

Quality & Safety Dialogues

- evaluation of a Swedish patient safety culture intervention

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Type of poster: Research project

Keyword: Outcome Assessment, Organizational Culture, Safety Management, Leadership

Background

Patient safety leadership walk round (PSLWR) is an intervention aimed at improving safety culture in hospitals. PSLWR involves hospital leadership in patient safety issues and focuses on sustaining good relations with frontline health care providers, promoting conversations to identify hazards, and assembling information to enhance decision-making around patient safety.

In the County Council of Östergötland, Sweden a comprehensive patient safety program was implemented in 2000 and since 2005 one intervention of this program is the Quality & Patient Safety Dialogue (QPSD). A QPSD has the same objective as the PSLWR. A QPSD cycle, which for each department is 18 months.

Purpose

To describe a Swedish PSLWR adaptation implemented in a County Council with three hospitals.

The intervention was evaluated by changes over time in safety culture and assessed with an instrument based on the Manchester Patient Safety Assessment Framework (MaPSaF).

Method

All 50 somatic and psychiatric departments, 37 somatic care departments and 13 psychiatric care departments, in the County Council participate in the QPSD intervention. The leadership and employees working with patient safety and quality take part from the department. The QPS-team consists of a chief medical officer, a development leader with expertise in patient safety and a hygiene nurse.

The discussion is based around a structured list of questions covers three areas: Hospital-Acquired Infections (HAI); Outcome Measurement (OM); and Patient Safety (PS). The assessment is based on a consensus discussion among the QPS-team. Each of the areas HAI, OM, PS is scored on a scale from 1 to 5 (1= None or little ongoing activities at all in quality and patient safety: 5= Very well developed and fully implemented way of working in quality and patient safety).

Results

The average score for the somatic and psychiatric care departments in the three safety areas (HAI, OM, and PS) in the three rounds have increased. Both somatic care and psychiatric care are assessed to have attained a better safety culture in all three areas.

Discussion/Conclusions

A recurrent dialogue using a structured protocol seems to be a useful method for improving safety culture and for the follow-up of quality and patient safety initiatives. Several other regions in Sweden have adopted this way of working.