

Patient Safety Culture in a Hemodialysis clinic

Ana Grilo, MSN, PGNDT, RN, BSN
Lisbon - Portugal

Background

Safety culture is understood today as the product of individual and group values, attitudes, skills and behavioural patterns, which determine the commitment to the management and security of an organization. Evaluating the perception of professionals about the safety culture of the patient, in the units where they work, is essential to implement measures aimed at improving the results and achieving safety and quality in the care provided to patients.

Objectives

The proposed objectives are to identify the perception of health professionals about the safety culture present in a hemodialysis clinic and to identify the areas where the safety culture of the same clinic can be improved.

Methodes

A quantitative, observational, descriptive and cross-sectional study was carried out, and the Hospital Survey On Patient Safety Culture (2014 version), with a non-probabilistic sequential sample, was used. The sample (n = 108) consists of Nurses (49.07%), Assistants (24.07%), Physicians (17.59%), Administrative (4.63%) and Technicians (4.63%).

Results

From the results obtained it is evident that "Teamwork within units" (81%) is the strongest dimension of the organization. Dimensions with positive evaluation are "Organizational learning - continuous improvement" (77%), "Teamwork across units" (75%) and "Management support for patient safety" (75%). Dimensions considered in need of improvement are: "Staffing" (55%); "Frequency of events reported" (58%); "Handoffs and Transitions" (61%), "Supervisor/Manager Expectations & Actions Promoting Patient Safety" (67%) and "Overall Perceptions of Patient Safety" (72%).

The problematic / critical dimensions found in the studied context were the "Non-punitive response to errors" (37%); "Feedback and communication about error" (50%) and "Communication openness" (50%).

Conclusion

Globally the perception on patient safety is positive. This study has identified improvement opportunities. Thus, it is possible to establish an improvement plan that fosters the critical dimensions and takes advantage of the best-performing dimensions, like "teamwork within units" and "Organizational learning - continuous improvement" to successfully operationalize these same measures and patient safety in the Unit as well as help the leadership implement strategies to overcome the problematic dimensions identified in order to manage and prevent errors in the healthcare setting.

