

### Achieving Patient Safety is No More a Wish

### **Quality & Safety In Healthcare First Congress**

Lebanese Society for Quality & Safety in Healthcare

16 November, 2013



Ashraf Ismail, MD, MPH, CPHQ Managing Director, Middle East Region Joint Commission International

## **Patient Safety**

# The issue of patient safety is one of the most challenging in healthcare today



Every year, tens of millions of patients worldwide suffer disabling injuries or death due to unsafe medical care



### Adverse Events in Health Care

10% of hospital patients suffer an adverse event

- ■16.6% of hospital patients suffer an adverse event (Australia)
- 100,000 hospital deaths/year through medical error (USA)





- HAI: 5-10% of hospitalized patients (up to 37% in ICUs)
  - 5 million HAI estimated to occur in Europe/year
  - 100,000 cases of HAI in UK lead to 5,000 deaths a year
- Medication errors: 1.5 million harmed in US/year;
  - 67% of patients' medication histories have errors



- Unsafe Surgery:
  - 234 m case globally/year: 7 m complications, 1 m death

- Patient Handovers
  - 15% of adverse events or errors (USA study)



## Health care systems in the EMRO: Patient Safety Perspective Medical Record Review Study Results



Study	Adverse event rate	No. of records	Permanent disability	Percent deaths	Percent AE preventable
EMR	8.1% (2.5-18%)	15,548	0.9%	1.86%	83%
Australia	16.6%	14,210	2.2%	0.79%	50%
Canada	7.5%	3,745	0.4%	1.2%	37%
New York	3.7%	30,195	0.24%	0.51%	NA

### **Patient Safe Organization**



Patient Safety Model



## Challenging areas in Patient Safety

- Creating a Culture of Safety
- Leadership Role
- Medication Management
- Environmental Hazards
- Procedural Complications
- Safety issues in physical design



## 1. Creating a Culture of Safety

### **Challenges**

- Reporting adverse events
- Analyzing
- Feedback
- Support of staff involved in adverse events
- Communication with patients
- Engagement of patients
- Team work
- Risk assessment



### **Cultural Barriers**

- "Silo" organizational culture
  - Structure inhibits cross organizational change
- Competing professional cultures
  - Physicians and management
- "Culture of Blame"
  - Prevents adverse event reporting
  - Prevents addressing system issues



### **Tips for Creating a Culture of Safety**





## Explain to staff the culture of safety





# Include physicians at every stage of the process





## Share information learned with leaders & clinical staff





# Develop and encourage informal methods for communicating





# Designate one or two clinical staff members to receive information about safety concerns





## Study and learn from adverse events





Train teams of staff members, so that they are aware of the organization's commitment to a culture of safety





# Encourage patients and families to be involved in the care process





# Know how to put patient safety culture into practice on a daily basis





# Annually select at least one high risk process to study how risk can be reduced



## 2. Leadership Role

### **Challenges**

- Move toward a more <u>safety-oriented culture</u>
- Allocate the resources required to support safety
- Practice <u>proactive</u> systems analysis & risk reduction
- Standardize processes and equipment



## Leadership Role

### **Challenges**

- Promote effective communication
- Ensure adequate and effective <u>staffing</u>
- Implement <u>team training</u> for all staff
- Encourage and support <u>patient involvement</u>
- Recognizing failures in the systems and processes





### Tips to Enhance Role of Leadership



Establishing a culture of safety must begin with leaders





Support open communication among clinical staff about adverse events





Demonstrate that discussion about adverse events does not lead to punishment, which in turn encourages staff participation



Acknowledge that adverse events do occur



Communicate frequently the importance of safety





Encourage everyone in the organization to focus on safety improvement as an ongoing concern





Communicate to staff when their work improves safety

Reward and recognize those efforts



### 3. Medication Management

#### **Challenges**

- Storage of medications
- Prescriptions
- Dispensing
- Administration of Medications
- Monitoring of Effects
- Dealing with Medication Errors





## **Tips for Medication Management**





### Do not prelabel empty containers





Document each patient's sample medications on his or her medical record



Avoid using technical medical terms or medical jargon





## Suggest limiting or removing high-alert medications from floor stock



### 4. Environmental Hazards

#### **Challenges**

- Hazards predisposing to falls
- Hazards predisposing to other injuries
  - Hazardous materials
  - Sharps injuries
- Healthcare Associated Infections
  - From environment
  - From staff or other patients
- Fire Safety



## **Tips to prevent Environmental Hazards**





#### Use visual clues

 For example, place a sign on the patient's bed or room door





Use appropriate work methods that could reduce the likelihood of future patient safety problems

E.g.: Using filtered fans units and vacuums to minimize dust





Make other staff members aware of patients at high risk for falls

Consider conducting hourly checks (during awake hours) of geriatric patients at risk for falls



Use covered containers for waste removal





#### Educate patients about signs of a possible HAI

 For example, encourage them to tell you about any redness or swelling around a catheter insertion site





Use visual fire alarms, as well as audible fire alarms in each room





Leaders should monitor compliance with the hand hygiene guidelines



## 5. Procedural Complications

#### **Challenges**

- Complications of procedure itself
  - Wrong patient; wrong procedure; wrong site
  - Post procedure infections
  - Hemorrhage
  - Complications of anesthesia



## **Procedural Complications**

#### **Challenges**

- Poor or no post-procedure instructions
- Lack of appropriate follow up
  - Patient generated
  - Practitioner generated





## **Tips to Prevent Procedural Complications**





#### Patient identification:

Using signs or posters throughout your organization that remind staff of your consistent patient identifiers





#### **Surgical Infections:**

Encourage patients to keep their skin and surgical dressing clean and dry

Provide written materials or give a quick lesson on how this is best achieved



Be aware of wrong site surgery risk factors





Make sure the surgical mark is still visible after surgical drapes are in place





Communicate regularly with staff about the need for good hand hygiene and the results of infection monitoring



## 6.Physical Design

#### **Challenges**

- Design for safety
  - Patient safety
  - Staff safety
  - Infection control
- Design for efficiency
  - IT infrastructure
- Design for compliance





# Considerations for Designing a Healthcare Facility





#### Consider private rooms in the ICU





#### Eliminate or reduce noise resources





#### Incorporate nature





#### Improve air quality





#### Encourage hand washing





#### Move towards a decentralized design





#### Better ventilation systems





#### Using Evidence based design principles





# **Tips for Continous Compliance with Standards that support Patient Safety**



Make the standards part of existing efforts





Consider information about known adverse events when deciding which quality improvement efforts to initiate





Measure and analyze data related to processes that are prone to error





Apply risk reduction strategies and redesign steps to enhance safety systems





Analyze again and test all new or revised safety processes before implementing them





Include safety risks and suggestions for improving safety in surveys of staff and patients



## Quality & Safety Practices Embedded

Leadership

**Culture** 

**Human Resources** 

**Systems & Processes** 

Structure/Technology/Supplies

Infrastructure



#### International Patient Safety Goals

- The International Patient Safety Goals (IPSG) are part of Patient-Centered Standards, however, they are of particular importance because they:
  - 1- Highlight particularly persistent and difficult healthcare problems and
  - 2- Describe evidence and expert-based solutions to these problems and
  - 3- Under the 5<sup>th</sup> edition of the JCI Hospital Standards, every organization must receive at least a partially met for each IPSG measurable element



### International Patient Safety Goals

- **IPSG 1:** *Identify Patients Correctly*
- IPSG 2: Improve Effective Communication
- **IPSG 3**: *Improve the Safety of High Alert Medications*
- IPSG 4: Ensure Correct-Site, Correct-Procedure, Correct-Patient Surgery
- IPSG 5: Reduce the Risk of Health Care-Associated Infections
- IPSG 6: Reduce the Risk of Patient Harm Resulting from Falls



#### **Speak Up Initiatives**



Joint
Commission
Speak UP
Initiatives

**Speak Up: Know Your Rights** 

**Speak Up: Reduce your risk of falling** 

**Speak Up - Kid Power!** 

**Speak Up: At The Doctors Office** 

**Speak Up: Take Medication Safely** 

**Speak Up: Prevent the spread of infection** 

**Speak Up: Prevent errors in your care** 



#### **Speak Up Initiatives**



- Encourage Patients to express their concerns
- olnvolve patients in their care
  - Actively involved patients can improve
  - **Outcomes**
  - Reduce the risk of Mistakes
  - Improve Processes



#### **Joint Commission Initiatives**



































Dr. Ashraf Ismail, MD,MPH,CPHQ Managing Director, Middle East Region

