



المركز السعودي لسلامة المرضى
SAUDI PATIENT SAFETY CENTER

التوصيات الوطنية لإستبيان ثقافة سلامة المرضى في المستشفيات

National Recommendations for Hospital Survey on Patient Safety Culture

1 التوصيات الوطنية فيما يخص إستبيان ثقافة سلامة المرضى في المستشفيات: المرحلة الثانية (2019)

2 التوصيات الوطنية الإلحاقية فيما يخص كوفيد 19



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Hospital Survey on Patient Safety Culture National Recommendations Cycle 2: (2019)

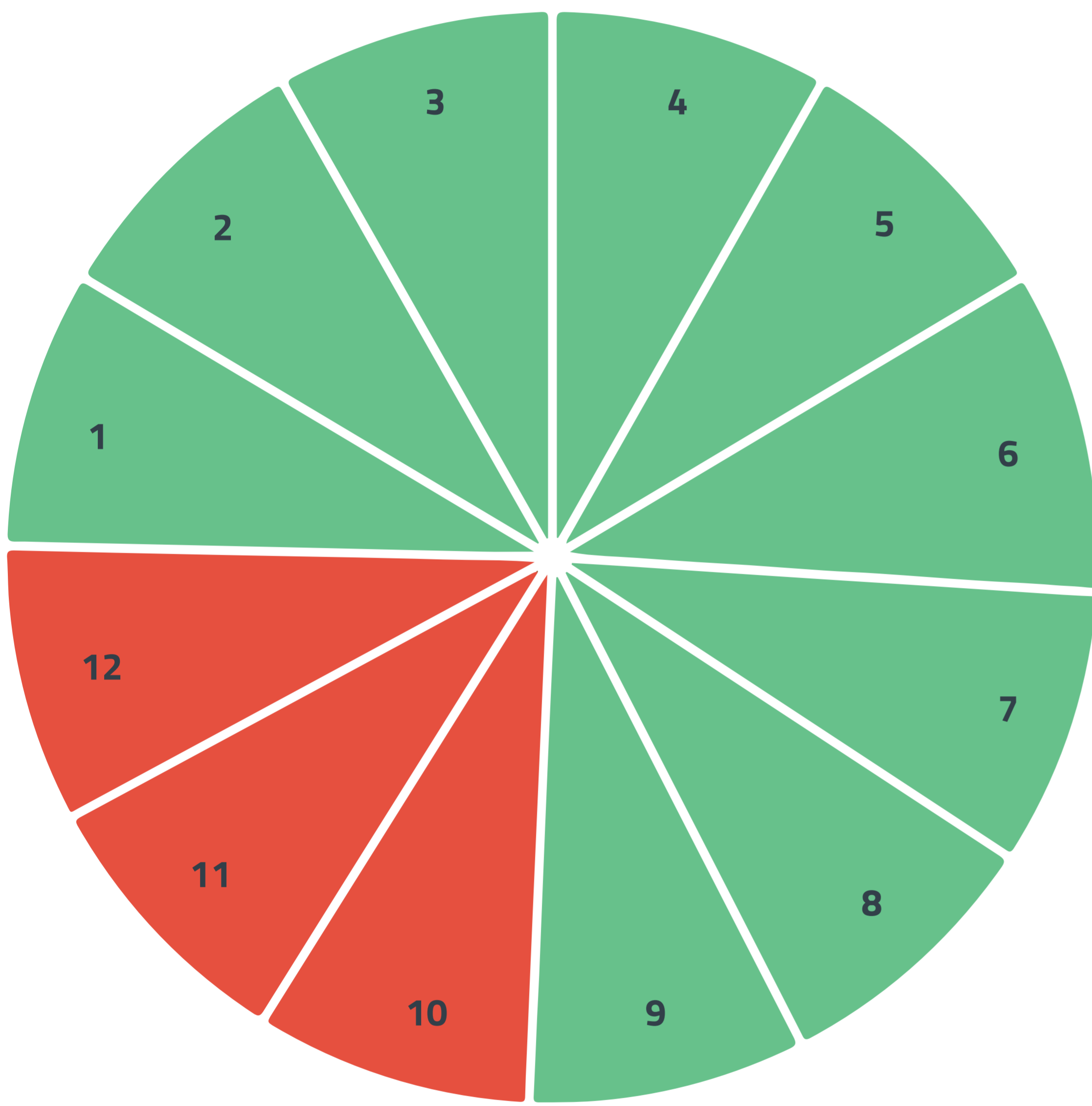
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National Supplementary Recommendations related to COVID-19



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استبيان ثقافة سلامة المرضى في المستشفيات المرحلة الثانية (2019) Hospital Survey on Patient Safety Culture Cycle 2 : (2019)



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استبيان ثقافة سلامة المرضى في المستشفيات المرحلة الثانية (2019):

التوصيات الوطنية

يرجى الاطلاع على التوصيات التالية الصادرة عن المركز السعودي لسلامة المرضى - اللجنة الوطنية لثقافة سلامة المرضى فيما يتعلق بالمشروع الوطني لاستبيان AHRQ حول ثقافة سلامة المرضى. هذه التوصيات مبنية على نتائج التحليل الإحصائي والمناقشات والعصف الذهني والمراجعة العلمية وقصص النجاح المتعلقة بالمرحلة الثانية: (2019) من الاستبيان.

محاوِر التحسين:



أ. التعامل مع الأخطاء والحوادث العرضية بموضوعية (دون عقوبة) :
التوصيات المقترحة:

1. تأسيس فريق "الثقافة العادلة" وأبطال سلامة المرضى على مستوى المستشفى
2. استخدام دليل "الثقافة العادلة" المعتمد من قبل المركز السعودي لسلامة المرضى (<https://spsc.sa/IC>) من قبل المستويات الإدارية لاستخدامه مع الموظفين كأداة مساعدة للبحث في الحوادث التي ترتبط بسلامة المرضى
3. إنشاء حملة على مستوى المستشفى حول الثقافة العادلة وبمشاركة القادة والتزامهم بها
4. إنشاء بنية تحتية لدعم التبليغ عن الحوادث العرضية وتبني مبادرة "صوتك"

امسح الباركود للوصول الى دليل الثقافة العادلة



ب. القوى العاملة:
التوصيات المقترحة:

1. تحقيق النسب الآمنة والموصى بها عالميا ومحليا والمبنية على الأدلة المتعلقة بعدد الممارسين الصحيين وعدد المرضى
2. إنشاء وتطوير سياسات خطة القوى العاملة على مستوى المستشفى والأقسام
3. استخدام مقاييس شدة الحالات والتي تعني بمشكلة عدم تحقيق التوازن بين التمريض إلى عدد المرضى (النسب المعدلة للقوى العاملة اعتمادا على شدة الحالات: المرض المناسب للمريض المناسب في الوقت المناسب) (توصيات ورقة عمل المركز السعودي لسلامة المرضى - المجلس الدولي للتمريض 2019)



ج. الشفافية في التواصل:
التوصيات المقترحة:

1. تفعيل وتطبيق جولات السلامة للقياديين بشكل يومي، وتضمن قضايا السلامة كبنء أساسي من جدول أعمال جميع لجان المستشفى
2. دعم وتعليم واستخدام أدوات تحسين الأداء واستراتيجيات الفريق وسلامة المرضى " TeamSTEPS " حيث أثبتت الدراسات أن العمل ضمن الفريق والتواصل الفعال و الدعم المشترك فيما بين الأعضاء يرفع من قدرة الموظفين على اتخاذ القرارات والمساعدة في إتمام العمل
3. تبني إحدى المهارات الشاملة للوقاية من الأخطاء (مثال: Stop the line, ARCC tool)
4. إجراء مسابقات بين مقدمي الرعاية الصحية على مستوى المستشفى حول تنفيذ آليات تعزيز التواصل (مع الحرص على إشراك المدراء والقادة لسد الثغرات في التواصل)

Hospital Survey on Patient Safety Culture Cycle 2: (2019)

National Recommendations

Please find below recommendations released from SPSC –Patient Safety Culture National Committee regarding the national project of AHRQ-hospital survey on patient safety culture. These recommendations were derived from analysis, discussions, brain storming, literature review and success stories related to Cycle 2: (2019) of the survey, for your guidance.

Areas for Improvement:

A. Nonpunitive response to errors:



Suggested recommendations:

1. Formation of Just Culture team and patient safety champions at hospital levels.
2. Implementation of SPSC adopted Just Culture Guide (<https://spsc.sa/JC>) by all managerial levels to be used for staff who were involved in patient safety incidents.
3. Establish a campaign at hospital level on just-culture with leaders engagement and commitment.
4. Create an infrastructure that supports reporting by ensuring the roll-out of (SAWTAK) initiative .



QR code : scan the QR code for Just Culure Guide

B. Staffing:



Suggested recommendations:

1. Consistent use of evidence- based practices and safe staffing ratios .
2. Develop clear staffing plan policies on both hospital and departmental levels .
3. Implementation of acuity tool that addresses the important issue of unbalanced nurse -patient (Acuity-Adjusted Staffing: right nurse to the right patient at the right time (SPSC-ICN recommendations 2019).

C. Communication openness:



Suggested recommendations:

1. Implementation of leadership safety walk-rounds on a daily basis and inclusion of patient safety issues as a standing agenda item of all hospital committees.
2. "TeamSTEPPS" education, support, and tools: literature shows that increased teamwork, communication, and mutual support improves staff sense of control and assistance.
3. Adopt one of the universal skills for error prevention (Stop the line, ARCC tool, etc..).
4. Conduct competitions between healthcare providers about implementation of communication tools at hospital level, (Ensure engagement of senior staff, managers, directors, and executives to be partners in filling communication gaps raised).



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National Supplementary Recommendations related to COVID-19

A. Non-Punitive Responses to errors



The Saudi Patient Safety Center (SPSC) implemented the 2nd cycle of the Hospital Survey on Patient Safety Culture (HSOPS). Non-punitive response to error was the lowest-scoring category (24.98% positive), which indicates a low probability of reporting by healthcare professionals due to the perception of a predominant "blame culture"^{1,2,3}. Given the criticality of moving towards safer health care systems and improving patient safety, the ability of our health care systems to respond to the COVID-19 pandemic. Healthcare leaders and managers are encouraged to create safety cultures that promote trust and fairness, for staff to discuss weaknesses and failures without fearing retaliation, including the following elements:

- **Just culture:** An open, fair, and accountable culture with clear, just, and transparent processes for separating errors caused by human mistake, at-risk or reckless behaviors⁴.
- **Learning culture:** Willingness and competence of healthcare organizations and leaders to respond respectfully to an adverse event, implement significant reforms, and learn from these processes⁴.
- **Reporting culture:** Willingness and competence of healthcare organizations and leaders to respond respectfully to an adverse event, implement significant reforms, and learn from these processes⁴.

Recommendations

1. Support a culture of fairness, openness, and learning using the National Health Service (NHS)-UK "**Just Culture Algorithm – Modified Incident Decision Tree**" adopted by SPSC⁵.

- a **The Just Culture Algorithm** is an effective tool to guide decision-making in health care organizations around patient safety incidents, and create an open, fair and accountable culture, where employees feel able to report patient safety incidents without fear of retaliation⁴.

Visit: <https://spsc.sa/JC>

2. Establish a culture of safety by effectively responding to sentinel events and effective crisis management ⁵.

SPSC encourages leaders to participate with care team members in initiatives, strategies, and tactics to manage serious clinical crises, strengthen their organization's safety culture, defer to expertise rather than hierarchy in decision making, and develop defenses and contingency plans to cope with the aim to ^{7,8}

- a** Encourage and support healthcare organizations to assemble crisis management plans and Business Continuity Plans (BCP) BEFORE a crisis occurs and continue to update these plans as the crisis evolves.
- b** Provide an approach to integrate the crisis management plan into the culture of quality and safety within healthcare organizations.
- c** Provide healthcare organizations with a concise and immediate resources to inform their efforts in the absence of a crisis management plan and/or culture of quality and safety, such as the Institute for Healthcare Improvement (IHI) white paper, Respectful Management of Serious Clinical Adverse Events: Checklist, Work Plan and Disclosure Culture Assessment Tool.

Rationale

SPSC encourages leaders to implement a blame-free environment for healthcare professionals to report incidents and to adopt structures and processes that tackle psychological safety at the same level of importance as the physical one and respectfully respond to a crisis using the Just Culture Algorithm – Modified Incident Decision Tree developed by the National Health Service (NHS)-UK and treat it as a learning opportunity to improve rather than an excuse to react ⁷. An article published in the Huffington Post states that during the COVID-19 pandemic hospitals within the United States have threatened to discipline front-line healthcare professionals that post on social media or speak up about supply shortages and dire working conditions ⁷. Thus, creating and nurturing a culture that promotes blame is not safe for healthcare professionals to discuss weaknesses and failures without fearing retaliation.

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B. Staffing



Many healthcare institutions across Saudi Arabia are currently facing an actual surge of COVID-19 patients which are pressing institutional leaders to respond in an agile and effective manner while ensuring the safety of patients and healthcare professionals. Safe staffing models are vital to ensure the safety of care provided by healthcare professionals as well as to guarantee the safety of the healthcare professionals themselves¹. Innovative strategies to pandemic-proof staffing models are needed to inform and shape workforce related policies, being the safety of patients and the safety of healthcare professionals the true north of decision-making.

Any staffing model developed to overcome challenges driven by the COVID-19 surge must respect one premise: the safety of healthcare professionals by the reduction of the likelihood of infection and burnout and the safety of patients by ensuring that care provided is adequate, safe and timely.

Recommendations

1. Plan and implement evidence-based, fast-tracked, and extensive training.

- a Utilize simulation-based training on Personal Protective Equipment (PPE) dressing and undressing techniques. <https://www.spsc.gov.sa/English/covid-19/Pages/Health-Care.aspx>
- b Provide just-in-time and regular training to reinforce knowledge of COVID-19 symptoms, means of transmission, case finding, clinical management and adapted referral systems for COVID-19.
- c Consider online training, local training and mobile applications.

2. Deploy / repurpose / reassign healthcare professionals.

- a Deployment of healthcare professionals should never interrupt the continuity of essential health services.
- b When deploying/repurposing staff from highly specialized areas e.g. oncology nurses, OR nurses, etc., consider the recommendations from specific professional associations, such as the Oncology Nursing Society³ which advise the best approach to reassign oncology staff.
- c When deploying, ensure that is done to the next level of acuity from where the staff is currently assigned to, e.g. after adequate upskill training, an outpatient nurse can be reassigned to a med/surg ward but never to an ICU unit.
- d Deployment of staff is only performed after basic training in infection control and clinical care skills.

3. Redefine the safe nurse-to-patient ratios for assigned Suspected/Positive COVID-19 units, as the following.

- a ICU - 1:1 and where possible 2:1 for procedures with a high workload.⁶
- b Medical/Surgical – 1:2 or 1:3 maximum
- c Emergency Room - Acute 1:2
- d Emergency Room - Resuscitation 1:1
- e Operating room - 2:1 or 3:1

4. Consider developing a team-based approach.

- a For COVID-19 critical care patient areas, for nurse and physician staffing, as a staff augmentation strategy.

5. Consider adopting the tiered staffing model

A well-established model encouraged by the Society of Critical Care Medicine, for hospitals expanding bed capacity.

- a Consider developing cluster-based nursing care, for non-suspected COVID-19 patient units (regular patients). This approach limits patient care to the assigned primary nurse(s) and other designated person(s), throughout the entire shift and the entire admission.

6. Plan services and interventions

To reduce patient encounters and limit health worker exposure.

- a Deliver a combination of several interventions at one time to a patient where possible.¹¹
- b Ensure that there is always a nurse or a care assistant that is “clean” and does not cross the infected area, where PPEs are being used.

Rationale

While healthcare systems globally are in desperate need for more healthcare professionals, governments must recognize that maintaining care standards and protecting staff and patients, is a crucial point to consider when announcing alternative measures⁴.

In view of this, investment in accelerated training by using existing curricula, online learning, legacy orientation modules, simulations labs and virtual platforms is crucial. Likewise, it will be critical to decide how to redeploy unit clinical instructors/educators during this time⁵.

The proposed ratios consider the following factors: the elevated risk of infection of the staff, the potential increased workload related to COVID-19 patients and high-risk procedures and the time consumed for dressing and undressing the PPE, as reported by the Italian National Association of Critical Care Nurses⁶. Moreover, the Society of Critical Care Medicine encourages hospitals, based on the demands of the critically ill COVID-19 patient and the potential deficit of intensivists staff, to adopt a tiered staffing strategy⁷.

Furthermore, the team-based approach, applicable to nurses' staffing models and physicians staffing models for COVID-19 designated areas, this model aims at maintaining the health of staff as well as the continuity of care, as this strategy allows easier replacement of team members should they fall ill and potential containment of the virus to smaller staff numbers and an ability to maintain some service provision and clinical care. “9.

For more details on both tiered staffing strategy and team-based approach, please access the SPSC resource [COVID-19 Safety Guide for Healthcare Workers \(version 2.0\)](https://www.spsc.gov.sa/Arabic/pages/covid-19.aspx)¹⁰.

<https://www.spsc.gov.sa/Arabic/pages/covid-19.aspx>

In settings dedicated to non-COVID-19 patients, cluster-based nursing care is recommended. This approach suggests that, a restricted number of nurses and other professionals, are assigned to one given patient over one shift and throughout admission in order to reduce infection exposure/rates among both patients and staff. This model aims to protect as many staff as possible from unnecessary, unprotected high-risk exposure (UHRE).

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c. Communication openness



A guru of performance improvement, W. E. Deming, recognized that it is paramount to eliminate fear from the organization by ensuring an environment that supports using open and honest communication which will enable people to perform at their best.¹² However, there is still a presence of factors that contribute to patient harm and remains a serious challenge for healthcare organizations to overcome.

Preventing these communication failures, and creating open communication, requires keeping healthcare workers (HCW) and patients informed, safe, and trustful of health systems is even more crucial, in times of uncertainty as currently experienced by the COVID-19 pandemic. As COVID-19 pandemic is complex, fast-moving, and fluid, for instance, what was advisable a week ago probably is not today.⁸ Moreover, the lack of transparency in the healthcare system during these circumstances can affect the psychological safety of healthcare workers. What differentiates the best performing work groups from the others is psychological safety and a supportive environment with transparency and open communication which encourages mistakes to be discussed and learned from.¹²

Recommendations

1. Implement effective crisis management, decision-making and communication plans for COVID-19.

- a Ensuring approaches and strategies entail a focused vision, are realistic, take definitive action and decision-making, and enable open, honest, and regular communication that creates a safe environment for all staff.
- b Leaders taking a proactive approach to promptly activate an emergency task force with a clear chain of command, roles and responsibilities, and reliable information-sharing tools.
- c Continuing reporting adverse events as a core activity and can be within the emergency taskforce activity in the time of the pandemic.¹⁵
- d The clinical risk management unit playing a pivotal role in assisting with the dissemination of evidence-based documents, and guidelines related to emergency management, prevention measures to be taken, frequently checking and sharing pertinent communications with staff every day to support front line workers.

2. Provide the most up-to-date information on COVID-19.

- a Providing information in a transparent and thorough, thoughtful manner includes what is being done to protect HCWs and what they should do if exposed. For example, the use of a dedicated daily email, town hall, bulletins for COVID-19

3. Provide resources that support staff mental health wellbeing to establish psychological safety by leadership.

- a Normalizing feelings and encouraging their expression, advocating personal wellness, identifying support resources to acknowledge the efforts, and expressing appreciation for the additional burden taken on by all staff.³¹
- b Considering engaging clinical psychology or mental health department in providing information on coping strategies and responding to psychologically traumatized staff. Also, developing a peer support team to provide psychological first aid, potentially use existing employee assistance, spiritual leaders, or other wellness programs.

4. Leadership ensures that genuine transparency and open communication exists at all levels by modelling appropriate behaviour, setting expectations, and proactively investing in communication skills training for staff^{16,20,27}

- a Providing all staff with effective healthcare communication skills training that focuses heavily on core communication skills, such as open-ended inquiry, reflective listening, and empathy.^{10,17,29}
- b Regularly evaluating the effectiveness of practices through patient and workforce surveys, at unit meetings, holding individuals and teams accountable for their role in advancing transparency.

Rationale

The proposed recommendations are best practices based on identified lessons learnt from Severe Acute Respiratory Syndrome (SARS), H1N1 influenza experiences and the current COVID-19 pandemic for fostering an organizational culture of resilience, that can enhance open communication and transparency.^{11,16,31}

In times of uncertainty and during the challenge of a prolonged response to COVID-19, it is imperative that leadership implement effective crisis management, decision-making and communication plans.^{15,11,28,31} This approach is necessary, as it supports facilitating communicating the most current, accurate information, and anticipating questions and answers in advance, which fosters a sense of control, and creates a positive team culture. It also empowers workers about what they can do to help themselves and supports the crisis management team to speak up about any concerns.^{1,11,31} Furthermore, assists in decreasing anxiety.^{2,13,28}

Health care organizations should anticipate and proactively prepare for a surge of mental health concerns among HCWs at all levels due to the physical, emotional, and social stress of responding to the demands of COVID-19. Organizations that provide support to staff and create psychological safety within the work environment enhance organizational cohesion and reduce adverse effects for HCWs.³¹

To support transparency and open communication is to ensure staff have adequate communication skills, which also prepares them to respond to emergencies. Like other high-risk sectors, such as aviation, nuclear engineering, and the military, healthcare organization leaders must consider providing practical training and regular practice to ensure staff are prepared for emergency circumstances.^{2,4,24} Investing in communication training by healthcare organizations is imperative as effective communication skills are not innate, they are taught, and they require practice and monitoring.^{2,3,20} Effective communication allows for the ability to give authentic and constructive feedback necessary to create a learning environment and safety culture. It also promotes trust, teamwork and reporting, which in turn fosters psychological safety, enhances accountability, decreases adverse events and improves patient experience and outcomes.^{5,10,12,24} A deliberate effort should be made to weave these open communication best practices into the culture of an organization.²⁷

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