Inside Accreditation & Quality

Take action: Use self-assessment, resource guide to take hard look at patient harm

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Review the latest patient safety road map with your accreditation managers, C-suite, and governing board because they may be asked about it during your next accreditation survey.

Then use the self-assessment to get a boots-on-the-ground look at how you're really doing on preventing patient harm.

With a nod to the groundbreaking *To Err Is Human* report from more than 20 years ago, the Institute for Healthcare Improvement's (IHI) *Safer Together: A National Action Plan to Advance Patient Safety* combines an extensive offering of resources with an online, downloadable self-assessment to help organizations get closer than ever to eliminating patient harm.

The report aims to take the goal of zero harm from reactive to proactive, says Patrick Horine, MHA**,** president of DNV GL Healthcare, who served on the national steering committee convened by the IHI to draft and develop the report. (For more on the report, see our upcoming coverage.)

The report also points heavily to the need for active participation from leadership to ensure patient safety, including a commitment of resources and transparent promotion of a safety culture, says Horine.

You may even see revisions in accreditation standards or new requirements going forward, says Horine, who served on the steering committee alongside Ana Pujols McKee, MD, executive vice president and chief medical officer for The Joint Commission.

Will you make the pledge?

While the action plan's items are not a requirement now, DNV GL will be supporting the plan and wants to see hospitals "pledge their commitment," Horine says.

The issue of preventing patient harm has gone beyond looking at nurse-patient ratios, says Horine. In particular, it's up to the C-suite and the governing boards to set a tone that says "it's OK to tattle."

Creating a just culture means supporting those who bring attention to actions and processes that lead to patient harm. And leadership must set safety as a core value, says Horine, who started his career working in a hospital on quality improvement, then served as CEO of a hospital in Ohio before joining DNV.

Hospitals cannot afford to think of patient safety as an onerous task that must be budgeted. Yes, some steps will cost money and require already-burdened compliance managers and clinical supervisors to use up resources. But the key to safety is behaviors and attitude, Horine stresses.

Pandemic puts worker, patient safety in focus

The report comes at a time of massive stress on the healthcare system, which is still battling a pandemic with the 2019 novel coronavirus, Horine acknowledges.

He and others have witnessed amazing feats and awful outcomes as hospitals, doctors, nurses, and the entire healthcare support system has cared for the surge of COVID-19 patients.

The pandemic has created a whole new dynamic in terms of both patient safety and worker safety goals, he says.

Burnout was common before COVID-19, but now organizations are struggling with workers trying to deal with limited PPE supplies and physicians stressed to the point of suicide—"I never would have dreamed about that," says Horine.

Yet the realities unveiled by the coronavirus point to the need for a culture that promotes safety on all fronts:

leadership and governance, patient and family engagement, worker safety, and a system of learning and improvement.

All of those are key sections of the action plan, says Horine, adding that working on improving patient safety through these sections will help healthcare prepare for the next pandemic.

COVID-19 has identified the weaknesses, he says. The future effort must focus on “how do we support the infrastructure; how do we support the staff.”

Be open, be honest, be transparent

Transparency is key to the process.

Horine says he would like to see more hospitals doing internal reviews, including peer reviews of medical staff. They should be identifying risks, learning from those risks and events, and then sharing the information so that patient harm can be prevented.

DNV will be examining how hospitals are gathering patient safety data and sharing information, not just at the organization level but up through the governing level, Horine says.

“It’s not just the numbers; it’s the consequences,” he says.

During future surveys, expect DNV to do more during its review with the governing board and to ask about patient safety initiatives. “Let’s talk about your culture and what that means to you.”

How are plans being put into action? How are families and patients being included in their own safety plans?

The sheer number of COVID-19 cases in many areas meant that families were being asked to take care of patients at home. Patient engagement and family care must be part of the safety process, Horine says.

And healthcare organizations must take care of their own, both physically and psychologically, he says.

All of that factors into patient safety.

Self-assessment, resource guide complement report

The report is accompanied by two sections: an evidence-based resource guide and a 14-page self-assessment. All are available online for download.

Horine recommends letting members of the entire organization, from the governing board to environmental services staff, fill out and submit the self-assessment to get a good look at how the organization is doing on patient safety.

You may want to allow for anonymous submissions, but try to have staff at least indicate their department or describe their type of work.

Everyone is important to the organization, and understanding how each person views patient safety could provide eye-opening information you need to implement real change. If you seek an honest opinion in a non-threatening manner, you might be surprised at the insights, says Horine.

Use the resource guide for inspiration, he recommends.

“For me it’s about doing something,” Horine says. “I’m not so much concerned about how. We want this to be actionable.”

But don’t look for DNV to tell you what steps to take. The road to patient safety must fit your resources and culture.

Use the plan as a starting point, but then chart your own course forward. “Anything is going to be an improvement—anything is going to help patient safety.”

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