

# Patients' Safety Project

M.A. Hamandi  
BSN, MPH, HA

# Patients Safety Lebanon Project

- Project is a partnership between :



World  
Health  
Organization



Syndicate of  
Private Hospitals  
in Lebanon

# Objectives of the Project

- Improve the culture of safety in Lebanese hospitals
- Minimize adverse events as result of health care delivery
- Identify priority areas in patients safety
- Identify training needs in all aspects that affect the safety culture

# Phase 1: Data Collection/ Needs Assessment

A self administered questionnaire will be addressed to nurses in all hospitals in Lebanon inquiring about patients' safety culture.

The sample size is 12% of the number of beds yielding a total sample of 1,000.

# Phase 1: Assessment

The survey results will be analyzed and deficiencies will be identified. As soon as the results of the survey are published, the Syndicate will have a role of disseminating the results to all stakeholders and through their webpage. In addition, they will be discussed in the Syndicate's Administrative Board to recommend appropriate actions.

# Phase 2: Training

- Hospitals will be trained on how to address priorities found in the analysis.
- The magnitude of training depends largely on the results of the survey.. It will consist of training at least one person from each hospital to become a trainer for all staff.

# Phase 3: Evaluation

The impact of the training will be evaluated by another survey.

The Syndicate will be involved in disseminating the results and recommending appropriate actions.

# Phase 1 Assessment

6/12/2008

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# Methodology:

Assessment of the situation was done by collecting data about the culture of patients' safety from Lebanese Hospitals Nurses.

# Independent variables include:

## Information about nurses:

- Educational qualifications
- Position.
- Gender
- work area
- Age
- Experience

# Independent variables include:

## Information about the hospital:

- Region: Moahfaza and Kadaa where the hospital is located
- Bed size of hospital
- Ownership: private (for profit), University, Non-profit and Governmental
- Quality management system presence and type

# Dependent variables include:

- Teamwork
- Culture of blame
- Statistical analysis of errors
- No. of events reported
- Training
- Presence of policies
- Presence of safety officer
- Patient safety grade

# No. of Respondents

- Target 1,000 nurses
- Achieved 1,074 nurses
- 84 short-stay hospitals distributed all over Lebanon and from different categories

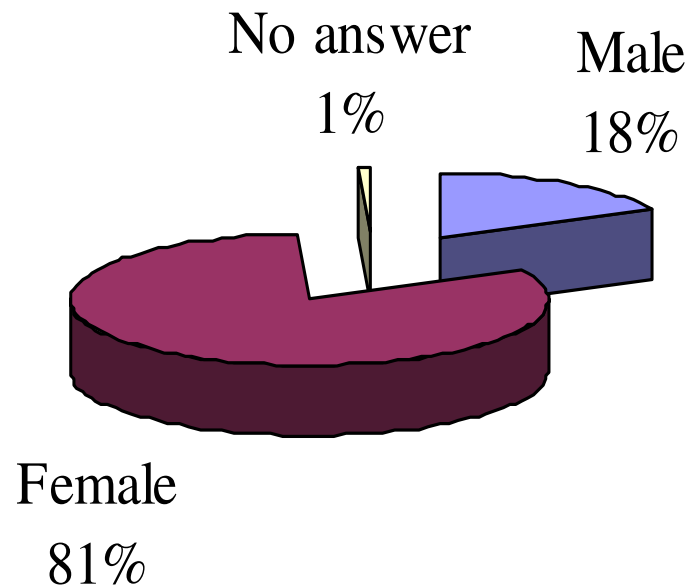
# Distribution of Nurses by Educational Qualifications

<b>Education</b>	<b>No.</b>	<b>%</b>
BT	122	11.36
TS	229	21.32
LT	162	15.08
BS	483	44.97
Master	58	5.40
No Answer	20	1.86
Total	1,074	100

# Distribution of nurses by Title

Title	No.	%
Nurse	113	10.52
Registered Nurse	572	53.26
Head Nurse	311	28.96
Supervisor	71	6.61
No answer	7	0.65
Total	1,074	100

# Distribution of nurses by Gender



# Distribution of nurses by age

Age	No.	%
30 or less	630	58.66
31 - 45	371	34.54
46 - 55	41	3.82
more than 55	6	0.56
No answer	26	2.42
Total	1,074	100

# Distribution of nurses by experience

Experience	No.	%
1- 3 years	291	27.09
4 - 6 years	234	21.79
6 - 10 years	227	21.14
> 10 years	310	28.86
No Answer	12	1.12
Total	1,074	100

# Distribution of hospitals by Mohafaza (region)

Mohafaza	No.	%
Bekaa	218	20.30
South	150	13.97
North	167	15.55
Beirut	210	19.55
Mount Lebanon	329	30.63
Total	1,074	100

# Distribution of Hospitals by type

Type	No.	%
Private	594	55.31
Non-profit	329	30.63
University	79	7.36
Governmental	72	6.70
Total	1,074	100

## Distribution of nurses by presence of quality management system in their hospitals

QMS presence	No.	%
Yes	1002	93.30
No	43	4.00
No answer	29	2.70
Total	1,074	100

# Distribution of nurses by type of QMS in their hospitals

Reported QMS	No.	%
Lebanese Accreditation	324	30.17
ISO	553	51.49
JCI	37	3.45
No answer	160	14.90
Total	1,074	100

# Distribution of nurses by real type of QMS in their hospitals

Real QMS	No.	%
Lebanese Accreditation	820	76.35
ISO	238	22.16
JCI	16	1.49
Total	1,074	100

# Distribution of respondents by presence of quality officer

QM officer presence	No.	%
Yes	1,005	93.58
No	28	2.61
Do not know	22	2.05
No answer	19	1.77
Total	1,074	100

# Distribution of respondents by presence of Safety officer

Safety Officer presence	No.	%
Yes	891	82.96
No	77	7.17
Do not know	65	6.05
No answer	41	3.82
Total	1,074	100

# Quality Officer same Person as Quality Manager

Same officer	No.	%.
Yes	201	18.72
No	625	58.19
Do not know	102	9.50
No answer	146	13.59
Total	1,074	100

# Scoring

Positive questions	Negative questions	Score
Strongly agree	Strongly disagree	100%
Agree	Disagree	50%

# Safety Culture Results

<b>Team work</b>	62%
My opinion is taken into account whenever a decision needs to be taken in my unit	56%
The quality and outcome of patient's care when the team discusses his case	74%
The nurses cannot request the physician to review his order ( <i>negative question</i> )	39%
My co-workers help me when I get work overload	71%
My manager encourage me to cooperate with the team	74%

# Safety Culture Results

Non-punitive approach / blame	32%
There exists a hospital policy that prevents punishing people who inform about their mistakes	31%
When an error is discovered, the team tries to discover the responsible who did it ( <i>negative question</i> )	6%
Staff blame others when a mistake is discovered ( <i>negative question</i> )	37%

# Safety Culture Results

The hospital rewards individuals who report errors with patients	20%
When an error is discovered, the team tries to discover the reason for the mistake	68%
Transparency: I am ready to write a report to my superiors when I discover a patient related error	65%
Prevention: Most patient related errors could be prevented	58%

# Safety Culture Results

Training	62%
New employees are oriented on how to prevent errors	63%
New employees are oriented on how to report errors	62%

# Safety Culture Results

<u>Hospital Policy</u> : There exists a hospital policy to report patient related errors	62%
<u>Patient Participation</u> : The patient participate in plan of care and treatment	32%

# Safety Culture Results

<u>Data Collection and analysis:</u>	61%
I participate in data collection on patient related errors	51%
I know about all mistakes that happen in my unit	61%
All errors that occur in my unit are discussed to prevent their recurrence in the future	74%

# Safety Culture Results

Overall patient culture score	53%
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# Distribution of respondents by presence of incident report

Form Existence	No.	%
Yes	1,027	95.62
No	28	2.61
No answer	19	1.77
Total	1,074	100

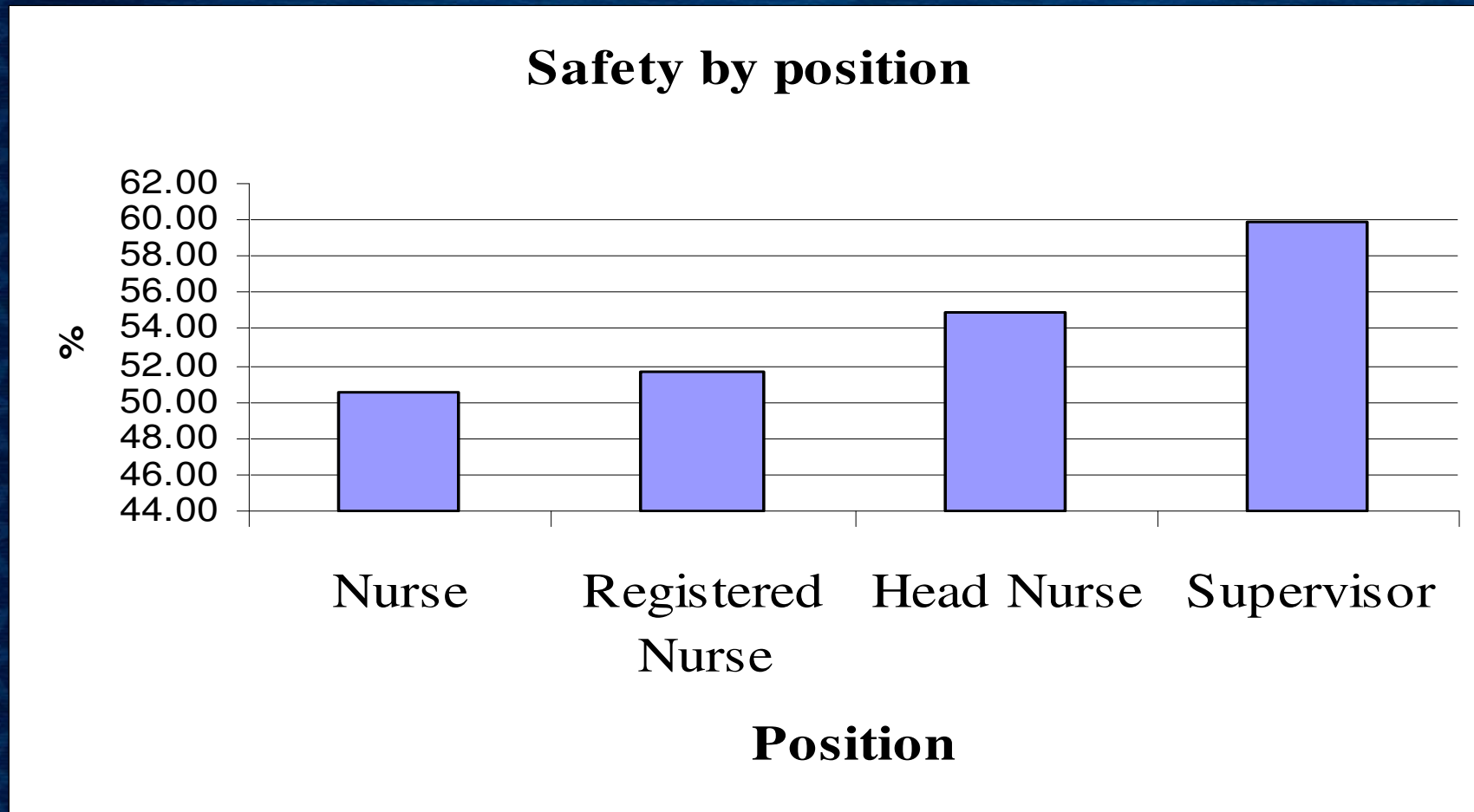
## Distribution of respondents by the time when the time of last use of the incident report

Form Last used	No.	%
1 - 30 days	387	36.03
31 - 90 days	192	17.88
more than 90 days	329	30.63
No answer	166	15.46
Total	1,074	100

## Distribution of respondents the number of errors discovered in the last year

No. Errors	No.	%
Zero	301	28.03
1 - 5 errors	426	39.66
6 – 10 errors	65	6.05
more than 10 errors	40	3.72
I do not know	158	14.71
No answer	84	7.82
Total	1,074	100

# Distribution of safety score by position



# Distribution of safety score by Age



# Discussion

- The main factors affecting the patient safety score are: culture of blame, punitive approach to error reporting (32%), participation of patient in decision making regarding his plan of care (32%)
- Lebanese accreditation system has improved some aspects of healthcare quality. This is primarily shown in orienting and educating staff (62%).

# Discussion

- Most hospitals reported having an incident report form.
- In contrast, more than 90% of nurses reported less than 5 errors in the last year
- . If this result is compared to the low score of culture of blame, we conclude that staff is reluctant to report errors
- This under reporting hinders analysis of the root cause of problems encountered. Hence, corrective/preventive actions are not identified to prevent recurrence. Moreover, a false sense of security is felt by hospital management

# Discussion

- The safety culture score improves with age and position of nursing staff
- This suggests that experience and seniority are major decisive factors in the culture of safety.
- Errors are discussed but staffs do not participate fully in data collection and analysis.
- Most data are collected and analyzed by senior staff and junior one play a passive role in this respect.

# Discussion

- Physicians play a major role in many aspects of patients' safety culture namely: review of order, patient's participation and team work. However, the attitudes of physicians were not addressed fully in this study.
- Nurses do not always witness communication between physicians and patients
- Bed size, hospital location, educational qualifications, gender, and work area did not affect much the safety culture score.

# Future Plan: (Phase 2)

- Planning a presentation session to the board of administration of the Syndicate of Hospitals in Lebanon to:
  - » Explain results
  - » Recommend future plans
  - » Identify improvement areas
  - » Identify additional plans that improve the situation

# Future Plan: (Phase 2)

- Educate nurse leaders to address these main themes:
  - » Presentation of results
  - » Teamwork
  - » Non-punitive approach to errors
  - » Root cause analysis
  - » The workshop will stress on the root cause analysis and non-punitive approach
- Share these results with patients' safety societies to maximize benefits

# Thank you

# Questions???