“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: @SalzburgGlobal www.Instagram.com/SalzburgGlobal www.Facebook.com/SalzburgGlobal
On the first full day of Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety, participants took part in five sessions, featuring presentations and small group discussions, putting patient safety into further context.

On Friday morning, participants considered the definitions which would guide the program, what is meant by a guiding principle, plus the key characteristics of existing safety measurement frameworks.

The aim of the global principles, participants heard, was to enable stakeholders to develop a comprehensive set of measures which help them monitor, understand and improve the state of patient safety in their respective organizations and environments.

Participants moved on to consider the different audiences of safety measures and what stories should be put across. Key safety measurement stakeholders could include patients and families; frontline care providers; operational managers; senior leaders of hospitals and care centers; senior leaders of health care systems; insurers; industry; political leaders; ministers of health; national and international regulatory agencies; and international organizations. Each stakeholder has a slightly different “want” or purpose, but all want to have the safest care possible.

In the next session, participants looked at the current state of patient safety measurement. They heard there was a lack of accepted and effective measures for assessing patient safety, that there were unintended consequences of measurement, and some existing methods were retrospective and reactive. Several participants delved deeper into these issues by presenting the work they were undertaking and the paths forward they had identified.

There are challenges to effective measurement, and these were explored in more detail after lunch. In small table discussions, participants considered eight challenges including the roles of data designers; measurement incentives and managing unintended consequences; the burden of data collection; actionable data for different stakeholders and levels of staff; designing and dissemination of actionable reports; managing comparability across the world; the response burden; and deciding between retrospective and prospective data.

In the final session, participants explored “the Ideal State” and tried to answer, “What should we measure that would be most informative about the state of patient safety?”
Making Health Care Safer for Different Stakeholders

Patient safety researcher Charles Vincent explores several of the program’s key questions.

Mirabelle Morah

“Mostly, when we try to measure safety over time, you want to think: ‘How often has this hospital caused harm? Do they do things properly? Is care reliable?’ These are the sort of classical measures of safety and quality of care,” says Charles Vincent.

Vincent, director of Oxford Healthcare Improvement Centre, UK, is a trained clinical psychologist and has carried out numerous researches on the causes of harm to patients as well as methods for improving safety across health care systems.

He has returned to Salzburg to take part in a new program, Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety. He served on the faculty of another Salzburg Global Seminar program in 2001, Patient Safety and Medical Error. So, what does the picture look like 18 years later?

“All the time, things are changing in certain areas…” says Vincent. “So the safety challenges also keep changing, and this makes it quite difficult to think about the question overall. You can think about, ‘Is a specific process or is a specific operation... getting safer?’, and that makes sense. But the question, ‘Is health care getting safer overall?’ is complicated because it’s a moving target.”

Vincent is considered a leading figure in the patient safety field and has dedicated much of his working life to discover how to make health care safer.

In 2013, he authored a report with Susan Burnett and Jane Carthey on “The measurement and monitoring of safety.” The authors highlight five dimensions to be included in “any safety and monitoring approach in order to give a comprehensive and rounded picture of an organisation’s safety.” These dimensions include past harm, reliability, sensitivity to operations, anticipation and preparedness, and integration and learning.

One of the key questions for this year’s program in Salzburg is “What is the role of patients in measurement?” Vincent says, “I think patients can do lots of different things although, while

I’m a patient, I don’t want the burden of feeling I’m also responsible for the safety of the organization. I’d like the doctors and nurses to sort that out and not worry me about it.

“But I think it’s very important... if you’re redesigning a service, say you want to start changing how your outpatient clinic works, you’ll learn a lot from talking to patients and families about what the experience is like…”

Complicated care doesn’t take place just in hospitals and health clinics, however. It can also take place at home. Vincent believes this is a big challenge for patients and families which hasn’t been fully thought about. He says, “They have all the problems that doctors and nurses have, except they don’t have the training...”

Another key question global health leaders in Salzburg have been asking over the past few days is how organizations can measure psychological safety not only for patients but also for staff and clinicians.

With his expertise as a clinical psychologist, Vincent explains psychological safety can mean different things to different people, but one of the most important meanings in the context of this program is that staff and clinicians feel free to speak up about their problems or the problems of the organization when they can see that patients are being harmed.

“One of the characteristics of a hospital that you or I would want to go to is that staff would feel they could have an open conversation about problems they see. And the most dangerous organizations are the ones where everything is hidden, and you can’t say anything... So psychological safety is something you have to have before you can really start measuring or doing anything much else because unless you have that openness and willingness to talk about problems, it’s very hard to then act on them or do anything really...” Vincent says.

In addition to the psychological safety of staff and clinicians, participants have been asked to consider if there are potential measures for physical safety as well. Vincent says, “I think there are physical hazards that we can measure, like falls [and] back problems for nurses, there is a lot of lifting people... “Many doctors and nurses get very, very stressed, and fatigued by their work, and we don’t really measure that. We just see people leaving and wonder why. So, potentially, there’s lots of things we could do along that line as well.”
Identifying the Elephant in the Room and Global Principles

Following an intensive day of presentations and discussions, participants spent Friday evening considering "big points" which had emerged during the program so far.

One participant, tasked with synthesizing the day’s discussions, indicated a lot of progress had been made globally since the Salzburg Global Seminar program, Patient Safety and Medical Error, which took place in 2001. They said there is a greater awareness of the burden, systems thinking, governmental and ministerial investment, evolving national policy frameworks, and numerous metrics. But too many people have continued to die from defects in care.

The speaker identified a dozen "big points" which had emerged in the participants’ conversations. This included reducing the burden and measuring less, paying attention to the patient’s voice, automating when possible, removing penalties, and understanding safety as a continually emerging property of a dynamic system. Participants heard several suggested principles from the speaker tied with each "big point," but they also listened to the speaker identify a potential elephant in the room. The speaker posited: Is there any dimension of excellence in health and health care that is NOT “safety”? Does “patient safety” equal “quality of care”?

On Saturday morning, participants were asked to consider what their “distinctive contribution” would be as a result of the program and how they would get there. One participant reflected on the massive range of expertise within the room and the decades of previous experience. They voiced concern that the discussion so far had surrounded familiar territory already mapped. What could be taken off the table? How could the topic be narrowed down further?

Highlighting the work of Shunryu Suzuki, the speaker referenced his words: “In the beginner’s mind there are many possibilities, but in the expert’s there are few.”

Several participants provided feedback. One said, “Principles are the first line of defense to keep things rational, sane, and simple.” Another added, “The principles are important, but think through what the consequences could be.” Participants were also reminded the world would be different in 2025, with one participant expressing concern the world is heading into a “decade with incredible turbulence.”

As participants considered ways to narrow the focus, the idea was raised to recommend changes to how measurement is being approached. What are the two or three fundamental changes that are preventing professionals from leaping forward? On this line of conversation, a participant called for others to be provocative by coming forth with ideas that will change the world.

The participant who first raised the conversation thanked others for their feedback and an "enormously helpful" discussion. A thread which ran through the group conversation was “putting patient safety into practice.” By developing a list of global principles and explaining to different stakeholders what needs to be done, the group’s conversations will have “power,” the participant suggested.

Participants have since begun working in smaller groups focused on topics including culture; technology; practicality, patients, families, and communities; evidence; cross-continuum; geographic context; and proactivity. Each group is focusing on a key topic in the measurement of patient safety, constructing two or three “global principles” for that area.

Participants were asked to consider the importance of their topic to achieving the ideal state of patient safety measurement, the scope for their topic, what other topics it may relate to, and potential challenges.

In addition, participants were asked to think how their suggested principles could apply across all levels of measurement, how they could affect practicality, how their principles take equity into consideration, and the potential for unintended consequences.

Working groups will present their findings on Sunday, as participants continue to determine the how.
Hot Topic:
“What Role do Patients Play in Measuring Harm and System Safety?”

Mirabelle Morah

“First of all, the patient’s role cannot be overemphasized because patients are critical partners in ensuring safe care. To the patient, when they go into care, they assume it’s safe, and they know that they’re in the hands of the right people. But unfortunately, this is not [always] the case.

So patients have invaluable perceptions, information, and experiences, and these are very critical to the patient safety process. Mainly because they, the patients, happen to be the receivers of care, and when things go wrong, they’re the ones who suffer harm. So their role in all this is to provide that critical information, the critical perspectives which informs the system of their concerns, their worries, and their experiences. This whole process of sharing the knowledge and experiences helps in preventing harm.”

Mariam Kamoga Namata,
Executive director of CHAIN Uganda; patient safety champion under the WHO Patient for Patient Safety program

“Generally, in Ghana, we have a national health care quality strategy, and objective three proposes the inclusion of patient and community in the way that service is being provided. That said, we mean that they as the patients and community are supposed to participate in their care and if they do this, it’s a patient safety tool to be able to identify harm because once they are part of it, then they will be able to self-identify and even support the health system to be able to identify when harm is going to happen and probably to put an intervention to stop it from happening. So we’ve developed what we call a community scorecard. The community scorecard gives an opportunity to give feedback....

The Ministry [of Health] recognizes the fact that the patient and community are no longer passive receivers of the service but active consumers of the service. Now we are also promoting through civil society organizations and patient groups, the need for patients to be active consumers of the service... They will be able to ask questions, they can also make suggestions, and they will have the option of choosing whichever services are available.”

Ernest Konadu Asiedu
Improvement advisor of the Institute for Healthcare Improvement (IHI); head of the Quality Management Unit at Ghana’s Ministry of Health

“The role of patients is indispensable for sure, but we need to help them to be contributive. And I have a sense that patients have similar problems all over the world with the health care system. But the behavior is very different because I would say that the level of maturity of societies is different around the world. I have the impression that in certain parts of the world, I will sit from my country mostly, patient safety certainly is not acknowledged by citizens. So inevitably, it’s indispensable for them to contribute for many reasons. We need to learn from each other on how to make their role more contributive. And still I would say that problems are similar, but behaviors are still different and we need to evolve to make society more participatory in patient safety.”

Ezequiel Garcia Elorrio,
Founder, board member and director of Health Care Quality and Patient Safety, Institute for Clinical Effectiveness and Health Policy

“‘The role of patients is indispensable for sure, but we need to help them to be contributive. And I have a sense that patients have similar problems all over the world with the health care system. But the behavior is very different because I would say that the level of maturity of societies is different around the world. I have the impression that in certain parts of the world, I will sit from my country mostly, patient safety certainly is not acknowledged by citizens. So inevitably, it’s indispensable for them to contribute for many reasons. We need to learn from each other on how to make their role more contributive. And still I would say that problems are similar, but behaviors are still different and we need to evolve to make society more participatory in patient safety.”

Helen Haskell,
Co-chair of the World Health Organization’s Patients for Patient Safety Advisory Group; president of Mothers Against Medical Error and Consumers Advancing Patient Safety

“So today [September 6, 2019] is my son’s 34th birthday. He died 18 years and 10 months ago today, and that was what brought me to patient safety. I always had a totally different life before then. And when I started trying to understand why that happened to him, everywhere I went, I found the problem was so much bigger than I ever imagined. The only thing I could think to do for him was to try to work on this problem. So I’ve been working on it now for nearly 19 years, and it has improved a lot, but we still have a long way to go. It’s a never-ending project. This is a good thing to be doing on his birthday, I think.

Patient safety is about the patient, and really that’s a battle that we’ve been fighting for all these years just to get a lot of professionals to understand this in a visceral way. A lot of people don’t. They think it is their profession. They see it from their perspective rather than a patient’s perspective.”

#FacesOfLeadership

Read more profiles in our series of #FacesOfLeadership online:
@SalzburgGlobal
www.Instagram.com/SalzburgGlobal
www.Facebook.com/SalzburgGlobal
Health care leaders from across the world have helped shape new global principles for measuring patient safety. The Salzburg Global Seminar program, Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety, concluded on Monday afternoon.

The five-day program, held in partnership with the Institute for Healthcare Improvement (IHI), has created several “high level” principles, which will be refined further before publication. These principles were developed after participants gathered in small working groups, concentrating on patient-centeredness, pro-activity, continuum of care, geographical settings, evidence, technology, and culture.

Participants helped fine-tune the principles on the final day of the program, offering their thoughts on what should be added, removed, or revised. After a refreshment break, participants considered the practical applications of the set of global principles for patient safety measurement.

Split into four groups, participants applied these principles to different stakeholders, including patients and families, frontline staff, managers, and policymakers. Participants asked what the value of each global principle would be to each group’s stakeholder and what actions stakeholders might take to align with the draft principles.

Key topics to consider included economics, the return of investment, and equity. According to the Centers for Disease Control and Prevention, health equity “is achieved when every person has the opportunity to ‘attain his or her full health potential’ and no one is ‘disadvantaged from achieving this potential because of social position or other socially determined circumstances.’”

Participants suggested all leaders have a responsibility for safety and must communicate the need for best practice from all members of staff. Leaders should be “relentlessly curious” about the patient’s journey and create a culture of trust and equity.

The idea of a “Just say no” week was proposed for frontline staff as a way to reduce their burden and understand what is valuable in their day-to-day work. There should be a commonality of purpose, a reduction of work, and the streamlining of information, participants heard.

Patients want a voice in the creation of measurement of patient safety, and more should be done to enable this.

Continued overleaf.
Mariam Kamoga Namata - The Action Starts With Us

Executive director seeks chain reaction to promote patient safety from grassroots level up

Mirabelle Morah

“I realize [with] whatever level of resources, you can make a difference,” says Mariam Kamoga Namata, sitting in Schloss Leopoldskron’s Chinese Room.

Namata is the executive director of Community Health and Information Network (CHAIN) in Uganda and also the chairperson of the Ugandan Alliance of Patients’ Organizations.

She is one of many participants from around the world attending the Salzburg Global Seminar program, Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety.

As the executive director of CHAIN in Uganda, Namata is responsible for supervising the organization’s programs and ensuring they achieve their goal of supporting vulnerable people – from orphans to individuals living with HIV, TB and other non-communicable diseases within Uganda. It’s a difficult job, as Namata explains.

“As you walk into your office, right at the door, there’s this lady with her sick child, waiting for you to provide a solution. Not that she doesn’t know where the hospital is. She actually knows where the health facilities are, but she’s not able to go, and her child is very sick, and has a high temperature. She doesn’t have any money to go to the health center. And she’s here. She needs your help. So definitely you have to think, ‘Okay, how do I support this poor lady?’ So those are some of the practical realities I face on a day-to-day basis.”

Events in Namata’s personal life, affecting her and her immediate family members, motivated Namata to work toward patient safety.

When she was approached to help set up CHAIN in Uganda, Namata saw it as an opportunity to help out. “And when I started work I realized that that’s where my life belonged and that’s the work which gave me satisfaction,” Namata says.

After being selected to be part of the board of the International Alliance of Patients’ Organizations and attending the Patient for Patient Safety workshop organized by the World Health Organization, Namata took it upon herself to ensure that components of health literacy and patient safety were added to CHAIN’s programs.

“I got an opportunity in 2011 to join the Patient for Patient Safety program… after going through that workshop, it was a life-changing experience for me, and I realized that it was not only a national issue. It wasn’t only a personal issue, but it was a global level issue, and it needed concerted efforts. It needed every stakeholder to come on board… So it’s about calling all of us to work together to promote patient safety and make a difference in our communities…”

“Now when we think about patient safety, it’s about the health facilities. It’s about the doctors. It’s about the patient, but who is the patient?” Namata asks. “Each one of us is a patient. Let it be a doctor, a farmer, a housewife: everyone is a patient. So, going back to CHAIN after that very, very life-changing experience workshop, I took it upon myself to ensure that this is included in my day-to-day activities but also integrated in CHAIN’s programs…”

Reflecting on the program in Salzburg, Namata says the experience has been an “Aha! Moment” for her. She says, “The learning has been incredible and very empowering and, for me, every opportunity to share is empowering… This has been more than I expected, and I’m really happy to have been part of… Salzburg Global Seminar.”

Namata has made a number of presentations at high-level events, from the WHA-IGWG to the second Global Ministerial Summit on Patient Safety. If she had the chance to deliver a message to the world, what would it be?

Namata says, “It’s everyone’s responsibility to raise awareness about patient safety, and at whatever level of resources, we can make a difference. The action starts with us. “In my language [Luganda] we say, ‘Asika obulamu tasa mwokono,’ meaning that when you are striving for good health, you should never stop… your hand should never stop. And ‘Agali awamu ge galuma,’ meaning ‘Teeth that is together bites the meat better.’ So it’s about calling all of us to work together to promote patient safety and make a difference in our communities, especially right from the grassroots level because that’s where the biggest problem is and that’s where we should start.”
Hierarchies need to be leveled, and stakeholders need to be brought closer together to learn from one another. This could be considered a rebalancing of power.

Do we need national structures? Participants heard experiences of community health workers in one part of the world, which are both regulated and unregulated. How do you put a safety structure in place in that scenario? One participant said technology could be used to empower frontline workers. Within this group, participants discussed the need for governments to bump up primary care and home care measurement through policymaking. The need for funding is always a challenge, but structures can be developed in nimble ways, the group heard. Case studies can also help influence decision-makers.

After lunch, participants heard a full synthesis of the program’s discussions would be compiled by the Lucian Leape Institute. The document will be circulated to all participants for review and comment before publication. The final report will detail the group’s work, recommendations, and global principles.

Various participants reflected on the success of the program and the different takeaways they would be leaving Salzburg with. One participant said they recognized the need to unleash the power of patients and frontline workers. They noted each participant in attendance was a leader with tremendous responsibility. They advised participants, as leaders, not to coast and continue trying new things. This participant told others in the room they needed to be “disruptors.” To be effective, participants should take their bold ideas, create a sense of urgency, but do it respectfully. The participant said, “Every process we’re trying to disrupt has existed for a reason... If each of us thought about the people who make a difference in our lives... we would all feel a sense of urgency.”

A microphone was passed around the room for other participants to provide feedback and suggestions for how the work should continue outside of Schloss Leopoldskron. “No action plan is complete without the patient,” remarked one participant. Another, meanwhile, said, “This is a very powerful group... We need to capitalize on that as well moving forward...”

One participant said there was “no way” of wrapping this program up, but they felt the program could be compared to an opera overture. Participants linked the themes in a way which “sounds nice” and acts as a prelude to something more substantial. This participant said, “We managed to get the overture... I think the challenge is to give the real performance. We have a short break... and then the real performance starts.”

Concluding the discussion, another participant said the idea that has come up during the program of measuring the patient’s voice in real-time across the continuum is all that’s needed to transform health care systems. The patient’s voice has the ability to change everything, suggested the participant. We just need people to listen and respond.
Hot Topic:
“How Should Organizations Measure Both Physical and Psychological Safety of Staff and Clinicians?”

Mirabelle Morah

“A high level of safety is the result of the interaction of good design of the installations, good maintenance, good leadership, and human performance. Only an integrated management system can ensure the physical and psychological safety of staff and clinicians. The starting point for an organization that wants to achieve the best results is to guarantee that its staff feels safe and free to raise concerns. To achieve this, it is important that leaders foster a culture where staff is heard, and concerns are addressed. On the other hand, organizations should think deeply when selecting the indicators to measure and analyze if they result in any unintended change in the behaviors. In fact, it is a human tendency to manage the measurement scheme without exactly knowing it. Indicators should not encourage inappropriate behavior.”

Riccardo Chiarelli,
Founder and managing director, Onda Consulting Ltd; manager of Global Performance Analysis, World Association of Nuclear Operators

“I think both areas are incredibly important, and I think to some degree we already measure both... We have a staff survey that measures psychological safety to some degree, we ask questions about how people feel about turning up to work, whether they’re bullied, whether they feel able to speak up... There’s a different issue about whether we act sufficiently and whether when we see that our results aren’t as we would like them, what we do about it. So there’s more that can be done...

Psychological safety... we already assess that to some degree, [but] how do we improve that? We talked about a ’just culture’ now... I think it’s still very relevant and what that says is that you should be able to speak up about something that goes wrong, without fear that you will be sanctioned as a result. Now that doesn’t mean if you do something deliberately wrong you get off the hook. There is an accountability... but we have to be careful how we balance appropriate accountability. You should be responsible for your actions versus the fact that many things that happen that are unsafe are a result of a multitude of issues…”

Aidan Fowler,
National director of Patient Safety in England; DCMO at DHSC

“Telling the data story needs to go beyond the traditional measures of interest such as workplace injuries, absenteeism, and staff turnover. Many organizations have dug deeper and stratified their data by department, discipline, time of day to inform improvement efforts. Surveys and observations are also used, but collectively those strategies still leave an empty page in the data story. Measuring what organizations choose to take action upon may be more value-added in sustaining the processes that lead to continuous quality improvement in this human resource safety hot topic.

Three things organizations may want to add to their process measure considerations are:
- Timely response and learning from the physical and psychological safety issues raised
- Number of action plans developed with staff and clinician input to address safety issues raised, and
- Participation in learning opportunities and peer to peer support groups that equip staff and clinicians with capability to respond in these situations.”

Gina de Souza,
Senior program manager, Safety Improvement Project Learning Collaboratives, Canadian Patient Safety Institute (CPSI)

#FacesOfLeadership

“When it comes to patient safety, I’m inspired by the fact that it’s a kind of self-inflicted public health problem, and I am still surprised by the magnitude of it. I’ve been working my whole career on quality of health care... I’m motivated to work on safety because I see in the healthcare industry it is a problem, and it keeps inspiring me because I see there’s not an easy fix. We have now worked on it for 20 years and especially with the measurements. We have measures, but can we really use them for the actions that are appropriate? Can we make healthcare a safe place? And for me, that’s one of the fundamentals of providing healthcare. You have the privilege if you are a professional to help people. But as it says in the oath, do no harm. So that should be one of the foremost concerns.”

Niek Klazinga,
Strategic lead of the Health Care Quality and Outcomes Programme, Organisation for Economic Co-operation and Development (OECD)

Read more profiles in our series of #FacesOfLeadership online: @SalzburgGlobal
www.instagram.com/SalzburgGlobal
www.facebook.com/SalzburgGlobal

Want to join the conversation? Tweet @SalzburgGlobal using the hashtag #SGShealth