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The role of medical and managerial staff in shaping of the safety culture in elderly care facilities

Abstract

The phenomenon of population ageing has been observed in Poland for many years. The need for institutional care will, therefore, be growing steadily. Ensuring the proper quality of services and high safety culture of patients in long-term care facilities is becoming increasingly important.

The thesis consists of five chapters. The first concerns the organization of the long-term care in Poland. It presents, among others, the specificity of facilities providing services in the discussed scope.

The second chapter deals with patient safety issues. Definitions of patient safety culture, adverse events and medical errors have been cited. Examples of adverse events that have actually occurred have also been presented.

The third chapter deals with issues connected with quality management in relation to patient safety. The principles of certification and accreditation have been described, and attention has been drawn to the importance of elements, such as communication in therapeutic teams or registers of adverse events in preventing the occurrence of errors.

The fourth chapter includes the results of a systematic search for secondary scientific evidence on interventions aimed at increasing patient safety at long-term care facilities (including work related to increasing the safety of drug administration and reducing the professional medical personnel's level of stress and burnout). A search has also been conducted for clinical recommendations and strategies of scientific societies, local and international organizations.

The main conclusion drawn from the documents found is the need to continuously refine and improve the quality of patient care. Increasing quality will have a direct impact on improving safety culture. Tools that may help in achieving the goal are, for example: keeping a register of adverse events and analysis of the root causes; encouraging medical personnel to increase their competences; following the rules of conduct and procedures based on scientific evidence; having plans of conduct in case of unexpected events or paying great attention to communication in the therapeutic team.

The fifth chapter presents the personal study on the role of medical personnel and management staff in shaping the safety culture at institutions providing services for the elderly. The language used in the study has been adapted to the requirements of performing research in the conditions of long-term care facilities, the Safe Attitudes and Behaviours Questionnaire in the version: Team Work and Safety Climate. The questionnaire is a translated version of the Safety Attitudes Questionnaire (SAQ), which was created by the University of Texas at Houston-Memorial Hermann Center for Healthcare Quality and Safety. It consists of two parts. The first part examines the opinion on teamwork, and the second concerns the safety climate prevailing at the facility. Additionally, an analysis of data from the surveyed institutions on the number of medical personnel, patients or adverse events has been carried out.

The main objective of the study was to assess the patient's safety on the basis of the medical personnel's declarations at long-term care facilities (Care and Treatment Facilities, Care and Nursing Facilities) and the data on employees, medical errors and adverse events in the above-mentioned facilities.

The study involved 558 employees from 26 long-term care facilities (Care and Treatment Facilities – 18, Care and Nursing Facilities – 8). The largest group of respondents were nurses (62.7%; N=350). Data was also obtained from 26 site managers. The study has been carried out from 01.07.2021 to 15.05.2022.

In order to calculate the general results for the scale of the safety climate, the average of the questions for each respondent has been calculated, and the results have, subsequently, been converted to a 100-point scale. Positive answers are those that start with 75 points. The average result of the teamwork climate scale was 80.16 points (SD=14.67). According to the scale diagnosing the safety climate, the respondents admitted an average of 72.75 points (SD=15.02).

Noteworthy is the fact that, despite the declaration of the vast majority of facilities (92%; N=24%) that records of adverse events are kept at the facility, only 10 of them reported adverse events that occurred last year. The collected literature data indicate that it is impossible to avoid all events, especially during an annual observation period. Failure to record at least one event, e.g. related to a patient's fall or incorrect administration of drugs, indicates significant problems in the functioning of the adverse event registers at the examined facilities, especially considering the specificity of the care.

Despite the high results obtained in the Safe Attitudes and Behaviours Questionnaire in the version: Team Work and Safety Climate, it is justified to further increase the safety culture at long-term care facilities. Crucial is also enhancing the reporting systems for adverse events at long-term care facilities in order to illustrate the actual scale of the problem and improving communication among the medical personnel.