Patient Safety Culture Improvement - Fundamental Change (PSCIFC)
A Case Study at King Fahd Hospital – Jeddah

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Patient Safety Culture Improvement Fundamental Change - (PSCIFC)
A Case Study in King Fahd Hospital
Jeddah, Kingdom of Saudi Arabia

Doctorate of Business Administration (DBA) Thesis 2012
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CBAHI Theme
PREPARATION
ACCREDITATION
MONITORING

Central Board of Accreditation for Healthcare Institutions
Central Board for Accreditation of Healthcare Institutions (CBAHI)

- Non-profit organization
- Emerged from the council of health services
- Saudi official agency authorized to grant healthcare accreditation
- Governmental and private healthcare institutions operating today in the Saudi Arabia, nearly 5,000
- Primarily responsible for setting the quality and safety standards

Doctorate Research

CMAT:
- Change Management Using Accreditation Tools

SPSC:
- Sustainable Patient Safety Culture - Tool Kit (SPSC)

Is the Health Care A Safe Environment?

Everyone makes mistakes. Unfortunately, in the healthcare field, a mistake can cost someone their life.

Health Care System

Patient Safety Concept

- Prevents errors
- Learns from the errors
- Patient Safety culture
- (Staff & Patient)

Patient Safety Systems

The Culture

“Is shaped internally between members and with external environment to build the mutual trust and transparency across the organization; this collectively generates the spirit that drives the culture”

Patient Safety culture

Freedom from accidental injury.

How can accreditation help in organizational operational plan

Patient Safety & accreditation Standards

QM.15. The hospital adopts a process that requires (2) patient identifiers

IC.42. Hand hygiene is strictly observed in the hospital:

QM.17. There is a standardized list of approved and forbidden abbreviations, acronyms, and symbols

Patient Safety & survey process
This study was implemented in King Fahd Hospital Jeddah (KFHJ - 599 beds)

KFHJ has been part of the Saudi National Hospital Accreditation Program, Central Board for Accreditation of Healthcare Institutions (CBAHI).

The CMAT - SPSC Toolkit is proposed to be the answer to this question

CMAT-SPSC effectiveness has been evaluated following the implementation at the KFHJ.
Central Board of Accreditation for Healthcare Institutions

CBAHI Accreditation chapter

Leadership And Quality

Medical

Nursing

Change Management Models

Lewin’s Change Management Models

Kotter’s Change Management Models

Comparison between the change modules of Kotter and Lewin

SPSC – Sustainable Patient Safety Culture Module
Top leaders give "lip service" to the process, but are totally unrealistic in what it will take to achieve it in terms of time and resources.

Staff end up feeling that accreditation is extra work for which they are not rewarded or recognized.

Over-eager managers use the standards as a stick rather than as a carrot — can make entire accreditation process feel punitive and insipiring rather than motivating.

Creating a climate for change

Un freeze
Transition
Freeze

Creating a climate for change
Engaging and enabling the whole organization
Implementing and sustaining change

1.0 Un freeze
1.2 Board of Directors
1.3 AMR
1.4 Accreditation Council
1.5 Assessment Teams
1.6 Education and Training
1.7 SPSC

PSCIFC (CMAT- SPSC)

SPSC Toolkit

SPSC Toolkit

Training Topics Based on CBAHI Standards
Results Discussion

1. Comparing the pre-intervention mean agreement scores on sub-items of safety, according to the job of the participants.

<table>
<thead>
<tr>
<th>Sub-items of safety dimension</th>
<th>Physician</th>
<th>Nurse</th>
<th>Technician</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervision/manager expectations and actions promoting safety</td>
<td>3.22±1.0</td>
<td>3.21±1.12</td>
<td>3.21±1.16</td>
<td>0.994</td>
</tr>
<tr>
<td>Organizational Learning Continuity Improvements</td>
<td>3.39±1.35</td>
<td>3.50±1.06</td>
<td>3.34±0.92</td>
<td>0.487</td>
</tr>
<tr>
<td>Feedback and Communication about Errors</td>
<td>3.09±1.22</td>
<td>3.53±1.04</td>
<td>2.89±1.08</td>
<td>0.001</td>
</tr>
<tr>
<td>Central Board of Accreditation for Healthcare Institutions</td>
<td>3.95±1.37</td>
<td>3.62±0.86</td>
<td>2.72±1.67</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Hospital Management Support for Patient Safety</td>
<td>3.51±1.21</td>
<td>3.63±1.07</td>
<td>3.38±1.27</td>
<td>0.320</td>
</tr>
<tr>
<td>Hospital Handoffs &amp; Transitions</td>
<td>2.63±1.26</td>
<td>2.22±1.07</td>
<td>1.09±0.98</td>
<td>0.002</td>
</tr>
<tr>
<td>Frequency of Event Reporting</td>
<td>3.17±1.18</td>
<td>3.52±0.98</td>
<td>3.44±0.96</td>
<td>0.046</td>
</tr>
<tr>
<td>Overall Perceptions of Safety</td>
<td>3.12±1.04</td>
<td>3.34±1.02</td>
<td>3.52±1.12</td>
<td>0.029</td>
</tr>
</tbody>
</table>

2. Comparing the overall mean scores of agreement on items of safety dimension before and after intervention according to job of the participant.

3. The changes in the overall agreement mean scores on items of safety dimension after intervention according to the job of the participant.

4. Changes in the percentages achieved on accreditation achievement percentage score for each item after intervention.
Differences in the accreditation achievement percentage score for each item after intervention

Limitations:

- **Language** is one of the limitations as Arabic is the national language and hospital staff was unable to understand the instructions.
- **Lack of understanding**, knowledge and training and development programmes.
- **Hospital staff was unaware of the concept of patient safety** and other measures which need to be taken to enhance the quality of service and hygiene factors.

Limitations:

- **Lack of awareness about the benefits of accreditation and patient safety among the management.**
- **Accreditation of hospitals concept in Saudi Arabia is pretty new** and even hospital staff do not have much information regarding the importance and advantages of accreditation.
- **Lack of leadership skills among the physicians and other medical practitioners** due to their engagements and workload.
- **Multicultural** of the hospital because of the different country nationals.

Conclusion

This case study is not generalizable, but it suggests that Kotter’s model could be a useful tool in activate the CMAT initiative in hospital accreditation process.
Accreditation process Can Drive The Culture Change

**Conclusion**

- Quality Aspects
- Accreditation standards
- Patient safety

Thank You.