VIEW FROM THE TOP

HTM Plays ‘Critical Role’ in Patient Safety, NPSF Leader Says

Can you explain the role of the National Patient Safety Foundation?
The National Patient Safety Foundation’s (NPSF’s) vision is “creating a world where patients and those who care for them are free from harm.” We are working to achieve that vision by partnering with the healthcare community, patients and families, and key stakeholders to advance patient safety and healthcare workforce safety and to disseminate strategies to prevent harm. We offer a number of programs designed to raise awareness and educate both health professionals and the public about patient safety issues. The annual NPSF Patient Safety Congress is the cornerstone of our education efforts, but we also offer programs throughout the year geared to various stakeholders. The NPSF Lucian Leape Institute, which was founded in 2007, was created to provide thought leadership and strategic vision for advancing patient safety by examining areas in which change can bring about meaningful, lasting transformation in healthcare. Some of our most recent initiatives have focused on drawing national attention to the need for greater transparency at all levels of healthcare and the importance of engaging patients and families in healthcare.

You are a board-certified internist and associate professor of medicine at Harvard Medical School, and have held top quality and safety roles at leading healthcare facilities. What first sparked your interest in patient safety?
I have had a longstanding interest in technology, and I did a lot of computer science in college. When I became a medical resident, I became aware of inefficiencies in healthcare, and I started looking for ways to use technology because I thought it could help. From there I eventually began to pursue research about how technology could be used to improve quality and safety. I started learning about human factors, systems theory, and the passion struck—to try to make healthcare better and safer.

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Tejal K. Gandhi, MD, MPH, CPPS, is president and chief executive officer of the National Patient Safety Foundation, the NPSF Lucian Leape Institute, and the Certification Board for Professionals in Patient Safety. She also is a board-certified internist and associate professor of medicine at Harvard Medical School.
You were quoted in another interview as saying that the focus of NPSF is “more on creation and the spread of best practices but also creating a workforce that is competent in patient safety.” How is that accomplished with healthcare technology management (HTM) professionals (clinical engineers, biomedical equipment technicians, etc.)?

Understanding patient safety concepts, such as safety culture, systems theory, human factors, and reliability is something that HTM professionals should have as part of their training. At NPSF we have a history of focusing on the work of frontline clinicians, but we’re excited to think about bringing the same kind of learning to health technology professionals as well. NPSF and others offer education to those who may be new to patient safety, and I would encourage healthcare technology professionals to explore those options. In 2012, NPSF introduced a professional certification in patient safety, which is open to those working in healthcare who meet the education and experience criteria and who can demonstrate knowledge and application of patient safety principles through a certification exam. Achieving certification is certainly one way for professionals to demonstrate their competency in patient safety.

How can HTM departments increase their role in patient safety efforts?

HTM departments should make sure that their staff members are participating in key safety committees and that they are involved in thinking about implementation of devices and equipment early on. They should also be very engaged in the process of reviewing safety reports and participating in root cause analyses, for example. This is why they really need to be well versed in safety concepts; you can’t just recommend changing policy and educating. You really need to understand safety principles to figure out why something went wrong and how to prevent it from happening in the future.

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What do you feel is the most important element that HTM professionals bring to the table in any discussion about patient safety?

Healthcare technology professionals are incredibly important in terms of design and implementation of devices and biomedical tools and equipment. This includes the safe selection, design, implementation, monitoring, and maintenance of equipment and devices, as well as ongoing interaction with frontline physicians to make sure things are operating effectively and safely. They really play a critical role in patient safety, even though they are largely behind the scenes.

Is health IT going to improve patient safety? If so, how?

Absolutely—health IT has tremendous potential to improve patient safety, in part through the improved organization of content, workflow, decision support, and a variety of ways. It provides great access to information and can potentially increase efficiencies, but we really need to be thoughtful about how systems are implemented.

Awareness of patient safety needs has increased considerably in recent years, but reporting seems to still be lacking. How should that particular challenge be addressed?

We definitely need to continue to work on reporting and creating the kind of cultures within organizations where people are comfortable reporting, and we need to make it easy to report. That said, I believe we also need some level of automated reporting, so that we do not solely rely on users to report problems.
Has electronic health record (EHR) implementation introduced new patient safety issues? If so, what are they?

Yes, there is actually a lot of literature around unintended consequences of electronic health records, for example, alert fatigue and misguided use of the cut-and-paste function. There is currently considerable work going on at the national level to try to understand these new HIT hazards and how to minimize them.

A big focus at AAMI is helping to introduce new standards in tubing connections, which entails a redesign of the connectors for various applications to prevent misconnections. How will the NPSF help get the word out about this big patient safety effort?

NPSF has been working with AAMI and with GEDSA (the Global Enteral Device Supplier Association) to get the word out about this important safety effort. We’ve directed our constituents to the StayConnected.org website, which has a wealth of information about this topic, the background, and the timelines for shifts in design. This is a perfect example of how everyone has a role to play—from manufacturers and vendors to hospital staff who manage the supply chain to the nurses at the bedside. Everyone needs to be aware, so we have been sharing news and posting information to our website about this.

You’ve said that greater transparency in healthcare is important for patient safety. Can you elaborate?

Earlier this year, the NPSF Lucian Leape Institute published a report, called Shining a Light: Safer Healthcare Through Transparency, which made the case for greater transparency at all levels of healthcare: between patients and clinicians; among clinicians within organizations; between organizations; and with the public. The report defines transparency as “the free flow of information that is open to the scrutiny of others,” and provides evidence through case studies of how greater transparency has benefited organizations and patients.

For example, one of our case studies is about the University of Michigan Health System’s experience with the so-called “Michigan Model” of disclosure and apology after medical error. Their experience is that full transparency allows clinicians, leaders, and the organization as a whole to learn from adverse outcomes and to address them so that don’t happen again. There is a greater sense of accountability.

We’re also hearing more about collaboratives—groups of hospitals or practitioners who agree to share outcomes data and safety measures with the goal of learning from the high achievers. In the past, sharing such information was unthinkable, because organizations were wary of losing market share if their outcomes did not measure up.

A good example of success in this area is Children's Hospitals Solutions for Patient Safety, a large group that has agreed to refrain from competing on “safety” and endeavored to share lessons learned with others. This is really so fundamental to spreading best practices, it’s astonishing that the idea is not spreading more rapidly, but it’s encouraging to see more of this type of collaboration, and we heard more about this at our annual meeting as well.

What do you see as the single biggest challenge in healthcare technology, and how do you think that challenge should be addressed?

I would have to say usability, because to me, a lot of the issues, such as interoperability and huge amounts of data, fall under the scope of usability. I’m hopeful that we’ll see more user-centered design to make sure these tools are really working within the clinician’s workflow the way clinicians need them to work, instead of adding inefficient care.
The NPSF holds a Patient Safety Week every year. What were some of the main themes or highlights to come out of the 2015 week?

Patient Safety Awareness Week is a national recognition week to raise awareness among the public, patients and families, and the healthcare community about patient safety issues. In 2015, we focused on patient and family engagement, and one of the highlights was a webcast with speakers from Kansas-based Children's Mercy Hospitals and Clinics, which has accomplished tremendous work in involving patients and families in care, not only by having Patient and Family Advisory Councils, but also by involving patients and their families in clinical teams, as faculty to new hires and new grads, and in family-centered rounds.

We also offered educational materials and partnered with groups such as the Gordon and Betty Moore Foundation to make their materials available. NPSF produced two “safety tips” videos geared toward health consumers, and we also held a Twitter chat that was open to anyone with questions or solutions as to how to get patients and families more engaged in their care.

Of course, we also hear from many organizations that hold their own events during the week, such as skills fairs and education for their patients and the public, and it’s great to see so much activity across the country.

We definitely see patient safety as an issue across the continuum of care.

A lot of the focus surrounding patient safety seems to be in healthcare facilities. Is the NPSF working on any home healthcare initiatives or anything else outside of inpatient care? Can you tell us about that?

We definitely see patient safety as an issue across the continuum of care. We’ve been talking about that at the national level, at our annual NPSF Congress, and in talks I’ve given. All of the initiatives tackled by the NPSF Lucian Leape Institute (such as workforce safety, patient and family engagement, and transparency) are, we believe, relevant to any setting, and we hope much of our work is already having some impact in these settings. That said, we are having discussions with groups working in the realm of nursing homes and home health and are planning to broaden our impact to these areas.

Imagine that for one day you have the power to single-handedly change one thing about the delivery of healthcare in this country. What would that be?

Well, if I could choose only one thing, I’d require CEO and board education and commitment to quality and safety. And real commitment—with the resources to make it a reality. We heard so much at the recent NPSF Patient Safety Congress about leadership and how leaders really set the tone and the expectations within an organization. It’s tough to make significant progress without the leader’s backing, and unfortunately, it’s not there in enough organizations as of yet.

We’re living at a time when it’s possible to collect more data about patients than ever before, throughout all stages of hospital care. Is that information being used effectively for patient safety? If not, what are the obstacles?

No, I don’t think it is being used as effectively as it could be, largely because of issues related to interoperability and the fact that, with such huge amounts of data, it’s sometimes hard to see the most critical points because they may be buried or obscured. I’m hoping to see developments such as more big data analytics and things that help us weed through these issues.