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CULTURE OF PATIENT SAFETY IN AN INTERNATIONALLY ACCREDITED HOMECARE SETTING.

Healthcare Quality

Dr. Mitali Ravindra Shinde Master of Dental Sciences in Pediatric & Preventive Dentistry.

Omkar Prakash More* Doctor of Business Administration. *Corresponding Author

ABSTRACT

The combination of attitude & behavior is the main recipe for a culture of patient safety. The research or availability of data in this field of home care is very limited. In this study, the perception of staff towards patient safety has been measured & analyzed to list the contribution of how the culture of safety dimensions explains patient safety in the organization. **Method:** The online survey was conducted with the help of a questionnaire among the healthcare professionals in a homecare setting in Abu Dhabi. The data were further analyzed with the help of JMP software, and descriptive statistics & regression were used to assess the study's outcome. **Results:** All the six pillars of the questionnaires were scored, and all the pillars were above 60 per cent as mentioned in fig. 2. Overall patient safety score was observed with 81 per cent positive response. Out of 31 sub-questions to be tested, 26 (84%) parameters received positive responses by 60% & above staff voting for positive perception. The rest of the 5 (16%) parameters had received less than 60% of employees rated positively. Multiple regression was conducted, and predictor variables such as the work area, manager/ supervisor, communication, reporting of safety events & higher management are found to have a significant effect on patient safety culture (Rsq=0.53, p 3005). **Conclusion:** Accredited homecare has several factors that significantly impact patient safety, including leadership, further reflecting on teamwork & communication from management. Hence the leadership indicators & strategies have to be continued, which include teamwork, building sound teams with mutual trust, and collaboration being an essential part of managers' work with patient safety. However, reporting of events is observed to hitting negatively in the organization & can be taken as an opportunity for improvement.

KEYWORDS

Culture, Homecare, Incident report, Patient safety, Perception, Quality

INTRODUCTION:

Patient safety only became a topic of interest for research since the landmark Institute of Medicine Report (IOMR) "To Err is Human: Building a Safer Health System" was published in 1999 in the United States of America (USA). It was the first report to discuss patient safety comprehensively. Patient safety is defined as 'freedom from accidental or preventable injuries'. Most of the literature reviewed identified the following common themes relating to patient safety and patient safety culture, namely the establishment of an organizational safety culture, leaders in organizations driving a culture of change and patient safety, establishing a just safety culture through awareness and policies, education and training, adequate staffing levels, effective communication, and reporting of errors, An organizational safety culture contributes to patient safety. Reason et al. focused their study on the diagnosis of "vulnerable systems syndrome". [iii] The authors related it to the "Swiss cheese" model of accident causation, described as "successive layers of defences, barriers, and safeguards in an organization that renders them vulnerable to adverse events". It recommends blame-free and just safety culture in which staff feels free to report errors.

Unreported medical errors are found to impact negatively on patient safety. Promoting effective communication in an organization is an important aspect of patient safety. In high-risk areas, the quality of human interaction is critical to minimizing human error. Briefings to plan activities in critical care environments such as operating rooms and intensive care units and feedback are widely recommended. The home environment and the intermittent nature of professional home health care services may limit the clinician's ability to observe the quality of care that informal caregivers deliver—unlike in the hospital, where care given by support staff may more easily be observed and evaluated.

It seems to be imperative that patient safety and a culture of change be driven by senior leaders in organizations. 'Executive walk around' (EWR) is found to positively influence patient safety through direct interaction with staff. Today senior leaders in health care organizations are also joining clinicians at the unit level in safety initiatives such as comprehensive unit-based safety programs (CUSP), where staff see how senior executives embrace problems and facilitate solutions.[7] Despite the emphasis on patient safety in healthcare, few organizations have evaluated the extent to which patient safety is a strategic priority or if their culture supports patient safety. The Health Authority of Abu Dhabi (HAAD), is highly focused on patient safety and has adopted a 3 policy that all government hospitals should work towards the Joint Commission International Accreditation. HAAD Hospital Standards identifies five patient safety goals, namely Patient Safety and Quality Improvement, Communication, High-Risk Care Processes, Leadership involvement, and Facility Safety. The researcher is a staff member in a healthcare facility in Abu Dhabi, United Arab Emirates.

rom the above discussion, it becomes clear that a safety culture should start with an investigation of the current safety culture of frontline personnel, including senior staff in the organization. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) also recommends an annual survey of quality health care in organizations. [v] Quality health care is defined as the delivery of care that can satisfy the needs of patients, is safe, effective, patient-centred, timely, efficient and equitable. The researcher envisioned assessing the current safety culture, as well as factors influencing patient safety standards in a home healthcare setting in Abu Dhabi, United Arab Emirates, and using this information to improve patient safety standards in-home healthcare. To the researcher's knowledge, there are no published research articles on a culture of patient safety in a home healthcare environment in Abu Dhabi.

METHODOLOGY:

A quantitative descriptive survey was implemented to assess the current safety culture and the contributing factors that influence the patient safety culture in a home healthcare setting in Abu Dhabi.

In this study, the target population was all the clinical staff & non-clinical staff of an organization. The survey and questionnaire were presented in English & Arabic. A purposive sampling technique was employed, which was representative of the setting, the characteristics of the subjects, and the distribution of values on the variables being measured. The research setting is specialized in a home healthcare setting in Abu Dhabi with a population of 200 staff. All staff members complied to participate in the survey.

The survey was conducted using a questionnaire via google forms. The questionnaire was developed by a private research company: The Agency for Healthcare Research and Quality (AHRQ) for research in a general hospital. The questionnaire had a five-point Likert scale to measure participants' responses and covered several domains like the current state of safety culture, hospital leadership support, teamwork, communication, and incident reporting underpinned by literature. Demographic data were also included. The questionnaire comprised of close questions and one open-ended question.

RESULTS:

The survey form was divided initially into two parts dependent parameters

& independent parameters. The independent parameters helped were those who measured the demographic information of the employees.

The first of them includes the roles in which individuals worked in the organization. The maximum number of respondents was noted to be from nursing, as it contributes to the maximum number of headcounts as well, as mentioned in fig. 1. The other respondents included the roles in middle management, directors/executives, physiotherapy & office staff. This included 8% of staff who had direct interaction with patients & the rest 12% are indirectly linked. The next parameter mentions tenure of the work in the organization, which was further classified as less than 1 year, 1 to 5 years & 6 to 10 years contributing to 39%, 52% & 9% respectively. Researchers also took the perception of working hours per week contributed by employees as mentioned in fig. 1.

Fig.1: Demographic Details Summarised With Help Of JMP Software.

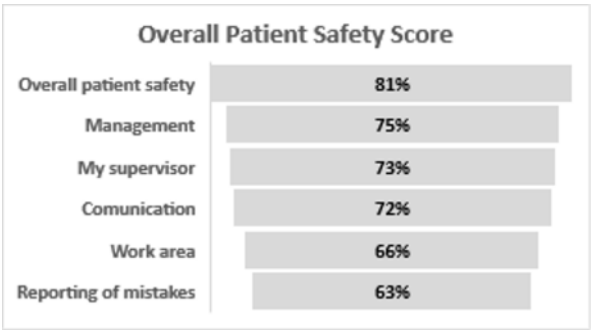

Fig. 2. Overall Patient Safety Score

The dependent variables included the parameter from the perception of their respective work area, manager/ supervisor, communication, reporting of safety events & higher management. All the six pillars of the questionnaires were scored, and all the pillars were above 60 per cent as mentioned in fig. 2. Overall patient safety score was observed with 81 per cent positive response. Out of 31 sub-questions to be tested, 26 (84%) parameters received positive responses by 60% & above staff voting for positive perception. The rest of the 5 (16%) parameters had received less than 60% of employees rated positively.

Multiple Regression Analysis:
The predictor variables as the work area, manager/ supervisor, communication, reporting of safety events & higher management are found to have a significant effect on patient safety culture (Rsq=0.53, p 005).

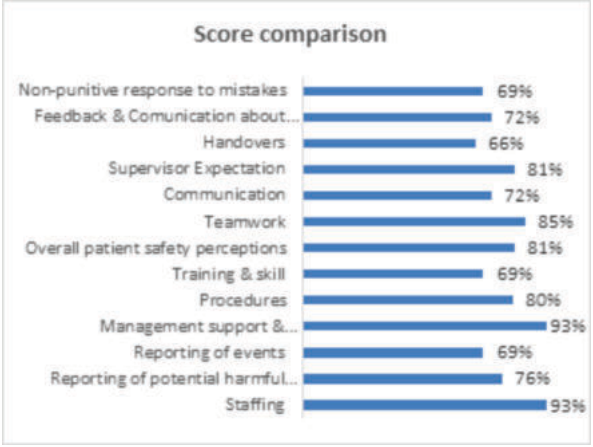

Fig. 3 Average Percentage Of Positive Responses Per Patient Safety Culture Dimension, In The Study At Norwegian & Current Study.

DISCUSSION:
This study has an overall good rating for all the parameters to determine the culture of patient safety. There are very few studies in this area of patient safety culture in the homecare setting. The study conducted by Eline Ree and Siri Wiig compared the results of the culture of the safety of homecare with nursing home & found that homecare had a higher score than that of a nursing home. The data published by this study was used to benchmark the data in the current study.

Out of 13 parameters, mentioned in the study of Norwegian, [vi], three (23%) dimensions were scored more than the ones mentioned in the current study, one with the same score & rest of the nine (69%) parameters had a positive score lower than the current study. In the current research, all the mentioned dimensions from fig. 3 had a positive perception of more than 60%.

In the study mentioned by Ana Luiza, a review was conducted on the culture of safety, in which they reflected the result of 6 articles out of 13 articles. This review compared the perception of employees from different countries with a similar instrument from AHRQ. The study concluded the dimensions "teamwork" was seen as the best rated overall & conversely "work pressure & pace" was the lowest. . In this study both the parameters were highly rated, this can be due to the international accreditation of the surveyed organisation in the study.

The organisation had identified the opportunity to improve the culture based on the perception of staff received in this survey. As per survey results, employee perception of reporting events was the lowest scoring indicator; there can be various reasons for having this perception. Management has strategized to have a short-term & long-term plan for this, which includes appreciating staff for raising the maximum number of events & adding one more communication channel respectively.

Implications:
This study was able to find the predictors for the culture of safety at internationally accredited homecare in Abu Dhabi. This is one of the rarest studies conducted in this geography, which can be used to benchmark the scores while conducting the studies at any homecare in the region. Future studies can further extend the questionnaire with more demographic details. This is the only study that compares the results from the gulf region with those in west geography.

Limitation:
This study is limited to just one organization in the region. Surveys can be conducted in multiple homecare organizations in future studies.

CONCLUSION:
Mapping cultural challenges in an efficient manner should be considered by healthcare leadership with help of perception of patient safety culture, this helps in planning & implementing patient safety efforts. In this study, reporting the event is found to be the weakest position in the chain of patient safety culture. Hence, the organisation must spread awareness on the reporting of events & give confidence to the staff for better reporting; rewarding the healthcare workers can be one of the options.

Conflicts Of Interest: The authors declare no conflict of interest.

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