AUSTRALIAN INSTITUTE OF HEALTH INNOVATION
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I Congresso da Sociedade Brasileira para a Qualidade do Cuidado e Segurança do Paciente-SOBRASP
Segurança do Paciente como direito: reduzir riscos com a contribuição de todos

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Security/Science Improvement Challenges for Research and Graduate Programs: Global overview of patient safety research

June 7, 2019

Congress of Brazilian Society for Quality of Care and Patient Safety, Rio de Janeiro, Brazil

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FIML, FCHSM, FFPHRCP, FAcSS, Hon FRACMA, FAHMS
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Australian Institute of Health Innovation
Director
Centre for Healthcare Resilience and Implementation Science
President Elect
International Society for Quality in Health Care (ISQua)


ISQua
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ISQua

International Society for Quality in Health Care

ISQua MEMBERSHIP

Join Our Global Members Network and Actively Improve Health Care Safety & Quality For All

ISQua's Annual Conferences

Why Get Involved?

Scientific Programme

ISQua
International Society for Quality in Health Care

25 hours of networking

6 keynote addresses

Over **70** countries

3 major social events

1,500 DELEGATES

More than **250** presentations

Direct access to **international key decision makers**

400 POSTERS

Over **100** expert speakers

Delegates Around the World

Job Titles

- Chief Executive
- Medical Director
- Risk Manager
- Vice President
- Consultant
- Chief Financial Officer
- Patient Care Director
- Researcher
- Quality Management
- Allied Health Professional
- Nurse Practitioner
- Doctor/ Physician

Senior Healthcare Professionals	30%
Clinical and Para Medical	56%
Others (Policy Makers and Patients)	3%
Academics	11%

Latin American & Caribbean Community of Practice

- Run in association with el Consorcio Latinoamericano de Calidad y Seguridad en Salud (CLICSS)/Latin American Consortium for Health Quality and Safety.
- Monthly online meetings
- Valuable networking possibilities
- Facilitated by the Collaborative Forum on Health Quality and Safety (ForoCS), the Organization for Health Excellence (OES) and the Institute for Clinical Effectiveness and Health Policy (IECS)

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Australian Institute of Health Innovation

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Our mission is ***to enhance local, institutional and international health system decision-making through evidence****; and* ***use systems sciences and translational approaches to provide innovative, evidence-based solutions*** *to specified health care delivery problems.*

www.aihi.mq.edu.au

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PIONEERING | STRATEGIC | IMPACT

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- Professor Jeffrey Braithwaite

Founding Director, AIHI; Director, Centre for Healthcare Resilience and Implementation Science

- Professor Enrico Coiera

Director, Centre for Health Informatics

- Professor Johanna Westbrook

Director, Centre for Health Systems and Safety Research

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Part 1: Safety-I and Safety-II

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Safety in Patient Care

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"After decades of improving the health care system, patients still receive care that is highly variable, frequently inappropriate, and too often, unsafe."[1]

[1]Runciman WB, Hunt TD, Hannaford NA, Hibbert PD, Westbrook JI, Coiera EW, Day RO, Hindmarsh DM, McGlynn EA, Braithwaite J (2012) CareTrack: assessing the appropriateness of health care delivery in Australia. *Medical Journal of Australia,* 197:549.

Did you know?

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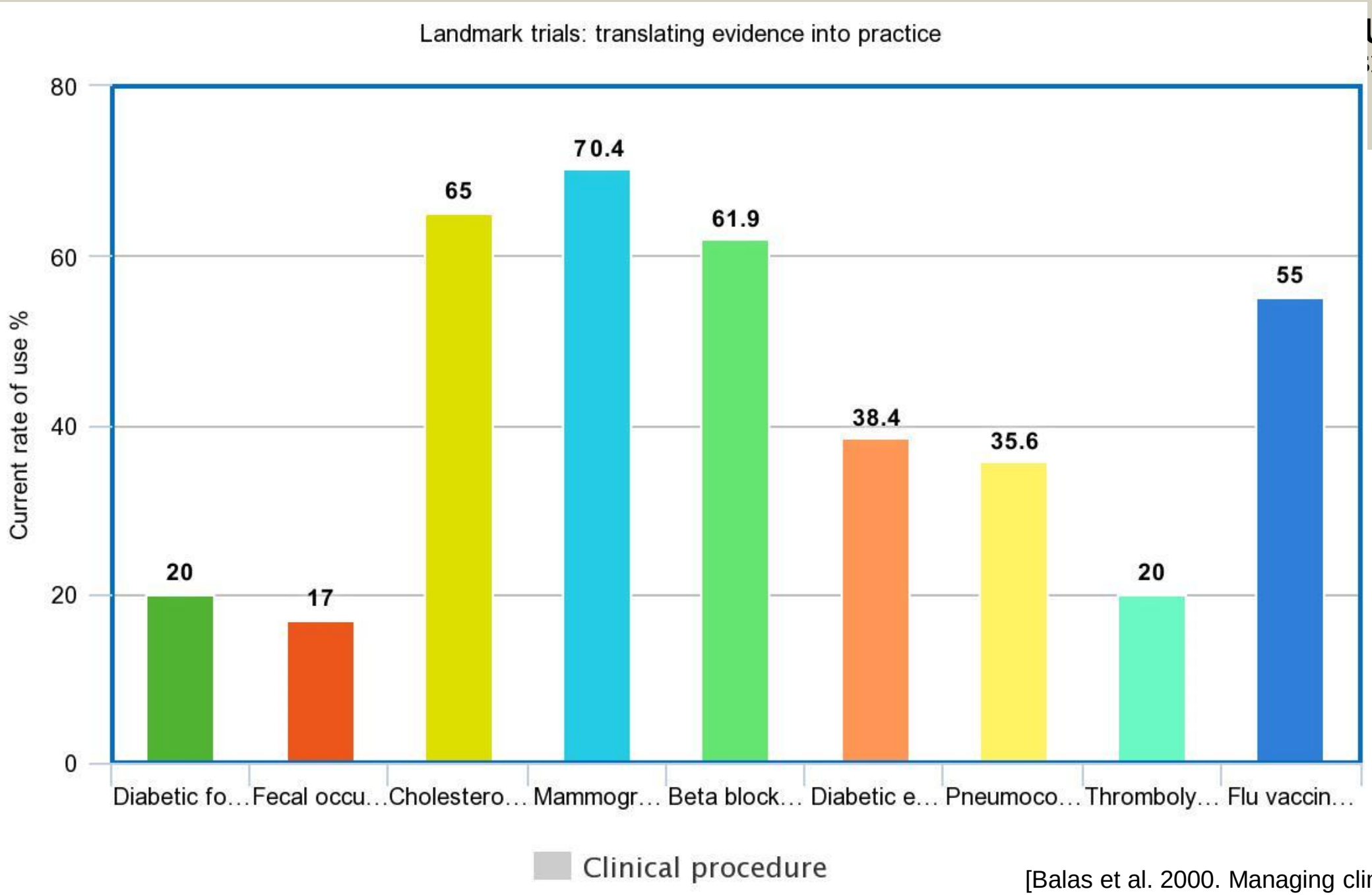
It takes an estimated average of 17 years for only 14% of new scientific discoveries to enter day-to-day clinical practice

[Balas et al. 2000. Managing clinical knowledge]

Clinical procedure	Year of landmark trial	Current rate of use
Flu vaccination	1968	55%
Thrombolytic therapy	1971	20%
Pneumococcal vaccination	1977	35.6%
Diabetic eye exam	1981	38.4%
Beta blockers after MI	1982	61.9%
Mammography	1982	70.4%
Cholesterol screening	1984	65%
Fecal occult blood test	1986	17%
Diabetic foot care	1993	20%

[Balas et al. 2000. Managing clinical knowledge]



[Balas et al. 2000. Managing clinical knowledge]

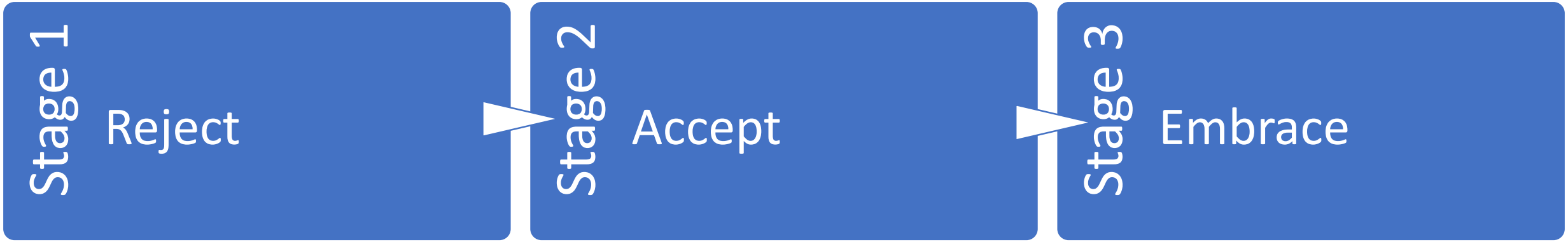
Patient safety economics

- Patient safety is a critical policy issue and active engagement with stakeholders is essential.
- **The cost to patients, healthcare systems and societies is considerable.**
- Greater investment in prevention is justified and solid foundations for patient safety need to be in place.

Patient safety research

- Highlighted errors in both commission (e.g., medication errors) and omission (e.g. failure to provide recommended care).

- The medical profession has been a key influence in shaping research and policy in relation to patient harm and the patient safety agenda.



OECD “best buys”

- VTE prevention strategies
- Infection control interventions (protocols to improve safety of central line catheters, urinary catheters and managing ventilated patients)
- Procedural checklists
- Medication management and reconciliation (across settings)
- Pressure injury prevention protocols
- Patient hydration and nutrition standards.

[Slawomirski, Auraaen and Klazinga 2017]

Cost-effective gains in patient safety

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- Decreased catheter-related blood stream infections.
- Lower mortality and morbidity attributed to the use of checklists in operating theatres.
- Widespread adoption of Medical Emergency Teams and Rapid Response Systems to deal with deteriorating patients.

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[Pronovost et al, 2006; Haynes et al, 2009; Hillman et al, 2017]

But, the puzzle remains

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Studies have confirmed there has been little measurable, *systems-level* improvement in overall rates of preventable harm.

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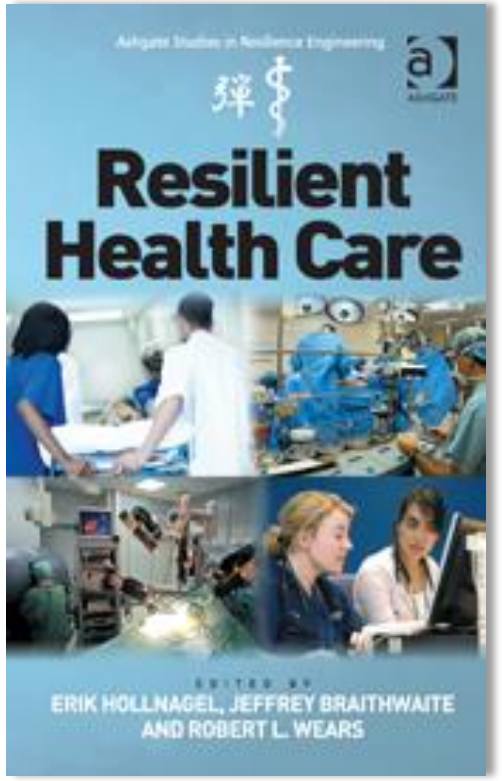
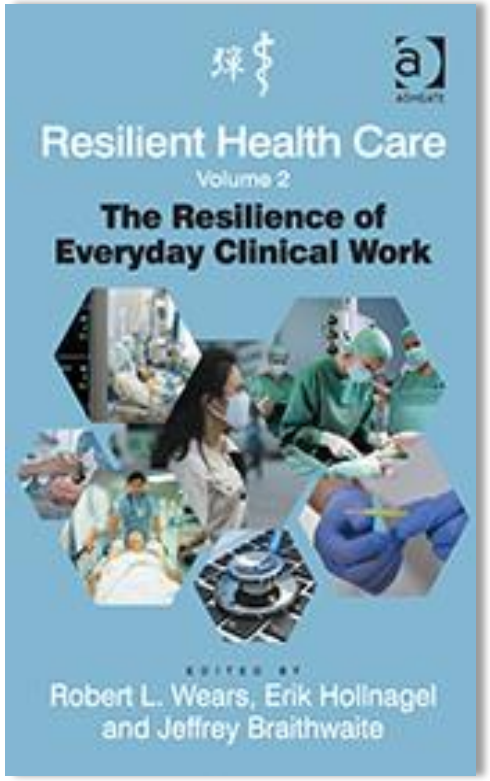
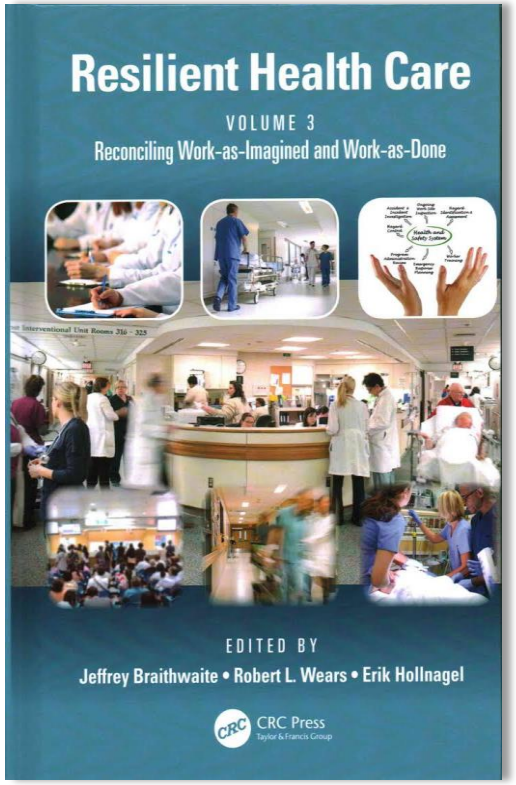
So we needed new ideas and innovations in thinking about patient safety

Safety-I and Safety-II







Safety-I and Safety-II

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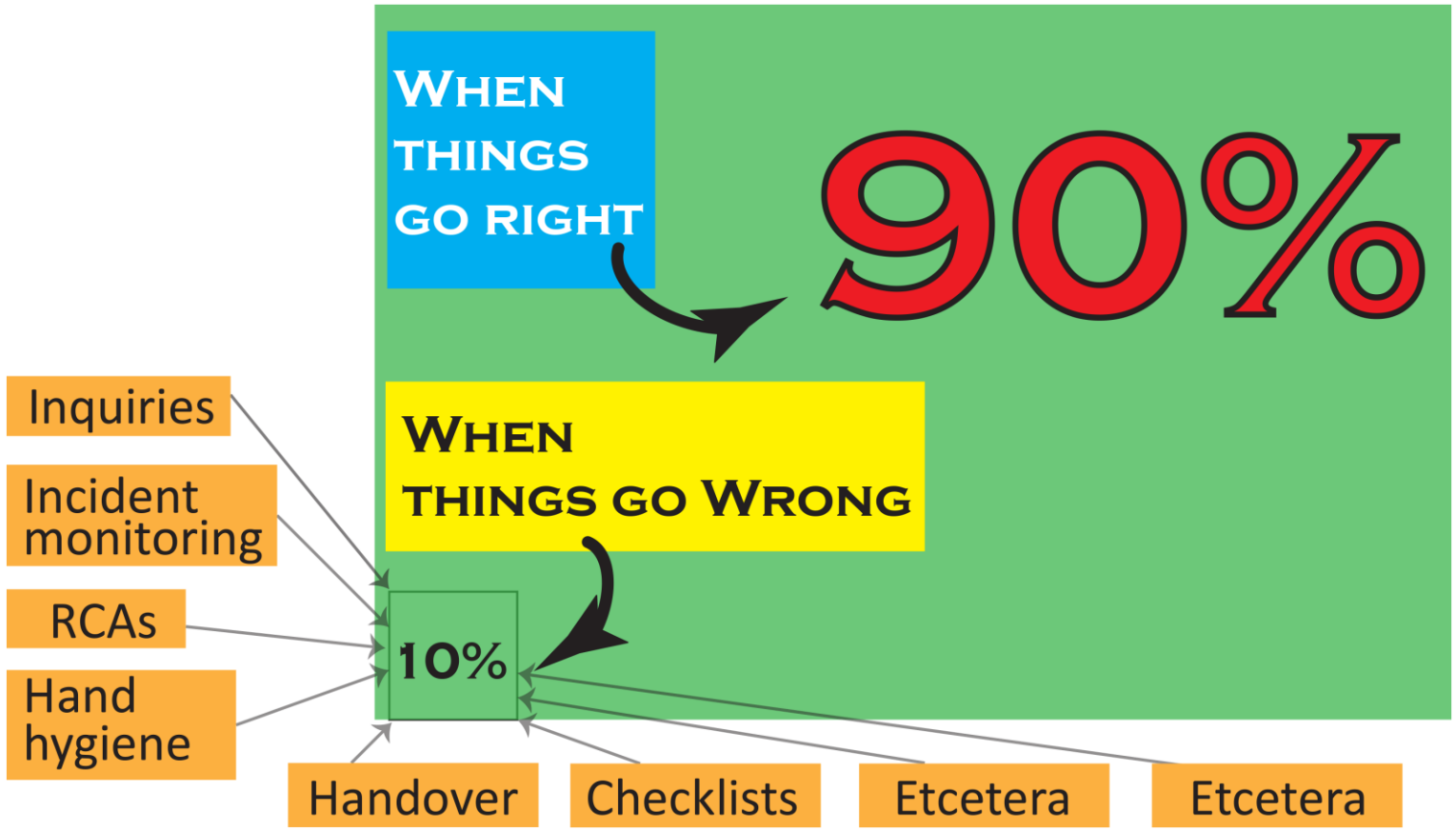
The amazing thing about health care isn't that it produces adverse events in 10% of all cases, but that it produces safe care in 90% of cases



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Safety-I – where the number of adverse outcomes is as low as possible

Trying to make sure things don't go wrong

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Safety-II – where the number of acceptable outcomes is as high as possible

Trying to make sure things go right

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Few people have ever looked at *why things go right so often*

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So:

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Can we shift the emphasis to a more positive approach?

To make sure things will go right more often?

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Part 2: Case studies of success from around the world

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THE FIRST GLOBAL PATIENT SAFETY CHALLENGE

SESSION A11: LEARNING FROM LARGE-SCALE SYSTEMS TRANSFORMATION

Sir Liam Donaldson
WHO Patient Safety Envoy

Saudi Arabia

Kenya

France

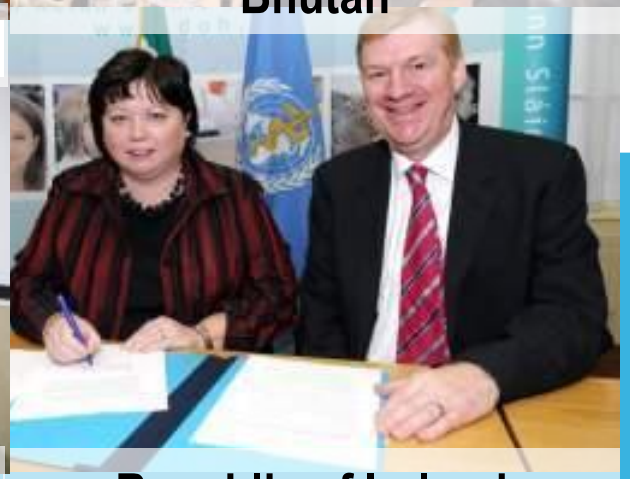
Bangladesh

USA

Bhutan

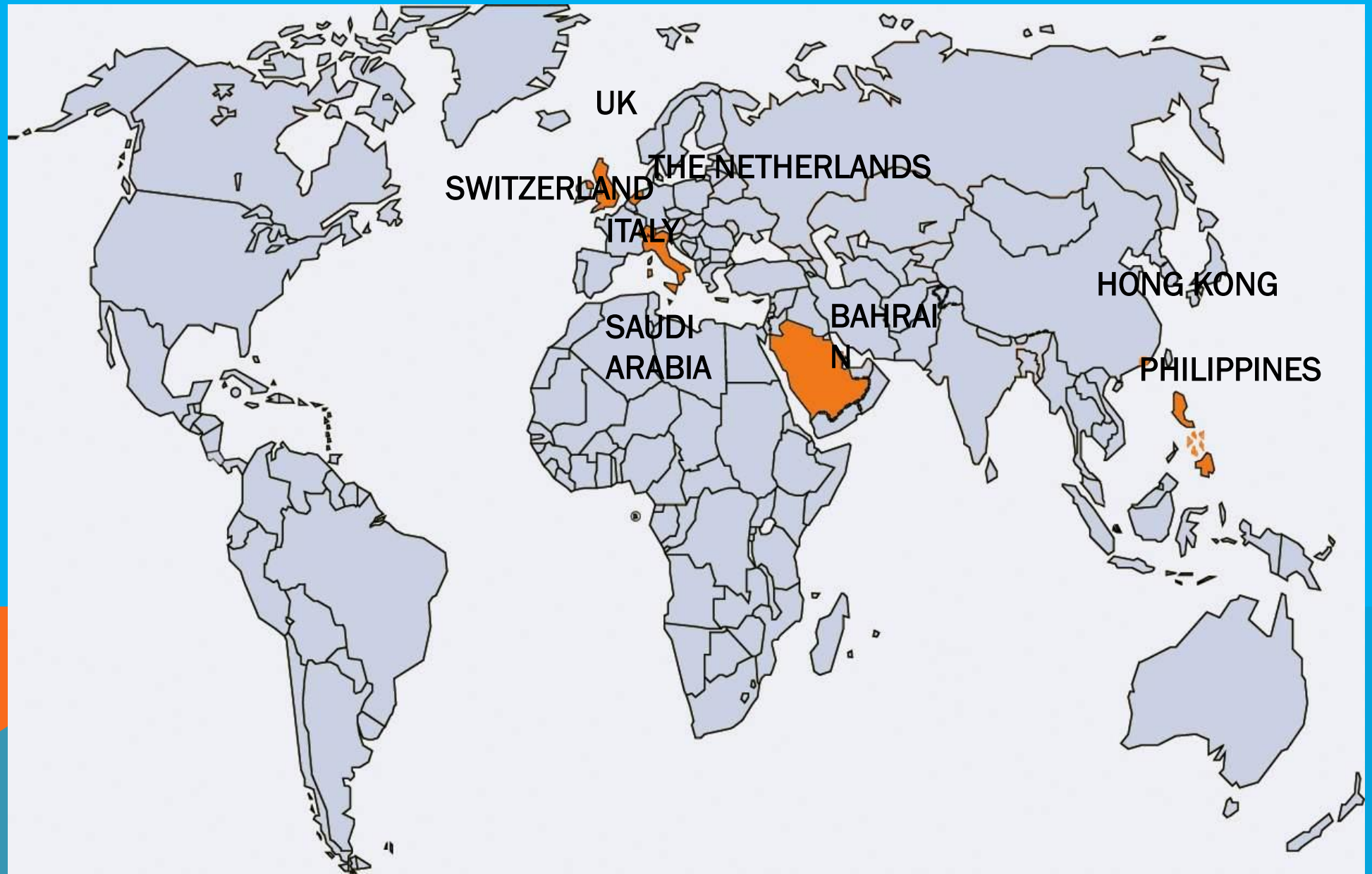
Northern Ireland

Russia

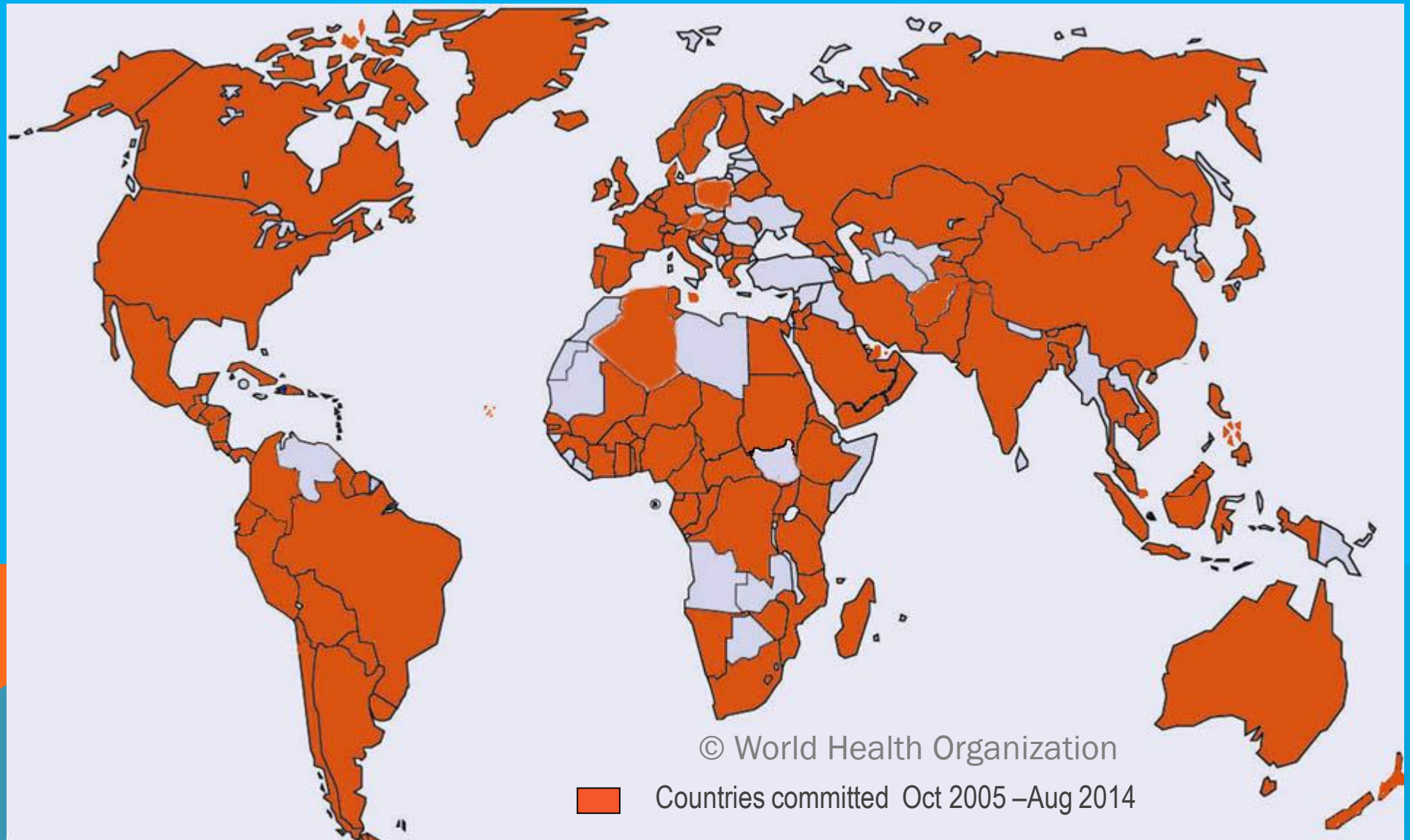


Republic of Ireland

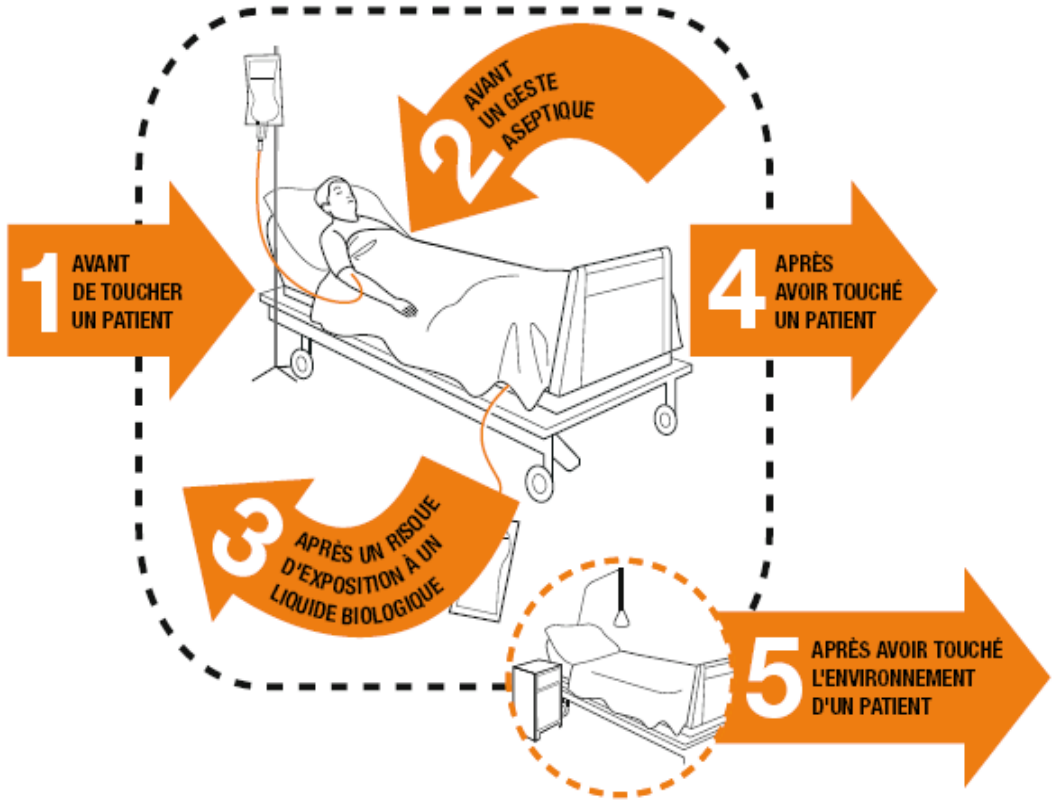
GLOBAL CHALLENGE: COVERAGE IN 2005



GLOBAL CHALLENGE: COVERAGE IN 2014



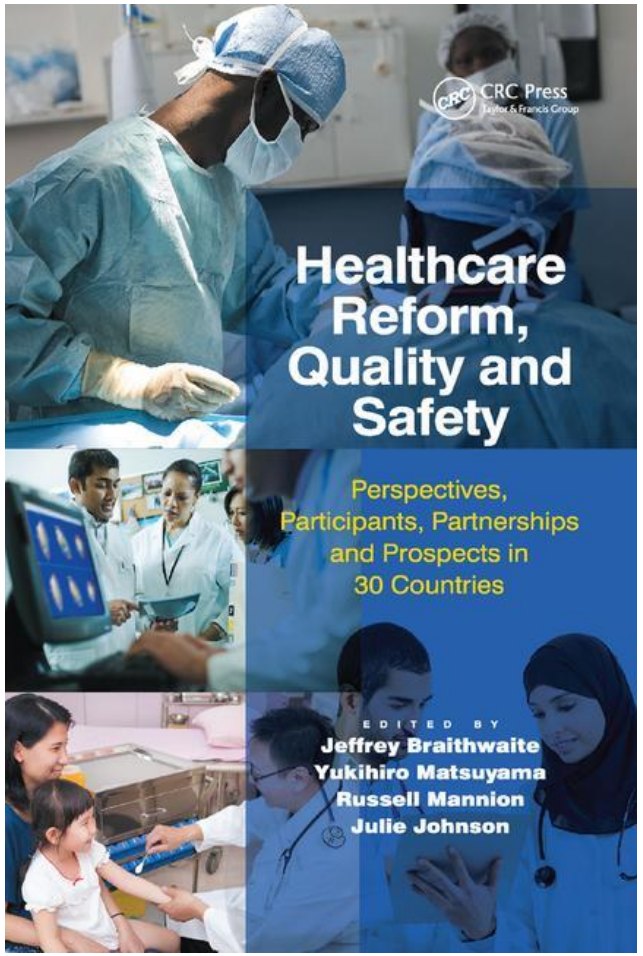
STANDARDISING PRACTICE

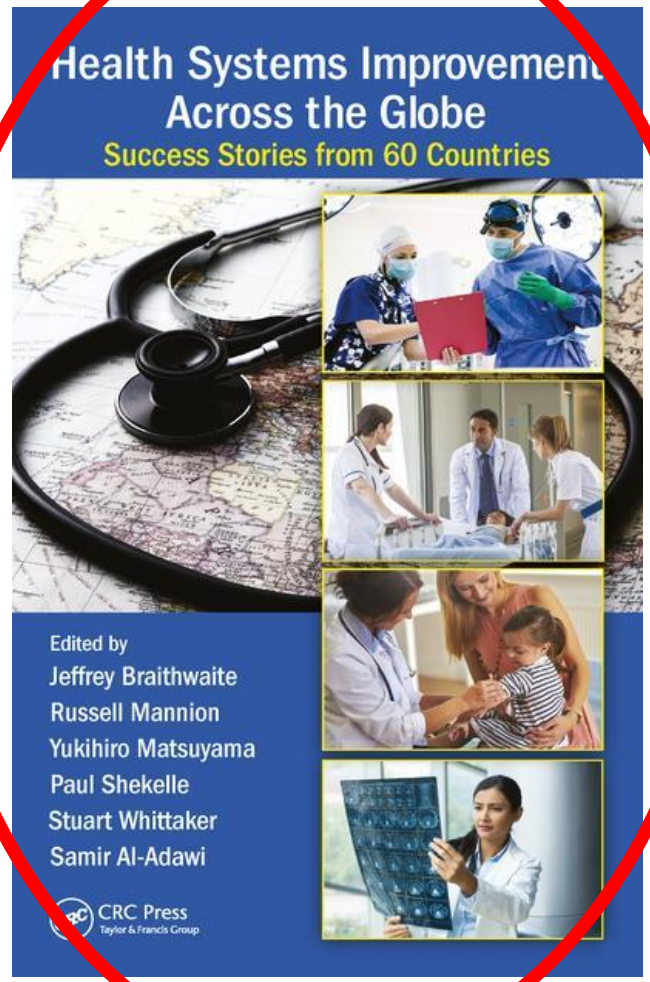


SEVEN LESSONS LEARNED

1. Igniting passion
2. Forming an expert community
3. Identifying a flagship element
4. Harnessing the power of a signature
5. Inspiring leadership
6. Establishing a practice model
7. Opening a club everyone wants to join

A series on international health reform





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Contributors

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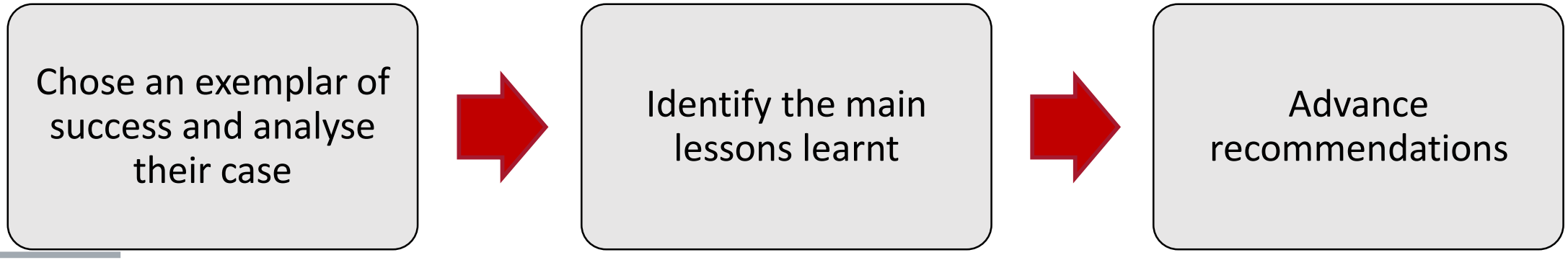
- 161 contributing authors from over 60 countries
- Five low-income, 22 middle-income, 35 high-income healthcare systems, covering two-thirds of the world's 7.4 billion people
- The authors' tasks were to:



The Americas

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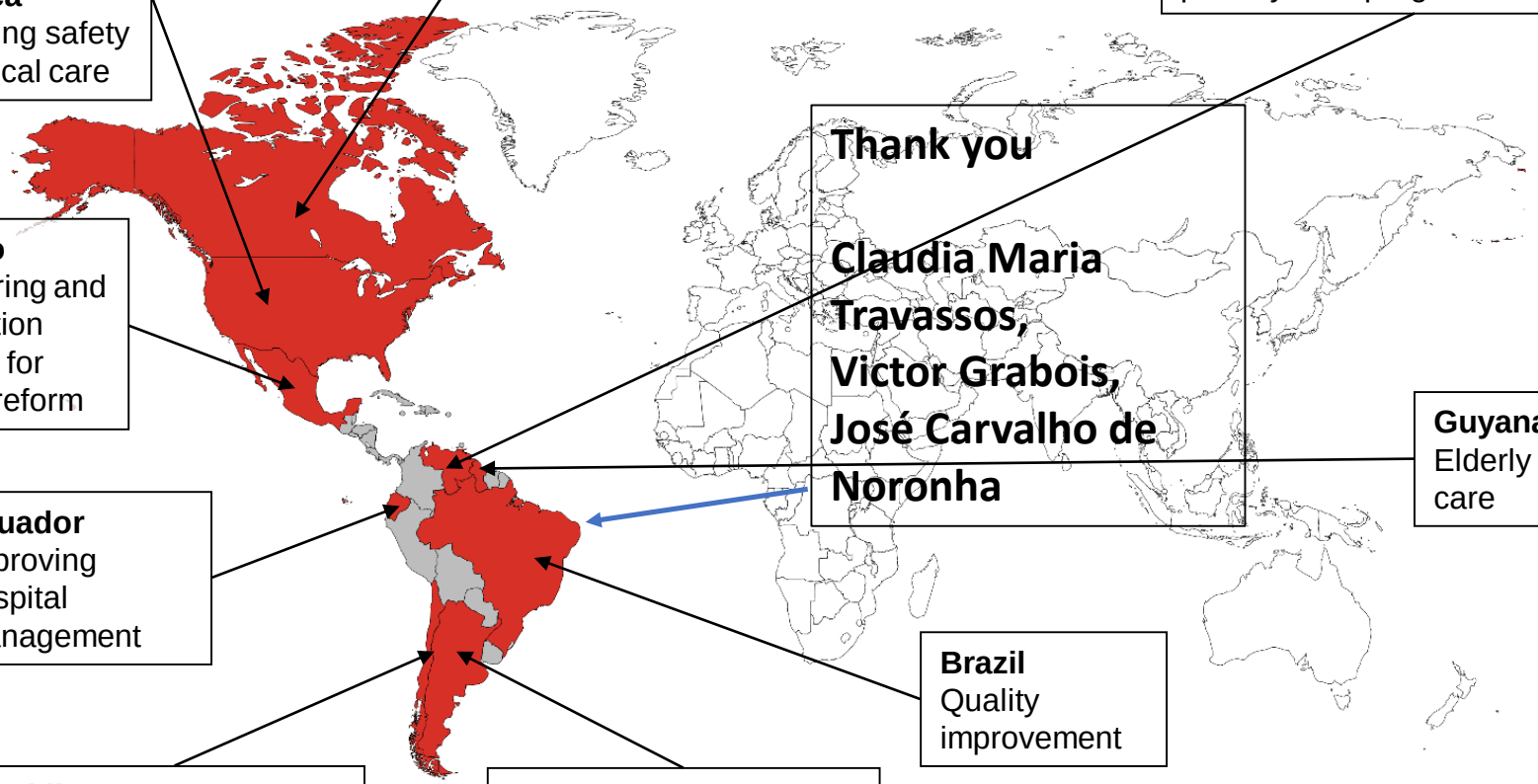
The United States of America
Improving safety in surgical care

Canada
Improving stroke outcomes through accreditation

Venezuela
Mision Barrio Adentro ("Inside the Ghetto Mission") national primary care program



Mexico
Monitoring and evaluation system for health reform

Guyana
Elderly patient care

Ecuador
Improving hospital management

Brazil
Quality improvement

Chile
Creating symbolic capital and institutional motivation for success

Argentina
Government legislation and non-government initiatives

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Europe

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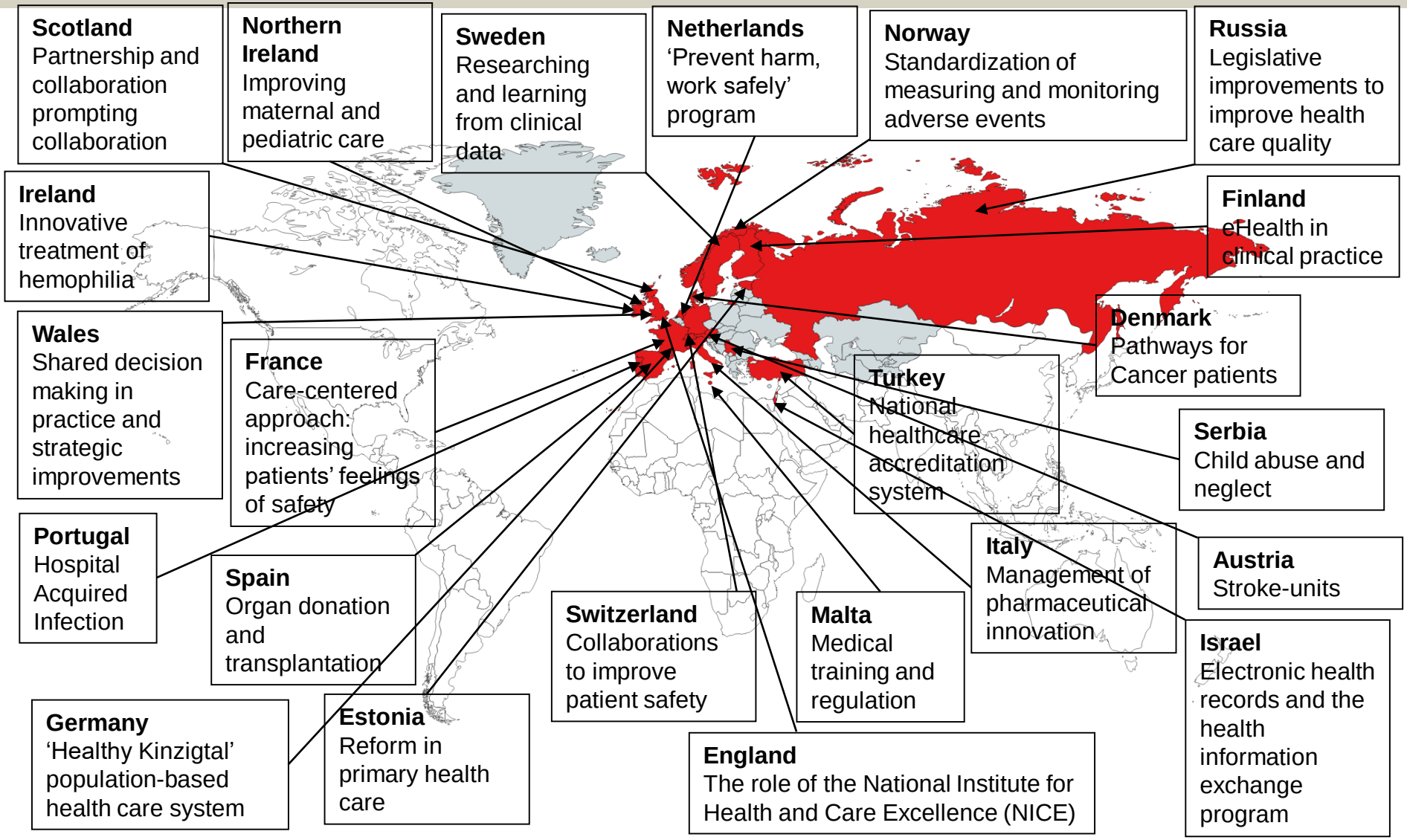
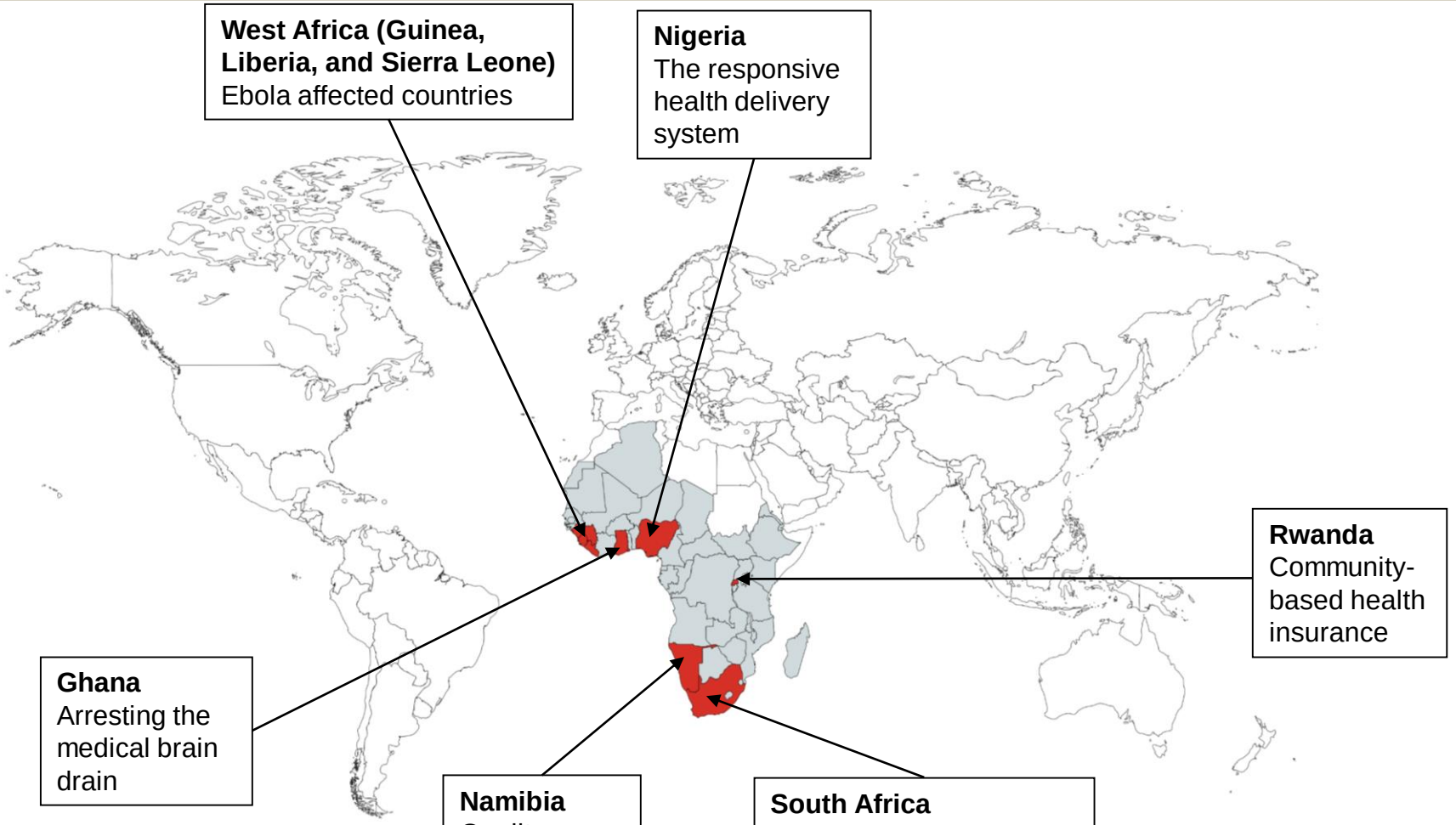


Africa


West Africa (Guinea, Liberia, and Sierra Leone)
Ebola affected countries
Nigeria
The responsive health delivery system
Rwanda
Community-based health insurance
Ghana
Arresting the medical brain drain
Namibia
Quality management model
South Africa
Regulation of healthcare establishments via a juristic body

Eastern Mediterranean

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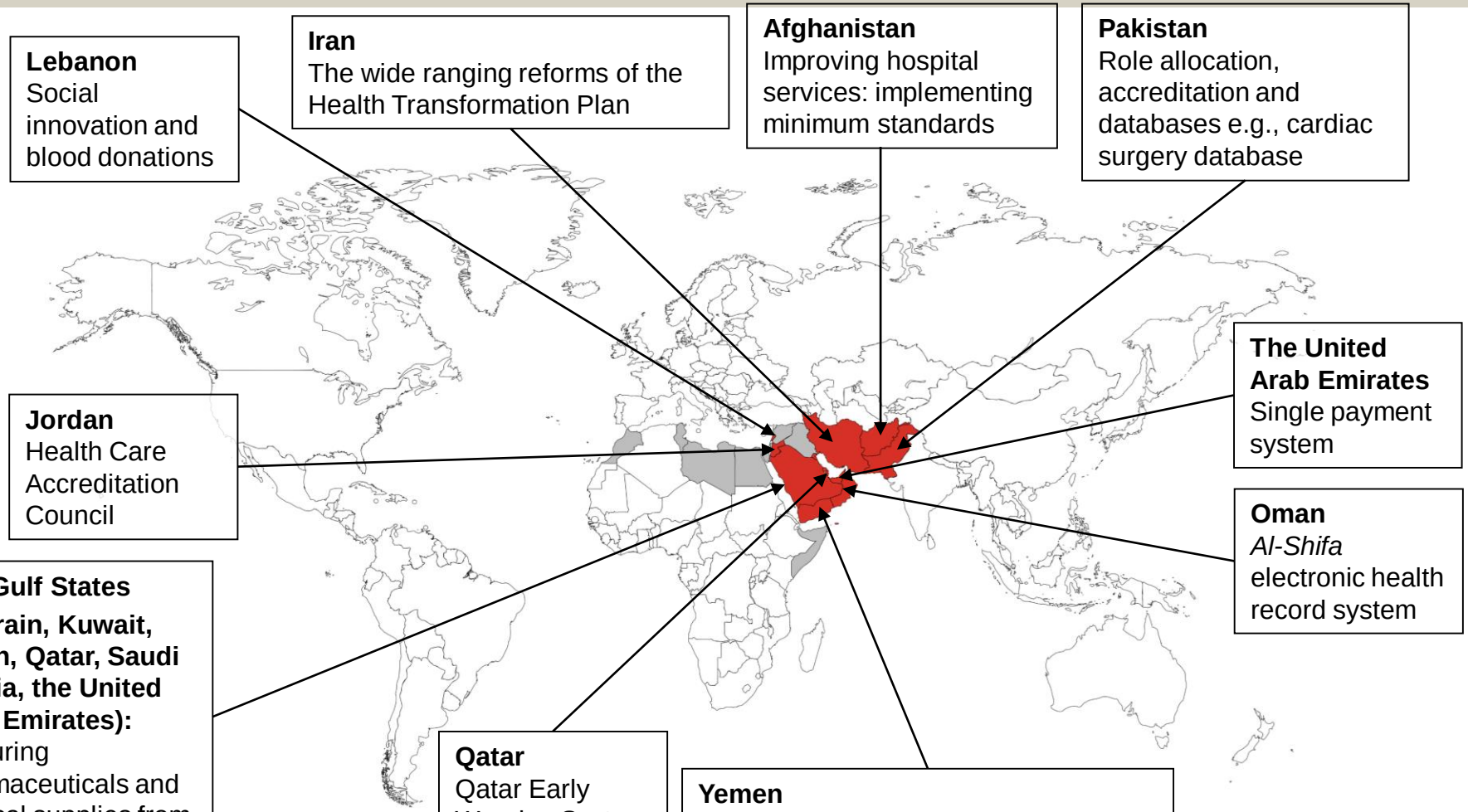

Lebanon
Social innovation and blood donations

Iran
The wide ranging reforms of the Health Transformation Plan

Afghanistan
Improving hospital services: implementing minimum standards

Pakistan
Role allocation, accreditation and databases e.g., cardiac surgery database

Jordan
Health Care Accreditation Council

The United Arab Emirates
Single payment system

Oman
Al-Shifa electronic health record system

The Gulf States (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, the United Arab Emirates):
Procuring pharmaceuticals and medical supplies from GCC countries

Qatar
Qatar Early Warning System (QEWS) for deteriorating patients

Yemen
Improvement of basic health services in Yemen: a successful donor-driven improvement initiative

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South-East Asia and the Western Pacific

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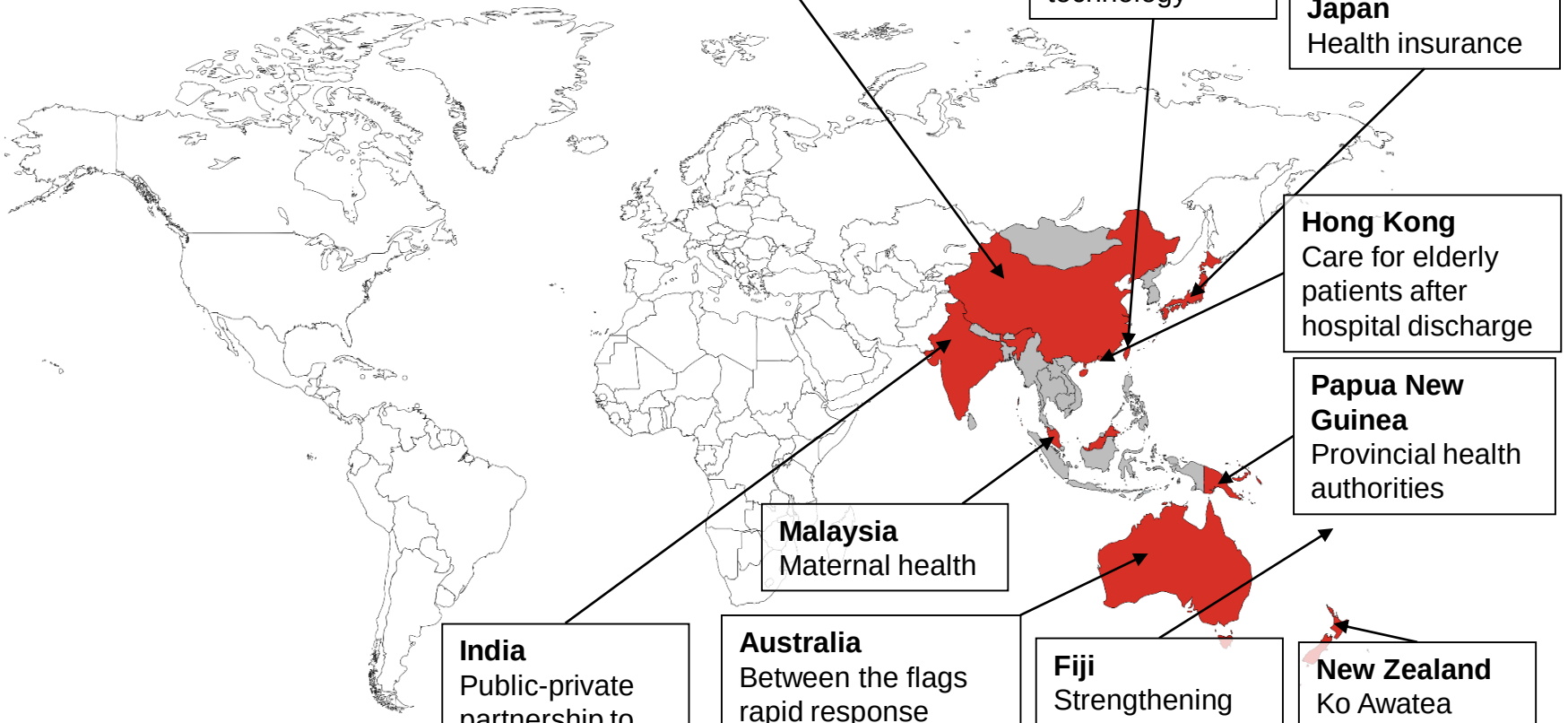

China
Self-service in tertiary hospitals

Taiwan
Improvements in information technology

Japan
Health insurance

Hong Kong
Care for elderly patients after hospital discharge

Papua New Guinea
Provincial health authorities

Malaysia
Maternal health

India
Public-private partnership to increase safety and affordability of care

Australia
Between the flags rapid response system in emergency departments

Fiji
Strengthening primary care

New Zealand
Ko Awatea Organization for innovation and quality improvement

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International Recipe for Success: Nine Themes

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Nine themes

1. Improving policy, coverage and governance
2. Enhancing the quality of care
3. Keeping patients safe
4. Regulating standards and accreditation
5. Organising care at the macro-level

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[Source: Braithwaite et al. (eds) (2017) Health Systems Improvement Across the Globe: Success Stories from 60 Countries. Boca Raton, Florida, CRC Press. ISBN: 978-1472-4820-4.]

Nine themes

6. Organising care at the meso- and micro-level
7. Developing workforces and resources
8. Harnessing technology and IT
9. Making collaboratives and partnerships work

[Source: Braithwaite et al. (eds) (2017) Health Systems Improvement Across the Globe: Success Stories from 60 Countries. Boca Raton, Florida, CRC Press. ISBN: 978-1472-4820-4.]

Key messages

- Positive deviance approach: what goes right
- All countries provided a success story, regardless of wealth, political structure, and available resources

Learning across boundaries and borders

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- **Learning across geographical borders:**
  Close neighbours and other countries
- **Learning across professional roles:**
  Many stakeholders
- **Learning across disciplines:**
  Aged, acute, community care

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A series on international health reform

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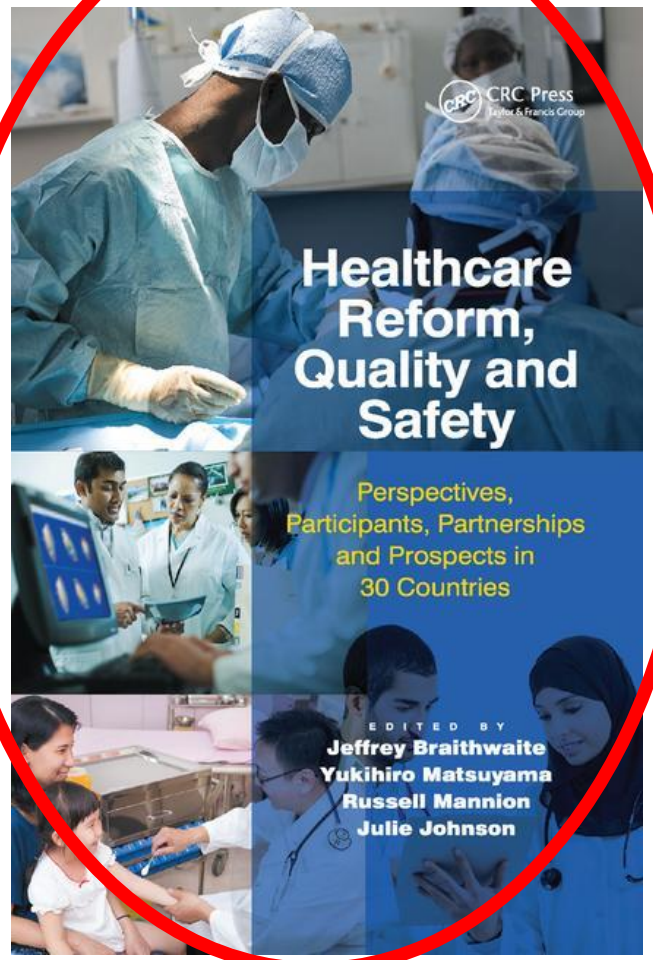
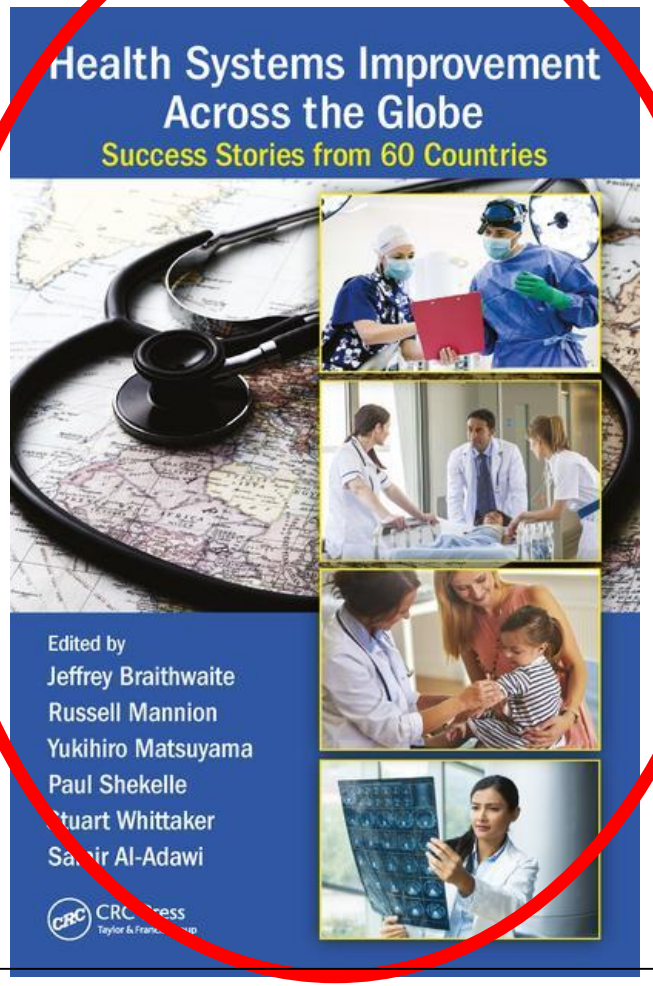
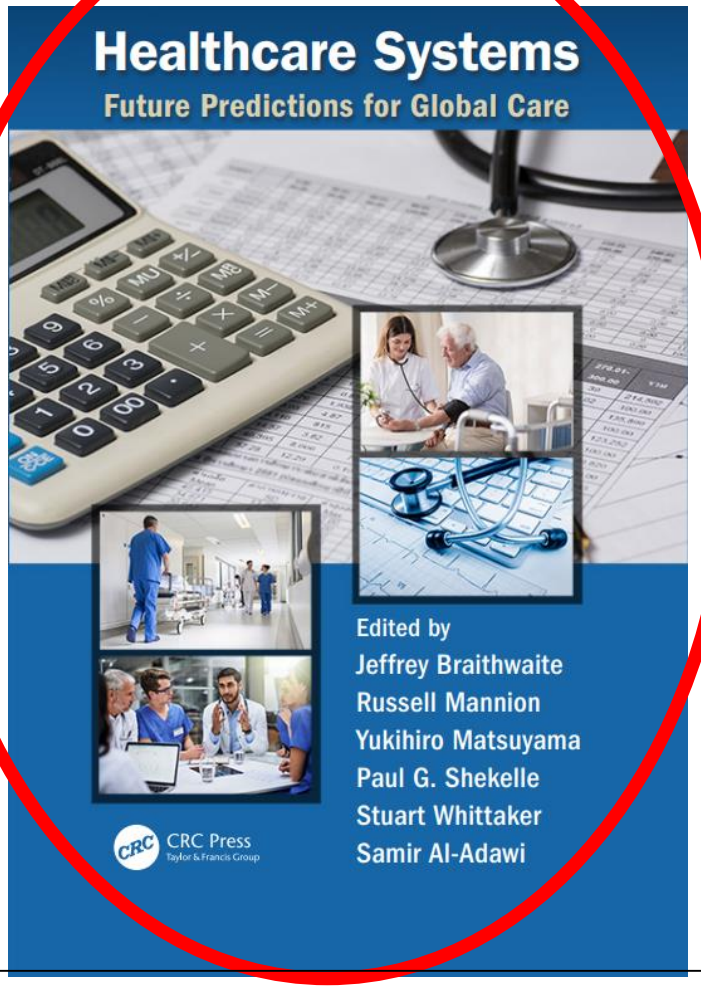


Book 1: José Carvalho de Noronha, Victor Grabois, Adelia Quadros Farias Gomes



Book 2: Claudia Maria Travassos, Victor Grabois, José Carvalho de Noronha



Book 3: Walter Mendes, Ana Luiza Pavão, Victor Grabois, Margareth Crisóstomo Portela

Brilliant Brazilian contributors: thank you

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Book 2: Claudia Maria Travassos, Victor Grabois, José Carvalho de Noronha

Book 3: Walter Mendes, Ana Luiza Pavão, Victor Grabois, Margareth Crisóstomo Portela

Discussion: comments, questions, observations?

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Dr Jim Smith

CareTrack Aged / Patient Safety
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Zeyad Mahmoud
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Renuka Chittajallu

Recently published books

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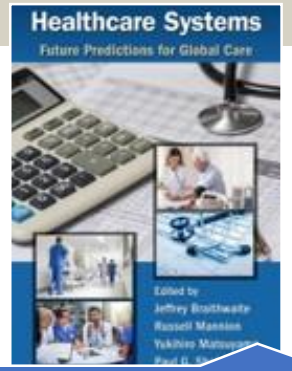
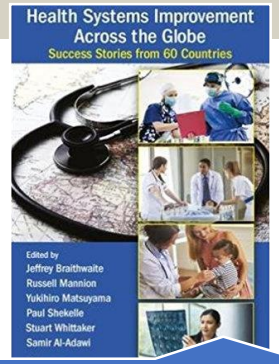
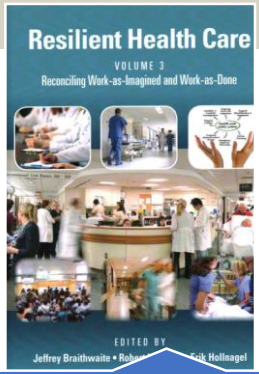


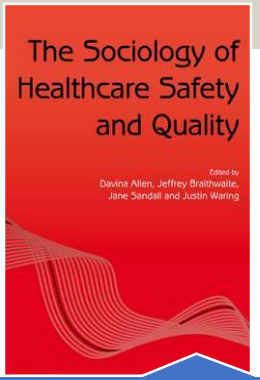
2018-Healthcare Systems: Future Predictions for Global Care



2017 - Health Systems Improvement Across the Globe: Success Stories from 60 Countries

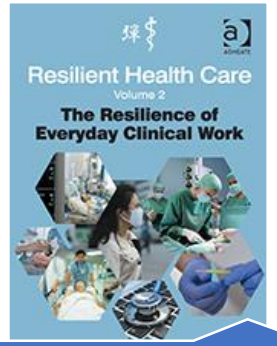


2017 - Reconciling Work-as-imagined and work-as-done

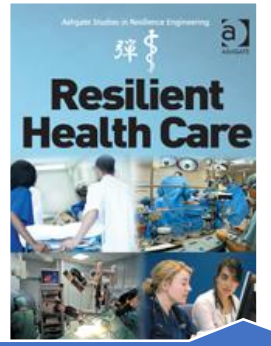


2016 - The Sociology of Healthcare Safety and Quality

2015 - Healthcare Reform, Quality and Safety: Perspectives, Participants, Partnerships and Prospects in 30 Countries



2015 - The Resilience of Everyday Clinical Work



2013 - Resilient Health Care

2010 - Culture and Climate in Health Care Organizations

Forthcoming books

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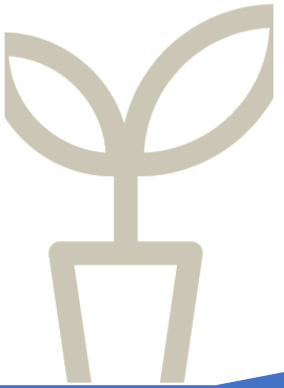
Gaps: the Surprising Truth Hiding in the In-between



Surviving the Anthropocene

Working Across Boundaries RHC Vol 5

Counterintuitivity: How your brain defies logic

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