

ABSTRACT NO. R4

**HOW DOES PATIENT SAFETY CULTURE COMPARE IN THE OPERATING ROOM AND POST ANESTHESIA CARE UNIT TO THE REST OF THE HOSPITAL?**

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**Introduction:** A strong safety culture is particularly important to promote safe care in surgical units such as the operating room (OR) and the post-anesthesia care unit (PACU).

**Objective:** We hypothesized that patient safety culture is higher in the OR and PACU than in other hospital work areas.

**Methods:** The Patient Safety Climate in Healthcare Organizations (PSCHO) survey administered to employees at 30 VA hospitals from December 2005 to May 2006 was used to test our hypothesis. The survey consisted of 42 close-ended items representing 12 different dimensions of safety. We measured problematic response to each item. A higher rate of problematic response indicated a weaker safety culture. Responses were categorized based on origin from the "OR/PACU", or "Other Work Areas". The two groups' item-specific, dimension-specific and overall problematic responses were compared using two-sided Student t-test. A linear regression analysis of problematic response was also performed.

**Results:** A total of 4504 surveys (49%) were returned. The average problematic response was similar between the OR/PACU group and the "Other Work Areas" group (20.2 % and 18.1 % respectively;  $p = 0.41$ ). The dimension-specific problematic responses' comparison and the linear regression analysis revealed similar results. When the two groups were compared on an item-by-item level, a few areas indicating a weak safety culture in the OR/PACU group were identified. These consisted of a more frequent observation of unsafe practices (55.1% vs. 43.2%;  $p = 0.01$ ), a perception of less institutional interest in the quality of patient care (20.4% vs. 12.5%;  $p = 0.03$ ), and a perception of less managerial understanding of the risks associated with patient care (28.3% vs. 17.1%;  $p = 0.01$ ).

**Conclusion:** The patient safety culture in the OR/PACU is similar to that in other hospital areas. Specific areas of patient safety were identified that should be targeted for improvement.