PSPA TOOL (Patient Safety Project Adequacy Checklist)

This checklist evaluates the comprehensive considerations required to advance patient safety (PS) at the hospital level, ensuring alignment with international standards while adapting to local realities.

Note: Regularly review progress with this checklist, adapting as new challenges and opportunities arise, and ensure culturally sensitive, locally driven, and sustainable improvement.

1. LEADERSHIP & GOVERNANCE:

- [ ] Are hospital directors and clinical leaders visibly supporting PS initiatives?

- [ ] Is there a designated PS officer or committee with clear roles and authority?

- [ ] Are local, national, and international policies integrated into project goals?

- [ ] Are local leaders empowered to make decisions regarding PS strategies?

- [ ] Is stakeholder engagement inclusive (e.g., patients, families, community reps)?

2. RESOURCES & CAPACITY:

- [ ] Has an infrastructure and budget assessment been conducted?

- [ ] Are essential resources (IT, reporting tools, safe medicine storage, utilities) available?

- [ ] Is staffing adequate, and is there protected time for QI or PS activities?

- [ ] Are standardized, up-to-date protocols available and in use?

- [ ] Does staff receive continuous, multi-modal PS training (onsite, simulation, e-learning)?

- [ ] Are train-the-trainer or mentorship models implemented to build local capacity?

This is a draft proposal, based on the keynote of this workshop and some ideas get from PS & QI tools.
Please, feel free to suggest any issues to clarify or complete this checklist: jvmartin@us.es

3. BASELINE ASSESSMENT:

- [ ] Has the hospital assessed its PS culture using validated tools?

- [ ] Are staff (managers, clinicians) and patients aware and engaged in PS?

- [ ] Are lessons from previous improvement projects systematically reviewed and applied?

- [ ] Have local PS indicators been defined, and are they benchmarked against peers?

- [ ] Are best and worst practices within the hospital identified and shared?

- [ ] Is workload (risk of staff overload) regularly monitored and managed?

- [ ] Are staff attitudes/technical and personal inertia assessed and addressed?

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4. INTERVENTION DESIGN & IMPLEMENTATION:

- [ ] Is the project structure clearly defined (committees, multidisciplinary teams)?

- [ ] Are processes mapped and revised using QI methods (e.g., PDCA cycles)?

- [ ] Are interventions tailored to local context (fit, acceptability, appropriateness)?

- [ ] Are training and capacity-building methods diverse (workshops, simulation, online, role play)?

- [ ] Is mentorship or peer coaching included?

- [ ] Is there realistic, phased planning with achievable milestones?

- [ ] Are all relevant professional groups (clinical, admin, pharmacy, patients) engaged?

- [ ] Are outcome and process indicators (error rates, satisfaction) defined and tracked?

5. CHANGE MANAGEMENT:

- [ ] Is ongoing support from leadership and institutions visible (resources, recognition)?

- [ ] Are patients and families actively involved (committees, feedback, co-design)?

- [ ] Are PS indicators regularly monitored and published?

- [ ] Are there reliable feedback mechanisms (meetings, bulletins, dashboards, incentives)?

- [ ] Is improvement recognized and celebrated (internal awards, sharing success stories)?

- [ ] Are setbacks openly discussed for collective learning?

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6. SUSTAINABILITY & INSTITUTIONALIZATION:

- [ ] Are training, QI activities, and PS roles included in job descriptions and budgets?

- [ ] Are PS activities codified in hospital governance and linked to accreditation?

- [ ] Is there ongoing monitoring of key PS indicators, with accessible reporting?

- [ ] Are lessons learned documented to facilitate staff orientation and project continuity?

- [ ] Are feedback loops established allowing innovative, adaptive improvement?

- [ ] Has the hospital developed a long-term plan to maintain resources post-initiative?

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7. CROSS-LEARNING, PARTNERSHIPS & KNOWLEDGE TRANSFER:

- [ ] Are there peer-to-peer learning mechanisms (cross-audits, shared training, collaboratives)?

- [ ] Is horizontal learning prioritized over top-down mandates (especially with external partners)?

- [ ] Are knowledge-exchange sites (digital dashboards, communities of practice) active?

- [ ] There are considered other actions to disseminate changes (locally & globally): reports, scientific communications, etc.?

- [ ] Are regional, national and/or international alliances with other partners to impulse the strength and impact of this project?

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OVERALL ASSESSMENT:

SCORE: 0-10, according to each dimension adequacy

1. LEADERSHIP & GOVERNANCE:

2. RESOURCES & CAPACITY:

3. BASELINE ASSESSMENT:

4. INTERVENTION DESIGN & IMPLEMENTATION:

6. SUSTAINABILITY & INSTITUTIONALIZATION:

7. CROSS-LEARNING, PARTNERSHIPS & KNOWLEDGE TRANSFER:

IMPROVEMENT ACTIONS:

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