

Introduction

Patient safety, through empowering and enhancing a patient safety culture and environment, plays an important part in fulfilling PHCC's vision. An assessment of the current situation through a Patient Safety Culture Survey is essential to identify areas for improvement, and to develop a suitable improvement plan.

Aim

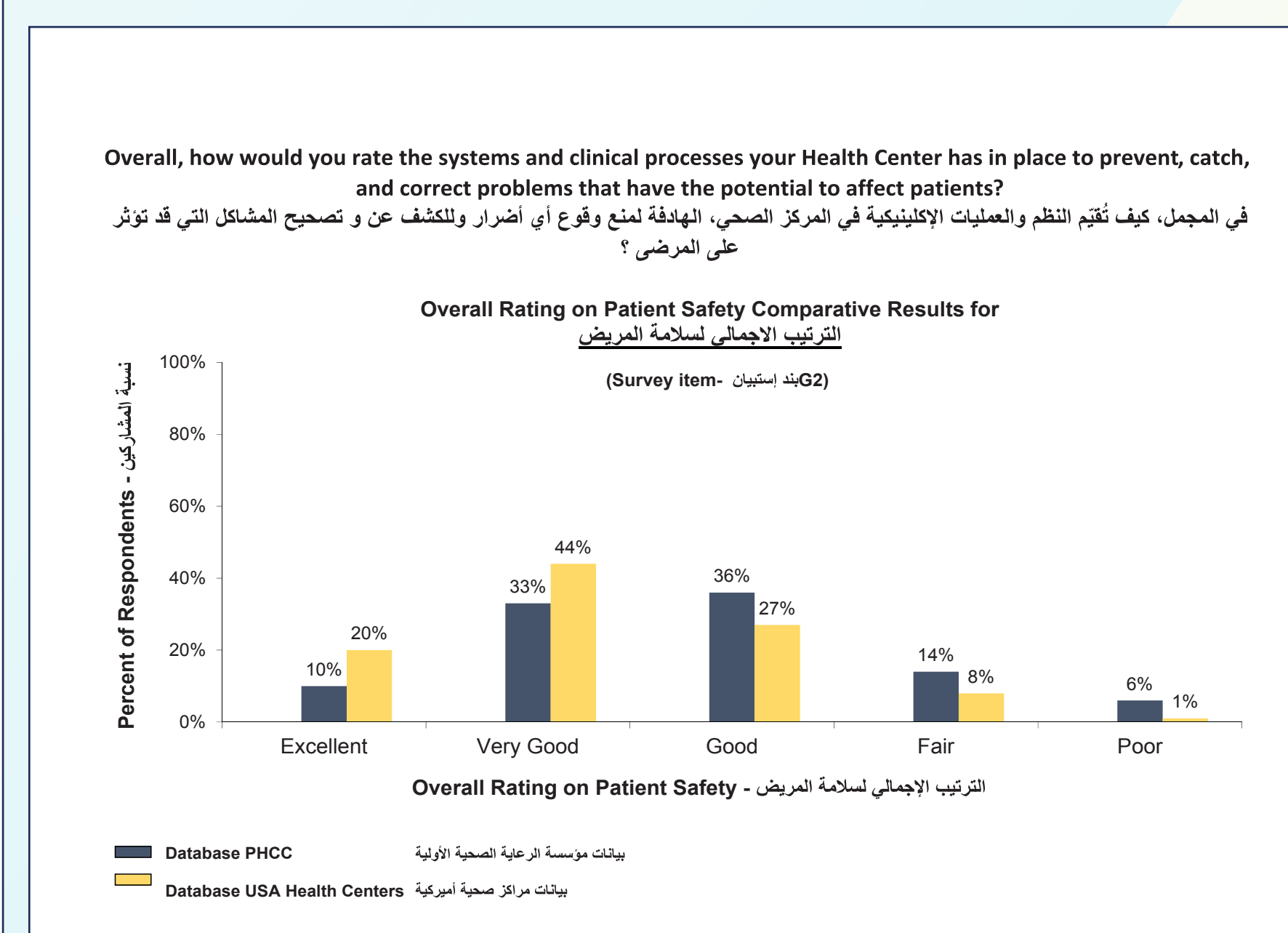
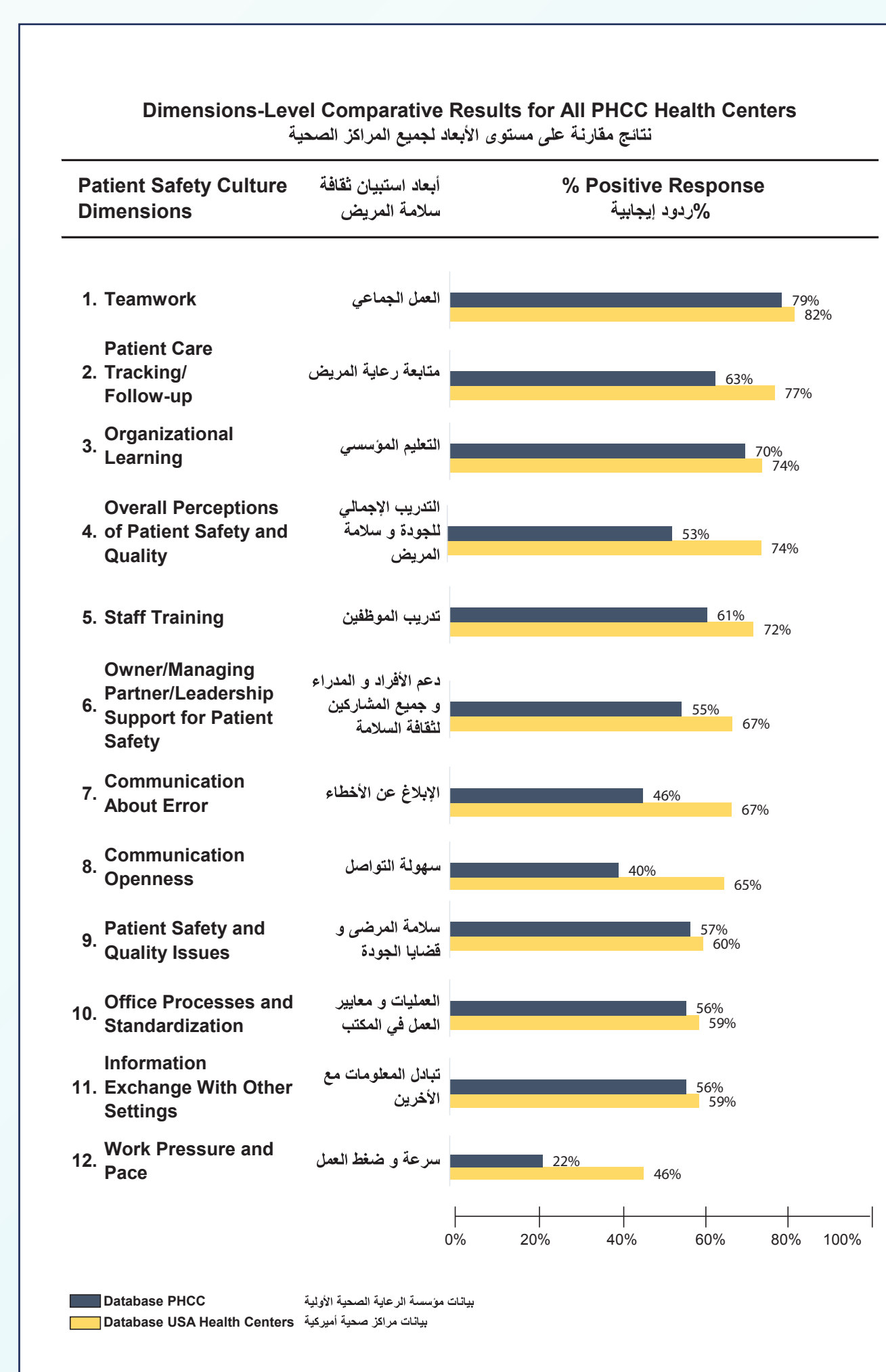
The aim of the survey was to raise awareness on safety and quality issues that are known to affect patient safety and to identify and improve the culture of patient safety in PHCC staff.

Methods

The Patient Safety Culture Survey is developed by the Agency for Healthcare Research and Quality (AHRQ). It was administered over a period of two weeks, in all the 22 PHCC health centers. The survey consists of 12 dimensions and an overall rating on patient safety. The questionnaires were distributed in English and Arabic languages to all PHCC staff as per their preference. Once staff completed the survey, they were expected to return it to the Quality Management Directorate (QMD) in the provided sealed envelope.

Results

All 2689 identified health center staff received the questionnaires, and 1810 (67%) staff completed and sent them back. The responses were compiled for each health center. The overall PHCC average positive responses were: Work Pressure and Pace = 22%, Teamwork = 79%, Patient Care Tracking/Follow-up = 63%, Organizational Learning = 70%, Overall Perceptions of Patient Safety and Quality = 53%, Staff Training = 61%, Leadership Support for Patient Safety = 55%, Communication about Error = 46%, Communication Openness = 40%, Patient Safety and Quality Issues = 57%, Office Processes and Standardization = 56%, Information Exchange with Other Settings = 56%, and an overall rating of good or above on Patient Safety = 80%.



Lessons learned/Critical success factors

The survey was a good tool to raise awareness on safety and quality issues. A good response rate was achieved through distribution of printed questionnaires rather than an electronic survey. The AHRQ manual for the survey was used as guidance. Regular communication with staff, survey posters and presentations/road-shows in all health centers enabled greater staff awareness about the survey. Finally, the workshops to plan for improvements were very beneficial and allowed the opportunity for staff to plan patient safety and quality of care improvements and to share success and achievements in their health centers.

Discussion/Conclusion

A summary of their results were sent to each health center concerning all survey dimensions, with comparison to PHCC average and USA Health Centers. The main areas for improvement identified across the health centers were: Work Pressure and Pace (22%), Communication Openness (40%) and Communication about Error (46%). The Teamwork dimension had 79% positive response, and was identified as an enabler to address issues related to Work Pressure and Pace. In response to these findings, a series of workshops were conducted to address communication openness and teamwork. Health center directors and all department incharges participated and developed improvement plans for their individual Health Centers to address these issues.

Sustainability/Replication potential

PHCC needs to administer this survey every 3 years and to provide feedback to each health center on their progress from their previous survey.

References

http://www.who.int/publications/almaata_declaration_en.pdf
<http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/index.html>
<http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/medical-office/userguide/medoffice6.html>