



## Future of Patient Safety



The Patient Safety Global Action Summit 2016 took place in London last week with thought leaders gathering to discuss the future of patient safety.

Reflecting the Patient Safety 2030 report, produced by the NIHR Imperial PSTRC, the summit focused on:

- Taking a holistic, system-based approach to patient safety;
- The emerging threats shaping the future context of care and our needs;
- The novel and innovative tools at our disposal to safeguard care, including behavioural insights, digital health, and design;
- The importance and potential of learning from other industries and health systems.

Commenting in *The Guardian* on the occasion of the summit, former UK Health Minister, Lord Darzi, a surgeon and director of the Institute of Global Health Innovation at Imperial College, London referred to ways of improving patient safety.

Referring to an Imperial College London report, Lord Darzi quoted the NHS patient death rate resulting from errors.

“In the six months from October 2014 to March 2015 there were 622,000 patient safety incidents recorded in general hospitals (acute, non-specialist, NHS trusts) in England and Wales. Of these, more than 23,000 caused moderate or severe harm and there were 716 deaths – four a day,” he said.

Lord Darzi also referred to the challenges faced by the NHS including:

- • Ageing patients;
- • Multiple chronic conditions;
- • Tight budgets and reduced staff;
- • Reduced investment in facilities and equipment;
- • Rise of antimicrobial resistance.

Innovations aimed at improving patient safety developed at the *Institute of Global Health Innovation* over the last decade, include:

### **Heads-up**

“Based on a single A4 sheet, this ward safety briefing asks “What happened yesterday?” It is used by staff at a brief meeting each morning to ensure any problems in the previous 24 hours – a broken piece of equipment, a patient almost given the wrong drug – are picked up and staff alerted. After piloting on 11,000 patients it is now in use at St Mary’s and West Middlesex hospitals and early results suggest it has improved safety”, Lord Darzi said in the article.

### **Hark**

Lord Darzi also described an app, Hark devised to assist medics with prioritising clinical tasks. “Allowing the thousands of clinical tasks medical staff must carry out each day – from writing prescriptions to inserting drips – to be prioritised and allocated via smartphone, this task management platform ensures the sickest patients are treated first and warning signs of deterioration are not missed. Hark has been sold to artificial intelligence research company Google DeepMind and there are plans to roll it out across Imperial College healthcare NHS trust.”

Other innovations supporting patient care are the ‘Hospital Drug Chart’ created in collaboration with designers, behavioural scientists and academics and ‘Ambulance Redesign’.

“This redesigned prescription chart aims to reduce the 7 percent of hospital prescriptions that contain an error, such as illegible writing or missing information,’ Lord Darzi said of the Hospital Drug Chart. “This is the most frequent cause of avoidable harm to patients in hospital. The new form requires medical staff to circle quantities and use colour coding for length of treatment. A trial at St Mary’s hospital published last year showed it reduced errors.”

Lord Darzi described emergency care in an ambulance as hampered by poor design, bad layout of equipment, a germ-risk interior and ‘cramped conditions. “A replica full-size ambulance has been built to a new design with a side-loading trolley, built-in washing facilities, re-positionable monitoring and communications system and treatment packs of syringes and bandages in one place. It was evaluated positively by paramedics.”

Reflecting on the progress made over the past ten years at the Institute of Global Health Innovation, Lord Darzi said that great strides had been made but an important lesson was that “no intervention in isolation can solve the problem.”

Source: [The Guardian](#)

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