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Transforming Safety Culture in Healthcare

DR. CARSTEN ENGEL, CEO, ISQUA

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Why call for this now?

Some data from the US:

- CLABSI – reduced by 31% in the 5 years preceding the pandemic – increased by 28% from Q2/2019 to Q2/2020
- Rate of falls causing major injury increased by 17.4% in skilled nursing facilities during Q2/2020
- Rate of pressure ulcers increased by 41.8%
- Increase also reported in catheter-associated urinary tract infections, ventilator-associated events, and MRSA bacteremia

Fleischer LA et al: Health Care Safety during the Pandemic and Beyond – Building a System that Ensures Resilience. N Engl J Med 2022: 386: 609-611

Two important resources

To achieve safety we must

- Standardize specific processes according to best practices to avoid specific harm
- Improve working conditions and organizational practices
- Enforce risk control, where feasible
- Build capacity and capability to monitor, adapt and response
- Establish mechanisms for mitigation of harm, where risk is unavoidable or accepted

Vincent C, Amalberti R: Safer Healthcare. Strategies for the Real World. Springer Open, 2016

Monitor– adapt – response

- What might happen?
- What is happening right now?
- How might we react?
- Will this be adequate, also in the particular situation we are facing right now?
- How might we adapt?
- Act
- Monitor how the situation unfolds

- Learn – improve your ability to anticipate-monitor-adapt in the future

Note similarity to resilience foundation: Anticipate-monitor-respond-learn

Risk cannot always be avoided, but risk must always be understood and managed

Three domains

- Ultra adaptive – embracing risk
- High reliability – managing risk
- Ultra safe – avoiding risk

Vincent C, Amalberti R: Safer Healthcare. Strategies for the Real World. Springer Open, 2016

What can leaders do?

- Show commitment from the top in multiple ways and all the time
- Provide infrastructure
- "Mainstream" patient safety

Sir Liam Donaldson, WHO Patient Safety Envoy, at WHO Policy Makers Forum 23. February 2022

- Be realistic

How can we change culture

- Redesign medical education
- Deliver care by multidisciplinary teams working in integrated care platforms
- Care for healthcare workers
- Partner with patients and families
- Transparency

Gandhi TK et al: Transforming concepts in patient safety: a progress report. BMJ Qual Saf 2018; 27: 1019–1026

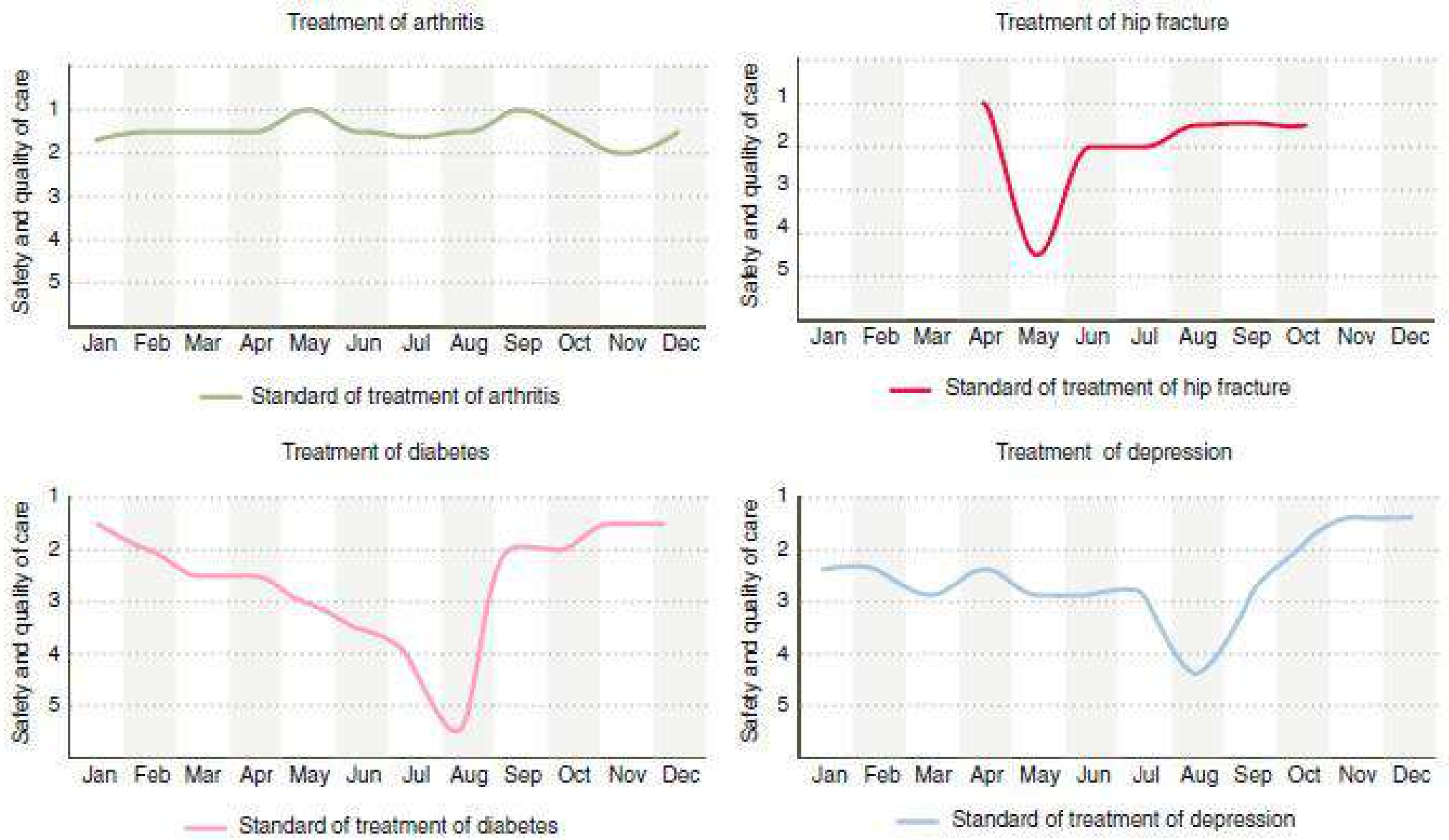

Fig. 4.1 Four patient journeys

FROM: VINCENT C, AMALBERTI R: SAFER HEALTHCARE. STRATEGIES FOR THE REAL WORLD. SPRINGER OPEN, 2016

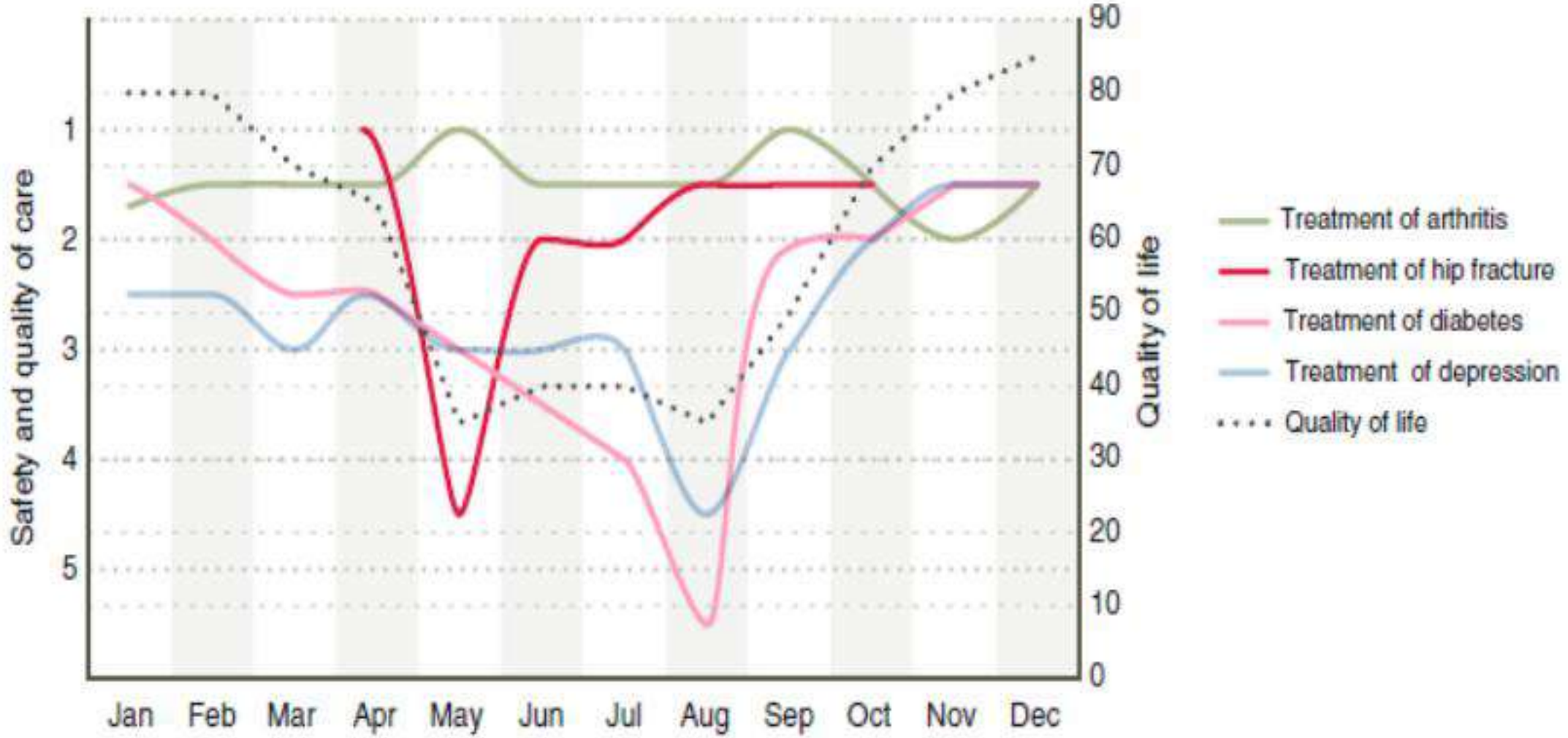

Fig. 4.2 Varying standards of care over time

FROM: VINCENT C, AMALBERTI R: SAFER HEALTHCARE. STRATEGIES FOR THE REAL WORLD. SPRINGER OPEN, 2016

“Scaffolding the system”

- The patient is not an object, but a person, temporarily assuming the role of patient.
- Both patients and their families anticipate, monitor, adapt and learn

Why not leverage this to create an extra scaffold to add resilience to the system?

O’Hara JK et al. Scaffolding our systems? Patients and families ‘reaching in’ as a source of healthcare resilience. BMJ Qual Saf 2019; 28: 3–6.

Take-home messages

- Mainstream patient safety
- View patient safety from the patient perspective
- Engage patients and families as partners
- Leverage the power of accreditation

Transforming health care: stories of changemakers across the world

17 March 2022 | Highlights | Reading time: 3 min (702 words)

This film weaves together and amplifies the stories from individuals and groups intentionally leading change, wherever they are situated in their respective 'system'. It reveals some of the many ways that these changemakers have managed to significantly impact their health care environments and improve health outcomes, often through relatively small, local interventions. Their experiences span subjects such as improving patient safety and reducing patient harm; preventing the death of newborns through a model that places parents at the centre of specialized care; transforming mental health programming; addressing the root causes of teenage suicide; saving the lives of babies born with anomalies; or promoting community health and introducing compassion in health leadership.

Watch the film

Related

Community engagement for quality essential health services

https://www.who.int/news/item/17-03-2022-transforming-health-care-stories-of-changemakers-across-the-world

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ISQua is offering **a discount of 50% off our current rates** to people who were both born in and currently working in a low or lower-middle-income country, as rated by the World Bank. This discount is also available for students in full-time education, and patients. Supporting documentation will be requested during the registration process.

Early Bird rates available until Wednesday, 27 July 2022

https://isqua.org/events/brisbane-2022-international-conference.html

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