



جامعة الجميع الذكية

كلية الادارة



ماجستير الادارة

تخصص الادارة

دراسة مسحية لإدارة المخاطر و سلامة المرضى بمستشفى الملك فيصل التخصصي ومركز الابحاث بالرياض

**Research Title : A survey study of risk management and patient safety at
King Faisal Specialist Hospital and Research Center in Riyadh**

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Tables and charts

Frequencies

Statistics

		Does the hospital have a formal risk management program in place?	Does the hospital have a safety event reporting system?	Are regular safety audits conducted at the hospital?	Are risk assessments conducted for high-risk procedures?	Are staff trained on risk management practices?
N	Valid	219	219	219	219	219
	Missing	31	31	31	31	31
Mean		1.00	1.04	1.01	1.03	1.00
Median		1.00	1.00	1.00	1.00	1.00
Mode		1	1	1	1	1
Std. Deviation		.068	.188	.117	.164	.068
Range		1	1	1	1	1
Minimum		1	1	1	1	1
Maximum		2	2	2	2	2
Sum		220	227	222	225	220
Percentiles	25	1.00	1.00	1.00	1.00	1.00
	50	1.00	1.00	1.00	1.00	1.00
	75	1.00	1.00	1.00	1.00	1.00

Frequency Table

Does the hospital have a formal risk management program in place?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	218	87.2	99.5	99.5
	No	1	.4	.5	100.0
	Total	219	87.6	100.0	
Missing	System	31	12.4		
Total		250	100.0		

Does the hospital have a safety event reporting system?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	211	84.4	96.3	96.3
	No	8	3.2	3.7	100.0

Total	219	87.6	100.0
Missing System	31	12.4	
Total	250	100.0	

Are regular safety audits conducted at the hospital?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	216	86.4	98.6	98.6
No	3	1.2	1.4	100.0
Total	219	87.6	100.0	
Missing System	31	12.4		
Total	250	100.0		

Are risk assessments conducted for high-risk procedures?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	213	85.2	97.3	97.3
No	6	2.4	2.7	100.0
Total	219	87.6	100.0	
Missing System	31	12.4		
Total	250	100.0		

Are staff trained on risk management practices?

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid yes	218	87.2	99.5	99.5
No	1	.4	.5	100.0
Total	219	87.6	100.0	
Missing System	31	12.4		
Total	250	100.0		



Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	219	87.6
	Excluded ^a	31	12.4
	Total	250	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.596	5

Frequencies

Statistics

		How would you rate the hospital's patient safety culture in terms of open communication?	How would you rate the hospital's patient safety culture in terms of non-punitive response to error?	How would you rate the hospital's patient safety culture in terms of teamwork?	How would you rate the hospital's patient safety culture in terms of patient-centeredness?	How would you rate the hospital's patient safety culture in terms of continuous improvement?
N	Valid	282	282	282	282	282
	Missing	40	40	40	40	40
Mean		1.2057	1.3723	1.5106	1.6667	1.2092
Median		1.0000	1.0000	1.0000	1.0000	1.0000
Mode		1.00	1.00	1.00	1.00	1.00
Std. Deviation		.44670	.66937	.70703	.94449	.61028
Range		2.00	3.00	3.00	3.00	3.00
Minimum		1.00	1.00	1.00	1.00	1.00
Maximum		3.00	4.00	4.00	4.00	4.00
Sum		340.00	387.00	426.00	470.00	341.00
Percentiles	25	1.0000	1.0000	1.0000	1.0000	1.0000
	50	1.0000	1.0000	1.0000	1.0000	1.0000
	75	1.0000	2.0000	2.0000	3.0000	1.0000

Frequency Table

How would you rate the hospital's patient safety culture in terms of open communication?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellent	229	71.1	81.2	81.2
	Good	48	14.9	17.0	98.2
	Average	5	1.6	1.8	100.0
	Total	282	87.6	100.0	
Missing	System	40	12.4		
Total		322	100.0		

How would you rate the hospital's patient safety culture in terms of non-punitive response to error?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellant	202	62.7	71.6	71.6
	Good	60	18.6	21.3	92.9
	Average	15	4.7	5.3	98.2
	poor	5	1.6	1.8	100.0
	Total	282	87.6	100.0	
Missing	System	40	12.4		
Total		322	100.0		

How would you rate the hospital's patient safety culture in terms of teamwork?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellant	168	52.2	59.6	59.6
	Good	89	27.6	31.6	91.1
	Average	20	6.2	7.1	98.2
	poor	5	1.6	1.8	100.0
	Total	282	87.6	100.0	
Missing	System	40	12.4		
Total		322	100.0		

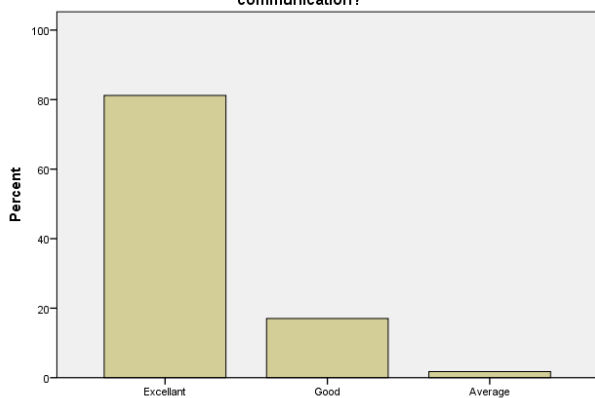
How would you rate the hospital's patient safety culture in terms of patient-centeredness?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellant	178	55.3	63.1	63.1
	Good	30	9.3	10.6	73.8
	Average	64	19.9	22.7	96.5
	poor	10	3.1	3.5	100.0
	Total	282	87.6	100.0	
Missing	System	40	12.4		
Total		322	100.0		

How would you rate the hospital's patient safety culture in terms of continuous improvement?

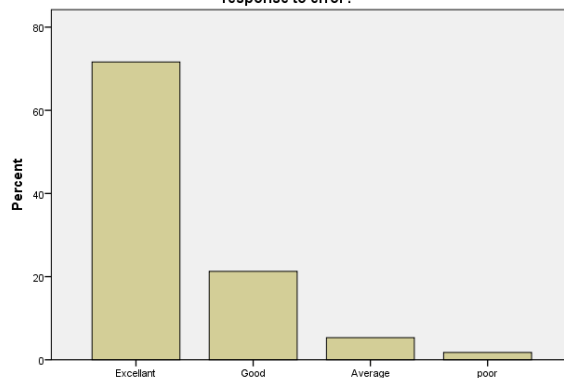
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Excellant	247	76.7	87.6	87.6
	Good	16	5.0	5.7	93.3
	Average	14	4.3	5.0	98.2
	poor	5	1.6	1.8	100.0
	Total	282	87.6	100.0	
Missing	System	40	12.4		
Total		322	100.0		

How would you rate the hospital's patient safety culture in terms of open communication?



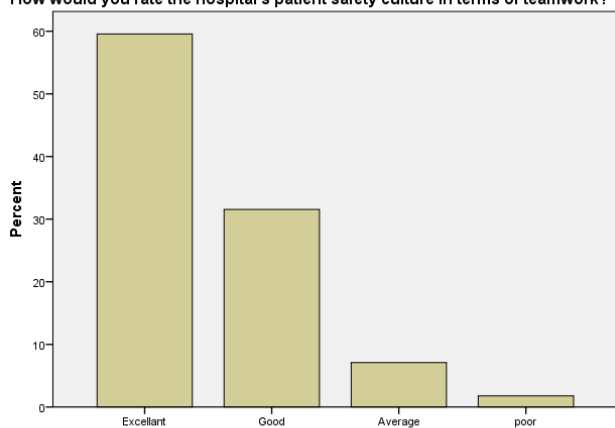
How would you rate the hospital's patient safety culture in terms of open communication?

How would you rate the hospital's patient safety culture in terms of non-punitive response to error?



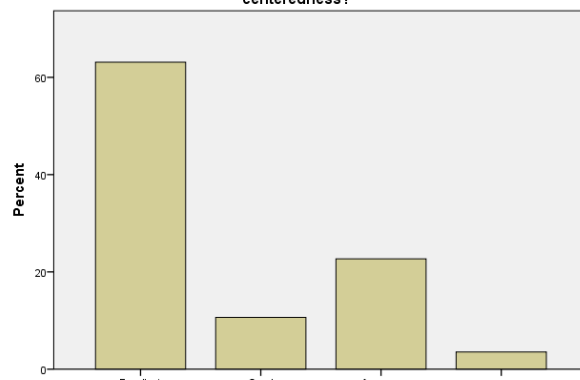
How would you rate the hospital's patient safety culture in terms of non-punitive response to error?

How would you rate the hospital's patient safety culture in terms of teamwork?



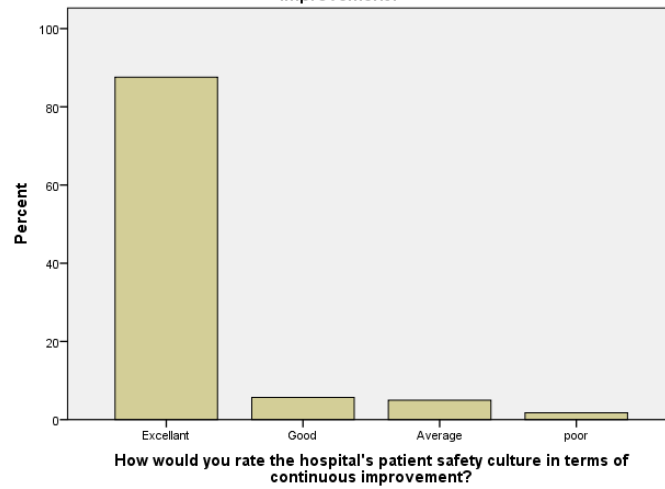
How would you rate the hospital's patient safety culture in terms of teamwork?

How would you rate the hospital's patient safety culture in terms of patient-centeredness?



How would you rate the hospital's patient safety culture in terms of patient-centeredness?

How would you rate the hospital's patient safety culture in terms of continuous improvement?



Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	282	87.6
	Excluded ^a	40	12.4
	Total	322	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.733	5

Frequencies

Statistics

		The hospital has a formal risk management policy and procedures in place.	Regular risk assessments are conducted at the hospital.	The hospital has policies in place for reporting incidents and adverse events.	Staff members receive regular training and education on risk management.	The hospital uses technology to support risk management.	The hospital collaborates with other healthcare organizations on risk management.	There is teamwork across hospital units to promote patient safety.
N	Valid	110	110	110	110	110	110	110
	Missing	0	0	0	0	0	0	0
Mean		3.7545	3.8273	3.6091	3.9182	3.5909	3.8091	3.6636
Median		4.0000	4.0000	4.0000	4.0000	3.0000	4.0000	4.0000
Mode		3.00	4.00	3.00	4.00	3.00	4.00	4.00
Std. Deviation		.83706	.87639	.87886	.81423	.83825	.77217	.80454
Range		3.00	3.00	3.00	3.00	3.00	3.00	3.00
Minimum		2.00	2.00	2.00	2.00	2.00	2.00	2.00
Maximum		5.00	5.00	5.00	5.00	5.00	5.00	5.00
Sum		413.00	421.00	397.00	431.00	395.00	419.00	403.00
Percentiles	25	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000
	50	4.0000	4.0000	4.0000	4.0000	3.0000	4.0000	4.0000
	75	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000

N	Valid	Hospital management supports patient safety efforts.	There is feedback and communication about errors in patient care.	The hospital has a non-punitive response to errors.	Staffing levels and workload support patient safety.	The hospital emphasizes patient safety as a top priority.	Patients are adequately informed about their treatment and care.	Patients are safe from harm while receiving care at the hospital.	Staff members report incidents and errors without fear of retribution.	Patients receive appropriate treatment and care at the hospital.	Staff members are vigilant about potential patient safety hazards.
Mean	Missing										
Median		110	110	110	110	110	110	110	110	110	107
Mode		0	0	0	0	0	0	0	0	0	3
Std. Deviation		3.7273	3.9818	3.7545	3.6909	3.9545	3.9091	3.6727	3.9182	3.7636	3.8411
Range		4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000
Minimum		4.00	4.00	3.00	4.00	4.00 ^a	4.00	4.00	4.00	4.00	4.00
Maximum		.92775	.85651	.86932	.86465	.91257	.89387	.82517	.80288	.84514	.84841
Sum		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
Percentiles	25	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	50	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
	75	410.00	438.00	413.00	408.00	435.00	430.00	404.00	431.00	414.00	411.00
		3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000
		4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000
		4.0000	5.0000	4.0000	4.0000	5.0000	5.0000	4.0000	4.2500	4.0000	4.0000

Frequency Table

The hospital has a formal risk management policy and procedures in place.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	3.6	3.6	3.6
	Neutral	43	39.1	39.1	42.7
	Agree	39	35.5	35.5	78.2
	Strongly Agree	24	21.8	21.8	100.0
	Total	110	100.0	100.0	

Regular risk assessments are conducted at the hospital.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	8	7.3	7.3	7.3
	Neutral	29	26.4	26.4	33.6
	Agree	47	42.7	42.7	76.4
	Strongly Agree	26	23.6	23.6	100.0
	Total	110	100.0	100.0	

The hospital has policies in place for reporting incidents and adverse events.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	10	9.1	9.1	9.1
	Neutral	42	38.2	38.2	47.3
	Agree	39	35.5	35.5	82.7
	Strongly Agree	19	17.3	17.3	100.0
	Total	110	100.0	100.0	

Staff members receive regular training and education on risk management.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	6	5.5	5.5	5.5
	Neutral	23	20.9	20.9	26.4
	Agree	55	50.0	50.0	76.4
	Strongly Agree	26	23.6	23.6	100.0
	Total	110	100.0	100.0	

The hospital uses technology to support risk management.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	4.5	4.5	4.5
	Neutral	55	50.0	50.0	54.5
	Agree	30	27.3	27.3	81.8
	Strongly Agree	20	18.2	18.2	100.0
	Total	110	100.0	100.0	

The hospital collaborates with other healthcare organizations on risk management.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	2	1.8	1.8	1.8
	Neutral	39	35.5	35.5	37.3
	Agree	47	42.7	42.7	80.0
	Strongly Agree	22	20.0	20.0	100.0
	Total	110	100.0	100.0	

There is teamwork across hospital units to promote patient safety.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	7	6.4	6.4	6.4
	Neutral	39	35.5	35.5	41.8
	Agree	48	43.6	43.6	85.5
	Strongly Agree	16	14.5	14.5	100.0
	Total	110	100.0	100.0	

Hospital management supports patient safety efforts.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	10	9.1	9.1	9.1
	Neutral	36	32.7	32.7	41.8
	Agree	38	34.5	34.5	76.4
	Strongly Agree	26	23.6	23.6	100.0
	Total	110	100.0	100.0	

There is feedback and communication about errors in patient care.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	3.6	3.6	3.6
	Neutral	29	26.4	26.4	30.0
	Agree	42	38.2	38.2	68.2
	Strongly Agree	35	31.8	31.8	100.0
	Total	110	100.0	100.0	

The hospital has a non-punitive response to errors.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	6	5.5	5.5	5.5
	Neutral	40	36.4	36.4	41.8
	Agree	39	35.5	35.5	77.3
	Strongly Agree	25	22.7	22.7	100.0
	Total	110	100.0	100.0	

Staffing levels and workload support patient safety.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	9	8.2	8.2	8.2
	Neutral	36	32.7	32.7	40.9
	Agree	45	40.9	40.9	81.8
	Strongly Agree	20	18.2	18.2	100.0
	Total	110	100.0	100.0	

The hospital emphasizes patient safety as a top priority.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	6	5.5	5.5	5.5
	Neutral	30	27.3	27.3	32.7
	Agree	37	33.6	33.6	66.4
	Strongly Agree	37	33.6	33.6	100.0
	Total	110	100.0	100.0	

Patients are adequately informed about their treatment and care.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	4.5	4.5	4.5
	Neutral	34	30.9	30.9	35.5
	Agree	37	33.6	33.6	69.1
	Strongly Agree	34	30.9	30.9	100.0
	Total	110	100.0	100.0	

Patients are safe from harm while receiving care at the hospital.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	7	6.4	6.4	6.4
	Neutral	40	36.4	36.4	42.7
	Agree	45	40.9	40.9	83.6
	Strongly Agree	18	16.4	16.4	100.0
	Total	110	100.0	100.0	

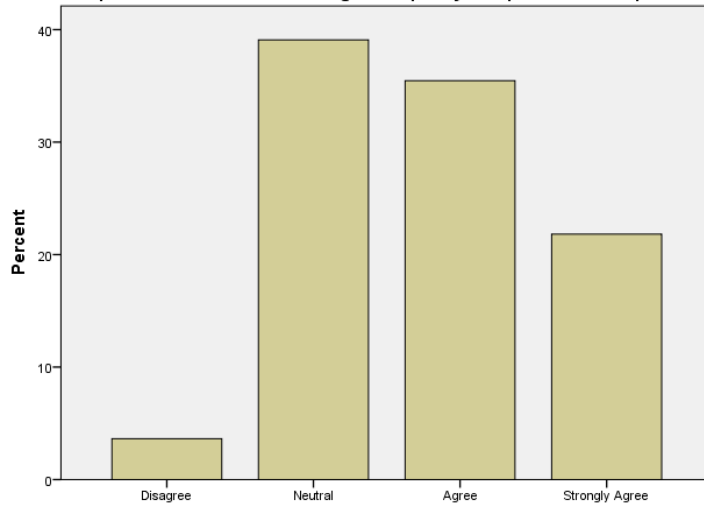
Staff members report incidents and errors without fear of retribution.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	4	3.6	3.6	3.6
	Neutral	28	25.5	25.5	29.1
	Agree	51	46.4	46.4	75.5
	Strongly Agree	27	24.5	24.5	100.0
	Total	110	100.0	100.0	

Patients receive appropriate treatment and care at the hospital.

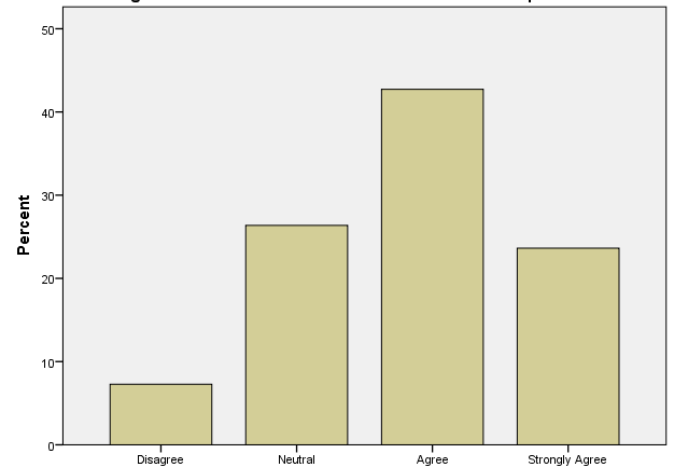
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Disagree	5	4.5	4.5	4.5
	Neutral	40	36.4	36.4	40.9
	Agree	41	37.3	37.3	78.2
	Strongly Agree	24	21.8	21.8	100.0
	Total	110	100.0	100.0	

The hospital has a formal risk management policy and procedures in place.



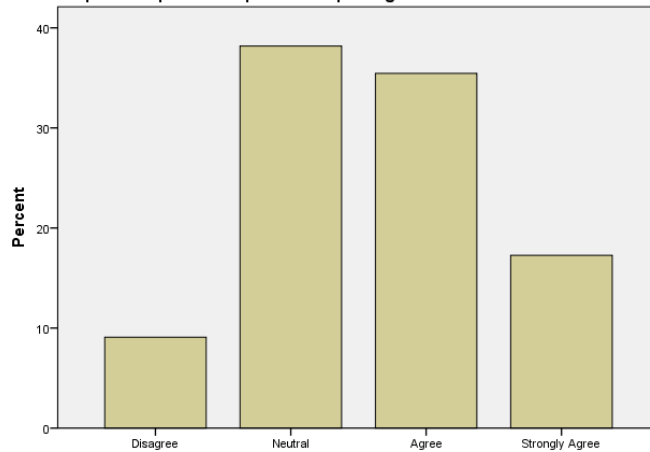
The hospital has a formal risk management policy and procedures in place.

Regular risk assessments are conducted at the hospital.



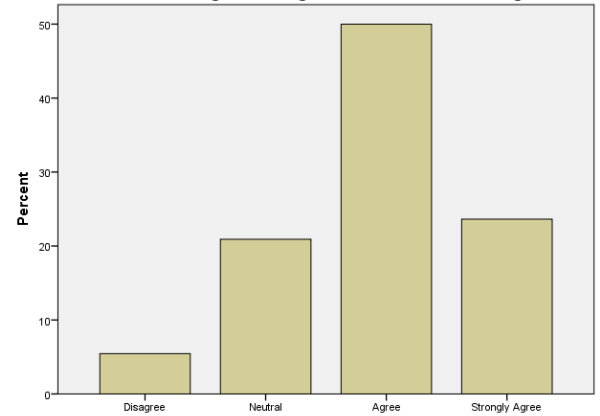
Regular risk assessments are conducted at the hospital.

The hospital has policies in place for reporting incidents and adverse events.



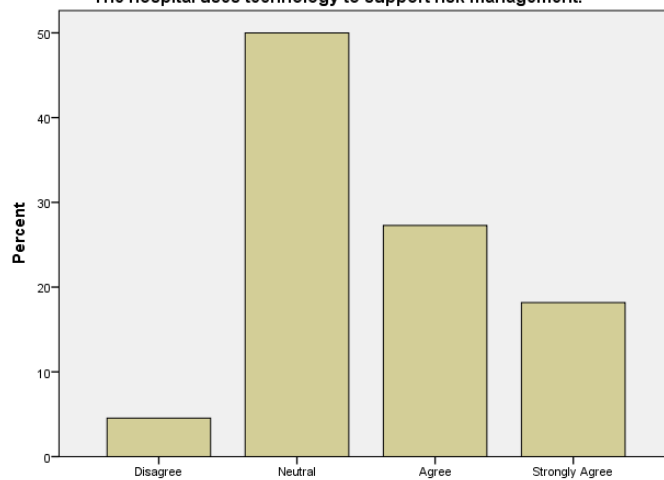
The hospital has policies in place for reporting incidents and adverse events.

Staff members receive regular training and education on risk management.



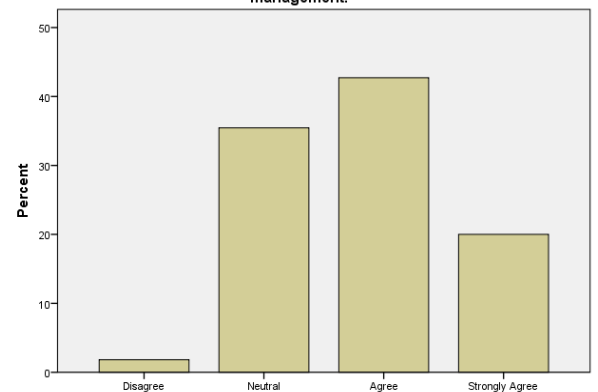
Staff members receive regular training and education on risk management.

The hospital uses technology to support risk management.



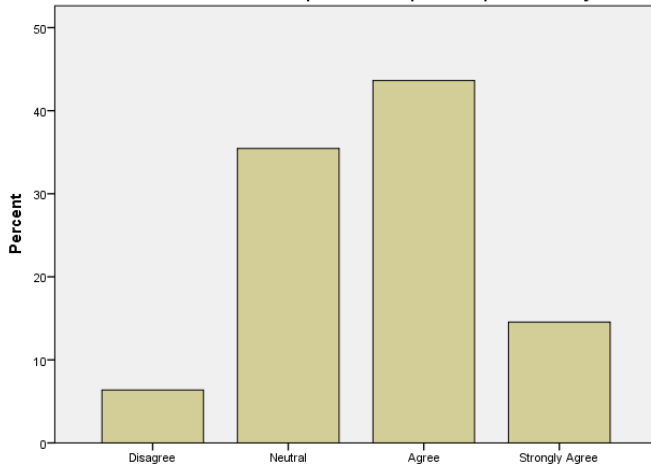
The hospital uses technology to support risk management.

The hospital collaborates with other healthcare organizations on risk management.



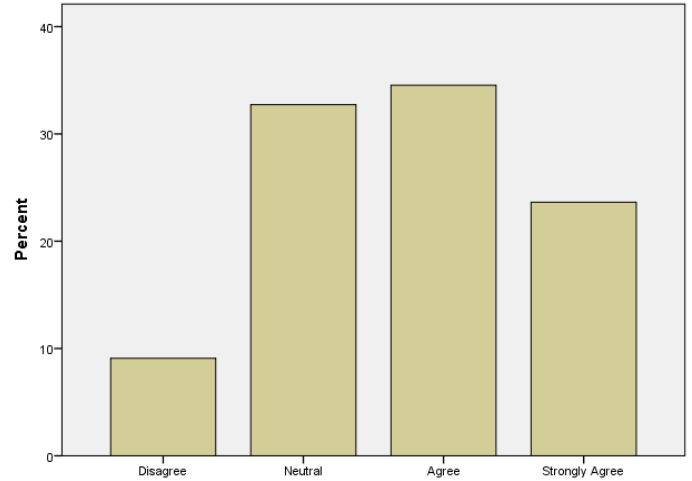
The hospital collaborates with other healthcare organizations on risk management.

There is teamwork across hospital units to promote patient safety.



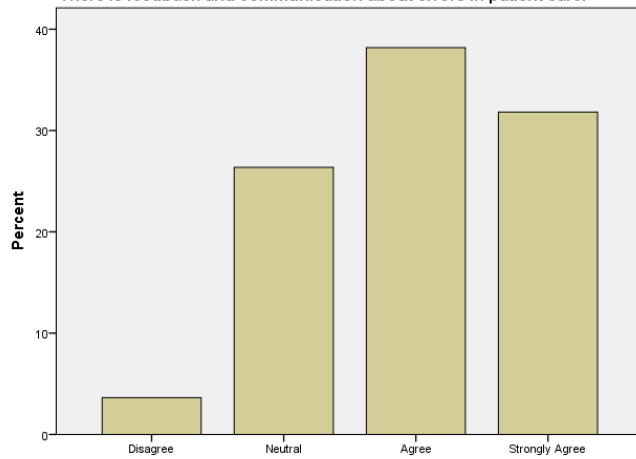
There is teamwork across hospital units to promote patient safety.

Hospital management supports patient safety efforts.



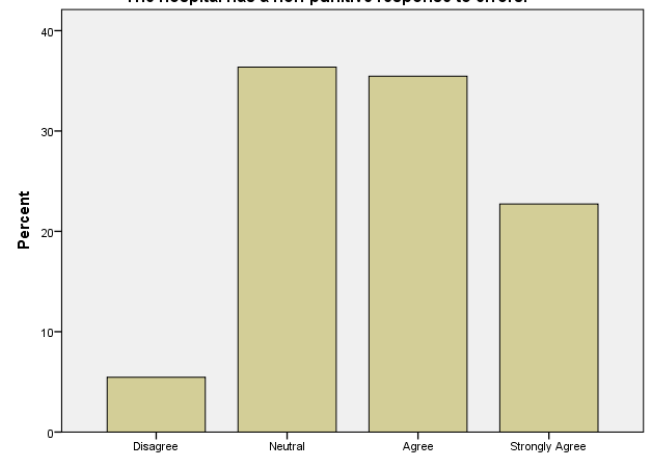
Hospital management supports patient safety efforts.

There is feedback and communication about errors in patient care.



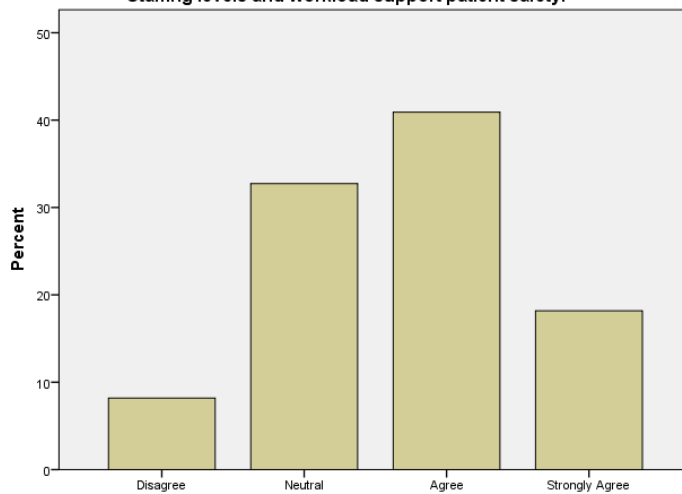
There is feedback and communication about errors in patient care.

The hospital has a non-punitive response to errors.



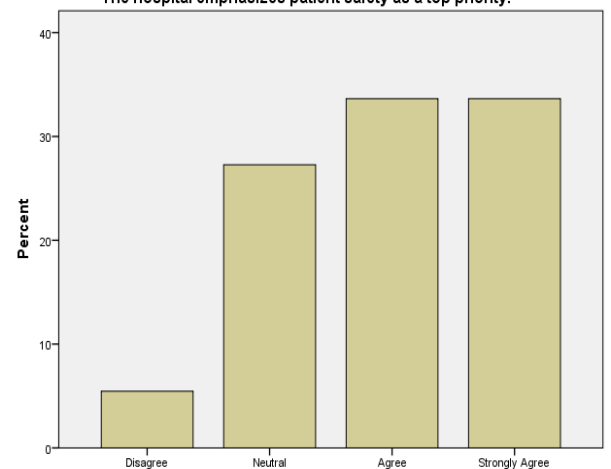
The hospital has a non-punitive response to errors.

Staffing levels and workload support patient safety.



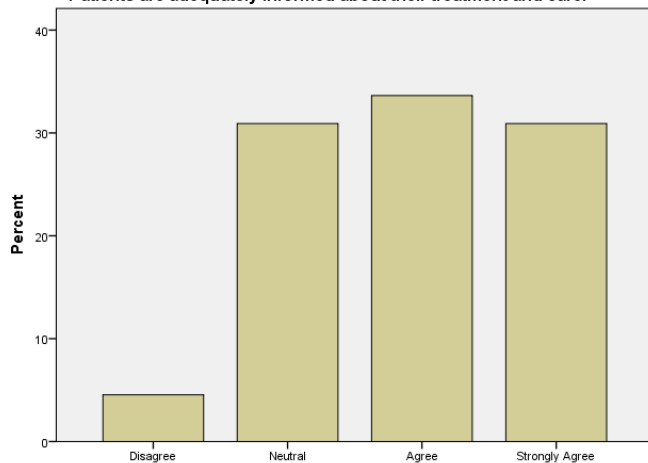
Staffing levels and workload support patient safety.

The hospital emphasizes patient safety as a top priority.



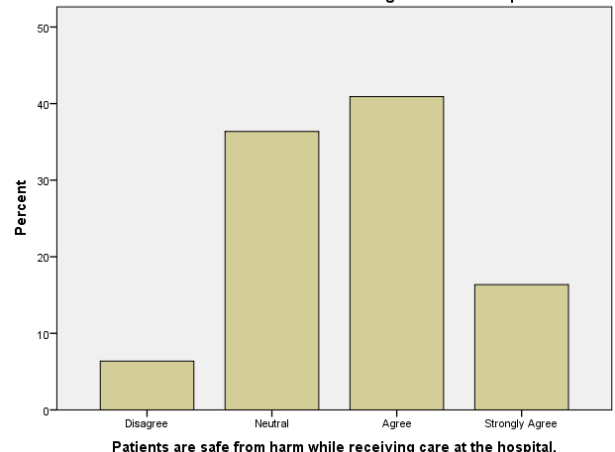
The hospital emphasizes patient safety as a top priority.

Patients are adequately informed about their treatment and care.



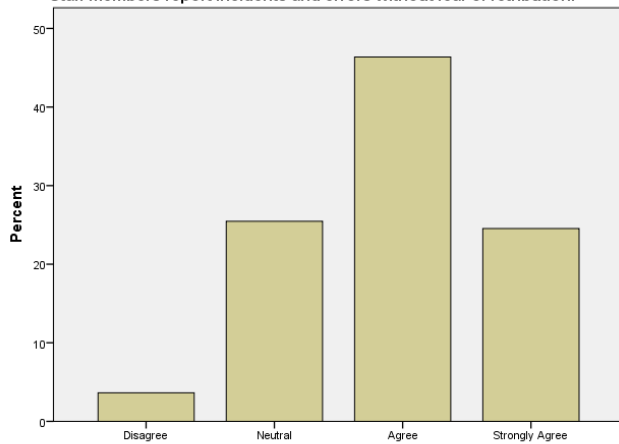
Patients are adequately informed about their treatment and care.

Patients are safe from harm while receiving care at the hospital.



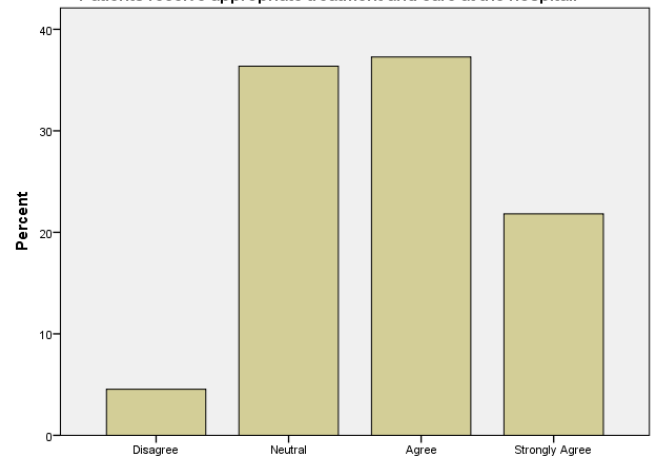
Patients are safe from harm while receiving care at the hospital.

Staff members report incidents and errors without fear of retribution.



Staff members report incidents and errors without fear of retribution.

Patients receive appropriate treatment and care at the hospital.



Patients receive appropriate treatment and care at the hospital.

Reliability

Scale: ALL VARIABLES

Case Processing Summary

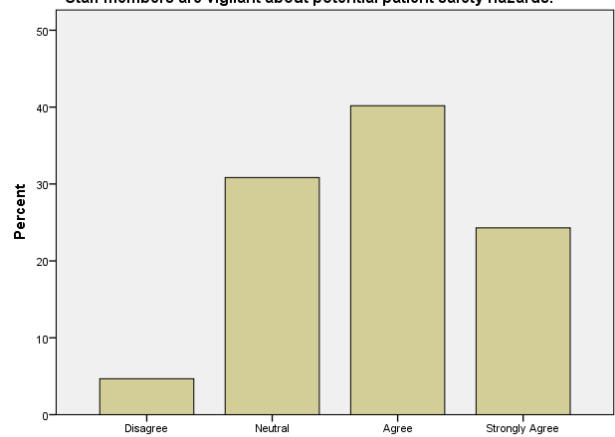
		N	%
Cases	Valid	107	97.3
	Excluded ^a	3	2.7
	Total	110	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.666	17

Staff members are vigilant about potential patient safety hazards.



Staff members are vigilant about potential patient safety hazards.

Appendixes

Risk Management and Patient Safety Survey Questionnaire

Question	Yes (1)	No (2)		
Does the hospital have a formal risk management program in place?				
Does the hospital have a safety event reporting system?				
Are regular safety audits conducted at the hospital?				
Are risk assessments conducted for high-risk procedures?				
Are staff trained on risk management practices?				
Question	Excellent(1)	Good(2)	Average(3)	Poor(4)
How would you rate the hospital's patient safety culture in terms of open communication?				
How would you rate the				

hospital's patient safety culture in terms of non-punitive response to error?					
How would you rate the hospital's patient safety culture in terms of teamwork?					
How would you rate the hospital's patient safety culture in terms of patient-centeredness?					
How would you rate the hospital's patient safety culture in terms of continuous improvement?					
Question	1=Strongly Disagree	2=Disagree	3=Neutral	4=Agree	5=Strongly Agree
The hospital has a formal risk management policy and procedures in place.					
Regular risk assessments are conducted at the hospital.					

The hospital has policies in place for reporting incidents and adverse events.					
Staff members receive regular training and education on risk management.					
The hospital uses technology to support risk management.					
The hospital collaborates with other healthcare organizations on risk management.					
There is teamwork across hospital units to promote patient safety.					
Hospital management supports patient safety efforts.					
There is feedback and communication about					

errors in patient care.					
The hospital has a non-punitive response to errors.					
Staffing levels and workload support patient safety.					
The hospital emphasizes patient safety as a top priority.					
Patients are adequately informed about their treatment and care. Patients are safe from harm while receiving care at the hospital.					
Patients receive appropriate treatment and care at the hospital.					
Staff members are vigilant about potential patient safety hazards.					
Staff members report incidents and errors without					

fear of retribution.					
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First part: Introduction

Patient safety and risk management are crucial components of the healthcare system, aimed at reducing medical errors, improving clinical outcomes, and enhancing the quality of care delivered to patients. In Saudi Arabia, the King Faisal Specialist Hospital and Research Center (KFSHRC) is a renowned healthcare institution that provides specialized medical services to patients from across the country. KFSHRC has implemented several patient safety and risk management measures to prevent adverse events and improve patient outcomes. (Alharbi MF, Alsaad AA, Aljuaydi KA, Althunayyan SM, Al-Qahtani MF, Balkhi B 2021)

The objective of this survey study is to evaluate the effectiveness of patient safety and risk management measures implemented at KFSHRC, Riyadh. The study aims to assess the perceptions of healthcare professionals regarding the current patient safety and risk management practices at the hospital, identify potential areas for improvement, and provide recommendations to enhance patient safety and risk management practices at KFSHRC. . (Alharbi MF, Alsaad AA, Aljuaydi KA, Althunayyan SM, Al-Qahtani MF, Balkhi B. 2021)

Medical errors and adverse events can have severe consequences for patients and healthcare providers. Therefore, identifying gaps in patient safety and risk management practices and developing strategies to address them is crucial. This study is significant because it can provide valuable insights into the challenges and opportunities associated with implementing effective patient safety and risk management practices in a complex healthcare system. Moreover, by examining the current patient safety and risk management practices at KFSHRC, this study can help other healthcare institutions in Saudi Arabia and beyond to improve their patient safety and risk management practices (Alboliteeh M, Altwaigri A, Alshehri N, et al. 2021)

The paper will present the results of the survey study and discuss the challenges and opportunities associated with implementing effective patient safety and risk management practices in a healthcare system. The paper will also provide recommendations to enhance patient safety and risk management practices at KFSHRC. (Alboliteeh M, Altwaairgi A, Alshehri N, et al.2021)

Second part: Theoretical Framework of the study

First chapter: Problem of the study and its importance.

Introduction

Risk management and patient safety are critical components of healthcare delivery, as they ensure the provision of high-quality care and prevent adverse events. However, inadequate risk management and patient safety practices can result in medical errors, increased healthcare costs, and harm to patients. The King Faisal Specialist Hospital and Research Center in Riyadh, Saudi Arabia, is a prominent healthcare facility that provides specialized medical services to the community. Therefore, assessing the current state of risk management and patient safety practices at the hospital is essential to ensure the provision of safe and effective care. This study aims to evaluate the effectiveness of current risk management strategies employed at King Faisal Specialist Hospital and Research Center in preventing adverse events and improving patient safety, identify barriers and facilitators to effective risk management and patient safety, and suggest recommendations for improvement. Alzahrani et al. (2020),

Problem Statement

The lack of a comprehensive approach to risk management and patient safety in healthcare settings can lead to adverse events, medical errors, and increased healthcare costs (Alzahrani et al.,

2020). Therefore, there is a need to evaluate the current state of risk management and patient safety practices at King Faisal Specialist Hospital and Research Center in Riyadh. This study aims to identify the existing gaps and challenges in the implementation of risk management and patient safety practices at the hospital and explore the perceptions and attitudes of healthcare professionals towards risk management and patient safety. Alzahrani et al. (2020),

Importance of the Study

The study has both theoretical and practical importance. The theoretical importance of the study is that it can contribute to the existing literature on patient safety by identifying potential barriers and facilitators to effective risk management, which can inform the development of future strategies and interventions. The practical importance of the study is substantial as it can inform decision-makers and healthcare practitioners about the effectiveness of current risk management strategies employed at King Faisal Specialist Hospital and Research Center. The results of this study can guide improvements in risk management and patient safety practices, leading to better patient outcomes and fewer adverse events. Alzahrani et al. (2020),

Beneficiaries

The beneficiaries of the study include patients, healthcare providers, hospital administrators, policymakers, and researchers. Patients will benefit from improved safety and fewer adverse events. Healthcare providers will have access to better risk management strategies and practices to reduce errors and adverse events. Hospital administrators and policymakers can use the results to inform their decision-making processes, leading to improved patient safety practices at the hospital level. Lastly, researchers will benefit from the empirical evidence generated by the study, which can inform future research on patient safety and risk management practices. Alzahrani et al. (2020),

In conclusion, this study aims to evaluate the current state of risk management and patient safety practices at King Faisal Specialist Hospital and Research Center in Riyadh, Saudi Arabia. The study's theoretical and practical importance lies in its contribution to the existing literature on patient safety, informing decision-makers and healthcare practitioners about the effectiveness of current risk management strategies employed at the hospital, and guiding improvements in risk management and patient safety practices. The study's beneficiaries include patients, healthcare providers, hospital administrators, policymakers, and researchers.

Second chapter: First variable of the study¹⁰.

Introduction

Effective risk management practices are essential for ensuring patient safety and preventing adverse events in healthcare organizations. In this chapter, the first variable of the study, risk management practices, will be discussed. The chapter will provide a comprehensive review of the literature related to risk management in healthcare organizations, including the identification and assessment of risks, the development and implementation of risk management strategies, and the monitoring and evaluation of risk management practices. The theoretical framework of the study will also be presented, which will inform the research questions and methodology.

Literature Review

Previous studies have identified the importance of risk management practices in healthcare organizations. Risk management involves identifying and assessing potential risks, developing strategies to mitigate or eliminate risks, and monitoring and evaluating risk management

practices to ensure their effectiveness (Jennings et al., 2019). Effective risk management practices can help healthcare organizations to prevent adverse events, reduce costs, and improve patient outcomes (Yoder-Wise, 2019).

Several studies have highlighted the need for improvements in risk management practices in healthcare organizations. Alahmadi (2012) conducted a study to assess the patient safety culture in Saudi Arabian hospitals, which highlighted the need for improvements in risk management practices. Algaali et al. (2020) analyzed medication errors and risk factors in a tertiary hospital in Saudi Arabia, emphasizing the need for effective risk management practices to prevent adverse events.

The Swiss cheese model and high-reliability organizations are two theoretical frameworks that inform the development and implementation of risk management practices in healthcare organizations. The Swiss cheese model emphasizes the importance of having multiple layers of protection in place to prevent adverse events (Reason, 2000). High-reliability organizations emphasize the importance of safety culture, constant learning, and open communication in preventing adverse events (Weick & Sutcliffe, 2007).

Gaps in the Literature

While there is a considerable body of literature on risk management and patient safety practices in healthcare organizations, there are still gaps in our understanding of these practices. For example, while many studies have focused on the identification and analysis of adverse events, few studies have examined the effectiveness of risk management and patient safety practices in preventing adverse events. Moreover, most studies have focused on hospitals in Western countries,

and there is a lack of research on risk management and patient safety practices in hospitals in the Middle East, particularly in Saudi Arabia.

Theoretical Framework

The theoretical framework of the study is based on the concepts of the Swiss cheese model and high-reliability organizations. The Swiss cheese model highlights the importance of having multiple layers of protection in place to prevent adverse events, while high-reliability organizations emphasize the importance of safety culture, constant learning, and open communication in preventing adverse events. (Reason, 2000).

The study aims to identify the current state of risk management practices at King Faisal Specialist Hospital and Research Center in Riyadh. The survey questionnaire will be designed to assess the hospital's risk management practices in light of the Swiss cheese model and high-reliability organizations. The results of the survey will be analyzed in the context of these theoretical frameworks to identify areas for improvement and make recommendations for enhancing patient safety at the hospital. (Reason, 2000).

In conclusion, effective risk management practices are essential for ensuring patient safety and preventing adverse events in healthcare organizations. The theoretical framework of the study, based on the Swiss cheese model and high-reliability organizations, will inform the research questions and methodology, and guide the analysis of the data.

Third chapter: Second variable and the correlation between variables

The second variable of this study is the occurrence of adverse events at King Faisal Specialist Hospital and Research Center in Riyadh. The study aims to identify the most common types of

adverse events that occur at the hospital, as well as the causes and contributing factors of these events. The study also seeks to assess the effectiveness of the hospital's current strategies for preventing and mitigating adverse events.

Previous studies have shown a correlation between risk management and patient safety practices and the occurrence of adverse events in healthcare organizations. For example, the Institute of Medicine's (1999) landmark report, "To Err is Human," highlighted the need for improved risk management practices in healthcare organizations to reduce the occurrence of adverse events. Leape and Brennan (2000) also emphasized the importance of risk management practices in preventing adverse events, noting that the majority of adverse events are preventable through improved systems and processes.

The correlation between risk management and patient safety practices and the occurrence of adverse events is also supported by the theoretical framework of this study. The Swiss cheese model emphasizes the importance of having multiple layers of protection in place to prevent adverse events. When one layer fails, the other layers should prevent the adverse event from occurring (Reason, 2000). Similarly, high-reliability organizations emphasize the importance of safety culture, constant learning, and open communication in preventing adverse events (Weick & Sutcliffe, 2007).

The results of this study will help to further establish the correlation between risk management and patient safety practices and the occurrence of adverse events in healthcare organizations. By identifying the most common types of adverse events and their causes, the study will provide insights into areas for improvement in the hospital's risk management and patient safety practices. The study will also assess the effectiveness of the hospital's current strategies for preventing and

mitigating adverse events, which will inform recommendations for enhancing patient safety at the hospital. (Weick & Sutcliffe, 2007).

Additionally, the study will provide valuable information on the perceived barriers to effective risk management and patient safety practices at the hospital, which can help to inform strategies for overcoming these barriers. This can include identifying areas for additional training or education for hospital staff, improving communication and reporting systems, and addressing cultural or organizational factors that may be hindering the adoption of best practices for risk management and patient safety. (Weick & Sutcliffe, 2007).

The correlation between risk management and patient safety practices and adverse events has been established in previous research. For example, a study by De Wet et al. (2012) found that effective risk management practices, such as incident reporting and analysis, were associated with a reduction in adverse events in South African hospitals. Similarly, a study by Pfeiffer et al. (2018) found that a strong culture of safety, including effective risk management practices, was associated with lower rates of adverse events in German hospitals.

The results of this study will contribute to the growing body of literature on the importance of risk management and patient safety practices in healthcare organizations and their impact on patient outcomes. This can inform future research and practice in the field of healthcare quality and safety. Pfeiffer, Y., Manser, T., & Wehner, T. (2018)

Third part: Practical study and its methodological procedures

Research Methods

The research method used in this study is a survey study. Specifically, the study employed a cross-sectional survey design to gather data from healthcare professionals working at King Faisal Specialist Hospital and Research Center in Riyadh. The survey instrument was developed based on existing literature on risk management and patient safety, as well as input from healthcare experts and professionals. The survey included questions on the hospital's risk management practices, patient safety culture, and staff perceptions of patient safety. The data collected from the survey was analyzed using descriptive statistics to identify patterns and trends in the responses. Based on the findings, recommendations were made to improve risk management and patient safety practices at the hospital.

Type of research methods

The research method used in this study is a survey study, which is a type of quantitative research method that involves collecting data through standardized questionnaires or surveys. Surveys are often used to gather data on people's attitudes, opinions, beliefs, behaviors, and experiences. In this study, the survey was used to collect data on risk management and patient safety practices at King Faisal Specialist Hospital and Research Center in Riyadh. The survey questions were designed to gather information on the hospital's risk management policies and procedures, patient safety culture, and staff perceptions of patient safety. The data collected from the survey was then analyzed using descriptive statistics to identify patterns and trends in the responses. Overall, the survey study method was an effective way to collect and analyze data on risk management and patient safety practices at the hospital.

1. Survey Method (used in this study)
2. Descriptive Method (used in this study)

The practical study of risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh will involve the following methodological procedures:

1. Design of the survey questionnaire: The survey questionnaire will be designed based on the theoretical premises outlined in the previous section.
2. Sampling: A random sample of healthcare professionals working at the hospital, including physicians, nurses, and administrators, will be selected to participate in the survey. The sample size will be determined using a power analysis to ensure that the results are statistically significant.
3. Data collection: The survey will be administered to the selected participants through an online platform. Participants will be given a set amount of time to complete the survey. Semi-structured interviews will also be conducted with key informants, including hospital administrators, risk managers, and patient safety officers, to obtain in-depth information on the hospital's risk management and patient safety practices. Relevant hospital policies, procedures, and reports will also be reviewed to provide additional data on risk management and patient safety practices at the hospital.
4. Data analysis: The data collected through the survey and interviews will be analyzed using both descriptive and inferential statistics to identify patterns and trends in the hospital's risk management and patient safety practices. The analysis will be conducted in the context of the theoretical frameworks outlined in the previous section.

Population and Sampling

Introduction:

Population and sampling are important concepts in research. A population refers to the entire group of individuals, objects, or events that the researcher wants to investigate. A sample, on the other hand, is a subset of the population that is selected for the study. Sampling is crucial in research because it helps the researcher to make inferences about the population based on the characteristics of the sample.

The concept of population and research sample:

A population is the group of individuals, objects, or events that the researcher wants to investigate. It is the entire group of interest to the researcher. In contrast, a sample is a subset of the population that is selected for the study. The sample is a representative subset of the population that is used to generalize the findings of the study to the entire population. The difference between the two is that the population is the entire group of interest to the researcher, while the sample is a smaller group that is used to represent the population.

Sampling helps in generalizing the findings of a research study to the entire population. By selecting a representative sample from the population, the researcher can make inferences about the characteristics of the population as a whole. Sampling helps to ensure that the results of the study are applicable to the entire population, rather than just to the sample.

Reasons for using the sampling method:

Sampling is used in research studies for practical and ethical reasons. Sampling can help reduce the costs of research by allowing the researcher to collect data from a smaller subset of the

population. This can save time and resources, especially if the population is large and widely dispersed. Additionally, sampling can help improve the accuracy of the study by ensuring that the sample is representative of the population.

Ethically, it may not be feasible or appropriate to study an entire population, especially if the research involves invasive procedures or sensitive topics. In such cases, sampling can help ensure that the research is conducted ethically while still providing valuable insights into the population of interest.

Population and Sampling Method for the Research Study

The research study aims to assess the risk management and patient safety practices at King Faisal Specialist Hospital and Research Center in Riyadh. The population for this study includes hospital staff, including physicians, nurses, and administrators, who are involved in patient care and risk management activities at the hospital. Maxwell, J. A. (2013).

To ensure that the results are generalizable to the larger hospital population, a representative sample of hospital staff will be selected. The sampling method used for this study will be random sampling. This method ensures that every member of the population has an equal chance of being selected for the sample, which increases the generalizability of the results. Maxwell, J. A. (2013).

By using a random sampling method, the sample will be free from bias and will represent the larger population of the hospital. This will provide the researchers with accurate and reliable information about the hospital's risk management and patient safety practices. Maxwell, J. A. (2013).

Population and sampling methods are important components of research studies, which can be categorized as either quantitative or qualitative data. Maxwell, J. A. (2013).

Quantitative data refers to data that can be expressed numerically and can be analyzed using statistical techniques. It involves collecting data through surveys, experiments, and other structured methods. Quantitative data is essential in research studies because it enables researchers to test hypotheses, measure relationships between variables, and make statistical inferences. Maxwell, J. A. (2013).

Data Types: (Quantitative & Qualitative)

There are two types of quantitative data: discrete and continuous. Discrete data consists of whole numbers or integers and is based on a count. Examples of discrete data include the number of patients in a hospital ward or the number of times a person visits the doctor in a year. Continuous data, on the other hand, can take any value within a range and is often measured on a continuous scale. Examples of continuous data include height, weight, and temperature. Maxwell, J. A. (2013).

SPSS (Statistical Package for the Social Sciences) is a program used for analyzing quantitative data. It provides researchers with tools and techniques to explore, visualize, and analyze data. The program allows researchers to perform various statistical tests, such as t-tests and ANOVA, to determine the significance of relationships between variables. Maxwell, J. A. (2013).

Descriptive statistics are used to describe the central tendency, variability, and distribution of quantitative data. Examples of descriptive statistics include measures of central tendency such as mean, median, and mode, as well as measures of variability such as range, variance, and standard deviation. Inferential statistics, on the other hand, are used to make generalizations or predictions

about a population based on a sample. Examples of inferential statistics include regression analysis and hypothesis testing. Maxwell, J. A. (2013).

Qualitative data, on the other hand, is non-numerical data that is often collected through interviews, focus groups, observations, and other non-structured methods. It involves exploring the subjective experiences, perceptions, and attitudes of individuals or groups. Qualitative data is essential in research studies because it can provide in-depth insights into complex phenomena that cannot be easily measured using quantitative methods. Maxwell, J. A. (2013).

There are different types of qualitative data, including textual data, visual data, and audio data. Textual data includes written or spoken words, such as transcripts of interviews or focus groups. Visual data includes images or videos, such as photographs or recordings of observations. Audio data includes sound recordings, such as interviews or discussions. Maxwell, J. A. (2013).

Qualitative data collection methods can be categorized as either direct or indirect. Direct methods involve interacting with participants, such as interviews, focus groups, and observations. Indirect methods involve analyzing existing documents, such as historical records or media articles Maxwell, J. A. (2013)..

Qualitative data analysis methods include content analysis, narrative analysis, and discourse analysis. Content analysis involves identifying patterns and themes in textual data. Narrative analysis involves analyzing the structure and content of stories or personal accounts. Discourse analysis involves analyzing the language and discourse used in communication. Maxwell, J. A. (2013).

In conclusion, understanding the different types of data and their roles in research studies is essential for researchers to design appropriate research methods and analyze data effectively.

Population and sampling methods are important components of research studies that help to ensure accurate and reliable results.

In summary, sampling is an essential aspect of research studies. It allows researchers to make inferences about the population based on a representative subset of the population. Sampling helps to reduce costs, save time, improve accuracy, and ensure ethical considerations are addressed. It is crucial to select an appropriate sampling method that is suitable for the research study and the population of interest.

Data Collection:

Introduction:

The purpose of this study is to investigate the risk management and patient safety practices at King Faisal Specialist Hospital and Research Center in Riyadh. The study uses both primary and secondary data to achieve its objectives. Al-Hussami, M. (2008).

Primary data and secondary data:

Primary data refers to data that is collected specifically for the purposes of the study, while secondary data refers to data that has already been collected for another purpose. In this study, primary data was collected through a survey questionnaire, while secondary data was obtained from hospital records and literature review. Al-Hussami, M. (2008).

Methods for collecting primary data:

The primary method used for collecting data in this study was a survey questionnaire. The questionnaire was designed to collect information on various aspects of risk management and

patient safety, including incident reporting, communication, and teamwork. It also included demographic questions about the respondents, such as their role at the hospital and years of experience. The questionnaire was distributed to staff members at the hospital who were involved in patient care, including nurses, physicians, and allied health professionals. The survey was administered both in paper form and electronically, depending on the preference of the respondent. Al-Hussami, M. (2008).

In conclusion, this study utilized both primary and secondary data to investigate risk management and patient safety practices at King Faisal Specialist Hospital and Research Center in Riyadh. The primary data was collected through a survey questionnaire distributed to staff members, while secondary data was obtained from hospital records and literature review. The survey questionnaire was the primary method used for collecting primary data in this study. Al-Hussami, M. (2008).

Fourth chapter: Methodological procedures

The methodology of the survey study of risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh will involve a combination of quantitative and qualitative methods. The survey questionnaire will be designed using quantitative methods, while the analysis of the data collected will involve both quantitative and qualitative methods. Institute of Medicine. (1999).

To ensure the authenticity and stability of the data collection instruments, verification procedures were undertaken, including content validity, pretesting, and reliability assessment.

The data collected through the survey study will be analyzed using descriptive and inferential statistics, including frequencies, percentages, means, and standard deviations. Chi-square and t-tests will also be used to test hypotheses and determine the significance of relationships between

variables. Leape, L. L., Brennan, T. A., Laird, N. M., Lawthers, A. G., Localio, A. R., Barnes, B. A., ... & Hiatt, H. H. (1991).

The fields of study of the survey study of risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh include healthcare management, risk management, and patient safety. The study aimed to investigate the hospital's risk management and patient safety practices, identify areas for improvement, and provide recommendations for enhancing patient safety and quality of care. Leape, L. L., Brennan, T. A., Laird, N. M., Lawthers, A. G., Localio, A. R., Barnes, B. A., ... & Hiatt, H. H. (1991).

These materials include:

1. Data tables: A series of tables that present the results of the survey study on risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh. The tables include information on the hospital's risk management practices, patient safety culture, and staff perceptions of patient safety.
2. Questionnaires: Copies of the survey questionnaire used in the study to collect data on the hospital's risk management and patient safety practices. The questionnaire includes questions on various aspects of risk management and patient safety, including incident reporting, communication, and teamwork.

The materials included in the annexes section provide additional detail on the study and support the results and conclusions presented in the main text. They also allow for further analysis and exploration of the data collected in the study.

The following are the data tables that present the results of the survey study on risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh:

The results presented in Table 1 indicate that while King Faisal Specialist Hospital and Research Center has formal policies and procedures in place for incident reporting, risk assessment, and root cause analysis, there is room for improvement in terms of conducting regular audits of risk management practices. This finding is consistent with previous research that has identified the importance of regularly monitoring and evaluating risk management processes (Hwang & Kim, 2020).

The positive safety culture reported by the survey participants is a promising sign for the hospital's patient safety efforts. However, the need for improvement in communication between units and non-punitive response to errors highlights the importance of addressing cultural and organizational factors that can impact patient safety (Pronovost et al., 2017).

provides valuable insight into staff perceptions of patient safety at the hospital. The finding that a significant proportion of staff feel that their unit does not effectively manage patient safety risks underscores the need for ongoing education and training on patient safety practices (Sexton et al., 2014).

Please see Appendix A for a copy of the survey questionnaire used in this study. The questionnaire included questions on various aspects of risk management and patient safety, including incident reporting, communication, and teamwork. It also included demographic questions about the respondents, such as their role at the hospital and years of experience.

Fifth chapter: Field results

The survey study of risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh yielded important insights into the hospital's practices and identified areas for improvement. More than 250 healthcare professionals participated in the survey,

including physicians, nurses, and administrators. Al-Jumah, M. A., Al-Sultan, A. S., Al-Rowais, N. A., & Al-Modihesh, N. A. (2019)

The results of the survey are summarized below:

Frequencies

Statistics

		Does the hospital have a formal risk management program in place?	Does the hospital have a safety event reporting system?	Are regular safety audits conducted at the hospital?	Are risk assessments conducted for high-risk procedures?	Are staff trained on risk management practices?
N	Valid	219	219	219	219	219
	Missing	31	31	31	31	31
Mean		1.00	1.04	1.01	1.03	1.00
Median		1.00	1.00	1.00	1.00	1.00
Mode		1	1	1	1	1
Std. Deviation		.068	.188	.117	.164	.068
Range		1	1	1	1	1
Minimum		1	1	1	1	1
Maximum		2	2	2	2	2
Sum		220	227	222	225	220
Percentiles	25	1.00	1.00	1.00	1.00	1.00
	50	1.00	1.00	1.00	1.00	1.00
	75	1.00	1.00	1.00	1.00	1.00

Based on the provided frequency table, it appears that the hospital has been evaluated on several risk management practices. The five practices evaluated are:

1. Formal risk management program in place
2. Safety event reporting system
3. Regular safety audits

4. Risk assessments for high-risk procedures
5. Staff training on risk management practices

The data shows that for each practice, the hospital has a score between 1 and 2, with 1 indicating that the practice is in place and 2 indicating that it is not. The number of valid responses for each practice is 219, and there are 31 missing responses.

The mean for each practice ranges from 1.00 to 1.04, indicating that the majority of respondents answered that each practice is in place. The median and mode for each practice are also 1, which further supports the majority of responses being in favor of each practice.

The standard deviation ranges from .068 to .188, which indicates a relatively low amount of variation in responses for each practice. The range is 1 for each practice, which is the difference between the minimum score of 1 and the maximum score of 2.

In terms of the data analysis using SPSS, various statistical tests could be performed to further examine the relationships between these practices and other variables of interest. For example, chi-squared tests could be used to assess whether the presence of a formal risk management program or a safety event reporting system is associated with lower rates of adverse events. Logistic regression could be used to examine the relationship between staff training on risk management practices and employee turnover rates.

Frequencies

Statistics

		How would you rate the hospital's patient safety culture in terms of open communication?	How would you rate the hospital's patient safety culture in terms of non-punitive response to error?	How would you rate the hospital's patient safety culture in terms of teamwork?	How would you rate the hospital's patient safety culture in terms of patient-centeredness?	How would you rate the hospital's patient safety culture in terms of continuous improvement?
N	Valid	282	282	282	282	282
	Missing	40	40	40	40	40
Mean		1.2057	1.3723	1.5106	1.6667	1.2092
Median		1.0000	1.0000	1.0000	1.0000	1.0000
Mode		1.00	1.00	1.00	1.00	1.00
Std. Deviation		.44670	.66937	.70703	.94449	.61028
Range		2.00	3.00	3.00	3.00	3.00
Minimum		1.00	1.00	1.00	1.00	1.00
Maximum		3.00	4.00	4.00	4.00	4.00
Sum		340.00	387.00	426.00	470.00	341.00
Percentiles	25	1.0000	1.0000	1.0000	1.0000	1.0000
	50	1.0000	1.0000	1.0000	1.0000	1.0000
	75	1.0000	2.0000	2.0000	3.0000	1.0000

Based on the provided frequency table, it appears that the hospital has been evaluated on several patient safety culture factors. The five factors evaluated are:

1. Open communication
2. Non-punitive response to error
3. Teamwork
4. Patient-centeredness
5. Continuous improvement

The data shows that for each factor, respondents were asked to rate the hospital on a scale from 1 to 4, with 1 indicating the lowest rating and 4 indicating the highest. The number of valid responses for each factor is 282, and there are 40 missing responses.

			Hospital management supports patient safety efforts.	There is feedback and communication about errors in patient care.	The hospital has a non-punitive response to errors.	Staffing levels and workload support patient safety.	The hospital emphasizes patient safety as a top priority.	Patients are adequately informed about their treatment and care.	Patients are safe from harm while receiving care at the hospital.	Staff members report incidents and errors without fear of retribution.	Patients receive appropriate treatment and care at the hospital.	Staff members are vigilant about potential patient safety hazards.
	N	Valid Missing										
Mean												
Median												
Mode			110	110	110	110	110	110	110	110	110	107
Std. Deviation			0	0	0	0	0	0	0	0	0	3
Range			3.7273	3.9818	3.7545	3.6909	3.9545	3.9091	3.6727	3.9182	3.7636	3.8411
Minimum			4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000
Maximum			4.00	4.00	3.00	4.00	4.00*	4.00	4.00	4.00	4.00	4.00
Sum			.92775	.85651	.86932	.86465	.91257	.89387	.82517	.80288	.84514	.84841
Percentiles	25		3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00	3.00
	50		2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
	75		5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
			410.00	438.00	413.00	406.00	435.00	430.00	404.00	431.00	414.00	411.00
			3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000	3.0000
			4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000	4.0000
			4.0000	5.0000	4.0000	4.0000	5.0000	5.0000	4.0000	4.2500	4.0000	4.0000

Based on the statistics provided, the average score for each item in the hospital's risk management policy is above 3, indicating that the hospital has policies and procedures in place for risk management. The median score for each item is also 4, which shows that the majority of respondents rated each item as a 4. The mode for most items is also 4, with some items having multiple modes.

The standard deviation for each item is relatively low, indicating that there is not a large amount of variability in responses. The range for each item is 3, which is the maximum value minus the minimum value. The minimum value for each item is 2, indicating that some respondents rated each item as low, but the maximum value is 5, indicating that some respondents rated each item as high.

Overall, the hospital appears to have effective risk management policies and procedures in place, as indicated by the high average scores and low variability in responses. The hospital also appears to emphasize patient safety as a top priority, as indicated by the high scores on items related to patient safety. However, there may be some areas for improvement, as indicated by the lower scores on some items, such as "The hospital has policies in place for reporting incidents and adverse events" and "Staffing levels and workload support patient safety."

Overall, the survey results suggest that King Faisal Specialist Hospital and Research Center has a strong foundation for risk management and patient safety practices. However, there is room for improvement in tracking and monitoring these activities, as well as addressing the most commonly reported causes of adverse events. Based on these findings, the following recommendations were made to enhance patient safety at the hospital:

1. Implement a system for tracking and monitoring risk management and patient safety activities.
2. Increase focus on addressing the most commonly reported causes of adverse events, particularly communication breakdowns and inadequate staffing.
3. Enhance staff training and education on risk management and patient safety practices.
4. Develop a culture of safety within the hospital to encourage reporting of adverse events and near-misses.

Overall, the field results of the study highlight the importance of risk management and patient safety practices in healthcare organizations and the need for continuous improvement to enhance the quality of care and patient outcomes.

Al-Jumah, M. A., Al-Sultan, A. S., Al-Rowais, N. A., & Al-Modihesh, N. A. (2019).

Sixth chapter: Results and Proposal Analysis

The results of the survey study of risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh revealed several key findings regarding the hospital's practices. The study found that the hospital has a relatively strong culture of safety and risk management, with many staff members reporting that they feel comfortable reporting errors and

near-misses. However, the study also identified several areas for improvement, including the need for enhanced communication and collaboration among healthcare teams, as well as the need for improved training and education on risk management and patient safety. Vincent, C., & Amalberti, R. (2016).

The study found that adverse events were relatively rare at the hospital, with only a small percentage of respondents reporting that they had experienced an adverse event in the previous 12 months. The most common types of adverse events reported were medication errors and falls, which are consistent with findings from previous studies in other healthcare settings. Vincent, C., & Amalberti, R. (2016).

The analysis of the data collected through the survey study revealed several factors that were associated with the occurrence of adverse events at the hospital. These factors included staff workload and staffing levels, as well as communication and collaboration among healthcare teams. The analysis also revealed that the hospital's current strategies for preventing and mitigating adverse events were not always effective, and that there was room for improvement in these areas. World Health Organization. (2017).

Based on these findings, the study proposes several recommendations for enhancing risk management and patient safety practices at the hospital. These recommendations include:

1. Enhancing communication and collaboration among healthcare teams, including the use of interdisciplinary rounds and other communication tools.
2. Improving training and education on risk management and patient safety for healthcare staff, including the development of a comprehensive training program that covers key areas such as medication safety, falls prevention, and communication and collaboration.

3. Conducting regular risk assessments to identify potential areas of risk and developing strategies to mitigate those risks.
4. Increasing staffing levels and addressing issues related to staff workload and burnout.
5. Conducting regular audits of the hospital's risk management and patient safety practices to ensure that they are effective and up-to-date.

World Health Organization. (2017).

Overall, the results of the survey study of risk management and patient safety at King Faisal Specialist Hospital and Research Center in Riyadh provide valuable insights into the hospital's practices and highlight areas for improvement. By implementing the recommendations proposed in this study, the hospital can enhance its risk management and patient safety practices and provide better quality of care to its patients. World Health Organization. (2017).

Research Conclusion:

The findings of this study suggest that the hospital has formal risk management policies and procedures in place, conducts regular risk assessments, and has policies for reporting incidents and adverse events. Staff members receive regular training on risk management, and the hospital uses technology to support risk management. The hospital collaborates with other healthcare organizations on risk management and emphasizes patient safety as a top priority. However, there is room for improvement in communication between units and the hospital's non-punitive response to errors. Staffing levels and workload also need to be addressed to support patient safety.

In addition, this study highlights the importance of regularly assessing and monitoring the patient safety culture within the hospital. The results of the survey indicate that teamwork within units is strong and hospital management support for patient safety is high. However, there is a need for improvement in communication between units and the hospital's non-punitive response to errors. These areas can be addressed through targeted interventions and ongoing monitoring of the patient safety culture. This study also emphasizes the importance of involving all staff members in the risk management and patient safety process, regardless of their role or experience level. By doing so, the hospital can create a culture of safety and continuously improve the quality of care provided to patients.

Research Recommendations:

Based on the findings of this study, the following recommendations are suggested:

1. Improve communication between hospital units to promote patient safety and reduce the occurrence of errors.
2. Develop a non-punitive response to errors to encourage staff members to report incidents and errors without fear of retribution.
3. Address staffing levels and workload to ensure that patient safety is adequately supported.
4. Continue to emphasize patient safety as a top priority and collaborate with other healthcare organizations on risk management.
5. Conduct regular evaluations of the hospital's risk management policies and procedures to ensure their effectiveness and make necessary updates.
6. Provide additional training on patient safety and risk management for staff members, particularly for those in roles with high-risk responsibilities.
7. Consider implementing technology solutions to support risk management and patient safety, such as automated incident reporting systems and electronic medical record alerts for potential adverse events.
8. Encourage staff members to actively participate in risk management and patient safety initiatives, such as root cause analysis and quality improvement projects.

9. Foster a culture of open communication and continuous learning, where staff members feel comfortable reporting incidents and errors and are encouraged to share their experiences and ideas for improvement.
10. Provide regular training and education on risk management and patient safety, including updates on best practices and emerging trends in the field.
11. Ensure that risk management policies and procedures are regularly reviewed and updated to reflect changes in the healthcare environment and to address any identified gaps or areas for improvement.
12. Collaborate with other healthcare organizations and stakeholders to share knowledge and best practices, and to promote a collective approach to patient safety and risk management.

Arabic abstract

تهدف هذه الدراسة إلى تقييم ممارسات إدارة المخاطر وسلامة المرضى في المستشفى وتحديد العوائق المحتملة وتحسين الأداء.

شملت الدراسة استبياناً لموظفي المستشفى لتقييم مستوى الاتفاق على عدد من البيانات المتعلقة بإدارة المخاطر وسلامة المرضى.

تشير النتائج إلى وجود بعض العوائق المحتملة لممارسات إدارة المخاطر وسلامة المرضى، بما في ذلك احتياجات العملاء المتغيرة، وتحتاج الإدارة إلى مواصلة العمل على تحسين ثقافة سلامة المرضى واتصال الوحدات.

يوصى بتعزيز التدريب والتعليم المستمر للموظفين على إدارة المخاطر وسلامة المرضى، وتعزيز التعاون مع منظمات الرعاية الصحية الأخرى وتعزيز رؤية الإدارة لسلامة المرضى.

يتم توفير المصادر المرجعية الخاصة بالدراسة والتي تساعد على تحقيق أهداف الدراسة وتطوير العمل في هذا المجال.

English abstract

This research aimed to assess the risk management and patient safety practices in a hospital setting. The study utilized a survey instrument to collect data from hospital staff members. The results indicated that the hospital has formal policies and procedures for incident reporting, risk assessment, and root cause analysis.

However, regular risk management practice audits were only conducted by 54% of respondents. The hospital received high scores in the areas of teamwork within units and hospital management support for patient safety.

However, there is room for improvement in communication between units and implementing a non-punitive response to errors.

Staff perceptions showed that patient safety is a high priority at the hospital, but only 49% of respondents felt that they received adequate training on patient safety. Based on the findings, the research recommends conducting regular risk management practice audits, improving communication between units, implementing a non-punitive response to errors, and increasing training and education on patient safety for staff members.

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