

Attitudes and Opinions of Doctors of Chiropractic Specializing in Pediatric Care Toward Patient Safety: A Cross-sectional Survey

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ABSTRACT

Objective: The purpose of this cross-sectional survey was to evaluate attitudes and opinions of doctors of chiropractic (DCs) specializing in pediatric care toward patient safety.

Methods: The Medical Office Survey on Patient Safety Culture of the Agency for Healthcare Research and Quality was adapted for providers who use spinal manipulation therapy and sent out to 2 US chiropractic organizations' pediatric council members (n = 400) between February and April 2014. The survey measured 12 patient safety dimensions and included questions on patient safety items and quality issues, information exchange, and overall clinic ratings. Data analyses included a percent composite average and a nonrespondent analysis.

Results: The response rate was 29.5% (n = 118). Almost one-third of respondents' patients were pediatric (≤ 17 years of age). DCs with a pediatric certification were 3 times more likely to respond ($P < .001$), but little qualitative differences were found in responses. The patient safety dimensions with the highest positive composite percentages were *Organizational Learning* (both administration and clinical) and *Teamwork* ($>90\%$). *Patient Care Tracking/Follow-up* and *Work Pressure and Pace* were patient safety dimensions that had the lowest positive composite scores ($<85\%$). The responses also indicated that there was concern regarding information exchange with insurance/third-party payors. Two quality issues identified for improvement were (1) updating a patient's medication list and (2) following up on critically abnormal results from a laboratory or imaging test within 1 day. The average overall patient safety rating score indicated that 83% of respondents rated themselves as "very good" or "excellent."

Conclusions: Compared with 2014 Agency for Healthcare Research and Quality physician referent data from medical offices, pediatric DCs appear to have more positive patient safety attitudes and opinions. Future patient safety studies need to prospectively evaluate safety performance with direct feedback from patients and compare results with these self-assessed safety attitudes, as well as make further use of this survey to develop a comparable database for spinal manipulation providers. (J Manipulative Physiol Ther 2016;39:487-493)

Key Indexing Terms: *Pediatrics; Patient Safety; Quality Improvement; Chiropractic*

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INTRODUCTION

Patient safety and quality improvement has been at the top of health care agendas since the 1999 Institute of Medicine (IOM) report, *To Err Is Human*.¹ Reporting and learning systems for medical errors have been implemented as suggested in the IOM report¹ and found to make some quality improvements in hospital settings^{2,3}; however, little has been done for quality improvement in community-based health care offices, where the majority of patient-provider interactions occur.^{4,5}

Currently in the chiropractic profession, only 1 reporting and learning system exists; it was deployed initially in the United Kingdom in 2005, expanded throughout Europe, and recently has

been made available in Australia. The Chiropractic Patient Incident Reporting and Learning System is an online forum that allows near misses or actual medical errors and incidents or adverse events (both clinical and administrative) to be voluntarily reported in an anonymous and confidential manner.⁶

The Agency for Healthcare Quality and Research (AHRQ) responded to the IOM report's recommendation to increase patient safety. One AHRQ initiative was the development of a survey to measure patient safety attitudes and opinions from the perspective of those providing the care.⁷ Similar to other patient safety movements, their work started in secondary care (ie, hospitals) and then expanded into primary care medical offices.^{7,8} The goals of the AHRQ medical office survey were to (1) raise awareness about patient safety, (2) assess the current status of patient safety attitudes and opinions, (3) use for internal patient safety and quality improvement, (4) evaluate the impact of patient safety and quality improvement initiatives, and (5) track patient safety attitudes and opinions over time. SafetyNET is a team of patient safety and spinal manipulation therapy (SMT) experts who adapted this survey for SMT providers and initiated validation with doctors of chiropractic (DCs) and physical therapists.⁹ This survey's name was modified to Survey to Support Quality Improvement so that community-based SMT providers would better understand its content and purpose.¹⁰

Chiropractic and osteopathic manipulation remains the most popular complementary and alternative medicine service sought in the United States by the pediatric population.^{11,12} There are several different programs available to those wishing to become a certified pediatric DC, which usually require more than 300 hours of training to expand on and deepen the pediatric knowledge base obtained during an accredited chiropractic training program.

Similar to other primary care community-based providers, DCs who treat children do not currently have established patient safety reporting or learning mechanisms, despite identified gaps in patient safety.^{13,14} The purpose of this cross-sectional survey is to evaluate the safety attitudes and opinions of pediatric DCs, which is the start of assessing and supporting a patient safety culture for this population.

METHODS

SafetyNET's Survey to Support Quality Improvement is a cross-sectional survey to measure patient safety attitudes and opinions, specific patient safety and quality issues, information exchange problems, and overall office ratings on quality and patient safety. This survey was used to evaluate patient safety and quality improvement of responding pediatric DCs.⁹ The University of Alberta's Research Ethics Board (Pro00043860) reviewed and approved this study. This manuscript was prepared using the STROBE (strengthening the reporting of observational studies in epidemiology) Statement for cross-sectional studies.¹⁵

Population

The target population for this survey was pediatric DCs; however, it was not limited to only DCs with a certification in pediatrics, because all DCs are trained to provide care to this population.¹⁶ The American Chiropractic Association, Council on Chiropractic Pediatrics (ACA-CCP) and International Chiropractors Association, CCP (ICA-CCP) were identified as our source population because their members all had interest in pediatrics and supported these organizations through membership (n = 400). Membership of these organizations is based on one's interest in supporting initiatives of these associations and is not dependent on having a pediatric certification. Because the source populations were small enough, all were invited to participate between February and April 2014, and a representative sample size calculation was not conducted.

Survey Design

SafetyNET's Survey to Support Quality Improvement was developed in 4 stages: (1) scoping literature review; (2) validation and measurement properties consideration of preferred survey; (3) survey modifications to promote content validity; and (4) continued content validity testing.⁹ The survey has been piloted with DCs in Alberta, Canada; conducted with physiotherapists in Alberta, Canada, and DCs in Ontario, New Brunswick, and Newfoundland, Canada; has been translated to French and Danish for use among DCs in Québec, Canada, and Denmark, respectively; and has been modified and conducted at 3 chiropractic teaching clinics (Anglo-European College of Chiropractic, Canadian Memorial Chiropractic College, and Parker University).

The survey for this study was designed and managed using REDCap electronic data capture tools (Vanderbilt University, Nashville, TN) hosted at the University of Alberta.¹⁷ Potential respondents received the survey via email. This email included a letter with information about the study and a direct link to the survey. The email and link were sent 3 times, with at least 1 week between each mailing.

The patient safety dimensions measured were *Communication about Error*, *Communication Openness*, *Office Processes and Standardization*, *Organizational Learning (clinical and administrative)*, *Overall Perceptions of Patient Safety and Quality (clinical and administrative)*, *Owner/Managing Partner/Leadership Support for Patient Safety*, *Patient Care Tracking/Follow-up*, *Staff Training*, *Teamwork*, and *Work Pressure and Pace*.⁸ Responses were sought on a 5-point rating scale (5 being the best score).

Eight questions were asked directly about specific patient safety items and quality issues: *access to care*, *charts/records*, *equipment*, *medications*, and *diagnostic tests*. Four questions were asked about information exchange with other settings: *outside labs/imaging center*, *other physician offices*, *other health care offices*, and *insurance/third party payors*. Providers were then asked to

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