital management has initiated several programs to restore and enhance the patient safety culture. These initiatives include:

ON-THE-GROUND PATIENT SAFETY ENGAGEMENT

Fostering transparency
through direct, local
communication and feedback

STAFFING OPTIMIZATION

Adjust staff levels and roles based on patient demand to ensure balanced workloads and improved efficiency.

ONGOING FEEDBACK LOOP

Establish an anonymous feedback system for staff to report concerns and suggest improvements, ensuring privacy and timely responses

POST-ACCREDITATION REVIEW

Conducting debriefs at departmental and hospital levels for evaluation

CONCLUSIONS

- Possible link between the decline in patient safety culture and the upcoming MSQH accreditation process.
- Contributing factors may include : Increased workload, focus on compliance, temporary disruptions and staff apprehension.
- Further qualitative studies and post-accreditation surveys are recommended to confirm these assumptions.
- Addressing these concerns and fostering a culture of safety and open communication at Hospital Al-Sultan Abdullah are key for long-term improvements.
- The hospital plans to monitor this trend through the next accreditation cycle to assess the impact of accreditation on the decline in positivity percentage.

REFERENCES

1. <https://www.aahrq.gov/sites/default/files/wysiwyg/sops/SOPS-Program-Brief.pdf>
2. Alshamsi AI, Thomson L, Santos A. What Impact Does Accreditation Have on Workplaces? A Qualitative Study to Explore the Perceptions of Healthcare Professionals About the Process of Accreditation. *Front Psychol.* 2020 Jul 10;11:1614. doi: 10.3389/fpsyg.2020.01614. PMID: 32754096; PMCID: PMC7365862.
3. Greenfield, D., & Braithwaite, J. (2009). Developing the evidence base for accreditation of healthcare organisations: A call for transparency and innovation. *Quality & Safety in Health Care*, 18(3), 162-163
4. Association between organizational citizenship behavior and patient safety culture from nurses' perspectives. (2021). *BMC Nursing*.
5. Weaver, S. J., Lubomksi, L. H., Wilson, R. F., Pfoh, E. R., Martinez, K. A., & Dy, S. M. (2013). Promoting a culture of safety as a patient safety strategy: A systematic review. *Annals of Internal Medicine*, 158(5), 369-374