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GLOBAL
SEMINAR

MOVING MEASUREMENT INTO ACTION:

DESIGNING GLOBAL PRINCIPLES FOR MEASURING PATIENT SAFETY

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If you do intend to write for your organization, please make sure to observe the **Chatham House Rule** (information on which is in your Welcome Pack). If you're in any doubt, do not hesitate to contact Oscar.

We'll be updating our website with summaries from the panels and interviews with our Fellows, all of which you can find on the program page: www.SalzburgGlobal.org/go/622. You can also join in the conversation on Twitter with the hashtag #SGSHealth and see all your fellow Fellows and their organizations on Twitter via the list www.twitter.com/salzburgglobal/lists/SGS-622.

We've updated both our Facebook page www.facebook.com/SalzburgGlobal and our Flickr stream www.flickr.com/SalzburgGlobal with photos from the program. If you require non-watermarked images for your publication, please let Oscar know.



@DorisGrinspun Day 4 Powerful presentations by our 7 working groups. @donberwick does masterful synthesis that will form the basis 4 our #SGSHealth report on Moving Measurement Into Action: Designing Global Principles for Measuring Patient Safety. Check @VincentCharlesA <https://www.springer.com/gp/book/9783319255576>



Participants pose for a group photo outside Schloss Leopoldskron

Listening for The Sound of Safety

Health care leaders from across the world have helped shape new global principles for measuring patient safety.

The Salzburg Global Seminar program, *Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety*, concluded on Monday afternoon.

The five-day program, held in partnership with the Institute for Healthcare Improvement (IHI), has created several "high level" principles, which will be refined further before publication.

These principles were developed after participants gathered in small working groups, concentrating on patient-centeredness, pro-activity, continuum of care, geographical settings, evidence, technology, and culture.

Participants helped fine-tune the principles on the final day of the program, offering their thoughts on what should be added, removed, or revised. After a refreshment break, participants considered the practical applications of the set of global principles for patient safety measurement.

Split into four groups, participants applied these principles to different stakeholders, including patients and families, frontline staff, managers, and policymakers. Participants asked what the value of each global principle would

be to each group's stakeholder and what actions stakeholders might take to align with the draft principles.

Key topics to consider included economics, the return of investment, and equity. According to the Centers for Disease Control and Prevention, health equity "is achieved when every person has the opportunity to 'attain his or her full health potential' and no one is 'disadvantaged from achieving this potential because of social position or other socially determined circumstances.'"

Participants suggested all leaders have a responsibility for safety and must communicate the need for best practice from all members of staff. Leaders should be "relentlessly curious" about the patient's journey and create a culture of trust and equity.

The idea of a "Just say no" week was proposed for frontline staff as a way to reduce their burden and understand what is valuable in their day-to-day work. There should be a commonality of purpose, a reduction of work, and the streamlining of information, participants heard.

Patients want a voice in the creation of measurement of patient safety, and more should be done to enable this.

Continued overleaf.



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Mariam Kamoga Namata - The Action Starts With Us

Executive director seeks chain reaction to promote patient safety from grassroots level up

Mirabelle Morah

“I realize [with] whatever level of resources, you can make a difference,” says Mariam Kamoga Namata, sitting in Schloss Leopoldskron’s Chinese Room.

Namata is the executive director of Community Health and Information Network (CHAIN) in Uganda and also the chairperson of the Ugandan Alliance of Patients’ Organizations.

She is one of many participants from around the world attending the Salzburg Global Seminar program, *Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety*.

As the executive director of CHAIN in Uganda, Namata is responsible for supervising the organization’s programs and ensuring they achieve their goal of supporting vulnerable people – from orphans to individuals living with HIV, TB and other non-communicable diseases within Uganda. It’s a difficult job, as Namata explains.

“As you walk into your office, right at the door, there’s this lady with her sick child, waiting for you to provide a solution. Not that she doesn’t know where the hospital is. She actually knows where the health facilities are, but she’s not able to go, and her child is very sick, [and] has a high temperature. She doesn’t have any money to go to the health center. And she’s here. She needs your help. So definitely you have to think, ‘Okay, how do I support this poor lady?’ So those are some of the practical realities I face on a day to day basis.”

Events in Namata’s personal life, affecting her and her immediate family members, motivated Namata to work toward patient safety.

When she was approached to help set up CHAIN in Uganda, Namata saw it as an opportunity to help out. “And when I started work I realized that that’s where my life belonged and that’s the work which gave me satisfaction,” Namata says.

After being selected to be part of the board of the International Alliance of Patients’ Organizations and attending the Patient for Patient Safety workshop organized by the World Health Organization, Namata took it upon



Mariam Kamoga Namata (pictured) speaking in Parker Hall. Namata has served on numerous boards, including The Ugandan Academy of Health Innovation and Impact

herself to ensure that components of health literacy and patient safety were added to CHAIN’s programs.

“I got an opportunity in 2011 to join the Patient for Patient Safety program... after going through that workshop, it was a life-changing experience for me, and I realized that it was not only a national issue. It wasn’t only a personal issue, but it was a global level issue, and it needed concerted efforts. It needed every stakeholder to come on board...”

“So it’s about calling all of us to work together to promote patient safety and make a difference in our communities...”

“When we think about patient safety, it’s about the health facilities. It’s about the doctors. It’s about the patient, but who is the patient?” Namata asks. “Each one of us is a patient. Let it be a doctor, a farmer, a housewife; everyone is a patient. So, going back to CHAIN after that very, very life-changing experience workshop, I took it upon myself to ensure that this is included in my day-to-day activities but also integrated in CHAIN’s programs...”

Reflecting on the program in Salzburg, Namata says the experience has been an “Aha! Moment” for her. She says, “The learning has been incredible and

very empowering and, for me, every opportunity to share is empowering... This has been more than I expected, and I’m really happy to have been part of... Salzburg Global Seminar.”

Namata has made a number of presentations at high-level events, from the WHA-IGWG to the second Global Ministerial Summit on Patient Safety. If she had the chance to deliver a message to the world, what would it be?

Namata says, “It’s everyone’s responsibility to raise awareness about patient safety, and at whatever level of resources, we can make a difference. The action starts with us.

“In my language [Luganda] we say, ‘Asika obulamu tasa mwokono,’ meaning that when you are striving for good health, you should never stop... your hand should never stop. And ‘Agali awamu ge galuma,’ meaning ‘Teeth that is together bites the meat better.’ So it’s about calling all of us to work together to promote patient safety and make a difference in our communities, especially right from the grassroots level because that’s where the biggest problem is and that’s where we should start.”

Hierarchies need to be leveled, and stakeholders need to be brought closer together to learn from one another. This could be considered a rebalance of power.

Do we need national structures? Participants heard experiences of community health workers in one part of the world, which are both regulated and unregulated. How do you put a safety structure in place in that scenario? One participant said technology could be used to empower frontline workers. Within this group, participants discussed the need for governments to bump up primary care and home care measurement through policymaking. The need for funding is always a challenge, but structures can be developed in nimble ways, the group heard. Case studies can also help influence decision-makers.

After lunch, participants heard a full synthesis of the program's discussions would be compiled by the Lucian Leape Institute. The document will be circulated to all participants for review and comment before publication. The final report will detail the group's work, recommendations, and global principles.

Various participants reflected on the success of the program and the different takeaways they would be leaving Salzburg with. One participant said they recognized the need to unleash the power of patients and frontline workers. They noted each participant in attendance was a leader with tremendous responsibility. They advised participants, as leaders, not to coast and continue trying new things. This participant told others in the

room they needed to be “disruptors.” To be effective, participants should take their bold ideas, create a sense of urgency, but do it respectfully. The participant said, “Every process we’re trying to disrupt has existed for a reason... If each of us thought about the people who make a difference in our lives... we would all feel a sense of urgency.”

A microphone was passed around the room for other participants to provide feedback and suggestions for how the work should continue outside of Schloss Leopoldskron. “No action plan is complete without the patient,” remarked one participant. Another, meanwhile, said, “This is a very powerful group... We need to capitalize on that as well moving forward...”

One participant said there was “no way” of wrapping this program up, but they felt the program could be compared to an opera overture. Participants linked the themes in a way which “sounds nice” and acts as a prelude to something more substantial. This participant said, “We managed to get the overture... I think the challenge is to give the real performance. We have a short break... and then the real performance starts.”

Concluding the discussion, another participant said the idea that has come up during the program of measuring the patient's voice in real-time across the continuum is all that's needed to transform health care systems. The patient's voice has the ability to change everything, suggested the participant. We just need people to listen and respond.

Speak up for patient safety!

No one should be
harmed in health care



Salzburg Snapshots

A selection of photos from *Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety*



Hot Topic:

“How Should Organizations Measure Both Physical and Psychological Safety of Staff and Clinicians?”

Mirabelle Morah

“A high level of safety is the result of the interaction of good design of the installations, good maintenance, good leadership, and human performance. Only an integrated management system can ensure the physical and psychological safety of staff and clinicians. The starting point for an organization that wants to achieve the best results is to guarantee that its staff feels safe and free to raise concerns. To achieve this, it is important that leaders foster a culture where staff is heard, and concerns are addressed. On the other hand, organizations should think deeply when selecting the indicators to measure and analyze if they result in any unintended change in the behaviors. In fact, it is a human tendency to manage the measurement scheme without exactly knowing it. Indicators should not encourage inappropriate behavior.”

Riccardo Chiarelli,

Founder and managing director, Onda Consulting Ltd; manager of Global Performance Analysis, World Association of Nuclear Operators

“I think both areas are incredibly important, and I think to some degree we already measure both... We have a staff survey that measures psychological safety to some degree, we ask questions about how people feel about turning up to work, whether they're bullied, whether they feel able to speak up... There's a different issue about whether we act sufficiently and whether when we see that our results aren't as we would like them, what we do about it. So there's more that can be done...”

Psychological safety... we already assess that to some degree, [but] how do we improve that? We talked about a 'just culture' now... I think it's still very relevant and what that says is that you should be able to speak up about something that goes wrong, without fear that you will be sanctioned as

a result. Now that doesn't mean if you do something deliberately wrong you get off the hook. There is an accountability... but we have to be careful how we balance appropriate accountability. You should be responsible for your actions versus the fact that many things that happen that are unsafe are a result of a multitude of issues...”

Aidan Fowler,

National director of Patient Safety in England; DCMO at DHSC

“Telling the data story needs to go beyond the traditional measures of interest such as workplace injuries, absenteeism, and staff turnover. Many organizations have dug deeper and stratified their data by department, discipline, time of day to inform improvement efforts. Surveys and observations are also used, but collectively those strategies still leave an empty page in the data story. Measuring what organizations choose to take action upon may be more value-added in sustaining the processes that lead to continuous quality improvement in this human resource safety hot topic.

Three things organizations may want to add to their process measure considerations are:

- Timely response and learning from the physical and psychological safety issues raised
- Number of action plans developed with staff and clinician input to address safety issues raised, and
- Participation in learning opportunities and peer to peer support groups that equip staff and clinicians with capability to respond in these situations.”

Gina de Souza,

Senior program manager, Safety Improvement Project Learning Collaboratives, Canadian Patient Safety Institute (CPSI)



#FacesOfLeadership

“When it comes to patient safety, I'm inspired by the fact that it's a kind of self-inflicted public health problem, and I am still surprised by the magnitude of it. I've been working my whole career on quality of health care... I'm motivated to work on safety because I see in the health care industry it is a problem, and it keeps inspiring me because I see there's not an easy fix. We have now worked on it for 20 years and especially with the measurements. We have measures, but can we really use them for the actions that are appropriate? Can we make health care a safe place? And for me, that's one of the fundamentals of providing health care. You have the privilege if you are a professional to help people. But as it says in the oath, do no harm. So that should be one of the foremost concerns.”

Niek Klazinga,

Strategic lead of the Health Care Quality and Outcomes Programme, Organisation for Economic Co-operation and Development (OECD)

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