WP1 - Promoting Patient Safety Culture

Information collection from MS - Preliminary recommendations - Actionability
OBJECTIVES of EUNetPaS

- To produce European added value of Member States collaboration by mutual support, and exchange of ideas and materials for accelerating progress
- To set up a pan European Network for patient safety involving stakeholders organised around national coordinators (National platforms)
- To pilot tools to reduce medication errors as a first step
- To promote education, a change in culture and a learning environment
- To propose a basis for research projects for better safety
46 partners!

- A platform at EU level for collaboration and networking between:
  
  - 27 Member States
  - international organizations
  - stakeholders in the field of Patient Safety (decision makers, health care professionals, patients, researchers ...)

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ESQH in WP1 Patient Safety Culture

Deliverables approached by ESQH in WP:

• A structured list of patient safety culture (PSC) methods currently employed in Europe

• Proposal of set of instruments (3-4) suitable for assessing/developing PS culture according to defined criteria

• Tool box on actionability
Selection of instruments

The process for selection of the recommendable instruments was as follows:

- Appointing national experts
- Literature search
- Information collection from Member States (MS) on currently used instruments
- Validation of the report on currently used instruments by experts and NCPs
- Assessment of identified instruments according to the approved first set of criteria, (instrument level)
- Identification of a list of candidate instruments for recommendation
- Assessment of the candidate instruments according to the approved second set of criteria (set level)
- Recommendation of 3-4 instruments
- Review of the instruments not selected for recommendation and the literature
- Further recommendations
- Validation of the report on currently used instruments and recommendations by experts and NCPs
The first set of criteria

Each original instrument must
• Capture the definition of PSC used by WP1
• Have well documented scientific properties, and the instrument has been translated into at least one MS language and tested practically
• Be feasible in application (survey planning, data collection, data analysis, feedback etc.)
• Target minimum the clinical staff as informants (doctors/nurses/therapists/others)
• Be available in English language
• Be free of fee, and easily accessible, and one must not have to be certified to use the instrument

All criteria must be fulfilled for an instrument to be candidate for recommendation
The second set of criteria

The chosen set of instruments must

• Be applicable in diverse health care settings (e.g. hospital, GPs, nursing homes, community care), however one instrument must be suitable for hospital use
• Measure a broad variety of different dimensions of safety culture as possible. This means that the individual instruments chosen must preferable measure a number of different dimensions, together the 3-4 instruments should cover a variety of PSC issues
• Be usable at different organisational and system levels
• Be administered on paper and electronically

Preferred instruments are those which have

• documented manuals
• been used to assess the utility. Utility is defined as the added value on the clinical and the organisational level.
Status information collection

• 27 NCP + over 50 EU appointed experts covering the 27 MS and 6 non-MS
• Feed back from 24 MS and 6 non-MS with
  – status and information on PSCI used
  – no PSC work ongoing presently
• No feed back; 3 MS
<table>
<thead>
<tr>
<th>Instrument</th>
<th>Reported used in the following MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Risk Management</td>
<td>A</td>
</tr>
<tr>
<td>Drug risk perception - with respect to NSAIDs</td>
<td>SK</td>
</tr>
<tr>
<td>Error Orientation Questionnaire</td>
<td>DK</td>
</tr>
<tr>
<td>Healthcare workers perception of adverse events and incident reporting</td>
<td>I</td>
</tr>
<tr>
<td>Hospital Survey on Patient Safety Culture</td>
<td>B, UK (Scotland), CH, NL, I, E, HR, S, IS, F, N, Fin</td>
</tr>
<tr>
<td>Information System for Surveillance and Control of Adverse Events</td>
<td>E</td>
</tr>
<tr>
<td>Manchester Patient Safety Assessment Framework</td>
<td>UK, D, NL</td>
</tr>
<tr>
<td>Patient perception of safety in health services. CASSES Questionnaire</td>
<td>E</td>
</tr>
<tr>
<td>Patient safety care in hospitals - Quality Standards</td>
<td>E</td>
</tr>
<tr>
<td>Safety Attitudes Questionnaire</td>
<td>H, N, D, UK</td>
</tr>
<tr>
<td>Safety Climate Assessment Instrument</td>
<td>UK</td>
</tr>
<tr>
<td>The Danish Patient Safety Culture Questionnaire</td>
<td>DK</td>
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<tr>
<td>TUKU – Safety culture in health care survey</td>
<td>Fin</td>
</tr>
<tr>
<td>Vienna Safety Culture Questionnaire</td>
<td>A</td>
</tr>
<tr>
<td>World Alliance for Patient Safety Hand Hygiene Campaigns Healthcare -</td>
<td>P</td>
</tr>
<tr>
<td>Units Survey on Patient Safety Culture</td>
<td></td>
</tr>
<tr>
<td>Instrument</td>
<td>Fulfilment of the first set of criteria</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------------------------------------</td>
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<td>1</td>
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<tr>
<td>Clinical Risk Management</td>
<td>x</td>
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<tr>
<td>Drug risk perception - with respect to NSAIDs</td>
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<tr>
<td>Error Orientation Questionnaire</td>
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</tr>
<tr>
<td>Healthcare workers perception of adverse events and incident reporting</td>
<td>x</td>
</tr>
<tr>
<td>Hospital Survey on Patient Safety Culture (AHRQ)</td>
<td>x</td>
</tr>
<tr>
<td>Information System for Surveillance and Control of Adverse Events</td>
<td>x</td>
</tr>
<tr>
<td>Manchester Patient Safety Assessment Framework</td>
<td>x</td>
</tr>
<tr>
<td>Patient perception of safety in health services. CASSES Questionnaire</td>
<td>-</td>
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<tr>
<td>Patient safety care in hospitals - Quality Standards</td>
<td>x</td>
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<tr>
<td>Safety Attitudes Questionnairere (IHI)</td>
<td>x</td>
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<tr>
<td>Safety Climate Assessment Instrument</td>
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<td>-</td>
</tr>
<tr>
<td>Units Survey on Patient Safety Culture</td>
<td></td>
</tr>
</tbody>
</table>

- Criteria not fulfilled  x criteria fulfilled
<table>
<thead>
<tr>
<th>Instrument identified through a literature search – 2008</th>
<th>Reported in use in MS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checklist for Assessing Institutional Resilience</td>
<td>No</td>
</tr>
<tr>
<td>Culture of Safety Survey</td>
<td>No</td>
</tr>
<tr>
<td><strong>Error Orientation Questionnaire</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Hospital Culture Questionnaire</td>
<td>No</td>
</tr>
<tr>
<td>Hospital Survey on Patient Safety</td>
<td>No</td>
</tr>
<tr>
<td><strong>Hospital Survey on Patient Safety Culture</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Manchester Patient Safety Assessment Framework</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Nursing Unit Cultural Assessment Instrument</td>
<td>No</td>
</tr>
<tr>
<td>Patient Safety Climate in Aesthesia</td>
<td>No</td>
</tr>
<tr>
<td>Patient Safety Culture Questionnaire</td>
<td>No</td>
</tr>
<tr>
<td>Patient Safety Cultures in Healthcare Organisations</td>
<td>No</td>
</tr>
<tr>
<td>Safety Attitudes Questionnaire</td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>Safety Climate Scale</td>
<td>No</td>
</tr>
<tr>
<td>Stanford Safety Culture Instrument</td>
<td>No</td>
</tr>
<tr>
<td>Teamwork and Patient Safety Attitudes Questionnaire</td>
<td>No</td>
</tr>
<tr>
<td>Trainee Supplemental Survey</td>
<td>No</td>
</tr>
<tr>
<td>Veteran Affairs Palo Alto/ Stanford Patient Safety Center for Inquiry</td>
<td>No</td>
</tr>
<tr>
<td>Veterans Health Administration Patient Safety Culture Questionnaire</td>
<td>No</td>
</tr>
<tr>
<td>Safety Climate Survey</td>
<td>No</td>
</tr>
</tbody>
</table>
Conclusions

- The information collection revealed the use of 15 different instruments in MS
  - The most frequently used instruments were:
    - Hospital Survey on Patient Safety Culture
    - Manchester Patient Safety Assessment Framework
    - Safety Attitudes Questionnaire
  - In a number of MS validity studies have been carried out, are presently planned or ongoing regarding these three instruments

- The EUNetPaS literature search performed in the summer of 2008 identified 19 PSCI. Four of these have been reported in use in MS
Preliminary recommendations

The following instruments fulfilled the criteria which were set and accepted by MS to suit common needs across 27 MS

*The Hospital Survey on Patient Safety Culture*
*Manchester Patient Safety Assessment Framework*
*Safety Attitudes Questionnaire*
Manchester Patient Safety Framework (MaPSaF) – Acute

01. Commitment to overall continuous improvement

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## Overview of the three instruments

<table>
<thead>
<tr>
<th>1. Origin</th>
<th>USA / AHRQ</th>
<th>UK / UNiversity of Manchester</th>
<th>USA /IHI</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Objective</td>
<td>Assessment of PSC and evaluation of the impact of interventions</td>
<td>Assessment and self-reflection of PSC and how improvements can be made</td>
<td>Assessment of frontline workers perceptions of safety climate</td>
</tr>
<tr>
<td>3. Development</td>
<td>Developed from a review of the literature and existing safety culture surveys and interviews with hospital staff</td>
<td>Developed according to Westrum's organisational maturity continuum</td>
<td>Developed from existing safety culture surveys and from Donabedian’s conceptual model for assessing quality</td>
</tr>
<tr>
<td>4. Format</td>
<td>51 items self-completion 5-point Likert scale</td>
<td>9x5 matrix; safety culture x different levels of safety culture maturity</td>
<td>27 items self-completion. 5-point Likert scale</td>
</tr>
</tbody>
</table>
| 5. Nature          | Questionnaire  
Dimensional  
Quantitative | Matrix  
Typological  
Qualitative | Questionnaire  
Dimensional  
Quantitative |
| 6. Level of analysis | Analysis at team level and in wider the organisation | Analysis at team level, location and in wider organisation | Analysis at team level and in wider the organisation |
| 7. Extend of usage and testing | Used and tested in multiple hospitals in Europe and USA | Used and tested in multiple hospitals in Europe | Used and tested in multiple hospitals in Europe, New Zealand and USA |
| 8. Scientific properties | Well tested, demonstrates sound psychometric properties | Face and content validity established; criterion validity to be tested | Well tested, demonstrates sound psychometric properties |
| 9. Setting for application | Hospitals, nursing homes and ambulatory outpatient facilities | Primary, acute sector, mental health services and ambulance | Intensive care unit, general inpatient settings, operating rooms and ambulatory care |
Tool box on Actionability

A collection and assessment of good and bad learning experiences in planning and implementing PSC methods

+ A literature review

The establishment of the tool box on actionability is ongoing
1. Decision on a culture survey and ensuring resources
2. Select an appropriate instrument
3. Obtain informed leadership support
4. Involve health care staff
5. Collect data
6. Analyse data
7. Feedback result
8. Agree interventions through consultation
9. Implement interventions
10. Track changes

Pilot in Lithuania 2009-10

Aims:
• disseminate information about EUNetPaS and PS issues
• gain experiences in surveying in a culture where PS is in early stages
• give a broad overview of the PS situation in the surveyed hospitals especially regarding the four focus areas of EUNetPaS

I stage  Preparing                      June-Sept
II stage Intervention Questionnaire   Oct-Nov
III stage Data analysis                Dec
IV stage Conclusions                   Jan
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Actionability

A collection and assessment of good and bad learning experiences in planning and implementing PSC methods
Actionability

1. Decision on a culture survey and ensuring resources
2. Select an appropriate instrument
3. Obtain informed leadership support
4. Involve health care staff
5. Collect data
6. Analyse data
7. Feedback result
8. Agree interventions through consultation
9. Implement interventions
10. Track changes

The Agency for Healthcare Research and Quality (AHRQ) developed tools for:

- Hospitals
- Nursing homes
- Ambulatory outpatient medical offices

Health care organizations can use these survey assessment tools to:

- Assess their patient safety culture
- Track changes in patient safety over time
- Evaluate the impact of patient safety interventions

Hospital Survey Toolkit comprises:

- Survey Forms
- Survey User's Guides
- Survey Feedback Report Templates
- A comparative Database
Dimensions of the HSPSC

I. Background Variables

II. Outcome Measures
   – Frequency of Event Reporting
   – Overall Perceptions of Safety
   – Patient Safety Grade
   – Number of Events Reported

III. Safety Culture Dimensions (Unit level)
   – Supervisor/manager expectations & actions promoting safety
   – Organizational Learning-Continuous improvement
   – Teamwork Within Hospital Units
   – Communication Openness
   – Feedback and Communication About Error
   – Nonpunitive Response To Error
   – Staffing
   – Hospital Management Support for Patient Safety

IV. Safety Culture Dimensions (Hospital-wide)
   – Teamwork Across Hospital Units
   – Hospital Handoffs & Transitions
Case

- A PSC survey is to be performed in a clinical setting where improving PS is in early days – it is to be used as a basis for planning the PS strategic areas and allocating resources e.g. setting up a reporting system and working with risk management across the hospital.
- It is not yet a common to talk about PSC issues on the clinical and the management level.
- AE are not yet defined, reported or worked with in a systematic way (risk management).
- The PS culture seems more a "shame and blame" culture than an open culture at a first glance.
- The decision to take part in the survey has been taken by the hospital management, you’re to plan and carry it through. You’re an external expert.
- There are limited resources (money) but sufficient IPR (about general PS, epidemiological surveys, PSC instruments, analysing and follow up etc.) available to plan and carry through the survey.
Brainstorm small groups

- Look at one dimension of the instrument
- Identify a couple of strengths and obstacles of applying the instrument in our setting
- How can one use the strengths in achieving a good compliance? (getting the clinical management and the clinicians on board, and securing valid results)
- How could one go about handling the difficulties?
Developing PSC
Preliminary recommendations

- At present benchmarking of results from patient safety culture survey has not been investigated enough, thus more research in this area is recommended, to determine how it makes sense and at what level. The Manchester Patient Safety Assessment Framework has explicitly not been developed for benchmarking; since it is used as a reflecting framework it will also depict the state of reflection and not only of culture.
- The preliminary recommended PSCI are highly recommended for use for internal organisational development of the patient safety culture in diverse health care settings.
- All instruments should be used according to their original manuals.
- Translation is recommended according to the “Process of translation and adaptation of instruments” described by the World health Organisation.
- Instruments should be tested in the national setting.
- Assessing culture with only one method can be problematic, since one always will miss a lot of information according to the limitations of the method applied. Thus it is advisable to use a triangulation approach.
Actionability as defined by WP1, compromises aspects of how to:

• Create the vision
• Decide the purpose of the survey (precisely and unambiguous)
• Get leadership and staff commitment/support?
• Estimate resources (incl. time) available for the survey? (Now and in the future)
• Decide the extent of the survey
• Team/ward/department/hospital/regional/national)
• Choose the survey tool appropriate according to purpose(s)
• Decide on the informants?
• Doctors/nurses/students/technicians/therapists/others)
• Decide on the way of administration (Paper/electronic – mail box, post, staff meeting etc.)
11. Decide on degree of anonymity of informants
12. Analyse of the data (By whom, how/extent, level of comparison etc.)
13. Interpret the data (who and how?)
14. Use the results and by whom?
15. Decide on how and to what extend should results be made available (team level/intranet/publicly?)
16. How to communicate results to the informants? (Paper/electronically/in person)
17. Make the action plan for improvements (coordination with other quality improvement plans, be realistic, how is the co-ordinator, what is the time frame, how to ensure full implementation etc.)
18. Communicate the action plan for improvements
19. Implement the action plan
20. Evaluate the success the action plan
21. Decide on repetition of the survey (time frame etc.)
Vignette: Getting leadership and staff commitment/support

We were to perform the first PSC survey ever in our hospital. We chose to perform a small scale pilot to learn from in a large ward, and decided to form a steering group of the survey consisting of the hospital management, the clinical management responsible for the ward where we wanted to survey, representatives from the clinical staff at the ward, and the quality manager/risk manager of the hospital. We used a questionnaire.

The steering group defined its purpose, responsibility and task and ways of communication in the steering group, and to the ward where the survey took place. The steering group met on a regular basis to plan and follow the process of the survey.

Lesson learned – Reflection or message for others

We found it very helpful to have a steering group for decision making, planning of the survey, resource allocation integration with other quality work at the ward, and sharing of knowledge.

However when we want a PSC survey covering the whole hospital, we would definitely also invite our internal researchers and data managers to join the steering group from the beginning to be stronger in planning of data collection and in analysing and interpreting data. This would create a broader support for the survey.

Having the clinical staff represented in the steering group was found extremely valuable as the bridge to the ward level, the representatives were able to answer questions about the survey and motivate colleagues to respond.
Further recommendations

- A number of instruments were not selected for recommendation of use across MS for different reasons; however it is highly important to state, that this does not mean that these instruments are not recommendable for use in single MS.
- They should all be used further and the experiences from the developmental process, testing and validation, and general use should unquestionably be shared with other MS.
- The method, tool, instrument and process of data collection, analysing, feedback of results, strategic planning of actions and monitoring of improvement must be chosen according to the context and the purpose of measuring.
Manchester University developed frameworks for

- Primary care
- Acute care
- Ambulance
- Mental health care

MaPSaF assists healthcare teams in:

- measuring their progress towards making patient safety a central focus within their organisation
- help them identify areas of particular strength or weakness. This will help to channel resources in the most appropriate fashion to best improve their patient safety culture
- It is a self-reflective framework and not a tool for performance management

The MaPSaF Toolkit comprises:

- Frameworks and charts
- Evaluation sheets
- Facilitator guidance presentation (power point)
- Guidance manual
Safety Culture Dimensions of MaPSaF

- Overall commitment to quality
- Priority given to patient safety
- Perceptions of the causes of patient safety incidents and their identification
- Investigating patient safety incidents
- Organisational learning following patient safety incidents
- Communication about safety issues
- Personnel management and safety issues
- Staff education and training about safety
- Team working around safety issues
MaPSaF

Levels of maturity with respect to a safety culture

A. Why waste our time on safety?

B. We do something when we have an incident

C. We have systems in place to manage all identified risks

D. We are always on the alert for risks that might emerge

E. Risk management is an integral part of everything that we do

PATHOLOGICAL  REACTIVE  BUREAUCRATIC  PROACTIVE  GENERATIVE
The Safety Attitudes Questionnaire (SAQ)

The University of Texas developed tools for:
- Teamwork and Safety Climate
- Safety Attitude Questionnaire – Ambulatory Version
- Safety Attitude Questionnaire – ICU Version
- Safety Attitude Questionnaire – Labor and Delivery Version
- Safety Attitude Questionnaire – Operating Room Version
- Safety Attitude Questionnaire – Pharmacy Version

Health care organizations can:
- Elicits a snapshot of the safety culture through survey of frontline worker perceptions

The SAQ Survey Toolkit comprises the following:
- Safety Attitude Survey Response Rate Tracking Form - ICU Example
- Safety Attitude Questionnaire User's Guide
- Scale Computation Instructions
- OB Response Rate Tracking Form
- Ambulatory Survey Tracking Form
- Inpatient Tracking Form
- Safety Climate Test Retest Technical Report
- Practical advice about survey administration
Safety Culture Dimensions of SAQ

- Teamwork climate
- Job satisfaction
- Perceptions of management
- Safety climate
- Working conditions
- Stress recognition
- Background information