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Editorial: Safety

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The publication of the landmark Institute of Medicine report To Err is Human shocked with its estimate that as many as 98,000 people die in U.S hospitals each year due to medical errors (Kohn et al. 2000). Has patient safety improved since the report's publication? Perhaps not as much as anticipated. A recent paper estimates that medical error is the 3rd leading cause of death in the United States (Makary and Daniel 2016). However, interpretation of what statistics there are on medical errors and harms should be approached with caution. Harmful events may not be reported, let alone counted.

Safety always comes back to 'culture'. Two reports marking the 15th anniversary of To Err is Human note the importance of leadership, at global, government, executive, board, clinical and community level, for promoting a safety culture. The authors of the Patient Safety 2030 report include leadership in their suggested patient safety toolbox as well as digital technology, education and training and stronger measurement methods (Yu et al. 2016). The U.S. National Patient Safety Foundation published Free From Harm (2015). Their recommendations cover leadership, patient safety oversight, safety metrics related to outcomes, research funding, safety across the care continuum, support for the healthcare workforce, patient and family involvement and safe and optimal use of technology.

Increased awareness, understanding and vigilance by all of us who work in intensive care as well as patients and their families can only help to contribute to a 'safety climate'. Our cover story looks at some important aspects of safety. Andreas Valentin outlines the key points to consider when transporting critically ill patients, starting with asking if the transport will likely result in benefit to the patient. Social media can play an important role in increasing awareness, and we feature an interview with the team behind patientsafe, which runs a Twitter account and a blog. Nancy Moureau and Vineet Chopra summarise the Michigan Appropriateness Guide to Intravenous Catheters (MAGIC), which provides evidence-based guidance on vascular access selection in critical care with the aim of reducing risk and improving safety. While healthcare-associated infections (HAIs) are already on the medical agenda, Frédéric Barbut and colleagues argue that Clostridium difficile in particular should be taken more seriously as a threat to patient safety. Last, Marck Haerkens and colleagues explain the concept of Crew Resource Management (CRM) training, which focuses on teamwork, threat and error management, and blame-free discussion of human mistake.

Our Biomarkers series continues with a look at kidney biomarkers. Marlies Ostermann and Kianoush Kashani explain the potential of the new biomarkers and how they may best be used in clinical practice.

In our Matrix section Thomas Hemmerling and Marilu Giacalone provide an overview of the application of mechanical and pharmacological robots to anaesthesia. Yuda Sutherasan and colleagues outline the optimal perioperative respiratory management of morbidly obese patients, recommending multimodal anesthesia and analgesia and protocols for perioperative care in order to reduce pulmonary complications and improve outcomes. The chain of survival concept for out-of-hospital cardiac arrest has been around since the 1980s, but only comparatively recently has the "fifth link" of post-cardiac arrest come to the fore. Takashi Tagami explains how post-resuscitation care was implemented in Aizu, Japan. In the last article in this section, Danielle Bear and Zudin Puthucheary look at potential nutritional strategies and schedules to reduce muscle wasting in the early stages of critical illness.

In our Management section, Vitaly Herasevich and colleagues consider the barriers and potential solutions for the future development of meaningful clinical scores derived from Big Data. Next we look at two more social media tools that are widely used in the ICU community. We hear about vodcasting from Claudio Ronco and Marta Scabardi and talk to Jonathan Downham about podcasting. Last, Fiona Kiernan writes about the role of public opinion and resource allocation in healthcare.

Our interview is with Sharon Einav, Chair of the Intensive Care Medicine Subcommittee of the European Society of Anaesthesiology. She has much to say about the interface of intensive care and anaesthesiology and what the disciplines might learn from each other.

Our Country Focus is Sri Lanka. Chulananda Goonasekera and colleagues, founder members of the Sri Lanka Society of Critical Care and

Emergency Medicine, [describe the evolution of critical care in their country](#) .

The *ICU Management & Practice* team will be at Euroanaesthesia 2016 in London this month. If you will be attending, make sure to drop by and pick up your copy of the journal.

As always, if you would like to get in touch, please email **editorial@icu-management.org**

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