Making patient safety an integral part of medical education

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Abstract

Medical education has not traditionally recognised patient safety as a core subject. To foster a culture of patient safety and enhance psychological safety, it is essential to address the barriers and facilitators that currently impact the development and delivery of medical education curricula.

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How can we improve the flow of people though our health system

Every health system worldwide suffers from one underlying problem in that there is an increasing demand for services and supply of services cannot match the increase in demand. Politicians become involved as they fund the service and want value for money. There is a long history of failed initiatives across the country and as winter approaches we can anticipate longer waiting times, more people on trolleys in EDs, increased dissatisfaction and more money invested to try solving the problem.

The reasons for increase demand are many and in general are a testament to our success in delivering good solutions to the problems of the past. People are living longer and then have more comorbidities each of which adds to demand for care. This then results in the next challenge as health system was not designed for the current spectrum of need, so we end up treating people in the wrong place and this may cause other problems, for example a person could be treated at a different level of care or in the community but there are no pathways or capacity in the community. Most of the services we provide are not integrated and are delivered in siloes so that there is duplication and redundant process. Finally there is limited link up across the person journey access the different levels of care and inconsistent links with social care and the wider community.

Over the years, the HSE has tried many initiatives with variable degrees of success. The latest one is the Patient Flow Academy which is based on similar academies in other countries. The question is whether one can improve flow to any degree if the system does not change and the funding streams do not support new models of care. This a great move to make a difference and move care from the hospital to the community where appropriate.

For the hospital part of the flow conundrum we definitely need another approach . When I was in the USA at IHI I was fortunate to meet Eugene Litvak who has a theory for hospitals to improve flow through the system. In most systems we mix emergency care which generally can be predicted with scheduled care which counterintuitively is not predicable. The aim is to eliminate variability in scheduled care like surgery and use queuing theory in care that is predictable like arrivals in the ED.

A recently published book *Hospital, Heal Thyself: One Brilliant Mathematician's Proven Plan for Saving Hospitals, Many Lives, and Billions of Dollars* describes this approach – difficult to implement but well worth considering. Read an excerpt of the book on the Harvard Public Health

website and perhaps one can try this out