SAFETY CLIMATE SURVEY: IS IT LEADING ORGANIZATIONS TO CHANGE?

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BACKGROUND

Patient safety climate has been recognized as a core determinant for improving safety in hospitals. Over a decade, the Institute of Medicine recommended the use of tools to address the organizational cultural issues, and for that, describing workforce perceptions related to patient safety is an important initiative to clarify main problems that may affect the patient-centered care processes and also impact on the bad perception of professionals about delivering care. Several studies about the quality of care are considering aspects such as bedside time, team empowerment, happiness at work, burnout, patient satisfaction and the definition of priorities that should be considered in the strategic level.

OBJECTIVE

The purpose of this study is to analyze the trend of the results of the safety climate survey considering that the organizations implemented improvement plans over the years after surveys.

METHOD

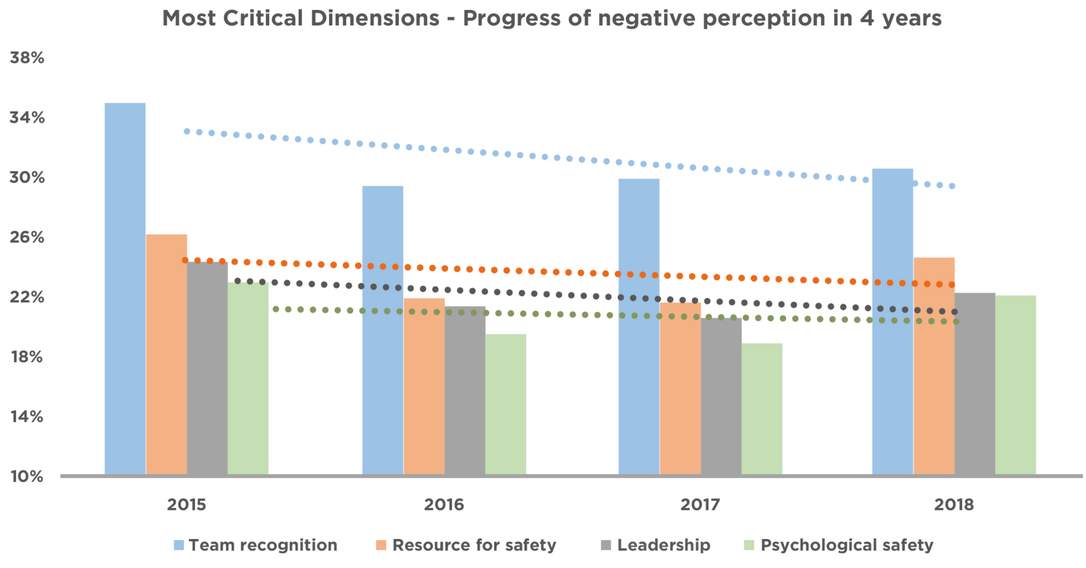
A retrospective study with a database of 21,533 safety climate surveys was carried out from 2015 to 2018 in 50 health organizations in Brazil, partners of IQG Health Services Accreditation. The data were analyzed from the criterion of less favorable results, which represented a percentage equal to or greater than 20% of negative perception by the professionals of these institutions. The percentages over the four years of these most critical dimensions were also compared. The survey used is a modified version of the U.S. Patient Safety Climate in Health Care Organizations (PSCHO) tool and Canadian patient safety climate survey (Can-PSCS), and it was applied using the Google Form resource.

RESULTS

The results make us understand that the improvement plans were probably not consistent to promote better climate for safety. Most of the actions are related to engagement training, institutional safety campaigns, performance evaluation programs with some type of awards, leadership development programs, but with no follow-up method of what is expected to be modified. However, several recent studies point out the need to redesign the care processes, increase the value added in the production of care, improve patient care flows, effective interdisciplinary communication, to do better use of resources and reduce waste including human talent, especially because of the lack of clear definition of roles and responsibilities in the value chain.

CONCLUSION

Over the four years, we analyzed that the trend of the results showed no improvement. We conclude that it's necessary to put focus on these critical factors and modify the way that the improvement plans are being made.



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