

National Patient Safety Agency

Can healthcare ever be as safe as aviation?

Reflections from the National Patient Safety Agency in England and Wales

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Conclusions of Safety First

- Increased awareness of safety
....but not reliably translating into safer practices
- National reporting established
....but not delivering expected benefits for the NHS
- Frontline clinical staff more involved
....but not inspired to improve safety
- Safety more visible to Boards and CEOs
... but plays 'second fiddle' to access and resources

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Guiding questions

1. How do we ensure maximum value from national safety data for local improvement?
2. How do we operationalise safety as part of everyday clinical work for frontline staff?
3. How do we make safety the first priority for Boards and senior managers?

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The need for change

- Too hard to report locally
- National analysis and response too slow
- Inadequate feedback to frontline health services

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“When you’re a doctor at the end of a shift, and something has gone wrong... will you take the last 10 minutes to report something, and answer a whole set of questions?”

[Clinical director, MORI national survey 2007]


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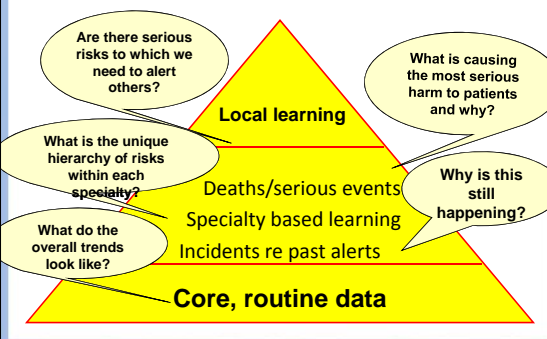
What NHS staff want




- Build on what we have
- Quicker feedback
- Single route of reporting wherever possible
- Simplified reporting, but.... would like the detail
- Ability to compare with others

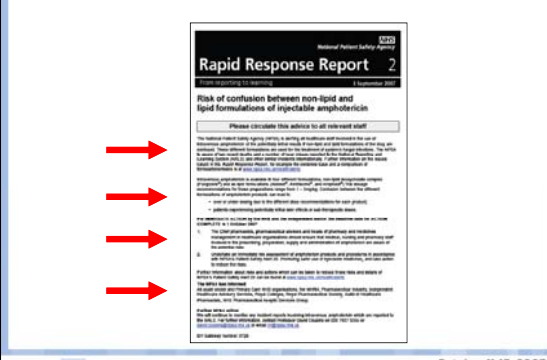



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- ### Looking forward
- A national response centre/call centre
 - Easier to report
 - Streamline reporting the front end of reporting
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Some controversies

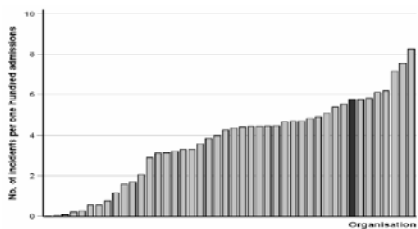
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Controversy 1

Can reporting systems tell us about safety culture and safety performance in health care organisations?

Which is the safer hospital?

Figure 2: Incident rate per one hundred admissions




Source: patient safety incident reports successfully submitted to the NRLS where the incident occurred during the period 1 October 2005 to 31 March 2007

Controversy 2

What is the role of data collected through reporting system in relation to the 'hard edge' of regulation and performance management?


**Sharing information to improve
Patient Safety**

- Regulator of health care (Healthcare Commission)
- Commissioners of health care
- Performance management of health care


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Controversy 3

How do we meaningfully and reliably analyse
large volumes of free text data?


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Qualitative analysis




- **Analysis of deaths reported in 2005 (1804).**
- **576 considered attributable to a patient safety incident**
- **3 main themes:**
 - Diagnostic error
 - Deterioration not recognised or not acted upon
 - Resuscitation

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Role of Qualitative Data in Reporting Systems


- Provides useful additional information for learning
- Provides case studies to illustrate points to which front-line clinicians relate
- Brings incidents and learning alive

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Controversy 4


Should we be doing more to move beyond the acute care sector?

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Care setting

Total no. of incidents	Care setting
523,875	Acute/general hospital
107,747	Mental health service
63,797	Community nursing, medical and therapy service
25,354	Learning disabilities service
2,414	Ambulance service
2,410	General practice
1,971	Community pharmacy
163	Community and general dental service
5	Community optometry/ optician service
727,736	Total no. of incidents

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Controversy 5

How good can reporting systems get?
What part of the picture is reporting?

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Controversies in Healthcare Safety

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