



EHMA 2024

Shaping and managing
innovative health ecosystems

Monitoring patient safety culture with the AHRQ HSOPC V2.0 in an
emergency hospital

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#EHMA202

Context

- **Patient safety culture** influences staff behaviour regarding **prevention and management** of potential and effective adverse events;
- **2004:** the Agency for Healthcare Research and Quality (AHRQ) released the **Surveys on Patient Safety Culture™ (SOPS®) Hospital Survey** (still available);
- **2019:** AHRQ released a new version, the **SOPS Hospital Survey 2.0**;
- **2019** - we applied **SOPS Hospital Survey 1.0** (270 respondents) and in **2024** - **SOPS Hospital Survey 2.0** (616 respondents) aiming to explore patient safety culture in our hospital (emergency hospital with 913 bed and 1.864 employees in Bucharest);

Methodology- Stages of the study

1. Granting **permission for translation** and use in hospital research for Surveys on Patient Safety Culture® from Agency for Healthcare Research and Quality (AHRQ) Rockville, MD USA (<https://www.ahrq.gov/sops/>)
2. **Translation and pre-testing** on a few staff members
3. **Distribution**, via web, to all hospital staff
4. **Data processing:**
 - Response rate 33.11%;
 - Exclusion of "don't know"/"does not apply" options;
 - Percentage of positive responses (PPR) for each item;
5. **Report preparation**

Hospital 2.0 Survey on Patient Safety Culture

- **Sections:**
 - **Section A** - Unit/Work Area (14 items)
 - **Section B** - Supervisor, Manager, or Clinical Leader (3 items)
 - **Section C** - Communication (7 items)
 - **Section D** - Reporting Patient Safety Events (3 items)
 - **Section E** - Patient Safety Rating (1 item)
 - **Section F** - Hospital (6 items)
- **Percentage of positive responses (PPR):**
 - **>75%:** indicate high level of development of patient safety culture (for reverse worded questions (r), disagreement or low frequency indicate a positive response)
 - **< 50%:** indicate an area needing improvement.

Results

- **Respondents:**
 - **nurses (46,2%), doctors (25,7%), other staff (28,1%)**
 - **females (86,2%);**
 - **87,5%** of the respondents had **direct interaction** with patients
 - **43.9%** of respondents had more than **11-year work experience** in the hospital, followed by those **with less than 5-year experience (38,3%)**
 - **49,5%** of respondents worked more than **30 hours/week** and **46,1%** worked more than **40 hours/week.**

Results - PPR > 75% for ten items

- **Section A - Unit/Work Area:** A1 - effective team - 78,83%, A8 - during busy times, staff help each other - 77,03%
- **Section B - Supervisor, Manager, or Clinical Leader:** B1 - staff suggestions for improving patient safety - 77.66%, B2(r) - taking shortcuts during busy times - 75.66%, B3 - action to address patient safety concerns (B3) - 78.05%
- **Section C – Communication:** C2 - discuss ways to prevent errors from happening again - 78,08%, C3 – information about changes that are made based on event reports - 78,74%, C4 - staff speak up if they see something that may negatively affect patient care - 76,76%, C6 - those with more authority are open to their patient safety concerns - 74.69%
- **Section F – Hospital:** F5 - patient care information during shift changes - 76.42%

Results – PPR < 50% for five items

- **Section A - Unit/Work Area:** A2 - enough staff to handle the workload - 29,24%, A3 (r) - longer hours than is best for patient care - 23,11%, A7 - person not the problem - 27,72%, A10 - focus on learning / blaming individuals - 48.90%
- **Section F – Hospital:** F3 (r) - management interested in patient safety only after an adverse event happens - 47.66%

Conclusions

- more than twice respondents in 2024 than in 2019
- PPR > 75% for 10 out of 34 items and PPR < 50% in 5 items

The next steps:

- psychometric validation of the Romanian HSOPS-V2.0
- identify which dimensions of safety culture still need improvement
- assess their time trend and the effectiveness of the actions taken



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Thank you



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