

<b>PSI 8: Surveying the Development of the Patient Safety Culture</b>	
<b>Origin: PSI by SimPatIE</b>	
<b>Dimension</b>	<b>Description</b>
<b>Description of Specific Aspects of Patient Safety</b>	<p>Patient safety culture has been shown to be related to health care performance. A more positive/developed safety culture is associated with fewer incidents. Classification of patient safety culture can be seen in terms of steps on an evolutionary ladder. Each level has distinct characteristics and is a progression on the one before. The more developed the culture the higher on the ladder (28;29).</p> <p>A recent study revealed that the overall unit based safety climate significantly predicted nurse back injuries, medication errors and urinary tract infections (30). A systematic literature review also found evidence for a relationship between organisational culture and health care performance in four of ten studies (19).</p> <p>Thus the development of the patient safety culture is an appropriate measure of patient safety.</p>
<b>Aim of the PSI</b>	The PSI continuously surveys the development of the patient safety culture.
<b>Level of Determination of Patient Safety</b>	Safety culture is assessed at the aggregated unit level.
<b>Source(s)</b>	PSI by SimPatIE. Choice of survey instrument is made by the unit, department or institution.
<b>Extent of Clinically Testing</b>	<p>In recent years a large number of quantitative tools with differing characteristics have been developed to access the generic concept of culture within health care (22;25-27).</p> <p>The instruments vary in focus, aim, method, application and validity. Not surprisingly, there is not one best instrument, as they all have strengths and weaknesses. The important thing is for organisations to select the instrument that is most appropriate for their purposes and validated in relevant setting. The enclosed overview shows the subjects covered for some well known internationally used patient safety culture assessment instruments.</p> <p>Three systematic literature reviews concerning quantitative instruments for measuring culture were identified.</p> <p>The first review compared nine different surveys according to their general characteristics, dimensions covered, psychometric performance, and their use in studies of patient safety culture/climate surveys. It was found, that all surveys used Likert scales, mostly to measure attitudes of individuals. Nearly all covered five common dimensions of patient safety climate: leadership, policies and procedures, staffing, communication, and reporting. The strength of</p>

	<p>psychometric testing varied. While all had been used to compare units within or between hospitals, only one described the association between organisational climate and patient outcomes (31).</p> <p>The second review of 13 instruments focused on the cultural dimensions addressed, the number of items for each questionnaire, the measurement scale adopted, examples of studies that had used the tool, the scientific properties of the instrument, and its strengths and limitations. The instruments varied considerably in terms of their grounding in theory, format, length, scope, and scientific properties. The reviewers concluded, that the choice of instrument should be determined by how organisational culture is conceptualised, the purpose of surveying, intended use of the results, and availability of resources (19).</p> <p>The third systematic review of 12 studies was undertaken to study sample and questionnaire design characteristics (source, no of items, scale type), construct validity (content validity, factor structure and internal reliability, concurrent validity), within group agreement, and level of analysis. There was a lack of explicit theoretical framework for most instruments; some did not even report standard psychometric criteria. The reviewers concluded: “More consideration should be given to psychometric factors in the design of healthcare safety climate instruments, especially as these are beginning to be used in large scale surveys across healthcare organisations” (32).</p>
<b>Evidence of Clinically use of Standards</b>	Though surveying the patient safety culture systematically is done in numerous hospitals in Europe, we have not found specific scientific evidence describing clinical use of the measures as a PSI.
<b>PSI category</b>	Institution-Wide PSI.
<b>Data definitions</b>	The development in the unit wise overall mean score of patient safety culture described as a percentage of improvement/relapse in relation to last measure.
<b>Numerator Description</b>	The unit wise difference in the present and the previous overall mean score of patient safety culture times 100
<b>Denominator Description</b>	The previous overall mean score of patient safety culture for the unit
<b>Data Source</b>	Quantitative measure of patient safety culture. The instrument chosen must be chosen according to the organisations resources, aims, needs and other patient safety and quality improvement activities, and the instrument chosen must be validated in a relevant setting.
<b>Identifying the institutional context</b>	The development of the patient safety culture makes this PSI important regarding improvement policies.

<b>Care Setting</b>	The PSI applies for institution-wide culture related to patient safety.
<b>Professionals Responsible for health care</b>	Not applicable as all hospital staff form, interact and influence the safety culture.
<b>Lowest Level of Health Care Delivery Addressed</b>	Unit.
<b>Allowance for Patient Factors</b>	Not applicable.
<b>Stratification by Vulnerable Populations</b>	Not applicable.
<b>Standard of Comparison</b>	Yearly monitoring. Comparison of the development can be made between units within the hospital.
<b>Scoring</b>	Scoring on the assessment instrument is made according to the manual of the chosen instrument.