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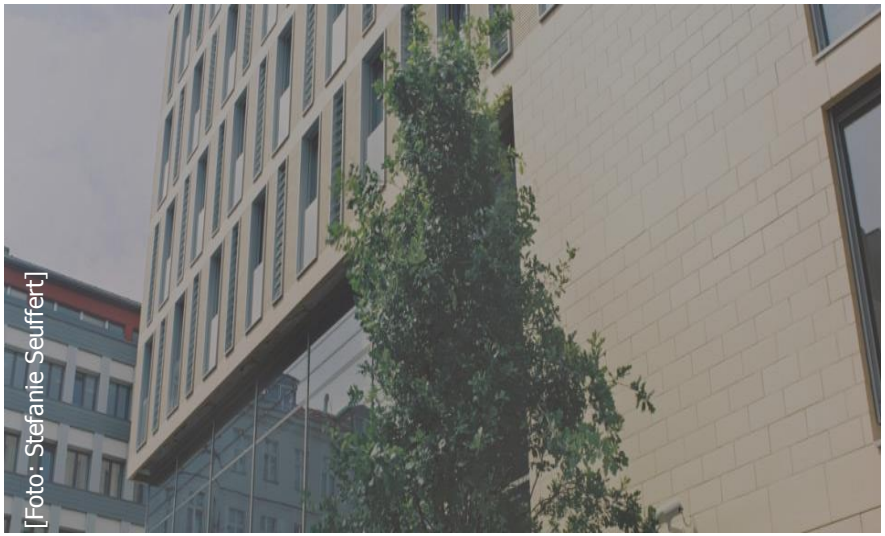

[Foto: Stefanie Seuffert]

„Learning Patient Safety?!“

Patient Safety Global Ministerial Summit
29./30. März 2017, Bonn

Sonja Barth, Sociologist, Head of the Department of Health Policy and Communication, Berlin Chamber of Physicians

Aim

Good people in good systems!

Learning on different levels

- System
- Organization
- Individual

Learning – **WHO ?**

- Healthcare professions
- Other professionals involved in healthcare
  (relevant management and administrative staff in healthcare settings as well as healthcare policy makers etc…)
- Patients, families etc.

National Health Goal Patient Safety, Target II: Patient Safety Competence

- **Health literacy and patient safety competence are firmly entrenched among the whole population.** Patients‘ rights and quality health information (also on patient safety) and their sources are well-known and readily accessible.

- Vulnerable population groups are appropriately addressed. The risks specific to these population groups are known.

- **Patients and their families/friends are actively involved in developing their patient safety competences.** They receive all the support they need.

2017, ***work in progress…***

- **The curricula of basic/undergraduate/ postgraduate etc. education and training + CPD ensure that all health care professionals acquire patient safety skills. All health care facilities encourage the sharing and learning of patient safety skills.**

- Patients are informed about the options to lodge complaints or provide suggestions and positive feedback. These reporting systems are straightforward in design and non-punitive, supported by the health care professionals, and the general public are aware of them.

- Critical incidents are taken seriously and evaluated. The culture is one of learning from mistakes.

- **Lessons learned are spread to inform improvements in patient safety across all health care settings.**

Patient Safety Learning – **WHY ?**

Healthcare is complex !

Table 5.1 The ALARM/LONDON framework of contributory factors

Factor types	Examples of contributory factors
Patient factors	Complexity and seriousness of conditions
	Language and communication
	Personality and social factors
Task and technology factors	Design and clarity of tasks
	Availability and use of protocols
	Availability and accuracy of test results
	Decision-making aids
Individual (staff) factors	Attitude, knowledge and skills
	Competence
	Physical and mental health
Team factors	Verbal communication
	Written communication
	Supervision and seeking help
	Team structure (congruence, consistency, leadership)
Work environmental factors	Staffing levels and skills mix
	Workload and shift patterns
	Design, availability and maintenance of equipment
	Administrative and managerial support
	Physical environment
Organisational and management factors	Financial resources and constraints
	Organisational structure
	Policy, standards and goals
	Safety culture and priorities
Institutional context factors	Economic and regulatory context
	Wider health service environment
	Links with external organisations

Learning - **WHAT**?

Knowledge

and understanding about the **core principles** and the **key domains of** patient safety

Skills

Technical and non-technical

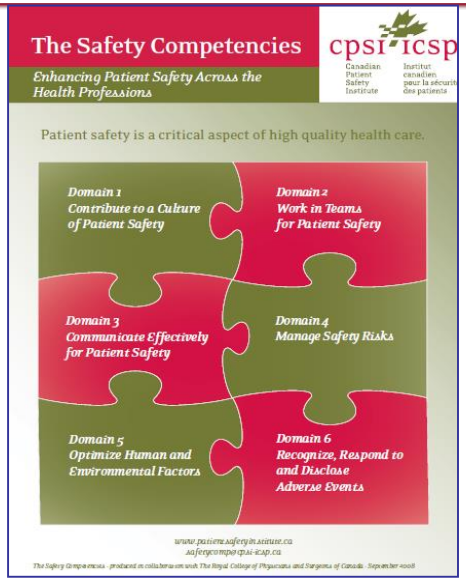
Behaviours (attitudes)

*„Because experience does not necessarily lead to learning and competence **cognitive and emotional self-awareness** is necessary to help physicians question, seek new information and adjust for their own biases.“*

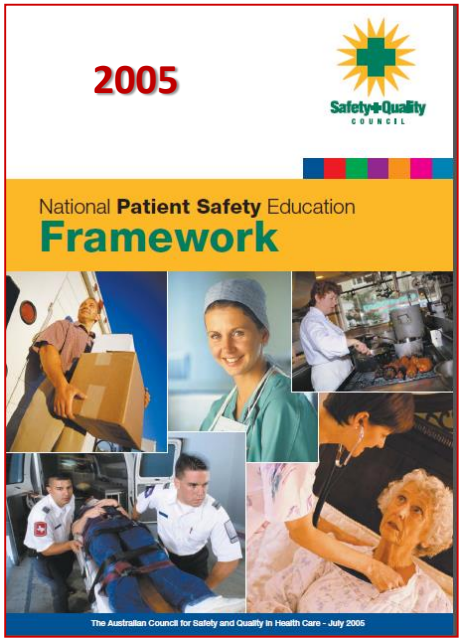
(Epstein, Hundert, JAMA 2002; 28, (2): 226-235)

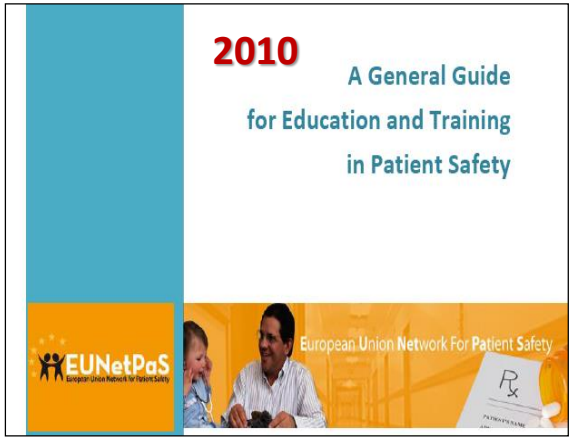
Learning – **WHAT and HOW?**

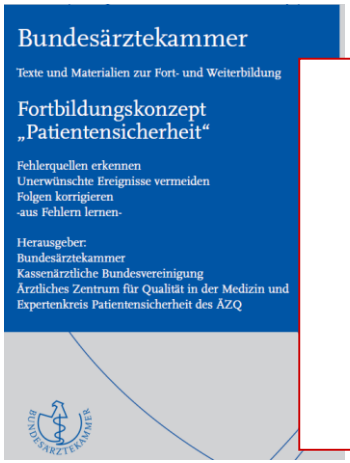
2008

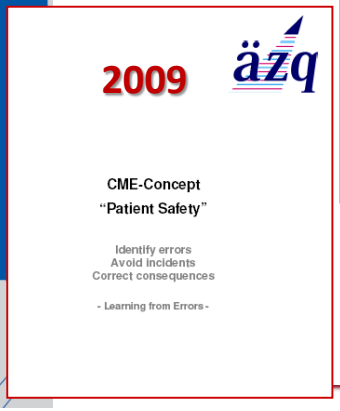


2005

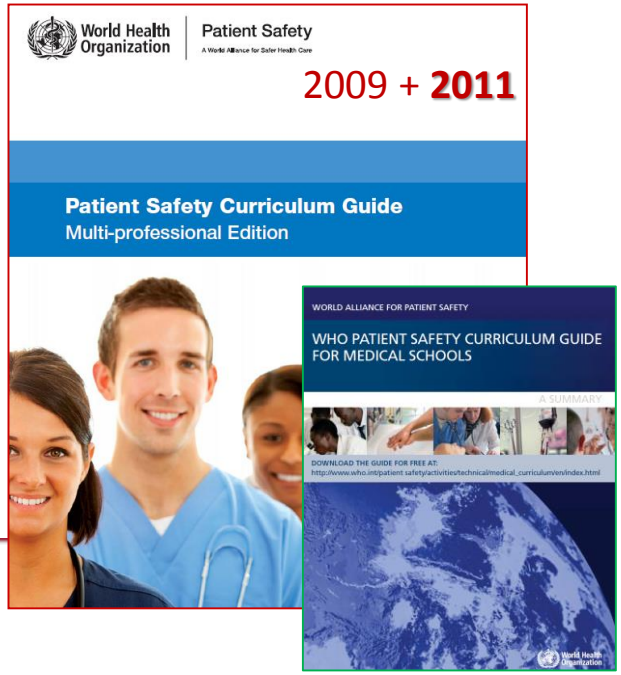




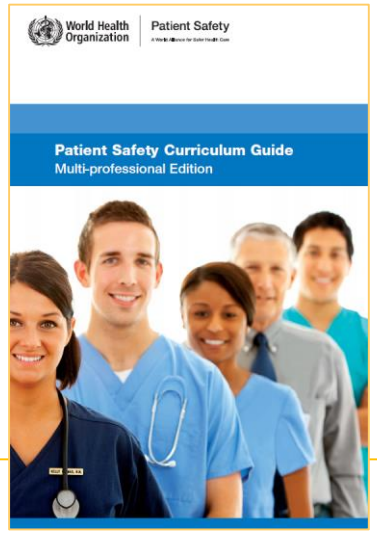




Etc…



Learning – **WHAT and HOW?**



Part A: Teacher's Guide

1. Background
2. How were the Curriculum Guide topics selected?
3. Aims of the Curriculum Guide
4. Structure of the Curriculum Guide
5. Implementing the Curriculum Guide
6. How to integrate patient safety learning into your curriculum
7. Educational principles essential for patient safety teaching and learning
8. Activities to assist patient safety understanding
9. How to assess patient safety
10. How to evaluate patient safety curricula
11. Web-based tools and resources
12. How to foster an international approach to patient safety education

Part B: Curriculum Guide Topics

Definitions of key concepts

Key to icons

Introduction to the Curriculum Guide topics

Topic 1: What is patient safety?

Topic 2: Why applying human factors is important for patient safety

Topic 3: Understanding systems and the effect of complexity on patient care

Topic 4: Being an effective team player

Topic 5: Learning from errors to prevent harm

Topic 6: Understanding and managing clinical risk

Topic 7: Using quality-improvement methods to improve care

Topic 8: Engaging with patients and carers

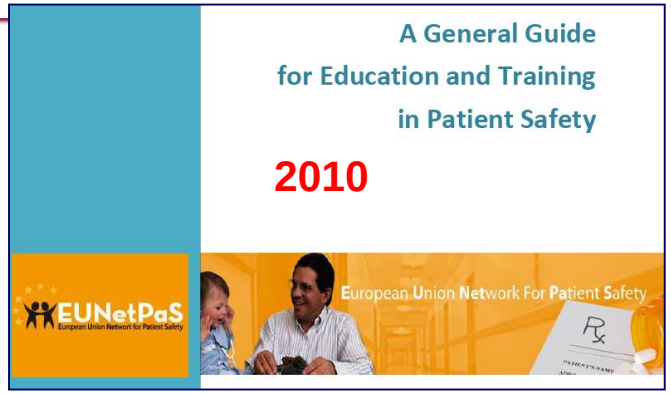
Introduction to Topics 9-11

Topic 9: Infection prevention and control

Topic 10: Patient safety and invasive procedures

Topic 11: Improving medication safety

Learning – **WHAT and HOW?**



WHAT is Patient Safety about?

1. The creation of a safety culture

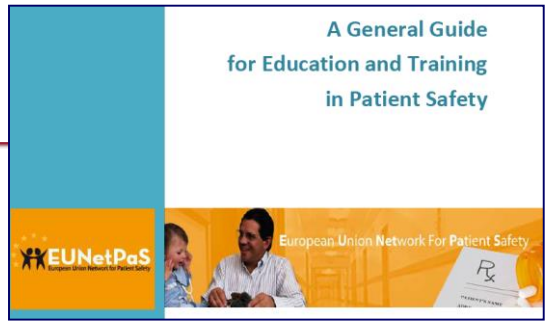
2. The identification and measurement of problem fields (Epidemiology)

3. Cause analysis of adverse events and near misses

4. Management and coping strategies for adverse events and near misses

5. Prevention of errors, adverse events and near misses

Learning – **WHAT and HOW?**



Guiding Principles of Learning Activities

The EUNetPaS-document proposes seven guiding principles,

or common values, which should inform the design, the teaching and the evaluation of training interventions:

Principle 1. Patient-centred

Principle 2. Applicable to all settings

Principle 3. Everyone's business

Principle 4. Team oriented

Principle 5. Multidimensional

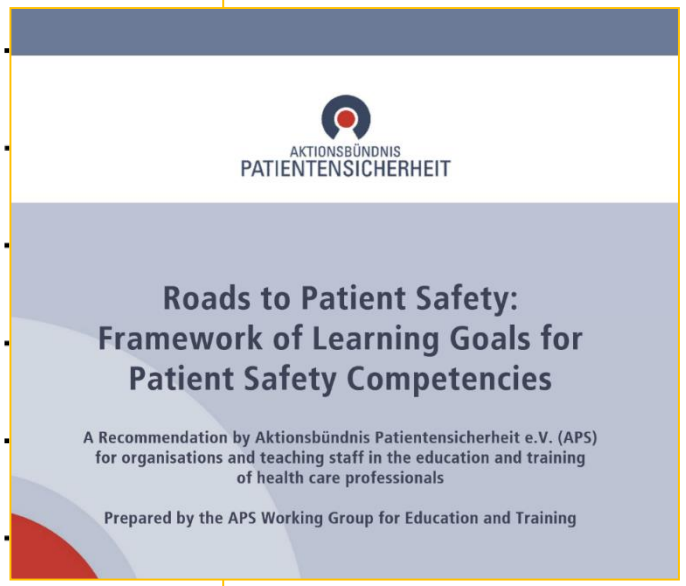
Principle 6. Context Specific

Principle 7. A Continuous Professional Activity

Learning – **WHAT and HOW?**

Learning Goals .....

1. What is patient safety and why is it important? .....
2. Causes of critical incidents and patient harm.....
3. System thinking.....
4. Patient Involvement .....
5. Safety Culture .....
6. Team work.....
7. Communication.....
8. Learning from Critical Incidents.....
9. Patient Safety Measures.....



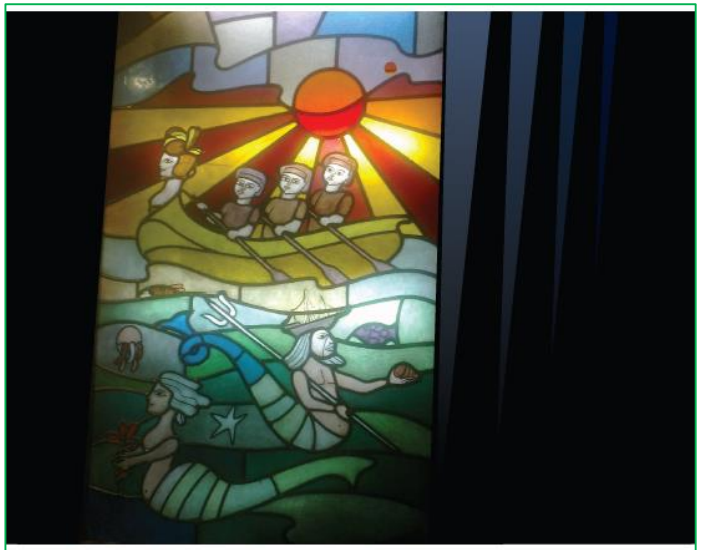
Learning – **WHAT and HOW?**

EU-Report (2014)

Education and Training

In Patient Safety in Europe

=> Wide range of activities!



Key findings and recommendations on

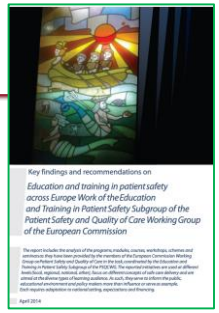
Education and training in patient safety across Europe Work of the Education and Training in Patient Safety Subgroup of the Patient Safety and Quality of Care Working Group of the European Commission

The report includes the analysis of the programs, modules, courses, workshops, schemes and seminars as they have been provided by the members of the European Commission Working Group on Patient Safety and Quality of Care in the task, coordinated by the Education and Training in Patient Safety Subgroup of the PSQCWG. The reported initiatives are used at different levels (local, regional, national, other), focus on different concepts of safe care delivery and are aimed at the diverse types of learning audience. As such, they serve to inform the public, educational environment and policy makers more than influence or serve as example. Each requires adaptation to national setting, expectations and financing.

April 2014

https://ec.europa.eu/health/patient_safety/policy/package_en

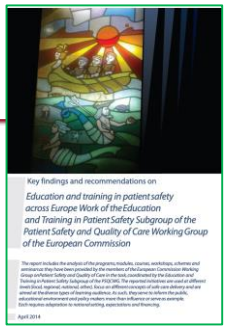
Some Key Findings



Recommendations

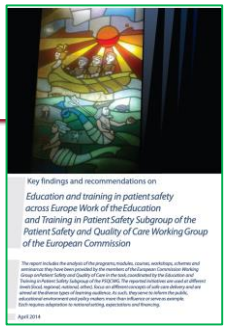
- **Train the trainers** on the issues of patient safety and use suitable methods of teaching patient safety (interactive methods, integrating patients' perspectives, training in communication etc.)
- **Learning from each other**: promote exchange of knowledge and experience as one of the key factors for patient safety. “Patient safety” cannot be mandated. Strategies which connect the top-down and the bottom-up perspective are helpful.
- Promotion of improvement: It is important, that **health professionals really experience change** for better health care in their **daily practice**.

Some Key Findings



- **Begin with elements that are easy in implementation**: instead of extensive training programs it is helpful to start with smart activities which **easily fit into the daily work practice.**
- Be **oriented in the available instruments/measures** and **best practice examples**; use the existing measures and experiences (like checklists etc.) and **customize to the organisational/local setting.**
- **Focus on the inter-professional aspect** of patient safety: teamwork and the respect the existing differences in the culture of professions are key issues.
- **Integration of patients' experience** about incidents and improvement of health care processes, communication, etc.

Some Key Findings



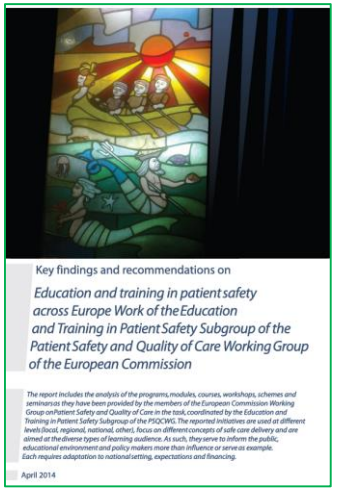
- Take into account different

  - ✓**National, regional, local contexts**
  - ✓**Health care settings**
  - ✓**Learning environments and structures**
  - ✓**Roles, responsibilities, professional backgrounds and expertise/ qualification levels etc….**

Sir Liam Donaldson, WHO Expert-Meeting, Florence 2016:

- Teaching for hearts and minds
- Second victim
- Upstream thinking
- Implementing guidance
- …

“Patient safety culture
needs education and training
–
education and training
needs safety culture.”



Good people in good systems!

Thanks to Günther Jonitz!

THANK YOU ! s.barth@aekb.de