Patient Safety Culture in Pamela Youde Nethersole Hospital: How well are we when compared with U.S. Hospitals?

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Introduction
Crew Management Training has brought about a positive change in patient safety culture and is associated with a reduction in adverse clinical incidents in our hospital. Comparing our patient safety culture survey results with that from hospitals in the United States can help us identify our strengths and rooms for improvement in the future.

Objectives
To compare our patient safety culture survey results with the relevant benchmarks of U.S. hospitals.

Methodology
A hospital-wide electronic survey was conducted from 15 January, 2015 to 9 February 2015 using the questionnaire developed by the Agency for Healthcare Research and Quality (AHRQ) in the United States. The questionnaire consists of 42 items organised into 12 dimensions on patient safety. It has been used widely by hundreds of hospitals across the United States and internationally to assess patient safety culture. A database comprising voluntarily submitted data from U.S. hospital has been set up by the AHRQ for benchmarking. The result of our survey was compared with the 2014 survey result of U.S. hospitals with 500 beds or more. As suggested by the AHRQ, only a difference of more than 5% was considered significant.

Result
315 staff, including 65 doctors, 176 nurses and 55 allied health staff, completed the survey. When compared with U.S. hospitals, we have more positive responses in organisation learning (77.8% vs 71.7%) and feedback & communication about error...
We have comparable findings in the following patient safety dimensions: teamwork within units (80.5% vs 78.3%) and across units (52.7% vs 54.8%), communication openness (59.2% vs 60%), handoffs & transitions (41.4% vs 41.3%). There are rooms for improvement in supervisor/manager expectations & action promoting patient safety (60.7% vs 73.3%), management support for patient safety (61.6% vs 68%), overall perceptions of patient safety (50.6% vs 62.3%), frequency of events reported (41.3% vs 61.3%), staffing (26.9% and 51.3%) and non-punitive response to error (26.6% vs 41%). Conclusion Benchmarking help identify our strengths and weaknesses in building patient safety culture. When compared with the relevant benchmarks of U.S. hospital, patient safety culture in PYNEH is comparable with U.S. hospitals in 6 out of 12 patient safety dimensions. Attention should be paid to dimensions where our deficiency is obvious: staffing, frequency of events reported and non-punitive response to error.