Patient Safety

Ensure a strong culture and commitment

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Patient safety is always a top priority for healthcare organizations. However, the Covid-19 pandemic added complexity and significant operational pressures that included maintaining adequate staffing and delivering patient care effectively amid excessive demand. The pandemic also magnified existing safety issues and introduced new risks, such as the shortage of personal protective equipment (PPE). The pandemic highlighted the importance of having a strong organizational focus on patient safety.

Ensuring patient safety starts with establishing a culture of safety, which is the foundation for building all patient safety efforts. Culture is represented by the values, beliefs and norms of the organization and includes behaviors and attitudes. Culture determines an organization's commitment to safety. A positive safety culture can impact both patient and employee safety and overall organizational performance.

Typically, years are needed to establish a culture of safety. However, organizational changes in response to a crisis like the Covid-19 pandemic can speed up the process dramatically. Now is an ideal time for organizations to move forward in establishing a strong culture of safety.

Conduct surveys

One of the most effective ways for your organization to evaluate and measure your culture and commitment to patient safety is to conduct surveys. Many survey tools are available to assess a patient safety culture and identify strengths and areas for improvement. Annual surveys can help management identify trends that help measure the impact of patient safety interventions on their culture. Surveys also provide data to benchmark an organization's culture against the cultures of similar organizations.

Build high reliability

Healthcare is a high-risk industry that requires a commitment to the principles of high reliability to reduce risks of patient harm. High reliability organizations (HROs) in healthcare adhere to five basic principles:

1. Obsess over continually improving operations.
2. Accept that healthcare processes are complex and cannot always be simplified.
3. Constantly look for failures.
4. Maintain deference to expertise.
5. Practice resilience.

A healthcare organization working to create an effective patient safety program will follow HRO principles.

Continually improve operations

HRO organizations focus on early identification of safety issues and maintain a relentless execution of continual improvement efforts. Commitment to the principles of high reliability requires that improvements be hard-wired.

But before an organization can jump to solutions, a detailed understanding of problems is needed. Reporting patient safety events and near misses is a highly effective mechanism to identify where risk lurks. Use advanced analytics and continuous monitoring to help drive informed action plans that improve patient safety.

Establish a just culture

In a just culture, reporting events and near misses is encouraged, and a blame-free approach is combined with

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individual and organizational accountability. Contemplating a blame-free culture can bring up concerns that accountability will be lacking.

Distinguishing between human errors (misses and lapses), at-risk behaviors (taking shortcuts), and reckless behaviors (intentionally not following organizational patient safety policies) and then applying the appropriate response to the level of error is critical. A separate approach sends a strong message that human error occurs, and that processes will be implemented to prevent human error while reckless behavior will result in disciplinary action.

Encourage collaboration

Collaboration is necessary across disciplines and levels of authority to identify root causes of adverse events and to design effective solutions. Effective and collaborative problem-solving requires establishing deference to expertise and involving front-line workers and providers in root cause analysis. An environment must exist where employees and providers feel safe to speak up and are encouraged to "stop the line" when a safety issue arises, or a policy or procedure is being disregarded.

Commit to safety

Leadership's commitment to acknowledge safety concerns and communicate improvement actions includes making errors and events visible across the organization. Commitment can be demonstrated through frequent and easy-to-understand messages from the executive team, through greater leadership visibility and by setting clear expectations.

Perform internal audits

Internal audit should be a strategic partner of the leadership team and should be focused on providing value-added service in support of the organization's goals and objectives. Internal auditors can reinforce the importance of patient safety through a variety of audits.

Program audit

Include an overall patient safety program audit in your audit plan. A typical scope would include:

- Conduct a review of organizational patient safety policies, procedures and key performance indicators.
- Investigate practices of how performance criteria are measured, managed, monitored and reported.
- Assess the overall methodology for aggregating consistent outcomes that is used to evaluate the organization's performance.
- Verify the use of employee survey information to identify and respond to issues and trends.

Beyond a patient safety program audit, your audit plan should consider other key patient safety topics.

Sentinel events

Gain a baseline understanding of your organization's overall patient-safety sentinel event program, any adverse events and reporting processes. Also, evaluate current processes for collecting, aggregating and reporting key patient safety information to determine the existence and effectiveness of internal controls for ensuring that reported patient-safety data is accurate, complete and compliant with policy requirements. Determine the adequacy of remediation plans and whether ongoing monitoring is in place.

Auditing of patient safety events supports the goals of early detection, identification of risks and timely implementation of action plans.

Quality and patient safety outcomes

Validate the accuracy of publicly reported outcomes and other comparative data because the data are used for comparing the performance of organizations.

The implementation of the Medicare pay-for-performance program goes further by linking payment to quality. Assess

the key controls within data collection and reporting systems to evaluate the quality, integrity, availability and preservation of data for reporting quality outcomes. Evaluate the effectiveness of action plans to reduce the incidence of hospital-acquired conditions.

You will want to ensure that your organization includes community-based patient safety considerations in their patient safety plans. For example, if your community has a large population of elderly patients, a focus on different accommodations to prevent falls should be considered.

You should validate that your organization is working with the community and other patient partners to develop solutions for self-management, prevention and communication during an emergency. Communication should be frequent and transparent with patients, families and community organizations, and should support patient, family and community engagement and empowerment.

Supply chain

Adequate access to supplies, pharmaceuticals and equipment is essential to maintaining the health and safety of workers and patients. A supply chain resiliency plan supports a risk mitigation strategy and should include a plan for a stockpile reserve of at least 45 days to ensure availability.

The pandemic created an increased demand for medical supplies such as disinfectants, personal protective equipment, ventilators, medications and many other items. Before the pandemic, these supplies were readily available from regular suppliers. But the rate that the virus spread across the globe created an immediate demand for supplies that quickly led to critical shortages.

Healthcare providers found themselves competing with new and nontraditional buyers almost overnight, which drove product scarcity and price increases. Existing and new suppliers invested in efforts to retool and refocus to fill the gaps. But those efforts still lagged demand, which threatened reliability and availability of downstream components and other supplies.

The supply shortage put intense pressure on healthcare organizations to vet and set up new suppliers and rapidly approve substitute products. Hospital systems had to rethink their supply planning and replenishment processes and ensure that their master data management and supplier risk controls were effective and being followed. The pandemic exposed the breadth of the impact that supply chains have on a wide range of hospital operations.

When assessing the effectiveness of a patient safety program you should expect to see the following supply chain resiliency actions by management:

- Reassess all current contracts with group purchasing organizations and other suppliers, and implement supplier performance monitoring that includes current major distributors and manufacturers, and their risk mitigation plans.
- Apply an all-hazards approach to include simultaneous event considerations, such as natural disasters, pandemics and critical incidents.
- Expand and create new relationships with secondary and tertiary vendors to provide a faster route to alternative supply channels.
- Reevaluate safety stock and replenishment levels for critical supplies and set reordering thresholds that account for the potential for future events or surges.
- Look to initiate potential alliances with other health systems for safety stock storage and price leveraging.

Medical device preventive maintenance

Relying on the pandemic-related 1135 waiver by the Centers for Medicare and Medicaid Services to delay medical device preventive maintenance can lead to patient safety issues. Your facilities must have a plan to catch up on all waived preventive maintenance, especially for high-risk devices such as ventilators. Established protocols for device maintenance are critical to prevent the spread of disease to both patients and staff. Audit the high-risk medical-device preventive maintenance activities for timeliness and comprehensiveness.

Daily rounding

During the Covid-19 public health crisis, many healthcare workers experienced high levels of stress and burnout. Rounding in patient care areas is a powerful vehicle for ensuring real-time issue identification and problem solving.

A just culture encourages the reporting of events and near misses with a blame-free approach and accountability.

Rounding in patient care areas can ensure real-time issue identification and problem-solving.

Rounding that pairs nursing supervisors with clinical leaders is a constructive strategy to keep staff informed. Issues identified during rounds should be tracked and trended to ensure sustainable solutions are implemented and monitored for effectiveness.

Leaders who acknowledge and thank workers and clinicians improve mental and psychological well-being. Continued communication for both staff and patients is critical. Communication should include all policy changes such as how to access services, requirements for visiting, how to maintain social distancing while in the healthcare setting, and how the organization has implemented evidence-based practices.

Identifying and communicating supportive resources to which peers can refer colleagues, and offering programs for stress management and coping techniques, also send a strong message that the organization promotes and values employee wellness.

Drug diversion

The Covid-19 pandemic unfortunately reversed prior successes in reducing opioid overdoses and deaths. High stress, isolation, job loss, and the reduced availability of and patients' reluctance to obtain safe, medication-assisted treatment have all greatly attributed to this downslide. In addition, the previous focus on drug diversion prevention and detection and opioid prescribing patterns was overshadowed by the need to respond to the pandemic.

Patient safety risks related to drug diversion are:

- Caregiver impairment
- Ineffective pain management because a controlled substance is diverted and not administered
- Transmission of healthcare-associated infections due to tampering with medications

Enhancements in drug diversion monitoring tools and analytics allow organizations to efficiently pinpoint and investigate anomalous practitioner behavior. Integration of automated dispensing cabinets, electronic medical records and timekeeping systems allow management to have a clear picture of practices that may indicate diversion.

Successful implementation of these tools relies on education and ownership of monitoring, investigation and

Exhibit 1 – Inpatient diversion detection analytics

Software capabilities	Analytic challenges

• Identify controlled substances dispensed but not documented as administered, wasted or returned.
• Compare dispensing information with time-keeping data and normalize the information based on hours worked to identify risky behavior, such as:
  ▪ Dispensing outside working hours
  ▪ Consistently pulling large amounts of controlled substances at the beginning or end of shift
• Summarize and rank high priority outliers for risky behavior for further investigation.
	• May see false positives and logic errors with some automated dispensing cabinets and electronic medical record systems
	• Spending too much time on missing documentation and not enough time on bigger risk items and advanced analytics
	• Communication and roll-out of standard operating procedures required for proper implementation
	• Gaining ownership and engagement
	• Manual investigation procedures
	• Missing discrepancy trending and reporting
	• Long implementation time

Diversion monitoring tools and analytics can pinpoint anomalous practitioner behavior.

reporting processes. Exhibit 1 summarizes the capabilities and challenges of diversion detection analytics.

Another enhancement in diversion detection is trending blind count discrepancy data. Rather than just confirming that discrepancies are resolved timely and appropriately, data can be analyzed to identify patterns in individuals involved in blind-count discrepancies, departments needing additional monitoring and education, and the appropriateness of resolution actions.

Conclusion

Many aspects of operations create a culture of safety that can be audited. Your systematic and disciplined approach can help your organization accomplish its safety goals through a comprehensive review of patient safety risks, developing management action plans, and monitoring the effectiveness of improvement efforts. Patient safety is both a goal and a journey that is well worth the investment of internal audit time and resources. **NP**

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