

Zoom On: Martin J. Hatlie



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Martin J. Hatlie, JD is CEO of Project Patient Care (PPC), a non-profit organisation focussed on bringing the voice and experience of patients into healthcare improvement work. He also serves as Co-Director of the MedStar Institute for Quality and Safety, which integrates open and honest communication strategies, patient and family engagement, research and high reliability organisation methods into quality and safety improvement. He joined the Patient Safety Movement Foundation Board of Directors in 2020.

Mr Hatlie is a lawyer who advocates for patients and coaches healthcare providers and policymakers on patient safety and medical liability issues. In addition to PSMF, he serves on the boards of several organisations focussed on patient safety, including Consumers Advancing Patient Safety, The Leapfrog Group, Smart Patients, MacNeal Hospital in Chicago, and the Alliance for Integrated Medication Management. He also plays advisory roles with the World Health Organization's Patient Safety Programme, National Quality Forum and The Joint Commission, and works with the Healthcare Patient Partnership Institute to help hospitals establish patient and family advisory councils focussed on safety and quality. Mr Hatlie attended Carleton College and received his law degree from Boston College Law School. He co-edited the Patient Safety Handbook, one of the first textbooks in the patient safety field.

What are your key areas of interest and research?

I'm a patient safety advocate and have been since the 1990s. Although I'm often involved in research, I see myself as a change agent more than a researcher. I'm a lawyer, who spent the early part of my career as a litigator in civil rights – where I defended police, government entities and educational institutions – and professional liability, where I defended doctors and hospitals. I then spent over 10 years in government affairs with the American Medical Association, where I ran a coalition that lobbied for professional liability reform. The AMA established the National Patient Safety Foundation in 1997 and I served as its founding Executive Director. I've been a staunch advocate for patient and family engagement starting shortly thereafter, and have learned so much along the way. Engaging patients and families as whole persons in patient safety and healthcare transformation work is my chief research and policy interest now.

What are the major challenges in your field?

From a safety science perspective, healthcare is the most complex yet evolving human activity there is. Our investment in innovation and progress means there is constant change. Complexity and change means that healthcare is prone to failure. No matter how competent and dedicated our workforce is, we need well-organised support systems, tools and technology to continuously learn and improve. So that's the fundamental challenge.

Right now, the three big systemic barriers to meeting that fundamental challenge are 1) misaligned incentives, 2) lack of transparency, and 3) organisational culture that is not sufficiently patient-centred.

By misaligned incentives, I mean that payment for healthcare doesn't reward commitment to safety. By lack of transparency, I mean fear of litigation or loss of reputation encourages people to hide their mistakes and failures rather than reveal them so the entire system can learn. This hiding is often at the expense of patients and families, who need open, honest communication to trust and heal. My concern with organisational culture is that most healthcare leaders are not trained in systems thinking, and so they underestimate the value of transparency and continuous learning. They are socialised into protective behaviour norms that too often default to blame when failure happens – whether it be blaming a patient, a family member, a co-worker or a demographically profiled group – rather than focussing on systems that fail to catch all-too-human mistakes or support continuous learning.

I also think of the acute problems really taxing the system now as major challenges. Research and innovation in patient safety has focussed extensively on hospital care, not enough on care in ambulatory, nursing home or home settings – even though more care happens in these non-acute settings. The COVID-19 pandemic now reveals the massive gap in focus on safety in long-term care, and residents and workers there are paying with their lives. It's truly a humanitarian crisis.

Another immediate problem is fractured regulation. Lessons learned in one place don't get spread far enough or fast enough. Education lags and

our public health system still doesn't accurately count who dies or who is harmed by unsafe care. There is an urgent need to better lead and coordinate patient safety at the federal government level. We've been talking about a national patient safety agency modelled on the aviation field for 20 years now, and I think it's high time we take that on as an imperative.

Finally, healthcare institutions have to become more proactive in addressing bias. It's well established in the data that minority populations are much more likely to experience bad treatment outcomes. We must address this embedded racism if we're to achieve a healthcare system that meets our aspirations to be equitably and authentically patient-centred for all patients, regardless of age, gender, race, ethnicity, socioeconomic status, or gender identity.

What is your top management tip?

My top management tip is that healthcare leaders should establish cultures of continuous learning, open and honest communication, and sharing. This culture should value transparency – both internally with staff, and externally with patients and the other healthcare systems. My top governance tip is that Boards of Directors at hospitals and health systems hold management accountable for establishing and maintaining cultures of transparency, as well as diversity and inclusion.

What would you single out as a career highlight?

Without a doubt, the most personally rewarding dimension of my career has been learning from the experiences of patients and families. I think the biggest contribution I've made is to help get that experience heard and valued by both policymakers and providers. Patient and family engagement is now embedded in federal policy, the infrastructure of healthcare organisations, and research. Evidence is accumulating that shows effective patient and family engagement improves outcomes. I hope I played a role in advancing that.

If you had not chosen this career path you would have become a...?

Easiest question here, because I'm a dog person. If only I could handle the sight of blood, I'd be a veterinarian.

What are your personal interests outside of work?

Well, obviously, dogs. I also love to read, history especially, and devote time and resources to advancing human rights and animal well-being.

Your favourite quote?

"Damn the torpedoes, full speed ahead!" – David Farragut, U.S. Navy Admiral during the Civil War.

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