analesdepediatría

www.analesdepediatria.org

EDITORIAL

Quality management and patient safety in the time of health crisis☆

Gestión de calidad y seguridad de pacientes en tiempo de crisis sanitaria

Ángel Antonio Hernández Borges

Sección de Pediatría, Hospital Universitario de Canarias, Tenerife, Universidad de la Laguna, Spain

Received 9 July 2020; accepted 9 July 2020

Quality management is often associated with bureaucratic procedures that are often not very effective. Nevertheless, the negative press that some poorly planned projects may have brought on quality management processes as mere means to achieve International Organization for Standardization (ISO) or European Foundation for Quality Management (EFQM) certifications has not weakened the development of the culture of quality and safety in health care facilities, professionals and institutions in the last 2 decades in Spain. What started out motivated by financial interests, that is, the millions of dollars that insurance companies in the United States were unwilling to lose to medical errors, combined with the *To err is human* report of 1999, was reframed as an extraordinary opportunity to prevent complications, sequelae and dissatisfaction in health care professionals, patients and families. This led to the emergence of one of the key dimensions of health care quality, patient safety, as an independent field.[1]

The approaches through which patient safety has enriched medical practice are manifold. First, there is the study of the epidemiology of health care errors, their detection and analysis (with all the associated methods, such as root cause analysis) and good clinical practice standards derived from the resulting knowledge disseminated through the efforts of several international agencies (Agency for Healthcare Research and Quality [AHRQ], Joint Commission on Accreditation of Healthcare Organizations [JCAHO]). On the other hand, the widespread introduction of risk management tools (Failure Mode and Effects Analysis [FMEA], Ishikawa diagrams, strengths, weaknesses, opportunities, and threats [SWOT] analysis) has favoured the development of a culture that has been introduced into our health care facilities through quality management services or adequate training of leadership in management.

This issue of *Anales de Pediatría* presents 2 examples of such quality management and patient safety tools.

One of these articles discusses the role of checklists.[2] This tool started to be used on account of the limitations of human memory and the fragility of human performance in the face of complex tasks. The two first known examples are the checklists used by NASA in the Apollo missions and the checklist used in response to the disaster that occurred in the first air trials of the B-17 bomber, known as the Flying Fortress. From this time, the use of checklists was universally adopted by high-risk industries requiring high reliability. And fortunately, this tool has been recently translated to the health care field with the introduction of the venous catheter insertion checklist in 2004 (as one of the elements of the successful *Bacteriemia Zero* project) and the surgical safety checklist of the World Health Organiza-

☆ Please cite this article as: Borges AAH. Gestión de calidad y seguridad de pacientes en tiempo de crisis sanitaria. An Pediatr (Barc). 2020;93:75–76.

E-mail address: aherbor@gobiernodecanarias.org

tion (WHO) in 2009.[3] But, as the authors remark, sometimes completing the checklist becomes a rote task, wasting the opportunity to strengthen the safety measures in the system (re-checking of critical aspects, promoting communication in the health care team), and instead becoming a ritual that too often creates a false sense of security.

The second article deals with electronic prescribing systems,[4] another already classic tool that helps prevent the main broad category of health care errors: medication errors. The authors found a reduction of 40% in the incidence of errors, especially those related to dosing and prescription transcription, although efforts must be made to use this tool efficiently, as well as a previous economic investment. In addition, this approach does not completely preclude the possibility of errors at the prescription, dispensation and administration levels.[1]

Just as Donabedian convinced Japanese industrial leaders that the way to come out of the economic crisis that followed World War II was to invest in excellence in business management, the current pandemic is an opportunity to raise awareness on the health care management tools that we have been accumulating through our professional careers and that we sometimes use unconsciously. When, in record time, we established COVID and non-COVID care frameworks where there used to be none, identifying tasks to be performed, appointing leaders, linking subprocesses and establishing thresholds (acquisition of supplies, allocation of resources, human resources) we were engaging in process management. As we ceaselessly searched the literature, assessed the methodological quality of studies and the strength of the scientific evidence and created protocols in successive documents separated by but a few days, we were documenting these newly developed processes that were integrated into the processes that were already established in our facilities. When we adopted telecommuting and teleconsultation as the norm, using the mean occupancy of the waiting rooms in our clinics as a key indicator to prevent crowding of health care users, thus continuing to engage in quality management and patient and family safety processes. All of this is embedded in successive cycles of identifying problems, developing solutions, implementing the solutions and starting over again. That is, solution development, solution implantation and over again. That is, applying the classic plan-do-check-adjust cycles.

And we have done all of this in a matter of weeks. Weeks of collective effort catalysed by stress and concern over a public health disaster the likes of which we hope we will never encounter again. Communication, so often a factor in safety problems, has been promoted through the creation of WhatsApp groups, remote connections from home, nearly constant videoconferences and an unprecedented level of scientific collaboration, all innovations put to the service of our needs to manage the uncertainties and risks lurking in this pandemic.

We also must learn about the aspects concerning the humanity of individuals, and accept that some things have been poorly done. The emotional support of patients at the end of life, the management of families (so habitual to us, paediatricians) and their need to say goodbye, probably for good reasons, could not be given the necessary attention as other aspects were prioritised in the critical stages of the pandemic. But even under these circumstances, we have found that we can make video calls from the ICU between patients and family members, thus alleviating the anxiety caused by separation.

In short, these are times when patient safety and care management, among other health care areas, will experience an advance if only we are able to learn quickly and as a group.[5]

References

1. Mueller Bu, Neuspiel Dr, Fisher Ers. AAP Council on Quality Improvement and Patient Safety, Committee on Hospital Care. Principles of Pediatric Patient Safety: Reducing Harm Due to Medical Care. Pediatrics. 2019;143(2):e20183649.
2. Concha-Torre Andrés, Alonso Yolanda Díaz, Blanco SaraÁlvarez, Allende Ana Vivanco, Mayordomo-Colunga Juan, Barrio Bárbara Fernández. Las listas de verificación: ¿una ayuda o una molestia? An Pediatr (Barc). 2020;93, 135.e1–10.3.
3. Hernández Borges AA. Checklists en el hospital: herramienta para la mejora. https://docplayer.es/21816879-Checklists-en-el-hospital-herramienta-para-la-mejora-dr-angel-hernandez-borges-jefe-de-la-unidad-de-calidad-huc.html. Última visita, 17 junio 2020.
4. Oliveira Carla Fernández, Roca Cristina Martínez, Álvarez Alejandro Ávila, Barreiro Vanesa Balboa, Arufe Víctor Giménez, Gómez Pedro Yáñez, et al. Impacto de la implantación de la prescripción electrónica asistida en la seguridad del paciente pediátrico. An Pediatr (Barc). 2020;93:103–10.
5. Fitzsimons John. Quality and safety in the time of Coronavirus: design better, learn faster. Int J Qual Health Care. 2020:1–5.