



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Quality Management And Patient Safety		
Document:	Administrative Policy and Procedure		
Title:	Patient Safety Culture Policy		
Applies To:	All MCH Staff		
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1. PURPOSE:

- 1.1 Deploy patient safety culture among staff.
- 1.2 Objectively monitoring paradigm shift of patient safety culture toward the positive side over time.
- 1.3 Healthcare providers understand basic patient safety culture principles and develop a "just- culture".

2. DEFINITIONS:

- 2.1 **Safety Culture** is:
 - 2.1.1 Product of MCH individual and group values, attitudes, perceptions, competencies, and Patterns of behaviour that determine the commitment to, and the style and proficiency of, MCH health and safety management.
 - 2.1.2 Positive safety culture in MCH is characterized by:
 - 2.1.2.1 Communications founded on mutual trust
 - 2.1.2.2 Shared perceptions of the importance of safety
 - 2.1.2.3 Confidence in the efficacy of preventive measures.
- 2.2 **Just – Culture** - A culture in which frontline personnel are comfortable disclosing errors, including their own, while maintaining professional accountability, recognizing individual practitioners should not be held accountable for system failings over which they have no control, yet does not tolerate conscious disregard of clear risks to patients or gross misconduct.
- 2.3 **Patient Safety Events** - is defined as any type of healthcare-related error, mistake, or incident, regardless of whether or not it results in patient harm.

3. POLICY:

- 3.1 MCH leadership acknowledges of the high-risk nature of the hospital activities and the determination to achieve consistently safe operations.
- 3.2 MCH leadership develops and documents a code of conduct with hospital guests to be strictly obeyed by all the staff in order to deploy safety culture
- 3.3 MCH leadership develops and document confidentiality and security agreement of patient's health information and take staff signatures on it and keep it in their personal files.
- 3.4 MCH leadership establishes an environment in which individuals are able to report errors or near misses without fear of reprimand or punishment.
- 3.5 MCH leadership encourages collaboration across departments and functions to seek solutions to patient safety problems.
- 3.6 MCH leadership encourages compliance of the staff with International Patient Safety Goals and to be in their routine daily work.
- 3.7 MCH leadership commits to allocate resources such as staff time, education, and a safe method of reporting issues to address safety concerns.
- 3.8 MCH leadership maintains accountability by establishing zero tolerance for reckless behaviours.
- 3.9 MCH leadership accountability distinguishes between human error (such as mix-up), at-risk behaviour (e.g. taking shortcuts) and reckless behaviour (e.g. ignoring required safety steps).

- 3.10 MCH leadership evaluates the culture on a regular basis using patient safety culture survey from
- 3.11 MCH leadership must take corrective actions and preventive actions according to root cause analysis for the serious reportable events (Sentinel events).
- 3.12 All healthcare institutions leaders need to ensure that "Just -Culture" principles are implemented organization-wide.
- 3.13 All healthcare organizations need to train leaders, patient safety workforce, and everyone at all levels of the organization on Just-Culture principle and tools

4. PROCEDURE:

- 4.1 All health care institutions need to develop an internal performance improvement measure to monitor the implementation of the Just-Culture guide, which possibly includes a structure, process, and outcome measures.
- 4.2 All healthcare institutions need to utilize a proper just culture tool that guides a consistent, constructive, and fair evaluation of the actions of staff involved in patient safety events.
- 4.3 All healthcare institutions need to ensure the outcome of the evaluation of staff actions is documented, reviewed, archived, and dealt with confidentially.
- 4.4 All healthcare institutions need to have a process for organizational learning (using what is learned from the Patient Safety Events to prevent future harm)
- 4.5 Just -Culture training completed for all staff (e.g., Percentage of staff completing Just - Culture training).
- 4.6 Compare and monitor the change over time of the patient safety culture survey results for the following:
 - 4.6.1 The positive response of the Response to Error and, Communication Openness patient safety culture survey domains' results, nationally and at the facility level.
 - 4.6.2 The number of the Events Reported item per staff category.

5. MATERIAL AND EQUIPMENT:

- 5.1 Hospital Survey On Patient Safety Culture

6. RESPONSIBILITIES:

- 6.1 All MCH staff

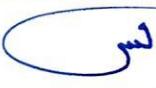
7. APPENDICES:

- 7.1 International patient safety goals

8. REFERENCES:

- 8.1 JCI hospital standards
- 8.2 Maternity and Children Hospital, Directorate of Health Affairs Holy Capital, Kingdom of Saudi Arabia.

9. APPROVALS:

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International Patient Safety Goals (IPSG)*

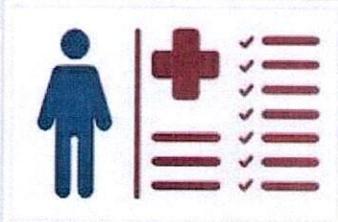
GOAL 1 Identify Patients Correctly



GOAL 2 Improve Effective Communication



GOAL 3 Improve the Safety of High-Alert Medications



GOAL 4 Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery



GOAL 5 Reduce the Risk of Health Care-Associated Infections



GOAL 6 Reduce the Risk of Patient Harm Resulting from Falls

*Goals will vary by setting