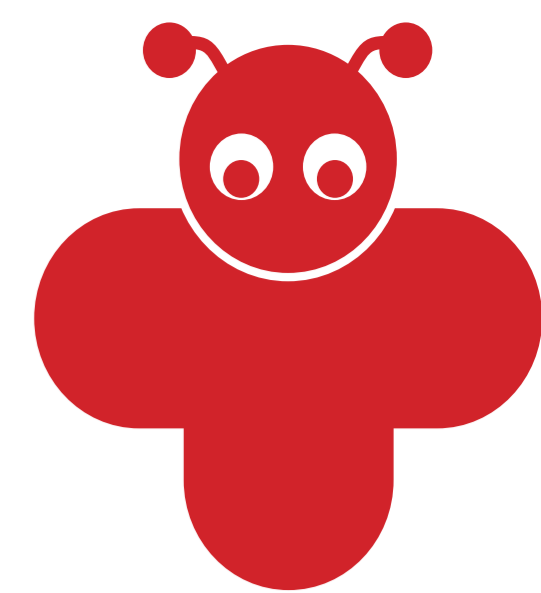


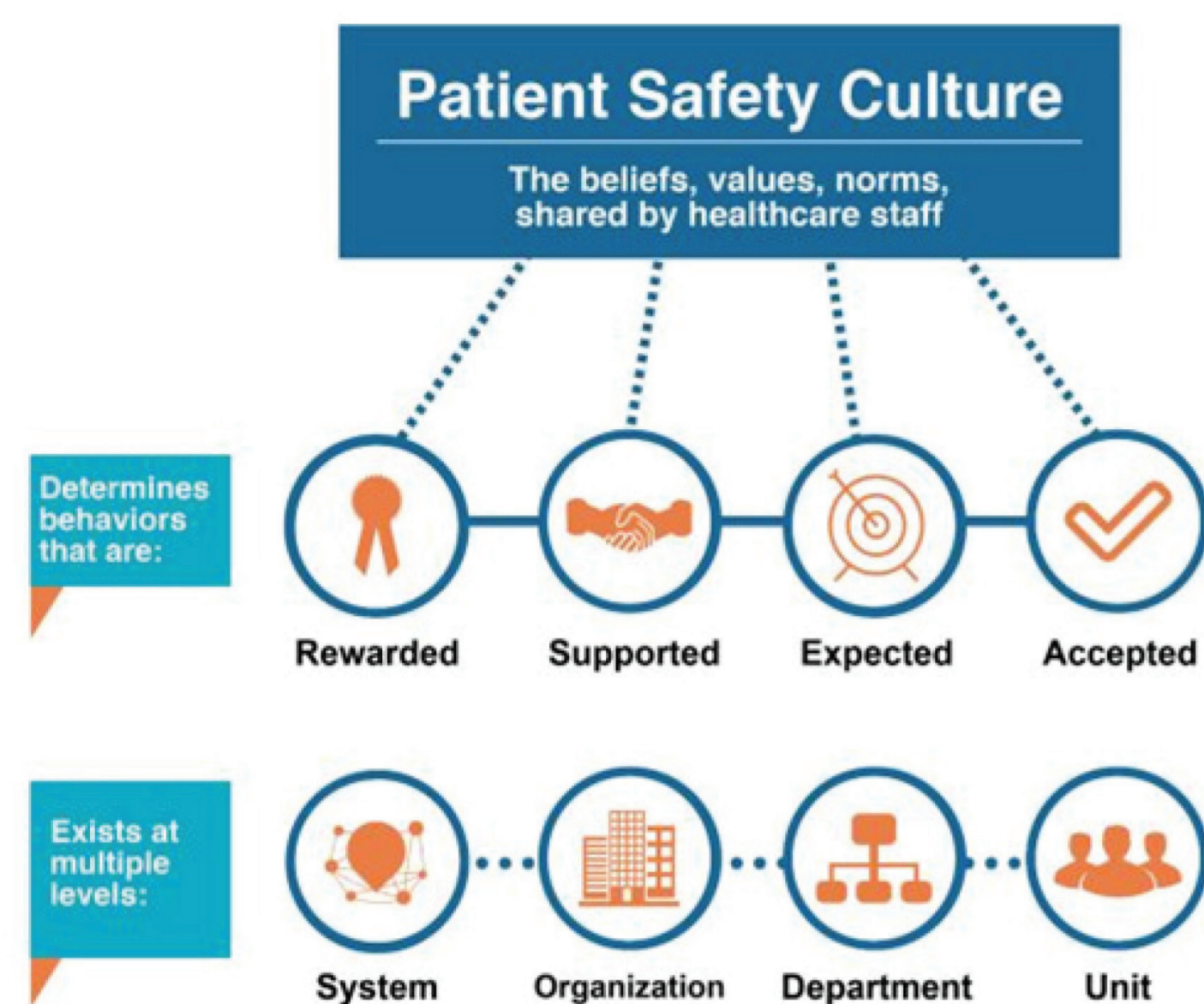
ASSESSMENT OF PATIENT SAFETY CULTURE IN TALLINN CHILDREN'S HOSPITAL



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BACKGROUND

PSC refers to the beliefs, values, and norms that are shared by healthcare professionals and employees throughout the organization and that influence their actions and behaviours.



<https://www.ahrq.gov/sites/default/files/wysiwyg/sops/surveys/hospital/AHRQ-Hospital-Survey-2.0-Users-Guide-5.26.2021.pdf>

METHODS

* This survey is an update to the original SOPS Hospital Survey (Hospital Survey 1.0) published by the Agency for Health Research and Quality (AHRQ) in 2004. The first survey instrument was used in Tallinn Children's Hospital (TCH) in the years 2015, 2017 and 2019.

* In 2019, AHRQ released a new version, the PSC Hospital Survey version 2.0 and the use of this version is preferred from 2020 onwards (2019 Hospital Survey on Patient Safety Culture, Version 2.0 User's Guide).

* Most survey topics use a 5-point consent scale ("strongly disagree" to "strongly agree") or a frequency scale ("never" to "always") and also include a "no or don't know" answer.

* Only the frequency of positive responses is reported for each composite measure. In the case of negatively worded questions, recoding was performed. The 10 patient safety culture composites in the SOPS Hospital Survey 2.0 are composed of two, three, or four survey items.

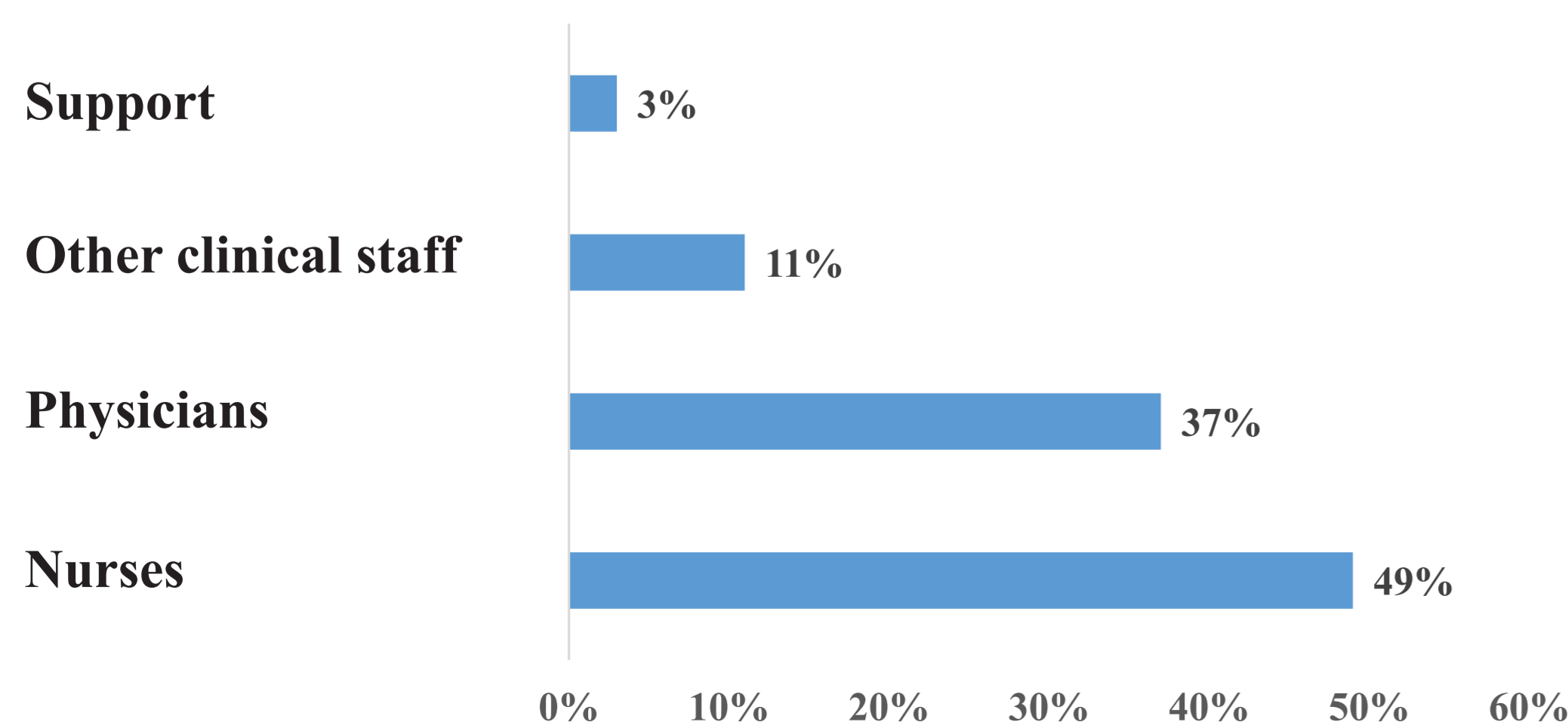
* Statistical data analysis was performed with SPSS for Windows. The analysis mainly used the frequency distribution and the relationship between the different aspects of the test and calculation of the internal consistency reliability of the responses (Cronbach alpha). The Cronbach's alpha for our study components was indicative of high internal validity (0,6 to 0,9) for 5 out of 10 composite measures. According to the SOPS 2.0 user's guide, a Cronbach's alpha of at least 0,6 delineates adequate internal validity.

RESULTS

The study targeted the clinical staff who have direct contact with patients. 371 persons were invited to the survey, 153 questionnaires were returned (response rate 41.2%).

The analysis did not take into account the results by job or clinics due to the fact that a PSC is seen as a characteristic of a group rather than a characteristic of an individual.

Participants in survey in 2021



SOPS Hospital Survey 2.0 Composite Measures and Definitions

Measures definition	The extent to which ...	Rate of positive answers (%)
1. Communication about error	Staff are informed when errors occur, discuss ways to prevent errors, and are informed when changes are made	66
2. Communication openness	Staff speak up if they see something unsafe and feel comfortable asking questions	67
3. Handoffs information exchange	Important patient care information is transferred across hospital units and during shift changes.	46
4. Hospital management support for patient safety	Hospital management shows that patient safety is a top priority and provides adequate resources for patient safety	50
5. Organizational learning-continuous improvement	Work processes are regularly reviewed, changes are made to keep mistakes from happening again, and changes are evaluated	58
6. Reporting patient safety events	Mistakes of the following types are reported: (1) mistakes caught and corrected before reaching the patient and (2) mistakes that could have harmed the patient but did not	36
7. Response to error	Staff are treated fairly when they make mistakes and there is a focus on learning from mistakes and supporting staff involved in errors	51
8. Staffing and work pace	There are enough staff to handle the workload, staff there is appropriate reliance on temporary, float, or PRN staff *	40
9. Supervisors, managers, or clinical leaders support for patient safety	Supervisors, managers or clinical leaders consider staff suggestions for improving patient safety, do not encourage taking shortcuts, and take action to address patient safety concerns	66
10. Teamwork	Staff work together as an effective team, help each other during busy times, and are respectful	71

* PRN - pro re nata (according as circumstances may require)

CONCLUSIONS

* Comparison of TCH and USA hospitals results of 2021 found that the indicators of the children's hospital have decreased to previous years and are probably due to the reduction in the number of questions, the rewording and the addition of the "Not valid or don't know" option, and the substantive changes to the definition of composite metrics.

* The factors involved in the culture of patients safety are: leadership, direct support of the patient to ensure patient safety, communication, learning, patient-centered care and staffing and pace of work.

SUMMARY

By changing the study instrument, it is necessary to conduct repeated studies in the field of patient safety culture.