The courage to keep Patient Safety First

‘Making the safety of patients everyone’s highest priority’ (Patient Safety First Campaign cause) has been well and truly grasped by the Association for Perioperative Practice and operating theatre staff across the country.

The national imperative to introduce the WHO surgical checklist has further fuelled this interest.

There is a need for real courage, amongst our leaders and our operating theatre staff, to realise the ambition and the potential to reduce harm.

Courage to withstand the objections, or worse, the passive resistance from some clinicians to changes that erode their power. This often requires ‘champions’ amongst surgeons and anaesthetists who are willing to drive the safety improvements forward and a healthy partnership with the leadership of the theatres to make things happen.

Courage in individual, often more junior, staff to speak up when they see something going wrong. Usually, in cases of wrong site surgery, someone in the team has observed it is the wrong site but has not felt able to speak up. In pre procedural briefings the consultant surgeon should be encouraging all members of the team to speak up ‘if you see I am doing something wrong, please speak up to keep the patient safe’.

And courage amongst leadership, to keep patient safety as the highest priority, when financial pressures start to challenge that.

The national response to the financial tsunami on its way is encouraging. QIPP – Quality, Innovation, Productivity and Prevention – is aimed at reinforcing the strategy to improve quality (and safety) AND increase productivity. In my experience, the operating theatre is usually bedevilled by inefficiencies to everyone’s continuing frustration. The NHS Institute for Innovation and Improvement’s Productive Operating Theatre programme, is a welcome response to this and attempts to link both quality and safety improvements with productivity gains.

I know it feels counter intuitive, especially to clinicians, to see improving quality leading to a REDUCTION in costs, but think about it carefully. Keeping patients safe is more cost effective. Eliminating avoidable infections leads to lower lengths of stay, less spend on consumables and a better deal for patients. Starting theatre sessions on time, minimal downtime between operations and standardising more processes, leads to better utilisation of theatres, more patients treated at less unit cost, and less frustration for staff!

More organisations are starting to seek ways of changing the culture in hospitals and in operating theatres. Some are working with ‘human factors’ experts to help this change. Don’t be afraid of the language! But recognise that staff WILL make mistakes, and the ingredients at play in the operating theatre – many different professions, formal and informal hierarchies, highly pressurised life or death scenarios, complex logistics etc. – will fuel mistakes. So it is important that work is done on both systems to protect patients when mistakes are made and on programmes to improve team working, communications and the culture that fuels mistakes. This will be a long-term culture change but the first step is for each profession, each individual, to recognise that it’s a problem and it’s MY problem, and I have a part to play in resolving it.

Part of the positive culture requirement is to respond to genuine mistakes as an opportunity to learn, not to punish. Consistent application of this principle in action is required. Staff are influenced by the actions and the behaviours that are displayed over many years, not what is written on a policy document. Staff who make mistakes also need to be supported, it can have a devastating impact on the individual and the team as well as on the patient. Leaders need courage to do this, when society clamours for someone to blame.

Stephen Ramsden
Chief Executive, Luton and Dunstable Hospital Foundation Trust and Director of the National Patient Safety Campaign
Disclaimer

The views expressed in articles published by the Association for Perioperative Practice are those of the writers and do not necessarily reflect the policy, opinions or beliefs of AfPP.

Manuscripts submitted to the editor for consideration must be the original work of the author(s).

© Association for Perioperative Practice
All legal and moral rights reserved.

Email: hq@afpp.org.uk
Telephone: 01423 508079
Fax: 01423 531613

Association for Perioperative Practice
Daisy Ayris House
6 Grove Park Court
Harrogate HG1 4DP
United Kingdom