

Stepping Up Patient Safety Culture in LTC

by Joanne Kaldy

TAMPA, FLA.—All health care settings should establish comprehensive patient safety programs operated by trained personnel within a culture of safety, according to Dr. Steven Handler, who conducted a study in 2005 on the topic involving four Pennsylvania nursing facilities with an average size of 150 beds. Though the study size is small, Dr. Handler said it was significant as it “represents the most complete assessment” of patient safety culture in the nursing home setting.

Dr. Handler, who is assistant professor in the division of geriatric medicine at the University of Pittsburgh, shared his findings with others in long-term care at the AMDA Foundation Research Network conference. He noted that patient safety programs “should encompass case findings that identify system failures, analyses that allow understanding of the factors that contribute to system failures, and system redesign that results in improvements in care processes that prevent future errors.”

What Is Patient Safety Culture?

Patient safety culture (PSC), according to Dr. Handler, involves the way in which “individual perceptions, behaviors, and competencies of individuals and groups determine an organization's commitment, style, and proficiency in health and safety management.” Key elements of patient safety culture include:

- ▶ A shared belief that health care is a high-risk undertaking.
- ▶ An organizational commitment to detecting and analyzing patient injuries and near misses.
- ▶ An environment that balances the need for reporting of events and the need to take disciplinary action.

While these concepts are key to ensuring quality in long-term care and other settings, Dr. Handler noted that there are scattered data on this topic and little knowledge about how widespread PSC is in health care organizations or facilities.

“We have a lot of information, but it is in different places. We need to figure out ways to collect and share data about patient safety culture. If we don't, our patients suffer the consequences,” he said, adding that “there is great risk for harm if we don't have” PSC in our facilities.”

One Study Finds Limited PSC in LTC

Dr. Handler encouraged others in long-term care to examine PSC at their facilities, offering results from his study. In the study, the four facilities involved employed 151 full- and part-time health care providers representing mid-level practitioners (nurse practitioners and physician assistants), nurses, pharmacists, and physicians.

The study involved survey questions that were designed to assess attitudes and practices relating to patient safety culture in 12 dimensions (see box, next page). “The response rate was encouraging, and it actually was better than most mailed surveys and patient safety culture studies reported in the hospital literature,” Dr. Handler added.

Responses were analyzed and compared with published scores for hospitals on PSC. With a 69% response rate, the study showed that for five dimensions, nursing home scores were significantly lower than hospital scores in those same areas.

The largest differences were in nonpunitive response to error (10.6 for nursing homes versus 43.0 for hospitals) and teamwork within units (45.6 versus 74.0). In only one dimension—management support for patient safety—scores were higher for nursing homes than for hospitals. However, the difference was not statistically significant (66.2 versus 60.0).

The highly punitive nature of long-term care management and practitioners' concerns about regulatory oversight were apparent in the study results.

Nursing homes differed from hospitals, especially in perceived response to errors, which was reported as more punitive, according to Dr. Handler.

This finding was not unexpected, because error reporting policies and processes are thought to perpetuate a punitive environment in nursing homes," Dr. Handler said.

He added that "regulation, the predominant form of oversight in the nursing facility, is thought to invoke a more punitive culture, as opposed to accreditation, the predominant form of oversight in other health care settings."

PSC needs to be assessed in more nursing facilities, Dr. Handler stressed. "Further study needs to involve varied institutional characteristics and a broader range of personnel."

Assessment also should examine relationships with bed size, type of ownership, staffing levels, turnover rates, and the number and types of deficiencies the facilities have received, Dr. Handler noted.

"Studies should assess the relationships between patient safety culture and specific patient outcomes such as adverse drug events, falls, and transfers to higher levels of care," he said.

Dr. Handler was optimistic that his study and others that follow will encourage a greater move toward patient safety culture in long-term care. The next step could be the development of educational materials and tools to help facilities develop an effective and lasting patient safety culture.

However, the development and dissemination of PSC educational tools would not be the end, said Dr. Handler, but the beginning of a new phase of research.

"We then can look at whether and how education makes a difference in PSC; and we can examine the impact of PSC on quality of care and outcomes," he noted. "This area of study is promising, but is still within its infancy."

Dimensions of Patient Safety

Dr. Handler's study was designed to assess attitudes on these 12 dimensions of patient safety:

- ▶ Communication openness.
- ▶ Feedback and communication about errors.

- ▶ Handoffs and transitions.
- ▶ Frequency of events reported.
- ▶ Management support for patient safety.
- ▶ Nonpunitive response to error.
- ▶ Organizational learning and continuous improvement.
- ▶ Overall perceptions of safety.
- ▶ Staffing.
- ▶ Supervisor/manager expectations and actions to promote patient safety.
- ▶ Teamwork across units.
- ▶ Teamwork within units.

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