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

„Learning Patient Safety?!“

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

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

Learning – WHAT and HOW?

2005
National Patient Safety Education Framework

2007
Aus- und Weiterbildung in Patientensicherheit und Fehlerkultur

2009
äzq

2010
A General Guide for Education and Training in Patient Safety

Etc...

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

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

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....

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