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Penilla Gunther, President of the European Patient Safety Foundation, shares her insights with HealthManagement.org, explaining the importance of patient safety and its growing significance in healthcare. She also highlights the potential impact the Fight Fatigue campaign could have on patient safety and overall healthcare outcomes.

**Why is it important to take a closer look at patient involvement in the context of safety?**

It is important for everyone to work together and play their part in patient safety. Patients, too, bear some responsibility in being properly informed and prepared about their treatment or surgery or observing how the procedures are followed in healthcare settings. While patients shouldn’t be made responsible for checking equipment functionality, it is the responsibility of healthcare systems to do everything so that patients feel safe and encouraged to ask questions, as this can provide access to relevant information regarding their medical condition. I would say that patient safety is a shared responsibility, and patients play a crucial role in this regard.

**Would you agree that it is important for doctors to engage continuously with patients in discussions about their safety?**

I believe it’s the best way to achieve patient safety. Open dialogue makes it possible to discuss and address aspects of patient safety, ranging from the simplest to the most complex. When we attended the Global Patient Safety Ministerial Summit in Montreux, Switzerland, in February this year, the emphasis was still on the most essential and basic aspect of patient safety: hand hygiene. It’s a simple yet fundamental practice that everyone can contribute to. There are no excuses to overlook discussions about patient safety, as it spans from basic practices, like handwashing, to the utilisation of highly advanced medical equipment and facilities. But as these discussions are not always fostered by local or medical culture or habits, we need to ensure that opportunities are created by incrementing them along the various patient pathways within healthcare settings or by providing the patients with information or tools such as a checklist detailing all the patient safety checks they should go through.

**As AI continues to play a more significant role, what factors do you believe need addressing to ensure the responsible use of AI technologies in patient care?**

AI from a patient safety perspective has been discussed in detail during our last Patient Safety conference in Vienna. The least we can say is that AI provides opportunities to identify the health risks
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of patients, which can positively influence patient safety and outcomes. For example, AI algorithms can continuously analyse patient vital signs, electronic health records, and other real-time data to detect early signs of deterioration or potential medical errors, and that is, of course, a good thing. But it also comes with risks and implementation conditions, such as the need to ensure that patient data is transmitted and stored in such a way that patients feel safe sharing them.

Remote monitoring is becoming more significant, and we’ve seen that patients enjoy the empowerment it brings, allowing them to take control of their health into their own hands. How might the implementation of remote monitoring impact patient safety?

The impact of remote monitoring is clearly conditioned by how individuals handle their aids, apps, or any MedTech at home. It is, therefore, important that patients know how to handle these tools, and this knowledge should also extend to friends and families.

Sometimes, as private individuals, we may overlook instructions for product use. In healthcare, it’s not only about MedTech but also about pharmaceutical products because the line between pharma and MedTech is very thin today. We need to consider pharmaceutical products and MedTech in the same context for patients. In both cases, incorrect use will result in not achieving the best health effects that one expects.

And again, as for any patient safety issue, proper implementation of remote monitoring is a shared responsibility. Healthcare professionals have to deliver user-friendly information and instructions about the product to the patient, and patients have to do their best to follow the instructions. Ultimately, it’s all about ensuring patient safety to genuinely achieve the expected health outcomes.

From your perspective, how has patient safety changed since the pandemic? What are the anticipated developments in the future?

I believe that the issue of patient safety has reached an incredibly high level of attention, particularly in discussions about ensuring a safe vaccine or adequate intensive care beds and staff capacities and providing the right treatment and conditions for healthcare workers. This heightened awareness spans the entire life science industry and society, presenting an opportunity for substantial improvements. Governments and other policymakers have recognised the need for development in this area. With collaborative efforts, which we observed during the pandemic, I hold an optimistic view of the future of patient safety.

Patient communities have adapted to the unique challenges and opportunities presented by the pandemic. How are patient communities interacting now?

The awareness of patient safety has significantly grown, yet there is still much to be done. It’s still difficult for communities or patient organisations to

The pandemic witnessed a significant surge in remote consultations. How do you perceive the impact of remote consultations on patient safety, and do you anticipate further improvements?

Coming from Sweden, recognised for its high level of digital maturity, I’ve observed a notable increase in digital doctor consultations. Interestingly, these companies providing digital healthcare providers are also establishing physical healthcare facilities for in-person appointments. There’s been a shift from exclusively virtual meetings to a combination of virtual and in-person consultations. Virtual consultations provide convenience and cost-effectiveness, and in certain situations, an in-person visit to a real doctor is necessary. The goal is to strike a balance, leveraging the advantages of both approaches.

In any case, what we need to avoid, from a patient safety point of view, is disconnected medicine, where the personal link between doctor and patient is lost, as is in-depth knowledge of the patient’s medical history. The provision of quality care goes beyond brief, virtual discussions, which should only be there to take care of specific cases, such as following up on treatment at a distance or dealing with a question relating to that treatment, for example.

Patient communities have adapted to the unique challenges and opportunities presented by the pandemic. How are patient communities interacting now?

The awareness of patient safety has significantly grown, yet there is still much to be done. It’s still difficult for communities or patient organisations to
organise or link up in a more structural way around global challenges such as pandemics. What can be said, however, is that the pandemic showed just how ill-prepared healthcare systems in Europe were to cope with and absorb the impact of a disaster that was relatively predictable. In other industrial sectors, such as chemicals or nuclear power, railroads or airlines, risks are constantly analysed and reassessed to adapt the organisation to whatever may happen. Perhaps patient communities should now join forces and take the lead in importing such approaches from outside healthcare and promoting their implementation at all levels of healthcare systems.

Can you highlight the key takeaway messages, or the main themes introduced at the 2023 Patient Safety Conference?

Several speakers at the conference have addressed patient safety from various perspectives, including people from medical companies, pharma and hospitals, healthcare professionals, and the patient side. I love this diverse representation because it allows for collaborative discussions and the exchange of innovative practices, which is key to accelerating the implementation of patient safety improvements. But I hope it won’t stop in Vienna; it must go on so that we can achieve positive outcomes across Europe.

A very interesting thing which was outlined was the link between patient safety and the resilience of healthcare systems. In a way, improving the quality of care through better patient involvement organisation or ensuring the well-being of healthcare workers can contribute to healthcare settings that are better prepared to face crises, ranging from local disasters to global challenges such as pandemics or climate change. But it was also outlined that, to achieve that, we need a new impetus for patient safety and some kind of a new vision. The healthcare systems have become more complex, and the changes patient safety improvement requires have to be embedded into a wider approach, considering the complexity of these systems.

The conference was also the opportunity to highlight the Fighting Fatigue Together campaign, which our Foundation launched to alert on the risks related to the fatigue of healthcare workers, and I’m very happy and very proud to witness the increased interest surrounding this campaign.

We announced that we have started to support the implementation of the campaign in Austria, Croatia, Georgia and Spain. These are the first countries, but it’s essential for every country to address the shortage of healthcare workers, understand the reasons for them quitting their jobs and strive to create a healthier working environment in healthcare.

We are all reliant on healthcare, and it’s vital to retain and support the dedicated professionals working in the field. Additionally, we must focus on training more individuals for these roles and consider changes in working hours and conditions. This is something that concerns all of society because we are all patients sometimes.

Could you explain the objectives of the Fight Fatigue campaign in more detail?

The campaign originated in the U.K. several years ago following a tragic incident involving a nurse who, after working excessively long hours, lost his life in a car accident while driving home. This was the starting point to highlight the urgent need to address the fact that you cannot have people working too long hours in healthcare, as this comes with inherent dangers.

So, the first goal of the campaign is to raise awareness across Europe about the risks related to the fatigue of healthcare professionals, both for themselves and their patients. As a priority, we aim to encourage healthcare professionals to protect themselves from the effects of fatigue and to rest properly during night shifts or before driving home. We also want to equip them to explain to hospital management the importance of accessible and convenient on-site rest facilities.
But, of course, ultimately, our long-term goal is to improve the working conditions of healthcare professionals because, in many countries, the border of what can be reasonably expected from human beings has been crossed. Numerous stories have surfaced of patients feeling distressed and terrified when they hear that their healthcare providers have been working maybe 48 hours, recognising it is not safe. It is dangerous for both healthcare professionals and patients. It has to change for the benefit of the whole society.

What impact do you anticipate the Fighting Fatigue Together campaign having on patient safety and healthcare outcomes?

I strongly believe in the importance of engaging with people to understand their experiences in healthcare. How do you experience healthcare? Have you something to share with us that we can use as a good or bad example? We need to collect this knowledge to improve healthcare but also to strengthen the link between the patients we all are and the healthcare professionals who are taking care of us.

I’m so pleased that our campaign has gathered support from across the life science sector and healthcare, including patient organisations, so that we can make a change. Care is not solely the responsibility of healthcare workers; the broader environment and society need to provide support and acknowledgment for the good work being done.

This support is a key objective of the campaign — to demonstrate solidarity with healthcare workers. During the pandemic, people were clapping their hands outside on the streets. However, they need more than clapping hands; we need to create a supportive and nurturing environment to help them in their daily work.

Let’s not overlook either that there is a strong link between the well-being of healthcare workers and patient outcomes. We like people who really meet our expectations of knowledge, experience, and service. Patients nowadays would like to have more personalised care that matches their specific needs and demands, and that’s not easy to achieve in a world where we also lack the workforce and the resources. At least, what we could aim for is a better level of well-being for healthcare professionals, ensuring that they are taken care of and feel recognised for their continuous dedication.

The story often has two different sides, and it’s essential for us to come together, acknowledge these perspectives, and collectively work to solve the problem. While the challenges may not be entirely resolved with a conference or even a campaign, it’s an ongoing journey we are all on, and any contribution to improve the situation is welcome.

What can you say about the importance of increasing retention and recruitment?

Beyond the high levels of burnout due to the pandemic and pre-existing shortages, I believe that the current generation of young professionals pays much more attention to the balance between private and professional life and that it is a reason why it is so difficult to recruit and retain young professionals. Medical schools find it hard to attract new students, and the rates of persons leaving the medical professions have never been so high. If we combine these trends with the ageing of the medical staff, we are now facing a major crisis in staffing healthcare, and that is why extra efforts must be invested in recruitment and retention.

These efforts involve ensuring that the hospital’s environment aligns with the candidate’s expectations and values. An example highlights the significance of a positive interview experience: imagine a nurse seeking his first job interview at different hospitals. While the first hospital offered a position, the atmosphere during the interview lacked warmth and welcome. In contrast, the second hospital expressed enthusiasm about having him on board, making him feel valued and part of a cohesive team. Of course, it is not just about marketing; the recruitment process must be truly aligned with the working conditions offered by the hospital.

This example highlights the impact of a hospital’s culture and emphasises the importance of fostering a supportive and welcoming environment to attract and retain talented healthcare professionals.

Are we seeing more efforts to try and increase loyalty, retention, and recruitment of employees?

Unfortunately, I see that in many countries, we are taking the simplest route out of the crisis: solving the staff shortage by recruiting staff from another EU Member State or from a third country. It may solve the problem in quantitative terms in the short term, but we have to be aware that it also represents a