

EVALUATION OF PATIENT SAFETY CULTURE AMONG HEALTHCARE PROFESSIONALS IN A PHARMACY DEPARTMENT

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OBJECTIVES

- Evaluate patient safety culture of healthcare professionals in a Pharmacy Department.
- Analyze the strengths and opportunities for improving.
- Compare with a multicenter study (n=2503) carried out in national hospitals by the Ministry of Health, Social Services and Equality in 2008.

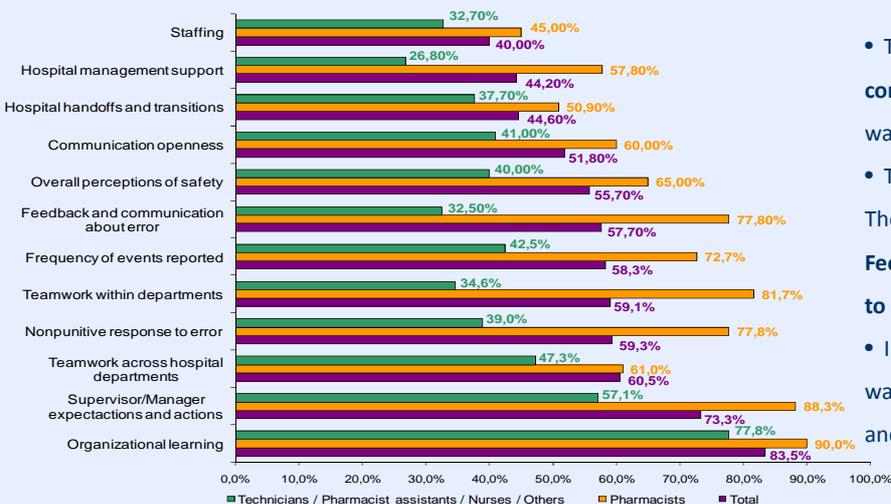
METHODS

Descriptive and cross-sectional study. The *Hospital Survey on Patient Safety Culture* (HSOPSC) designed by the *Agency for Healthcare Research and Quality* was used. It was translated, adapted and validated by the spanish Ministry of Health in 2008. This adapted survey was delivered to all staff of the Pharmacy Department. It includes 12 dimensions and 42 items (on a 5-point scale).

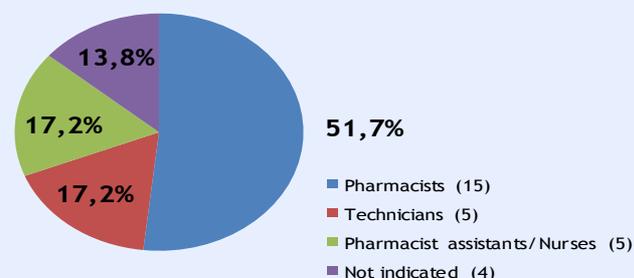
RESULTS

- The response rate was **70,7%** (29/41).
- The **global score** of patient safety culture was **7,5** (on a 10-point scale). There were no significant differences among professional profiles.
- **47,8%** of responders reported more than two events last year. There were significant differences between pharmacists (57,1%) and non-pharmacists (33,3%).

Dimension scores according to professional profile



Professional profile of respondents



- The most highly dimension was **Organizational learning and continuous improvement** (83,5%). The worst dimension qualified was **Staffing** (40,0%).
- There were significant differences according to professional profile. The most important differences were in this three dimensions: **Feedback and communication about error, non punitive response to error and teamwork within departments**.
- In the comparative study, the global score of patient safety culture was **7**. The highest and the worst dimensions were the same (82,7% and 27,6%, respectively).

DISCUSSION

The main limitation is the proportion of non-response, especially in technicians, pharmacist assistants and nurses (Non-response date: 46'2%). However, the global response date was higher than other important safety culture studies and, excluding pharmacist, all professional profiles were equally represented.

The results were communicated and discussed with the participants. Some of the improvement actions proposed were: periodic meetings to report the notified medication errors, prior training and checklist for new staff and daily meetings to report incidents in each area of the department (Duration: 10-15 min).

CONCLUSIONS

Patient safety culture in our department is notable and slightly higher than national hospitals compared. The HSOPSC allowed us to detect the main strengths and opportunities for improvement in order to design patient-safety strategies.