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Conference Abstract

Fundamentals to Initiate a Patient Safety Management System in Integrated Chronic Healthcare

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Abstract

Introduction: The number of chronically ill patients is rising, which impacts the organization and quality of long-term, informal and social care. Patient safety (PS) management is an important feature of managing quality of care (QoC). The Institute of Medicine identified PS as a crucial aspect on which QoC is built. This study aims to determine the key fundamentals for initiating and consolidating a PS management system (PSMS) within integrated care.

Methods: A systematic search of the literature was performed. Out of 3,848 articles, 68 were used for final analysis. A deductive approach was used to identify those issues to be included in a PSMS.

Results: Heterogeneity in literature exists, due to the wide difference in taxonomy, research questions and study approaches. PS is mainly described in hospitals, primary care and transitional care, however, not in integrated care settings. Initiatives and strategies regarding PS management are generally based on the following key fundamentals, i.e. *communication, knowledge, culture and/or organizational characteristics*.

First, safety culture is considered one of the most important steps in PS management, predominantly a no-fault culture, in which open reporting and analysis of incidents are encouraged.

Second, knowledge refers to the awareness about PS, to the evidence-based collection of information and to a continuously learning organization. Also, patients' insight of their own care is associated with better outcomes. Third, communication among stakeholders is of key importance. Efficient information transfer reduces potential harm or readmissions to hospital. Next, in integrated chronic care, patients are considered as equal partners in the care process. Engaging patients and their informal caregivers is, therefore, crucial. Fourth, PS management also involves organizational adaptations such as structural, system, procedural and infrastructural changes. Finally, information technology as an enabler, is needed to support all above mentioned dimensions.

Conclusions: Within integrated care, PS management is more than implementing single strategies. It starts with understanding the key contributing fundamentals within culture, knowledge, communication and organization, and must be accessible and applicable for solitary professionals as well as for organizational and integrated networks. Especially within integrated care, patients are expected to play an active role.

Discussions: Notwithstanding little research has been carried out on PS in chronic care, integration of care for chronically ill people can minimize the risk for PS incidents. However, further research is needed to test this hypothesis.

Lessons learned: The findings of this study were bundled in a conceptual framework for PSMS in integrated chronic care. This framework might be a valuable guide for stakeholders to implement and evaluate PS improvement initiatives.

Limitations: Heterogeneity in PS strategies is found, due to the difference in taxonomy, research questions and study approaches used.

Suggestions for future research The conceptual framework will be assessed in terms of its potential impact on organizational network performance, patients' experience and clinical outcomes within the CORTEXS-project: a multidisciplinary and multi-method research project studying the outcome and safety of integrated care in Flanders (Belgium) (1).

Keywords

patient safety; integrated care; chronic care

References

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