



MOVING MEASUREMENT INTO ACTION:

# DESIGNING GLOBAL PRINCIPLES FOR MEASURING PATIENT SAFETY

## Write! Tweet! Post!

If you're interested in writing either an op-ed style article for our website or the program report, or a personal reflection blog post while you're here this week, please let Salzburg Global Communication Associate Oscar Tollast know or email your submission directly to [otollast@salzburgglobal.org](mailto:otollast@salzburgglobal.org).

If you do intend to write for your own organization either while you're here or after the program, please make sure to observe the **Chatham House Rule** (information on which is in your Welcome Pack). If you're in any doubt, do not hesitate to contact Oscar.

We'll be updating our website with summaries from the panels and interviews with our Fellows, all of which you can find on the session page: [www.SalzburgGlobal.org/go/622](http://www.SalzburgGlobal.org/go/622).

You can also join in the conversation on Twitter with the hashtag [#SGSHealth](https://twitter.com/SGSHealth) and see all your fellow Fellows and their organizations on Twitter via the list [www.twitter.com/salzburgglobal/lists/SGS-622](https://www.twitter.com/salzburgglobal/lists/SGS-622).

We're updating both our Facebook page [www.facebook.com/SalzburgGlobal](https://www.facebook.com/SalzburgGlobal) and our Flickr stream [www.flickr.com/SalzburgGlobal](https://www.flickr.com/SalzburgGlobal) with photos from the program during this week and also after the program. If you require non-watermarked images for your own publication, please let Oscar know.

We will also be posting photos to Instagram [www.instagram.com/SalzburgGlobal](https://www.instagram.com/SalzburgGlobal). Use the hashtag [#SGSHealth](https://twitter.com/SGSHealth), and we might feature your Tweets and photos in the newsletter!

### Thoughts from Twitter...

**@KathyMcDonald** Arrived in Salzburg and anticipating generative collaboration from across the globe, as we share our intent to develop #principles for #measurement to achieve #patientsafety. Principles and Action, great combo!



John Lotherington welcomes participants to Salzburg Global Seminar

## Making Measurement Meaningful

**"No one should be harmed in health care," says the World Health Organization (WHO), but adverse events continue to happen. Patient safety is a global health priority, and more needs to be done to make health care safer.**

With this in mind, health care leaders from across the world convened at Salzburg Global Seminar on Thursday, September 5, 2019, to help design global principles for measuring patient safety.

Around 50 participants are taking part in the Salzburg Global program, *Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety*.

The program is held in partnership with the Institute for Healthcare Improvement (IHI) and is part of Salzburg Global's *Health and Health Care Innovation* multi-year series.

Over the next few days, researchers, design thinkers, patients, providers, and experts in measurement and patient-safety will be tasked to develop an actionable, cross-continuum framework for safety measurement.

John Lotherington, the program director responsible for Salzburg Global's *Health and Health Care Innovation* multi-year series, welcomed participants yesterday. He said he hoped this program would provide participants an opportunity to stand back a little bit

and rethink some of the big questions around this agenda. He suggested participants stand at a slight angle and consider things differently than how they've seen them before.

Why now? Why is it a good time for discussions? Currently, there is a window of opportunity to capitalize on political interest, said one speaker. There is momentum and a revised interest in patient safety. Instead of measuring problems, professionals should be measuring solutions.

Measurement is currently fragmented, indicated another speaker. Patients want to know what is happening in the institutions they attend, and public reporting of measures is critical to improvement. A third speaker, meanwhile, said the breadth of what should be measured continues to grow, as does the complexity. This speaker said there was a need to learn how to create a measurement that leads to action and improvement.

Before the day's activities concluded, all participants considered two questions in table discussions: How is patient safety measurement meaningful to you and/or your organization/constituents? What would success look like to you at the end of this seminar and beyond? Answers to these questions will help guide the program's discussions.

## Hot Topic: “What is The Role of Government in Ensuring Patient Safety?”

Mirabelle Morah

“I think the role of government is vital and the first thing we need to do is raise awareness and understanding about the importance of patient and workforce safety, and the current state that we’re actually in right now where harm is far too frequent and harm is also occurring in patients, families and the workforce as a result of our care. One of the areas that I think is particularly important for us to do in our government is to fund the agencies to do the important work of helping us advance research and be able to create learning networks and sharing, across both public and private organizations. And this seminar that we’re at today is really wonderful because it brings together so many different minds and perspectives from different parts of the world where some of the governmental challenges and opportunities may be very, very different.”

### **Patricia A. McGaffigan**

*Vice president, patient safety programs at the Institute for Healthcare Improvement; president of the Certification Board for Professionals in Patient Safety*

“I would have thought through most of my career that patient safety was largely a professional ethos, and it was in the scope of responsibility for health care professionals. But increasingly, I realized that the resources needed to assure a safe health care environment for everyone really does require some government support and resources. And so I think it’s vital, although it needs to be done in a nuanced way so that it’s effective and you avoid unintended consequences.

I think [the government] can set standards. One of the levers that the government has [is that] they have accreditation standards that would be required for institutions to exist.”

### **Karen Cosby**

*Emergency medicine physician with 30 years of experience in patient care; founding member of the Society to Improve Diagnosis in Medicine*

“For me, [the] Ministry [of Health] has a big potential in improving patient safety because we are not only the policymakers, but we also are the leaders and can be seen as champions easily, if we actually try to drive patient safety. So I think one, the [role of] leadership is very important... and also because we are the government... we can also allocate resources and invest in patient safety by virtual education or through improving the system, making the health care facility safer, the equipment safer and trying to see what good practices that we can make as a national policy so we can produce guidelines...”

### **Nor'Aishah Abu Bakar**

*Public health physician; head of the patient safety program in the Malaysian Ministry of Health*

“To ensure patient safety, governments have to make the framework that you can work in progress securing patient safety. Patient safety is much of a learning process... [Professionals] should have the ability to discuss it in an environment where they are not constantly alert about being punished if they have had a mishap because we [are] all humans and humans make errors, but we should learn from the errors... What we experienced back in 2001... [at the Salzburg Global Seminar program, *Patient Safety and Medical Error*] was that the very experienced doctors make more errors than young doctors do, but they have a better outcome because it is sort of like walking in the jungle. They know where the dangers are as a young doctor doesn't... So skills, a good working condition, not overworked, not overstressed, good education and a learning environment where you have a blame-free attitude is very important, and government could do something to that.”

### **Erik Jylling**

*Executive vice president of Danish Regions*



## #FacesOfLeadership

“I started out my career as a practicing physician, and we always say first, ‘Do no harm,’ as physicians. And I think in my early training I saw many instances where we were harming patients, and that probably, from the very beginning, inspired me to think about how can we do better. How can we make sure that we’re helping and healing patients and not harming patients? ... That got me interested in the area of patient safety and then really I think over the course of my career my inspiration has been the fact that we know even more about the breadth of harm that’s occurring and the fact that we can make improvements and we can do something about it...”

My inspiration is just knowing that if we work together, we can really improve things for patients... I think that’s what drives me thinking about how do we improve things locally, at a national level, [and] at a global level... I feel very confident that we can actually make things better so we must try and really work together to do that.”

### **Tejal Gandhi**

*Chief clinical and safety officer, Institute for Healthcare Improvement; President, IHI Lucian Leape Institute*

Read more profiles in our series of #FacesOfLeadership online:

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