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Background

Fostering a culture of safety in health organizations should begin by evaluating the current culture.

In Primary Health Care, Patient Safety (PS) becomes more important because a considerable proportion of safety incidents detected in hospitals originate from earlier levels of the system, most of the interactions, and the largest volume of consultations in the functional units at this level of health care in family health units that provide accessible care, global and longitudinal follow-up on the health process in a lifetime, enabling greater health gains, and greater proximity to the patient. They are elementary health care units, based on multiprofessional teams, made up of doctors, nurses, administrative staff. Patient wants to have security, professionals have different levels of PS culture.

Health Assessment and Intervention

Health Trends and Emerging Health Threats

Health Policy and Management

Other Topic Health Research

Conceptual Framework

Qualitative Case Study

Semi Structured Interview

1 Cartaxo Health Center, 2 Functional UNITS, 25 Health Professionals

Describe the patient's safety culture of health professionals from two family health units belonging to the same Health Center. We want to understand the similarities and/or differences between the two.

Content Analysis 2 usf's (A & B)

Was supported by maturity levels in a patient safety culture, five maturity levels ranging from 1 (worst culture) to 5 (best culture)

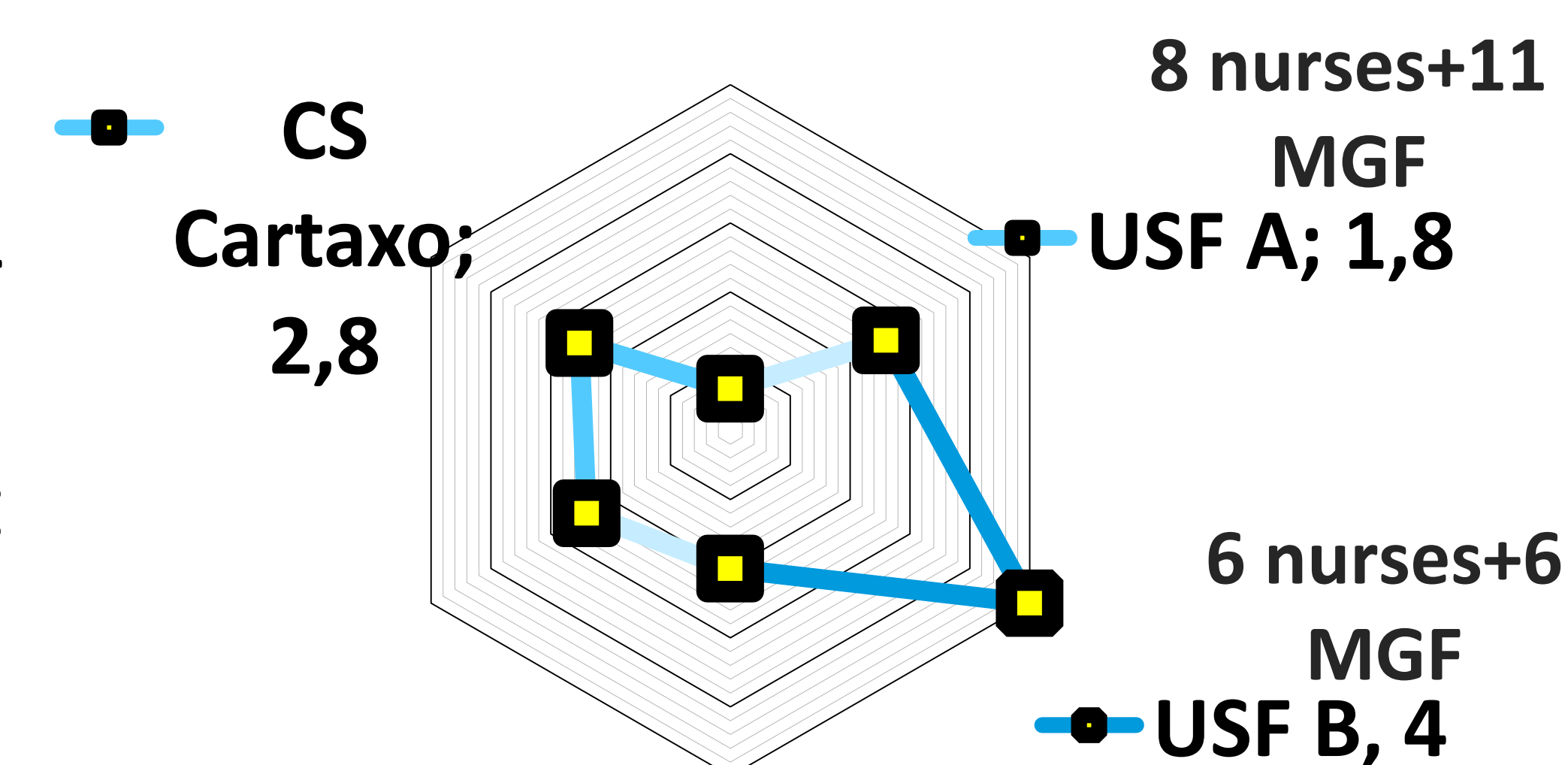
Results

By adjusting the responses within a maturity level of patient safety culture to the 2 functional units, it was observed that culture oscillated between 1.8 values in USF model A, close to a **reactive culture**, in which the organization specially cares about safety when they occur problems. We find 4 values of USF B, close to a **proactive culture**, with patient safety measures, even without adverse events, close to the ideal, with a informed and worried team.

Conclusions

The functional units have the same typology, belong to the same Health Center, but align the patient's safety culture with its greater and lesser complexity, respectively, model B and A.

In other words, PS is not observed under the same hat, although it operates in the same geographical area. There's a need for more and better evaluation, information and training about PS culture



5 Maturity Level

we improved in team
We careful confidentiality
Careful transport vaccines

1 Maturity Level

No specific s objectives SD
Great change resistance