Commentary Article

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FROM HOSPITAL READINESS TO PATIENT SAFETY: BUILDING LEADERSHIP CAPACITY FOR PATIENT SAFETY IN INDONESIA

Dari Kesiapsiagaan Rumah Sakit hingga Keselamatan Pasien: Membangun Kapasitas Kepemimpinan untuk Keselamatan Pasien di Indonesia

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Abstract

The COVID-19 pandemic has had an influence on patient safety and quality of care. A research undertaken in numerous countries found a deterioration in the quality of care during the pandemic. Leaders can improve patient safety in any circumstances, pandemic or not, by building a safety culture, reacting to patient and staff concerns, supporting safety activities, and tracking progress. Good leadership is essential to the success of patient safety programs and improving patient safety. Leaders must first establish strategic priorities and plans for culture and infrastructure that will aid in increasing patient safety. They must also actively inquire about patient safety situations and regularly examine patient safety data. Leaders must also collect data in order to foster a culture of patient safety. It is also critical to ensure that adequate infrastructure is available to support safety activities. Leaders have an important role in establishing the optimal methods for enhancing patient safety. Measures and improvement actions are rarely carried out in many nations; thus, leaders must ensure and encourage quality and safety development. Leadership commitment is the foundation for both pandemic and non-pandemic safety and quality improvement. Patient safety recommendations frameworks can help leaders improve patient safety in their organizations.

Keywords: leadership capacity, patient safety, pandemic

Abstrak

Pandemi Covid-19 berdampak pada keselamatan pasien dan kualitas perawatan. Penelitian yang dilakukan di berbagai negara menemukan penurunan kualitas perawatan selama pandemi. Seorang pemimpin dapat meningkatkan keselamatan pasien dalam keadaan apa pun, pandemi atau tidak, dengan membangun budaya keselamatan, menanggapi kekhawatiran pasien dan staf, mendukung aktivitas keselamatan, dan mengacu pada kemajuan. Kepemimpinan yang baik sangat penting untuk keberhasilan program keselamatan pasien dan meningkatkan keselamatan pasien. Pemimpin pertama-tama harus menetapkan prioritas dan rencana strategis untuk budaya dan infrastruktur yang akan membantu meningkatkan keselamatan pasien. Mereka juga harus secara aktif menanyakan tentang situasi keselamatan pasien dan secara teratur memeriksa data keselamatan pasien. Pimpinan juga harus mengumpulkan data untuk menumbuhkan budaya keselamatan pasien. Penting juga untuk memastikan bahwa infrastruktur yang memadai tersedia untuk mendukung kegiatan keselamatan. Pemimpin memiliki peran penting dalam membangun metode yang optimal untuk meningkatkan keselamatan pasien. Evaluasi dan tindakan perbaikan jarang dilakukan di banyak negara. Oleh karena itu, para pemimpin harus memastikan dan mendorong pengembangan kualitas dan keamanan. Komitmen kepemimpinan adalah dasar untuk peningkatan keselamatan dan kualitas pandemi dan non-pandemi. Kerangka kerja rekomendasi keselamatan pasien dapat membantu pemimpin meningkatkan keselamatan pasien di organisasi mereka.

Kata kunci: kapasitas kepemimpinan, keselamatan pasien, pandemi

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Introduction

Our recently published article (Dhamanti *et al.*, 2022) examined the impact of hospital preparedness on patient safety incidents during the COVID-19 pandemic in Indonesia using health worker perceptions. The results indicated that hospital ownership and accreditation improved hospital readiness to treat higher volumes and surge capacity, but not patient safety incidents, which continued to occur regardless of accreditation or ownership status. Health professionals frequently reported delays in treatments, errors in treatments, records, tests, patient identification, incorrect patient discharge information, and insufficient patient follow-up following diagnostic tests.

Although one could argue against using health worker perceptions due to problems with recall, bias, self-selection, etc., perceptions can reflect reality and serve as good surrogates for administrative data captured in patient charts. Another study demonstrated that people's judgments or perceptions tend to reflect their actual qualities (Wessels *et al.*, 2020). The local conditions to which employees are directly exposed are likely to influence their perceptions (Jepsen and Rousseau, 2022). Culture and climate research has demonstrated that frontline employees' perceptions are frequently accurate, and formal research tends to confirm this. The perceptions of employees were tied to their experiences (Peyton and Zigarmi, 2021).

Providing timely access to clinical care during pandemics is crucial; it is not sufficient to simply reduce the burden of unsafe care. In the United States, the Institute of Medicine provides six domains for quality (Institute of Medicine, 2001). Care needs to be safe, timely, effective, efficient, equitable and patient-centered. Furthermore, the Agency for Healthcare Research and Quality said there were five domains for clinical quality measures, including process, access, outcome, structure, and patient experience (Agency for Healthcare Research and Quality, 2018). During crisis phases of pandemics, care provision is frequently prioritized over other domains, and arguably for good reason. During a pandemic, is it possible to achieve a balance between these domains?

The findings of a study conducted in Italy indicated a decline in the quality of care, particularly during the pandemic (Golinelli *et al.*, 2022). Another European study demonstrates that the quality of healthcare services decreased during the pandemic (Tuczyńska *et al.*, 2022). There is also a decline in quality of care in developing nations. A study conducted in Brazil shows that, when compared to the previous year, the quality of care indicators showed a significant worsening during the COVID-19 pandemic (Foppa *et al.*, 2022). Developing countries face numerous obstacles, including a lack of healthcare workers, a rise in turnover, and an increase in ICU complexity due to changes in case-mix (Salluh, Lisboa and Bozza, 2020).

Discussion

Leaders can improve patient safety in any circumstances, pandemic or not, by building a safety culture, reacting to patient and staff concerns, supporting safety activities, and tracking progress (Agency for Healthcare Research and Quality, 2019). Leaders must manage and develop a wide range of innovative problem-solving solutions in order to keep their business functioning and patients safe and well-cared for (Kaul, Shah and El-Serag, 2020). Leader support is critical during the COVID-19 pandemic in order to implement an adequate crisis management approach (Dirani *et al.*, 2020). Leaders can also strengthen organizational resilience during

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the pandemic by learning from individual workers' anticipatory, coping, and recovery techniques (Rangachari and Woods, 2020). Patient safety leadership capacity aids in mitigating COVID-19 perceived threats. (Irshad, Majeed and Khattak, 2021).

What is required to make this happen? As a CEO/Executive, where do I begin? In this post, we suggest that good leadership is essential to the success of patient safety programs. A broad guideline is needed on the responsibilities of boards and senior management, as well as initiatives they may take to prioritize patient safety and institutionalize safety. The Institute of Healthcare Improvement (Botwinick, Bisognano and Haraden, 2006) has vast experience and success advising organizations on how to increase patient safety. The Institute for Patient Safety & Quality emphasizes three critical leadership characteristics for developing a patient safety culture in a local organization: communication, co-creation, and conflict resolution are all important. (Tan *et al*., 2019). Leaders frequently have strong intentions to prioritize patient safety, but they may be sidetracked by other pressing issues or a lack of understanding or a framework. In the table below, we present a high-level overview of the eight stages recommended by IHI for leaders to achieve high reliability and develop sustainable patient safety initiatives. We will next elaborate on the first and most important step (Step 1), which serves as the foundation for subsequent steps.

Step 1 : Address Strategic Priorities, Culture, and Infrastructure
Step 2 : Engage Key Stakeholders
Step 3 : Communicate and Build Awareness
Step 4 : Establish, Oversee and Communicate System-Level Aims
Step 5 : Track/Measure Performance Over Time, Strengthen Analysis
Step 6: Support Staff and Patients/Families Impacted by Medical Errors
Step 7: Align System-Wide Activities and Incentives
Step 8: Redesign Systems and Improve Reliability

Step 1 demands leaders to focus on patient safety strategic priorities, culture, and infrastructure, as well as: a) establish patient safety as a strategic priority; b) evaluate organizational culture; c) create a culture that promotes patient safety; d) address organizational infrastructure; and e) learn about patient safety and ways to enhance it.

Leaders, in our experience, must do "more" to position safety as a top strategic priority. Patient safety is frequently viewed as just another accreditation criterion for executives to check off, a passive or reactive strategy. Safety must be included not only in the strategy plan, but also prominently on the Board and Executive agendas. Leaders must spend time visiting employees and inquiring about safety concerns, incorporating patient safety into staff orientations, developing and reviewing safety data and dashboards, encouraging safety projects, and attempting to link executive remuneration to patient safety improvements. Patient safety objectives and goals must be clearly defined, along with action plans and accountability.

It is critical to assess organizational culture. Organizations must provide the right environment for safety procedures to thrive. To put it simply, a "just culture" is required for healthcare workers to feel comfortable and to "speak up." Creating a "fair culture" necessitates leadership dedication and patience. There are several surveys available to examine safety culture and, to develop the desired culture, organizations must use these data and take relevant measures.

One of the assumptions that CEOs and leaders frequently make is that

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appropriate infrastructure for patient safety exists. Organizational adjustments are required for safety activities to enable data gathering, analysis, reports, and decision-making. In the United States, Patient Safety Officers (PSO) often report to the CEO, COO, Chief Medical Officer, or other C-Suite executives. Other personnel, including such as epidemiologists, statisticians, human factors experts, patient safety trainers, and so on, must assist the PSO. A patient safety committee that meets on a regular basis and evaluates patient safety issues throughout the organization is necessary, but it is not sufficient because these are primarily advisory in nature. Some businesses have cross-functional "safety action teams" that meet monthly to discuss and resolve safety issues. To institutionalize patient safety, leaders should review their infrastructure and make proper budgetary allocations.

"Learning about patient safety methods and improvement" is the final step in laying the groundwork. Leaders must become familiar with patient safety and process improvement literature. Several resources are accessible, including those from the IHI and AHRQ, among others. It is critical to understand patient safety definitions and improvement approaches in order to drive change. Leaders must also be skilled at implementing change, and a review of various change management frameworks may be beneficial.

Learning about patient safety measures and improvement at the hospital level is barely implemented in many countries. As a result, leaders must encourage and support the everyday implementation of safety and quality improvement techniques at hospital level. There is still a lack of understanding that learning about patient safety measures and enhancing them is an investment for the organization. This is one of the areas that need to be prioritized in research and practice.

Conclusion

To conclude, a focus on quality and patient safety, whether during a pandemic or otherwise, begins with leaderships' commitment to making safety and quality a strategic priority and laying a strong foundation. Leaders can take several concrete steps to develop, implement and sustain these programs. The Institute of Health Care Improvement (IHI) framework is one approach that leaders can take to institutionalize patient safety.

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