Results: Eight hundred and fifty-two (852) inspections conducted in public HEs in nine provinces. Figure 1 shows percentage outcome score for different levels of care with 50 Hospitals averaging 59%, 34 CHCs 50% and 768 Clinics 47%. Figure 2 shows the domains of Patient Safety, Clinical Governance and Care scored 63% for hospitals, Patient Rights 62% and Facilities and Infrastructure 61% respectively. The lowest score for hospitals was 44% for domain of Leadership and Corporate Governance. Overall performance scores for hospitals were marginally higher than CHCs and Clinics across all domains as in Figure 2 except for CHCs Clinical Support Services averaging 53% compared with Hospitals 49% and Clinics 48% which impacts on the important role of clinics in filtering patients that require up-referral to hospitals which may be inadequately resourced.

Image:

![Average scores by facility type](https://example.com/image1.png)

![Domains scores by facility type](https://example.com/image2.png)

Conclusion: External assessment of compliance acts as a catalyst for change, demonstrating adequacy or inadequacy of quality and patient safety, contributing to in-depth reflection by leadership. This should be followed by the development of quality improvement plans to address gaps, implementation and monitoring to meet compliance standards of 80%. High risk areas require investment in human and appropriate resources required and monitored in terms of priorities of quality and patient safety. The use of recognised improvement methodologies together with health system strengthening would increase the impact and scalability of improvement.

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Designing of Disaster Risk Management Accreditation Standards in Iranians Hospitals

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Objectives: Hospital Accreditation is an effective tool for improving the quality of health care services that is currently used to evaluate medical centers in the country. According to the country's climate conditions and the need for hospitals to prepare for disasters, studies have shown that hospital readiness is low and inadequate attention is given to existing standards. Based on international assemblies' emphasis on promoting risk awareness and safety of hospitals, the need to revise these standards was emphasized, with approach on hospital risk management.

Methods: The method of the study was Mixed Method in several stages. The first phase of the comparative overview study was conducted on the most recent accreditation standards of the world's leading hospital for disasters, including national and international standards for the United States, Canada, Australia, Malaysia, India, Thailand, Egypt, Lebanon, Turkey, Saudi Arabia and the Denmark. The region countries and developed countries that have received the certificate of (ISQua) was selected. In the second phase, the semi-structured interview was conducted with 18 experts on the criteria for disaster preparedness hospitals and content analysis for the formulation of standards. The third step is to adopt the views of the interviewees to international standards and finalize the national accreditation standards. Last Stage Pilot Standardization Surveillance in 21 hospitals of different countries.

Results: There was a huge difference in the quality and quantity of accident and disaster management standards in different countries. The national accreditation standards of the United States with the highest number of standards and coverage of all aspects of the disaster management cycle have achieved the highest rank. Australian and Canadian standards ranked second and third, respectively. 29 Standards and 194 Measurable Element Was Extracted from selected countries. The results of interviews with experts from this category indicated that ready-made hospitals' indicators include appropriate managerial structure, risk assessment, program development, manuals, training and staff training. With a risk management approach, 38 standards and substandards have designed. Polling results from hospitals showed that the overall satisfaction rate of disaster standards was 91%.

Conclusion: Considering international emphasis and changing the approach of disaster management (response) to disaster risk management (prevention and mitigation), national standards should focus on prevention of Disasters and hospital preparedness against disasters Be Applying these policies to hospital standards will be an
effective step to increase the perception of risk for top hospital managers.

References


Surgical Team Cooperation and Compliance with WHO Surgical Safety Checklist in a Tertiary Hospital, Vietnam

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Objectives: Little has been known about compliance with WHO Surgical Safety Checklist (SSC) in developing world. The study aimed to assess the cooperation between surgical team members and compliance with SSC in a tertiary maternity hospital in Vietnam.

Methods: The 2009 WHO SSC was introduced and used at Hung Vuong hospital, a tertiary 900-bed maternity hospital in Vietnam, from 2014. A cross-sectional study was conducted from February 1st to May 31st, 2017 to evaluate the actual practice of using 2009 WHO SSC. Four trained assessors independently examined each case separately throughout the study duration. SSC was implemented if the operating team completed the checklist on paper. The practice of verbal communication to complete the checklist was used to assess the compliance of surgical team in each of the three phases of the checklist (Sign In, Time Out and Sign Out). Compliance with SSC was operationally defined as all members of operating team read out loud and responded accordingly all the questions listed in the WHO SSC. The level of cooperation was then assessed by the assessor for each team member separately and focused in completing the checklist; (ii) average if the person was focused in completing the checklist or expressed uninterested. Individual cooperation level was then used to plan for group-based SSC adherent improvement intervention. Data was collected, stored and analyzed using Microsoft Excel® 2010. The internal review board approved the proposal for this study.

Results: The overall SSC implementation rate was 100% (216/216) but the overall compliance rate was only 44.4% (96/216). The compliance rate of Sign In, Time Out and the Sign Out period were 70.8% (153/216), 72.2% (156/216) and 54.6% (118/216), respectively. Compliance in senior surgeons was also as twice as that of the junior ones (60% versus 36%). Checklists were completed with the presence of anesthesiologist in 76.9% (166/216) and midwife in 73.3% (140/216) of all cases. Among 191 obstetric surgeries, midwives participated in completing Time Out phase in 92% cases. Comparing levels of cooperation between each surgical team member’s role, only 8–14% cases were at “average” level and 0.5% were at “poor” level. There were 8 cases (3.7%) had surgical instrument incident reported.

Conclusion: Despite of high implementation of 2009 WHO SSC rate, the overall compliance was low. The study highlighted further efforts to improve SSC compliance in developing countries.

References


Implementation of the Brazilian National Patient Safety Program at Public Hospitals: A Qualitative Evaluation

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Objectives: In 2013, the Brazilian Ministry of Health launched its first, national program to address growing concerns about patient safety. In a context of limited institutional experience of patient safety policy and programming, the National Patient Safety Program (NPSP) aimed to foster patient safety management at hospital level, through hospital-level patient safety nuclei and plans, implementation of safety protocols and a national incident reporting system. Little is currently known about NPSP implementation at hospital level. This study aimed to characterize NPSP implementation and compliance in public hospitals and its influence on safety protocol adherence.

Methods: In-depth qualitative case studies of two public hospitals in urban Southeast Brazil were conducted in 2015–2016, focusing on the establishment and functioning of NPSP structure and activities at hospital level. To examine the program’s impact at the sharp end, we studied implementation of the surgical safety checklist. Data collection