The limitations of good ideas for quality and safety of care

Ensuring patient safety is anything but straightforward. Quality and safety are two sides of the same coin, but the relationship between these two concepts is in reality much more complex. It can often be fraught with pitfalls that healthcare professionals are not usually aware of. While the demands are increasing, the changes within the health system require a constant revision of the paradigms. This paper will look at these ambiguities and at the false good ideas, as well as the principal accomplishments and the challenges that lie ahead.

What has been achieved during the last fifteen years?
The evolution of ideas can be broken down into four main stages, each of them containing key misinterpretations

The initial enthusiasm (1995-2003). Work to improve on the quality and safety of care began with the double legacy of epidemiology and of continuous quality, and centred on producing good practice. Advances in patient safety were considered to be a natural extension of the quality approach. It was considered enough to put in place a system of reporting (site specific monitoring or statements that could come from anywhere) which would identify when good practice was not being observed and move quickly to rectify the situation. The focus was on setting up report systems, protective (disciplinary) filers. Never events were considered to be somewhat dramatic events (representing the first serious theoretical ambiguity regarding the implemented priorities, due to their incredibly low rate of occurrence when compared with other sources of problems). It was hoped occurrences of these would quickly diminish even further. In short, these initial ideas were simple (and simplistic) and quickly found out for what they were: naive.

The introduction of professionalism into risk management (2002-2008). By 2002/2003 the medical community was starting to realise that the risk management business required certain specific skills. We therefore began hiring and training specialists, following the industry model. However, once again, safety solutions from the security industry were far from the best option here. It was becoming clear that a system which was required to be open to the public 7 days a week, 365 days a year, which was exposed to extreme unpredictability, while having to cover the entire country, and
which had a huge variety of clinical cases to treat, needed to be focusing as much energy as it possibly could on being resilient, on resolving complications without fuss, on safely managing degrading situations and avoiding unnecessary complications, and on stamping out the anomalies and deviations identified by audits and by analysing never events (staff and shortages, lack of expertise, non-adherence to protocols).

*The culture of safety as a solution to the problem (2005-2011).* The desire to improve the safety culture, to develop a teamwork ethic and for increased resilience, as well as for High Reliability Organisations, would emerge as a leitmotif between 2005 and 2010. The results were once again not exactly spectacular and were riddled with ambiguities. It was not entirely clear how long it would take to see the effects of the changes (reference was often made to generational effect on the culture, which would explain why the results were such a long time in coming). One point, however, remained completely in the shadow: the link between working conditions and patient safety, largely unknown and untapped (personal dissatisfaction, careers, wages, absenteeism, accidents; in short anything involving human and organisational factors –HOFs). Few studies actually focused on this point, with the main emphasis being on management training (top, middle and local management), so as to obtain more integrated policy levers which would be safer and easier to understand.

*The arrival of new challenges (2010-Present).* All previous efforts had been focused on the hospitals themselves; and admittedly the results were not coming up to the mark. Clearly, unable to extinguish the problems of the past, the medical system is going to require a profound rethinking for this coming decade in order to adapt to the changes and will, at the same time, need to significantly change its current approach to quality and to patient safety. The changes can be split into four categories:

- Incredible medical advances, reflected by the fact that people with illnesses which had previously been fatal very quickly were now living for longer (acute became chronic), with longer life spans and a massive reduction in the length of time being spent in hospital
- Improvements in travel safety / treatment courses
- Increased emphasis on safety in primary care
- Increased transparency and increased patient participation, brought about by the success of medicine and experts on the medical system, as well as with chronic patients.
So progress or not? The misunderstood link between quality and safety

We are now approaching 15 years of combined efforts. However, properly measuring and understanding the results of the progress in patient safety is always difficult. Objectively, the number of never events has actually increased, but so has the average overall survival time for illnesses.

The confusion caused by this contradictory double reading of the results is rooted in the false good ideas regarding the relationship between quality and safety that have continued occurring. Research shows however, that the increase in quality has, in actual fact, resulted in the degradation of safety indicators. The conclusion focused on this point, demonstrating that quality plays an important role in our society. Quality provides us with hope and hope is crucial for the management of public policies. Safety plays a somewhat more relative, emotional and legal role, and should be carefully measured and monitored if it is to be used to make public policies that will be proactive, scientific, and free of taboos and localities (and not just in a reactionary way, as is often the case today). In short what is needed is a system which can be of actual benefit to patients.