

Improving Patient Safety in Lebanese Hospitals



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Learning Objectives

1. Identify the progress of Patient Safety in the Lebanese Healthcare System
2. Recognise the challenges and the opportunities for improvement
3. Analyse the methods used to improve patient safety
4. Criticise the project for performance improvement



Patient Safety in Lebanon

- ❖ Patient safety is an issue of increasing public interest, with news broadcasts, television programs and newspaper articles covering stories of complications, medical errors, injuries and preventable deaths.



Patient Safety in Lebanon: actions

Fast Response Mechanism: developed by the MOPH: a telecommunication company is hired to receive patient complaints 24 hours a day.

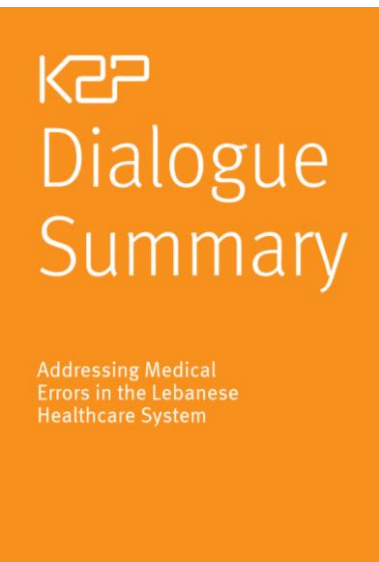
Contacts syndicate of private hospitals to resolve the most urgent complaints.

MoPH is contacted if no response.

(Lebanon files, 2015b).

Patient Safety in Lebanon

- ❖ Patient safety is an issue of increasing public interest, with news broadcasts, television programs and newspaper articles covering stories of complications, medical errors, injuries and preventable deaths.
- ❖ No published data and numbers^{1,2}



Challenges affecting patient safety in Lebanon

❖ Under-reporting of incidents and near misses.

60% of providers refrain from reporting medical errors and near misses:

- 81.7% percent feel that their mistakes, if reported, will affect them negatively and will be held against them.
- 82.3% of providers are concerned that incidents occurring, even if related to problems in the organization's system, will be kept in their personal files instead of being used for performance improvement

❖ No requirements to report adverse events to a national centralized system ^{4,5}

Challenges affecting patient safety in Lebanon

- ❖ Lack of explicit national quality improvement and patient safety policies
- ❖ Absence of a national sets of standardized and comparable indicators for hospital performance benchmarking and improvement
- ❖ No legislative mandates to report on a national set of standardized performance indicators for benchmarking and quality improvement ^{4,5}
- ❖ Absence of system approach
- ❖ Blame culture

RECOMMENDATIONS

1. Enhance **clinical governance** through the integration of evidence-based clinical guidelines, education and training of providers, and conducting audits and performance appraisals
2. Develop and implement **policies** that promote **anonymous** incident **reporting** at the organizational and national level
3. Revise and update current **accreditation systems** to ensure patient safety goals, indicators and training requirement are explicit in the standards and integrated in the contractual arrangements
4. **Empower patients** to enhance quality of care and patient safety

ACTIONS

- Lebanese Society for Quality & Safety in Healthcare
 - Stay Safe Awareness Campaign: patient & community engagement
 - Setting up National Patient Safety Goals
- Accreditation Standards
- Patient Safety Chapter

Lebanese Society for Quality and Safety in Healthcare (LSQSH)

❖ Non-governmental and not for profit organization **founded in 2012**

❖ **Mission:** Promote quality and safety in public and private health sectors in Lebanon to improve the lives of our people.

❖ **Vision:** Be a recognized leader and partner to provide expertise and information

LSQSH

❖ LSQSH operates with the leadership of a governing board.



Dr. Rola Hammoud

Founder
President

[view biography](#)



Dr. Jamal Hobballah

Vice President

[view biography](#)



Roula Zahar

Treasurer

[view biography](#)



Maysaa Jaafar

Secretary

[view biography](#)



Dr. Rabab Rassi

Member

[view biography](#)



Dr. Bassam Ghazi

Honorary Member

[view biography](#)



Nadia Chbeir Deek

Founding & Honorary Member

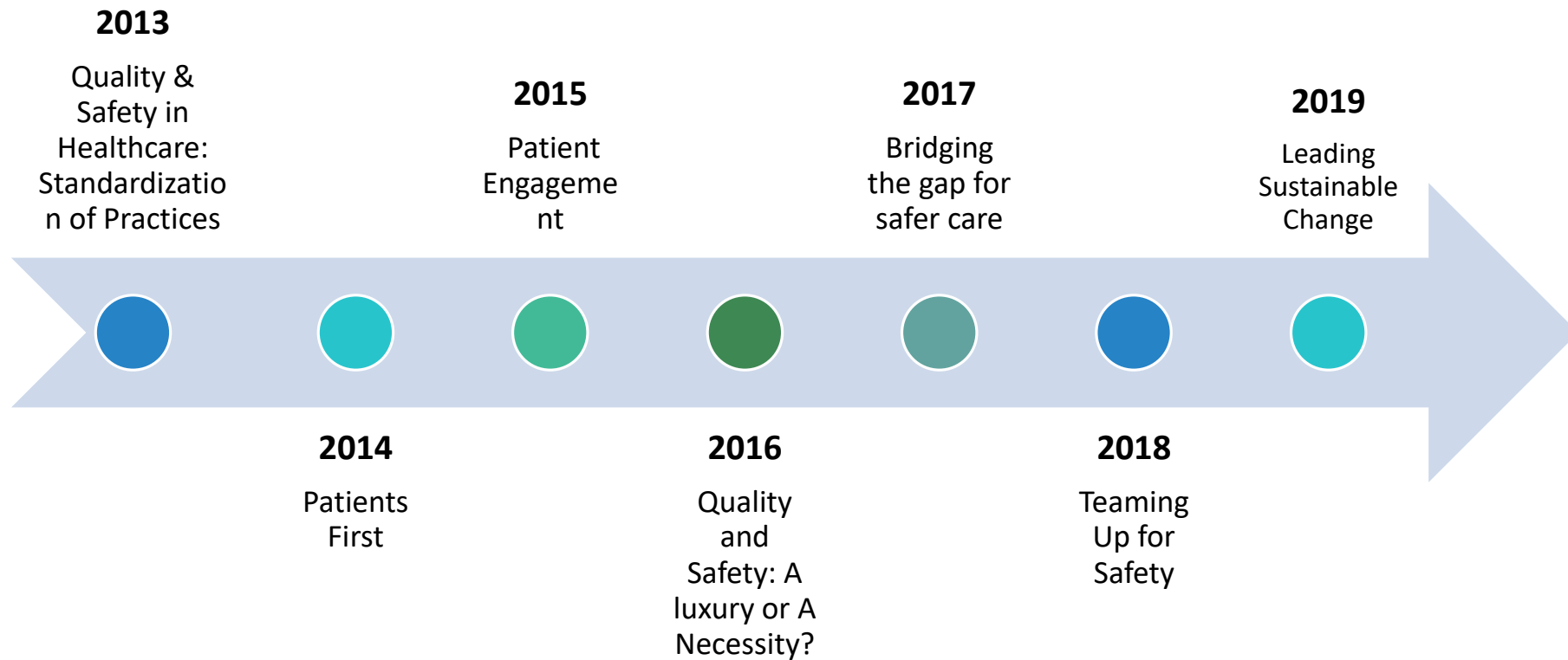
[view biography](#)



Achievements



❖ Organizing congresses on an annual basis:



Achievements

- ❖ Providing educational sessions and workshops
- ❖ Participating in congresses
- ❖ Organizing awareness campaigns
- ❖ Consultancy Services for hospitals



Achievements

- ❖ Partnering with American Society for Quality (ASQ)
- ❖ Collaboration with Patient Safety Movement
- ❖ Collaboration with the WHO
- ❖ Initiating IHI Open School in Lebanon
- ❖ Partner with the Patient Safety Movement Foundation



National involvement in Patient Safety

- Partner with **LMOPH**

- # Experts members for the revision of the Lebanese Standards of Accreditation (TRACC Project)

- # Ensure Patient Safety is a comprehensive entity in those standards

- # Board members on the training faculty of Lebanese Surveyors

- Partner with National and International Patient Safety Movements

- Partner with **WHO** : STAY SAFE CAMPAIGN

- World Patient Safety Day



Stay Safe Project

❖ LSQSH in collaboration with the WHO has initiated the **Stay Safe Project**, which constituted of 2 stages:

1) *Stage 1: Developing the Stay Safe Video and Booklet*

- To empower patients/family members to take an active role in their health and to make them aware of some issues that might face them during a hospital encounter.
- To encourages them to speak up regarding any safety concern to improve the system.





Stay Safe Project

2) *Stage 2: Establishing the “National Patient Safety Goals”*

- To have a national set of patient safety measures and indicators that are standardized for all hospitals in Lebanon to assess and monitor the hospital's performance on patient safety practices ^{1,3}
 - To motivate all stakeholders on the importance of patient safety
 - To benchmark data and set a framework to standardize practices in the Lebanese healthcare system in order to reduce errors and prevent harm.
- This would lead to accountability and increased patient trust in the hospital system

Safe Environment

```
graph LR; SE([Safe Environment]); subgraph Box; direction LR; SA[Safe Access]; SA2[Safe Assessment]; ST[Safe Treatment]; SD[Safe Discharge]; end; SC([Safe communication]); SE --> Box; Box --> SD2[ ]; SC --> SD2;
```

Safe
Access

Safe
Assessment

Safe
Treatment

Safe
Discharge

Safe communication

Lebanese National Patient Safety Goals

Safe Access to care

- Patient Identification
- Immediate ER triage
- Medication reconciliation

Safe Assessment

- Reduce Falls
- Reduce Pressure Ulcers

Safe Treatment

- Safe Surgery
- Safe Mom & Baby
- Reduce Medication errors
- Reduce Health Care Associated Infections
- Blood components management

Safe Discharge

- Discharge instructions & education
- Medication reconciliation

Safe Communication

- Effective Communication of Information
- Patient Engagement

Safe Environment

- Employee safety
- Facility Safety

Patient Safety Goals

❖ For each goal, the following was described:

- Definition
- Historical
- Rational
- Components
- Audit
- References

Piloting Phase

❖ Purpose:

To test the proposed indicators and audit tools and have some objective feedback regarding the relevance of these indicators and the feasibility of data collection.



Education and Training

- ❖ Quality Department representatives of the hospitals were invited to a training session to explain the project, the indicators included in the piloting phase, and the data collection tools.
- ❖ Training presentation and audit tools were sent to the representatives after the meeting.

Patient Safety Indicators

- 1) Percentage of patients identified using 2 identifiers
- 2) Time to be seen by physician in ER (in minutes)
- 3) Compliance rate on medication reconciliation at admission
- 4) Falls Rate
- 5) Hospital acquired pressure ulcers rate
- 6) Rate of compliance with WHO surgical safety checklist
- 7) Number of reported medication errors
- 8) Percentage of Elective Deliveries (induction or cesarean) between 37 & 39 weeks

- 8) Percentage of Elective Deliveries (induction or cesarean) between 37 & 39 weeks
- 9) Staff compliance with hand hygiene
- 10) Blood transfusion reactions
- 11) Percentage of completed discharge instruction forms
- 12) Percentage of completed transfer forms
- 13) Percentage of completed informed consents
- 14) Employee incident and accident rate
- 15) Number of water cultures performed quarterly



Creating the Electronic “Safety Portal”

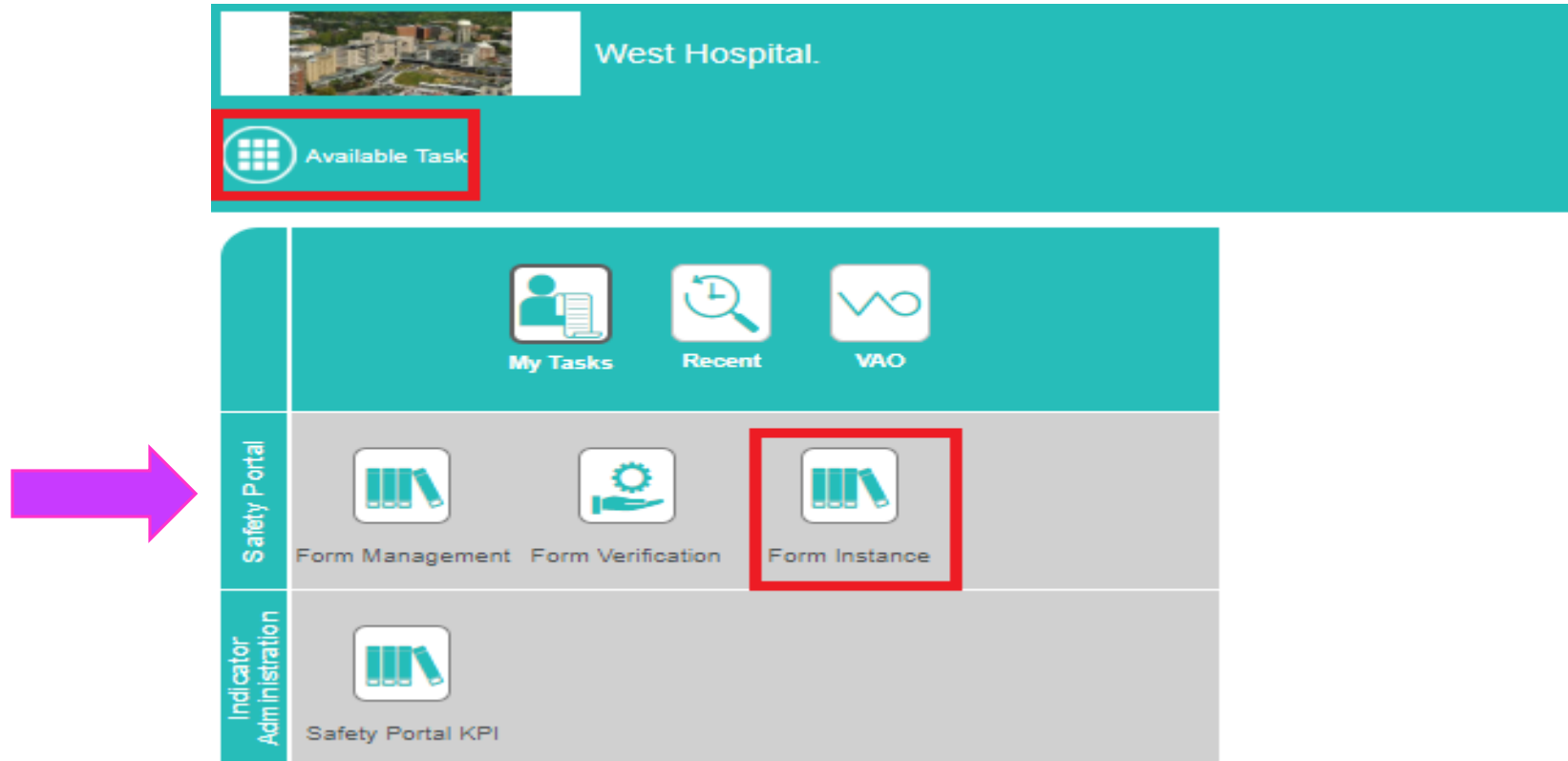


Safety Portal


❖ Purpose :


- Acts as a comprehensive tool and reference guide for hospitals for collection, aggregation, and analysis of data in a standardized manner.
- Identifies incorrect /invalid data / outliers that can impact the results of the indicators and skew results and allows hospitals to correct the data.
- Provides a measure of quality and patient safety.
- Improves insight into the results by providing comparisons with similar organizations and also comparisons over time in the same organization.
- Allows the hospital to graphically present the data in charts / graphs which can be circulated to all units
- Aids hospitals to identify the high priority areas for improvement in quality and patient safety ^{6,7,8}




Safety Portal



Safety Portal: QI Program & Incident reporting tool

 West Hospital

 Available Tasks

  Masaa 

Form

List of Forms

Forms

Data

11 Forms






Filter By:

Type

Published by

Select Owner

Search F

Form	Type	Published by	Owner	Actions
Incident Reporting Form	General Form	B & I	B&I	
Safe Treatment - Reduce Medication errors	General Form	West Hospital.	Ali Youssef	
Safe Assessment - Fail rate	General Form	West Hospital.	Ali Youssef	
Safe Access to Care - Correct Patient Identific...	General Form	West Hospital.	Ali Youssef	
Blood Transfusion	General Form	West Hospital.	Ali Youssef	

Details of the Incident

Date of Occurrence: *
12/12/2017

Time of Occurrence:
14:12:22

Location of The Incident:
ER

Discovery Date and Time:
12/12/2017

Department Involved:
N/A

Incident Type:
☒ Incident ☐ Near Miss ☐ Sentinel Event

Affected Person

Person:
☐ Patient ☒ Staff ☐ Others

Name:
John Smith

DOB:
14/12/1964

Gender:
☒ Male ☐ Female

MRN:
14741254

What is the incident type?

☐ Patient Identification

☒ Communication

☐ Patient Care Management

What is the incident category?

☐ Incorrect Patient Identification ☐ Duplicate Medical Record

☐ Breach of Identification Policy

☐ Communication Failure ☒ Reporting/Receiving Critical Results

☐ Miscommunication ☐ No response to call

☐ Handover-Inaccurate/Missing Information

☐ No Consent ☐ Service Delivery Problem

☐ Delay to Provide Care ☐ Inadequate Pain Management

☐ Inadequate/Incomplete Assessment ☐ Against Medical Advice

☐ Patient Burns ☐ Unexpected Patient Death

☐ Patient Fall ☐ Breach/Violation of Policy/Procedures

Safety Portal ... Cont'd

A Web Page

←

→

✕

🏠

http://

🔍

B&I

20171213_MyHospital

📅

Available Tasks

🔔

3

👤

Member Name ▾

🗣️

Customer Support ▾

Patient Days Statistics

←

☒

12 Visits

Add Record

Upload Data

View Upload Log

Year	Month	Patient Days	Patient Visits	Actions
2018	January	180	55	<div>✎</div> <div>🗑️</div>
2018	February	190	60	<div>✎</div> <div>🗑️</div>
2018	March	200	70	<div>✎</div> <div>🗑️</div>
2018	April	180	55	<div>✎</div> <div>🗑️</div>
2018	May	180	55	<div>✎</div> <div>🗑️</div>

Show

10 ▾

Entries

Previous

1

2

Next

Performance Indicators

- 1) Percentage of correct patient identification
- 2) Falls per 1000 patient days
- 3) Falls with injury per 1000 patient days
- 4) Hospital acquired pressure ulcers rate
- 5) Rate of compliance with WHO surgical safety checklist
- 6) Medication Errors per 1000 patient days
- 7) Medication Near Misses per 1000 patient days
- 8) Incidence of Healthcare associated infections (HAI)
- 9) Blood Transfusion Reactions

We will be adding more indicators as we go

Next Steps



- 1) Educating hospitals on the measures and method of data collection **by Nov. 2019**
 - 2) Initiating the data collection and producing benchmarks **(starting Jan. 2020)**
 - 3) Adoption the National Patient Safety Goals at the Ministry of Public Health
- **Outcome:** benchmarks for patient safety measures that can be used by all hospitals in Lebanon for performance improvement and setting safe practices.

Recruitment of more hospitals A Challenge



Lebanese Hospital Accreditation History

• 2001-2003

- World bank
- Australian consultancy team (OPCV)
- **1st VERSION**

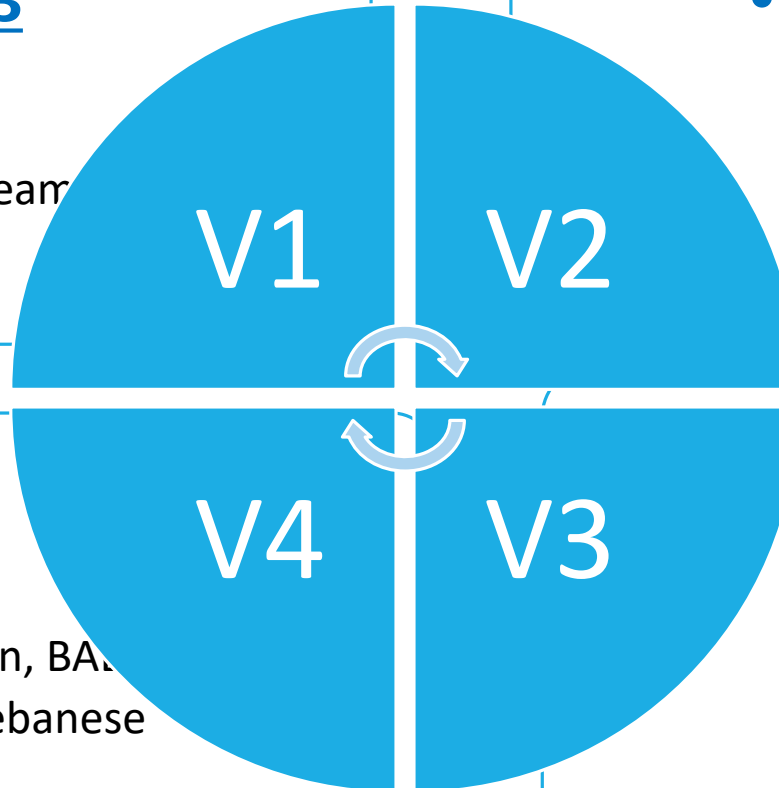
• 2004-2006

• 2017

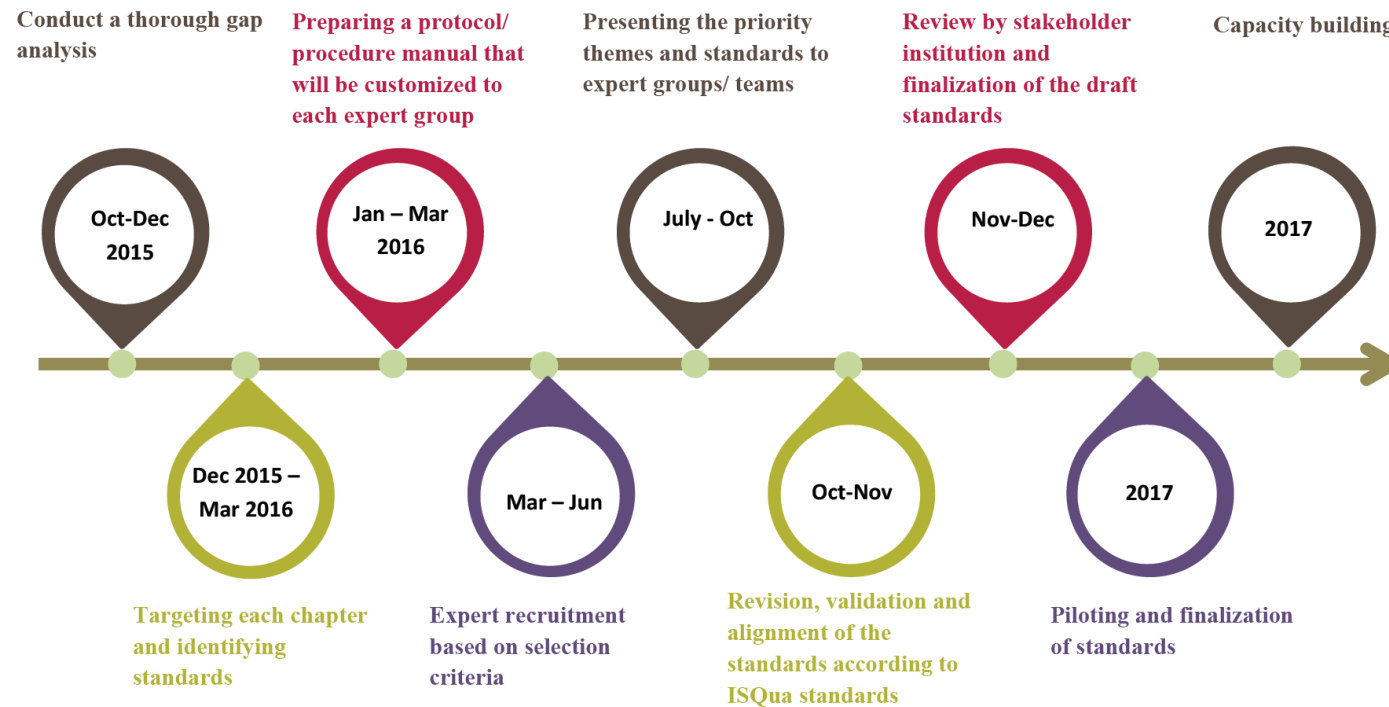
- Auto Evaluation, BA
- Formateurs, Lebanese Surveyors
- **3rd VERSION/ ISQua**

• 2006-2010

- CTAH-HAS-ESA
- Auto-evaluation
- 4 auditing bodies
- **2nd VERSION**



LEBANESE ACCREDITATION STANDARDS



Expert Involvement

Thèmes

- Facility management and safety (FMS)
- Quality management and Patient safety (QMP)
- Medical imaging (MI)
- Emergency services (ES)
- Patient Centered Care (PCC)
- Access and continuity of care (ACC)
- Patient and family rights and education (PFR)
- Patient services

3



Chapitres

- Govt
- Hum
- Info
- Medicine management and safety (MMS)
- Infection prevention and control (IPC)
- Facility management and safety (FMS)
- Quality management and Patient safety (QMP)
- Patient Centered Care
 - Access and continuity of care
 - Patient and family rights
 - Patient services
 - Anesthetics and surgical services (AS)
 - Oncology services (ON)
 - Medical imaging (MI)
 - Emergency services (ES)
 - Obstetric and Child Health (OS)

18

Standards

337



Standards

C.O.R

80



Guiding Measures

1.3. By-laws are implemented

1.4. Evaluation method function and

1.5. Governing body every two years

members are identified by
and authorities are described

1487



Thème 1: Hospital Management 4 CHAPITRES		
1	Governance and Leadership	GL
2	Human Capital	HC
3	Information Management	IM
4	Facility management and safety	FMS
Thème 2: Quality and Risk Management 3 chapitres		
1	Medication management and safety	MM
2	Infection prevention and control	IPC
3	Quality management and Patient safety	QMPS

EXAMPLES FROM LEBANESE HOSPITALS

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7 AP

Maintain cuff pressure at 20cm H₂O

Maintain Head of bed between 30-45 degrees

Proper oral care three times per day and prn

Use the Evac ETT

Initiating Orders for enteral feeding as soon as the patient is stabilized.

Subglottic suctioning

Stop using NSS while suctioning

Orotracheal intubation preferred over nasotracheal

Ventilator circuit to be changed every 7 days

HAND WASHING

CLEMENCEAU MEDICAL CENTER
a part of BETH LEVINSON
BETH LEVINSON



VAP PREVENTION

Ventilator-associated pneumonia (VAP) is pneumonia that develops 48 hours or longer after mechanical ventilation is given by means of an endotracheal tube or tracheostomy. Ventilator-associated pneumonia (VAP) results from the invasion of the lower respiratory tract and lung parenchyma by microorganisms. Intubation compromises the integrity of the oropharynx and trachea and allows oral and gastric secretions to enter the lower airways. The ICU has adopted the VAP prevention as one of her key performance indicator since the beginning. The target rate was less then 4% and less then 15per 1000patients. The ICU had an high incidence in July, August, September and October >4%, an improvement plan was implemented; the rates had decreases significantly to zero in November, December.

Team

Dr Wajdy Abi Saleh: Head of division of ICU
 Dr Hassan Makhzoum: Intensivist
 Miss Souhayla Sakaya: Nurse manager ICU
 Miss Amenda Semaan: Infection Control practitioners
 Mostafa Al Mouta, Mohamed Ftouni, Ibrahim Hariri,
 Nabih Chahine, Mary Fahed: Respiratory Therapists
 Wael Tarhini, Lara El Hajj, Malek Shammass, Hiba
 Gailth, Maisa El Kontar, Hala Ghadban, Moh'd El
 Enin, Ahmad Ibrahim, Fadi Hishi, Moh'd Ismail,
 Ahmad J.Dine: ICU team

Distribution of health care associated infections in ICU / month / over 2010-

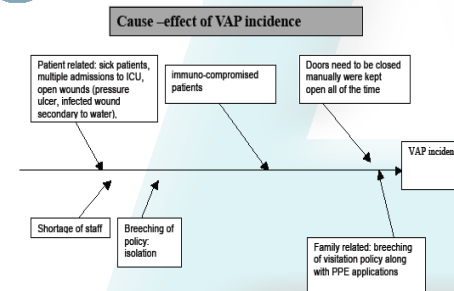
Health-care associated infections / units	Target	Jan-10	Feb-10	March-10	April-10	May-10	June-10	July-10	Aug-10	Sep-10	Oct-10
VAP incidence		0	0	4	0	0	0	4	1	4	4
VAP Health care Associated infection rate	< 4 %	0	0	16.6	0	0	0	18.2	10	25	28.5
VAP per 1000 patient days	< 15 / 1000 patients	0	0	58.8	0	0	0	38.5	20.4	15.6	32.3

The Current Process

Guidelines for the prevention of ventilator-associated pneumonia where implemented:

- 1- Maintain cuff pressure at 20cm H2O
- 2- Maintain Head of bed between 30-45 degrees.
- 3- Proper oral care three times per day and prn
- 4- Initiating Orders for enteral feeding as soon as the patient is stabilized.
- 5- Subglottic suctioning.
- 6- Use the Evac ETT
- 7- Stop using NSS while suctioning.
- 8- Orotracheal intubation preferred over nasotracheal.
- 9- Ventilator circuit not to be changed on the basis of duration use.
- 10- HAND WASHING

Process improvement:



Plan for improvement/ Action Plan:

Action	By Whom	By When	Update
1- assign one to one nursing care for patient on maximum isolation	1- By NM	On daily basis, on going	
2- staff awareness (nurses, physicians, paramedical)			
3- Family awareness and visitors limitations	2- By NM, ICO		
4- Hand Hygiene is to be practiced by all staff and visitors in order to protect patients, personnel and healthcare environment.	3- all ICU staff	On going, each staff meeting	
5-Using proper personal protective equipment while caring for patients especially isolated cases (and changing them between patient contact)	4- ICO, NM		
6-Doors of all rooms (occupied and empty) are to be closed at all times	5- all ICU staff, paramedics, physician, family	On going	
7-Door handles and knobs are to be cleaned several times per da	6,7- all ICU staff		
8-Top surfaces and keyboards are to be cleaned several times per day	8- USM cleaning personnel , to be monitored		
9-deep cleansing, culture of the occupied and unoccupied rooms	9- NM		
10- post posters which alert staff about "VAP" bundles	By NM	End of May 2011	
11- monitor practice of VAP bundles implementation	NM	June 2011	
12- monitor trends, analyse and develop PIP accordingly	ICU staff, NM, ICC,		

Outcome

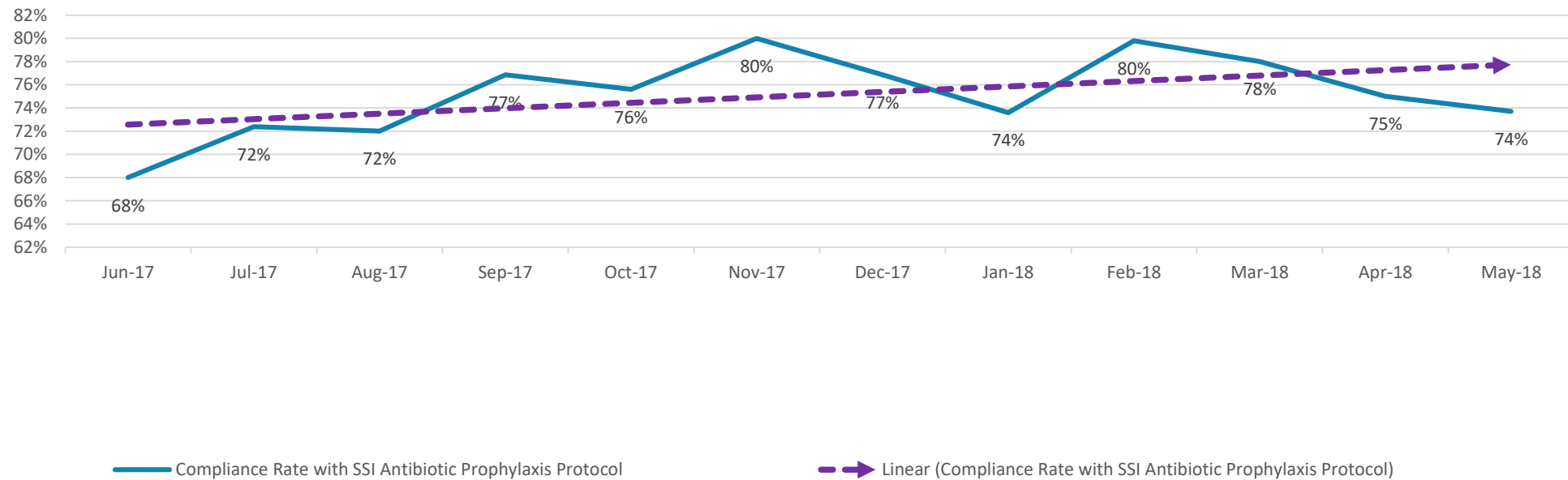
Health-care associated infections / units	Target	Nov10	Dec10	Jan11	Feb11	March11	April11
VAP incidence		0	0	1	0	0	0
VAP Health care Associated infection rate	< 4 %	0	0	10	0	0	0
VAP per 1000 patient days	< 15 / 1000 patients	0	0	15.6	0	0	0



CLEMENCEAU MEDICAL CENTER



Compliance rate with SSI-Antibiotic prophylaxis protocol



First healthcare institution in Lebanon to be a committed partner with the **Patient Safety Movement Foundation in 2018**

Actively involved in research regarding optimizing the detection, active surveillance and measurement of adverse events in healthcare institutions.
Published in Journal of Patient Safety (*Saikali et.al, J Patient Saf, 2017*)

J Patient Saf. 2017 Nov 21. doi: 10.1097/PTS.0000000000000442. [Epub ahead of print]

Evaluation of a Broad-Spectrum Partially Automated Adverse Event Surveillance System: A Potential Tool for Patient Safety Improvement in Hospitals With Limited Resources.

Saikali M, Tanios A, Saab A.

Bellevue Medical Center, Lebanon



BEDSIDE SHIFT REPORT – Safety Accountability and Improved Patient Experience

Joanne Zeino – BSN, DU mental health | NIC, F3 Medical Surgical Unit, Department of Nursing

INTRODUCTION

The bedside shift report is a process of exchanging important patient information, accountability and responsibility between off-going and oncoming nurses in order to ensure safe continuity of care and the delivery of best clinical practices.^{1,2} A face-to-face bedside shift report promotes patient and care partner involvement, and both off-going and oncoming nurses.³

Bedside shift report and patient experience

Literature reviews reveal that studies on the implementation of bedside shift report can improve the patient experience and satisfaction with nurse clinical communication.⁴

Benefits of bedside shift report

- Increased patient involvement & understanding of care.
- Decreased patient and family anxiety.
- Decreased feelings of "abandonment" at shift changes.
- Increased accountability of nurses.
- Increased teamwork and relationships among nurses.
- Decreased potential for mistakes.⁵

Bellevue Medical Center is an Equal Opportunity Employer. We are committed to providing a safe and healthy work environment for all employees. We are also committed to providing a safe and healthy work environment for all patients. We are committed to providing a safe and healthy work environment for all visitors. We are committed to providing a safe and healthy work environment for all community members.



AIMS AND OBJECTIVES

The implementation of a new bedside shift process in the F3 Medical Surgical unit was faced with resistance bordering on defiance. A survey on nurse compliance with, and completeness of bedside shift reporting pointed out to a number of areas for improvement.

The aim of this project was:

- To promote staff ownership of the new process
- To decrease resistance
- To promote compliance with the handover guidelines.
- To investigate methods to facilitate the adoption, and proper implementation of the bedside shift reporting process in the F3 medical surgical unit.

In order to reach this goal, FOCUS' PDCA project was initiated.

*Acronym for Plan (a process to improve)- Organize (a team)- Clarify (current knowledge of the process)- Understand (the source of process variation)- Select (improvement actions)

METHODOLOGY

FOCUS PDCA is a quality improvement model

Find an opportunity to improve. Compliance review was conducted between May and July 2019 with 12 handover instances against preset criteria based on the bedside handover policy. Handover between off-going and oncoming RNs (Registered Nurses) was observed during handover of the morning shift. The average compliance with the process was 82%.



Chart 1: Average compliance with bedside shift report process during May, June and July 2019

Organize a team: NIC, NCM, CO, and all the F3 medical surgical unit were involved in the improvement project

Clarify current process:

1. Off-going and oncoming RNs enter patient room, introduce themselves to patient and care partner(s).
2. Off-going RN updates patient with their current clinical status.
3. Communication board is updated by the oncoming RN but not explained to the patient.
4. RN informs the patient about Plan of care/planned procedures.
5. RN informs patient about the hourly round. END.

Understand the source of process variation:

Team identified possible reasons through brain storming which were plotted on a cause and effect diagram.



Select improvement actions:

Solution selection matrix was used to rank problems and remedial solutions based on the 20/80 Pareto rule. The following criteria were used to select the improvement actions:

- Cost effectiveness
- Staff acceptance
- Leadership support
- Time efficiency
- Practicality

Plan:

An action was drafted, specifying areas for improvement, improvement actions, responsibilities, and completion time frames.

Do:

- Planned solutions were implemented over a period of one month as of August 2019, these are:
- Meeting with staff to assess needs and concerns.
- Video tutorial was prepared and all staff were educated on proper way to conduct bedside shift handover.
- Develop scenario for off-going and oncoming RN handover.
- Dissemination to all staff.
- Compliance monitoring.

Check (RESULTS)

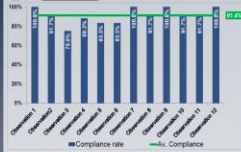


Chart 2: Handover compliance with bedside shift report compliance

Observed improvement:

- Compliance with process increased to **91.4%**
- Staff perception of bedside shift handover was increased as evidenced by staff interviews.
- Patient satisfaction with nursing communication is **74% positive**.
- Off-going RN checkout time is earlier than before the improvement implementation.

Act: (Maintain the gain)

- Ongoing education and staff support.
- Plan to include scenario video in orientation program.
- Ongoing regular compliance review.
- Coaching noncompliant staff.



DISCUSSION AND CHALLENGES

Our findings on the nursing bedside shift report suggest that staff non-compliance is founded on misconceptions of the new practice. We were able to surmount resistance and improve compliance by involving staff in the development of tools and educational materials. In our mock handover exercises, we asked patients to contribute suggestions and ideas, this provided the team with a new perspective by putting the patient at the center of the project. Our follow-up rounds demonstrated increased patient involvement and satisfaction with nursing clinical communication and care. One limitation of this poster was not being able to showcase data and graphics pertaining to patient perception as the data collection is still ongoing.



CONCLUSIONS AND LESSONS LEARNED

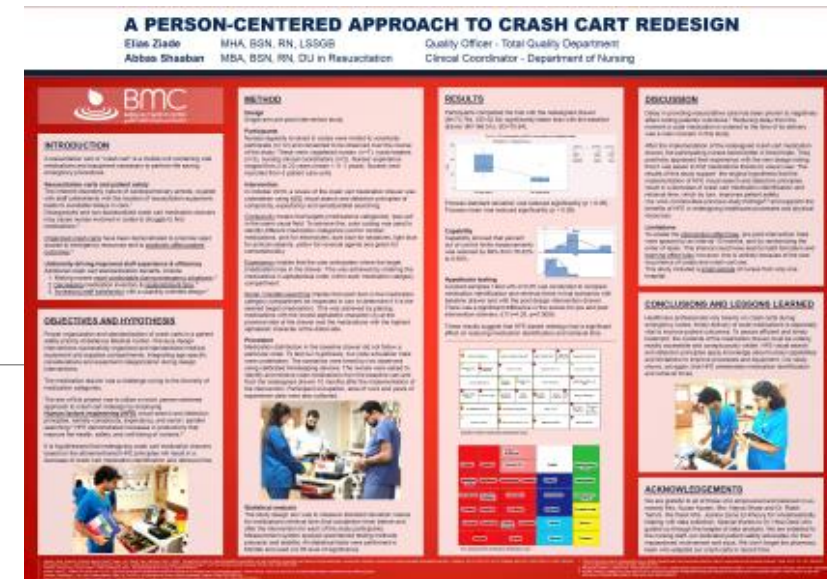
Our findings support and corroborate existing research on the topic nursing bedside shift report benefits. The project positively impacted both patients and nursing staff but also helped improve patient safety by involving patients, making sure information is not lost during care transition thus allowing for better care continuity. We learned that a broad team that includes not only front-liners but also patients and their care partners favors positive care, communication, safety and satisfaction outcomes.

ACKNOWLEDGEMENTS

We would like to thank Mrs. Najwa Shaar, Ms. Wadiane Saoud, Mrs. Faten Badran, and Mr. Elias Ziadé for their dedication to improving patient experience. A big thanks to all the F3 unit team members, our silent heroes and prized champions. We love you all.

1. Implementation of Patient safety Walk rounds as per IHI recommendations
2. Implementation of Bedside Shift report to improve handover communication and reduce communication errors.

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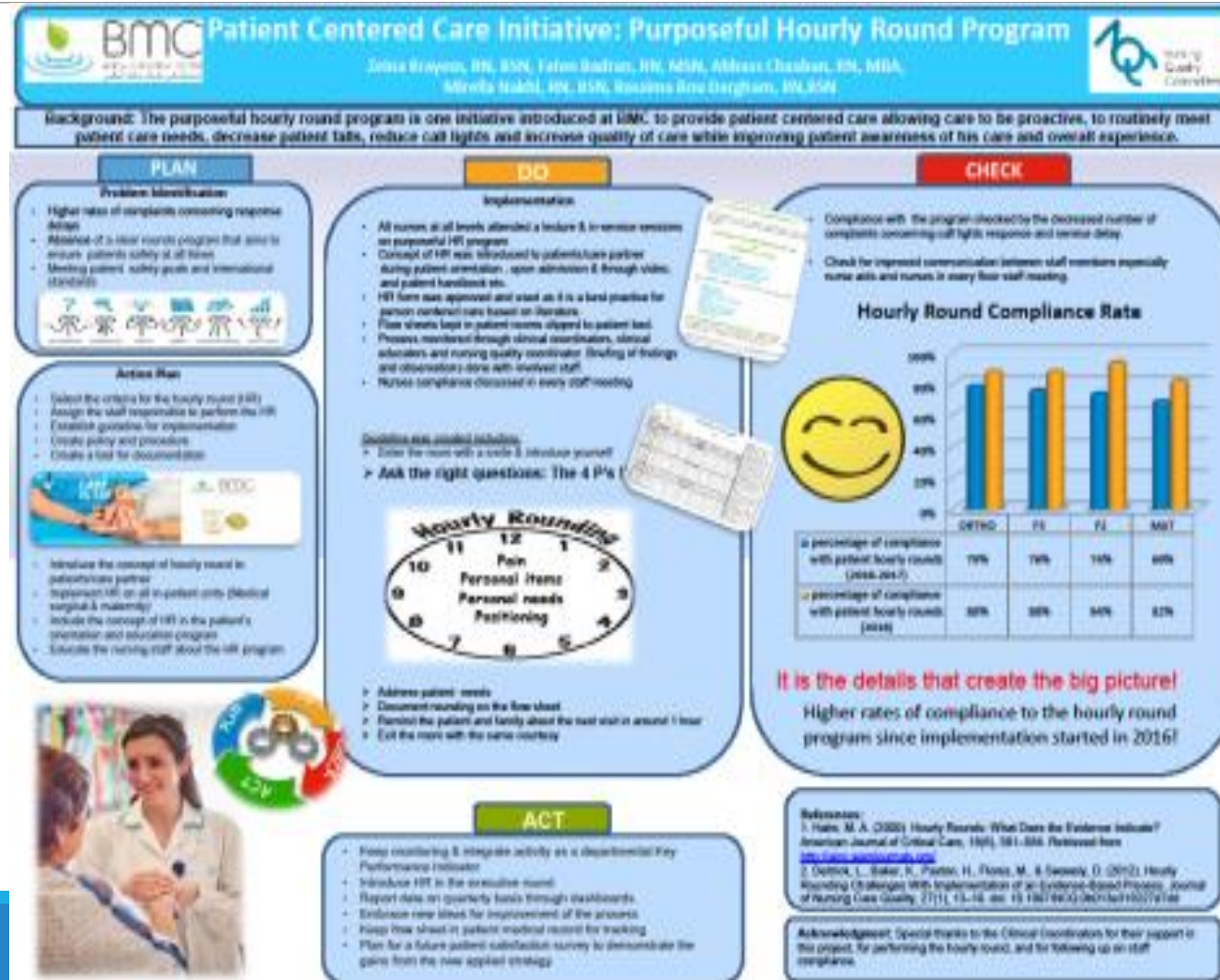
3. Crash cart redesign with pre-post intervention study through the implementation of **Human factors engineering (HFE)** ameliorating medication identification and retrieval times

4. Revision of Communication Boards to improve compliance with skin integrity, engaging patients and their families in their care and encouraging them to speak up.

5. Decreasing patient falls through implementation of several interventions such as revision of assessment forms, staff and patient education, physical adjustment of side rails,

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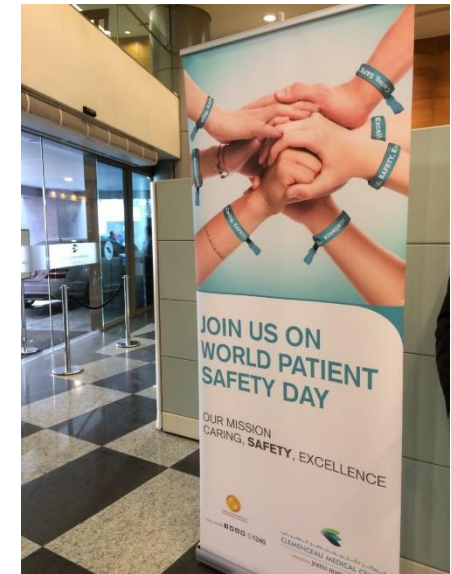
6. Implementation of Patient Hourly Rounds process



Celebrating Patient Safety Day



ارفعوا صوتكم
من أجل سلامة المرضى!
لا ينبغي بأي حال أن يُصاب أحد بأذى
في مجال الرعاية الصحية



The Future: Integrated approach to patient safety

- ❖ **Prioritizing the goals** and making use of the resources available
- ❖ Continuous **learning, mindfulness** and **accountability**
- ❖ Putting more **emphasis on safety** over productivity and increased **standardization** along with the creation of a learning organization
- ❖ **Political support** and commitment
- ❖ Comprehensive, effective **national program** for patient safety improvement at the top level which sets national regulations, guidelines, policies, strategies and specific rules.⁶

Integrated approach to patient safety

- ❖ A regulatory body at the national or regional level with strong enforcement activities and associated standards of performance.
- ❖ Integrating patient safety and quality into the medical and nursing curriculum to raise awareness and improve the skills and competencies of the health workforce.
- ❖ Strong patient safety leadership that encourages meaningful and sustained change towards improving the quality and safety of care
- ❖ Research resources for addressing patient safety problems⁶

IHI Framework : March 2017

Public Health Framework for the Prevention of Harm in Health Care



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**THANK
YOU!**

A thick, horizontal orange brushstroke underline beneath the word "YOU!".