The Patient’s Voice…

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• Dedicated practitioners;
• Highly developed science;
• Remarkable technical capability;
• Extensive resources.
Yet, despite these strengths…
Growing Challenges:

• Cost (unsustainable rates of increase);
• Access (to services, practitioners etc);
• Safety/Quality (errors, deaths, variation);
• Unhappiness/Dissatisfaction.
The health care paradox:
Practitioners are working as hard as they can
and...
Important needs of patients and society are not being met.
Safety: Trying harder isn't the answer!
Safety Requires: The transformation of culture!
The Transformation of Culture Requires: The voice of patients!
Fear is the Barrier to Partnership

• Fear is the overriding emotion that staff have; Clinical staff won't buy into patient safety until they feel safe and supported by management.

• Past history of poor treatment will be foremost in their minds and they will not trust the no blame story until they see it actually in action.

• This fear transcends the clinical realm of health care and leadership needs to be cognizant of this, recognize their own fears and misconceptions and, themselves, be courageous in supporting staff and involving patients and families.

• There is no ‘recipe’ for success or ‘quick-fix,’ however, the process starts with LISTENING TO THE PATIENT.
“What a leader can do is set expectations and insist on certain actions. If, on balance, these new ways actually make life better for people, the culture will absorb the new practices and change.”
“Organizations work the way they do because of how we work, how we think and interact: the changes required ahead are not only in our organizations but in ourselves as well.”

Because, as Senge put it, “this learning organization work is about each one of us…if you get the personal mastery element of these changes, the rest falls into place.”
Safety will be improved if patients are included as full partners in reform initiatives, and learning can be used to inform systemic quality and safety improvements.

By contributing the patient voice, experience and perspective, patients will ensure that the work of the World Alliance for Patient Safety is authentically patient-centred throughout all areas of Alliance work.
“Never doubt that a group of thoughtful committed citizens can change the world; indeed, it’s the only thing that ever has.”

Eleanor Roosevelt
Patients for Patient Safety Canada works to alter the embedded patterns in healthcare that underlie the current global crisis in patient safety. Specifically, we seek to:

- Transform relationships that impede patient safety
- Foster fully informed and collaborative decision-making that supports patient safety
- Equalize differences in power that impedes people from speaking openly and honestly while acting courageously to prevent harm
- Resolve conflicts that undermine safe, patient-centered care
- Contribute to continuous learning about risk and safety in healthcare
1. Articulate the expectations that Canadian healthcare users have for the respectful disclosure of medical errors.

2. Develop a strategy for incorporating the patient experience into research initiatives and other bodies of knowledge used to develop patient safety interventions.

3. Develop strategies, leadership and financial support for implementation of patient/provider partnership councils that foster open, honest collaboration.
4. Develop a toolkit/educational program for consumers to contribute to health system efforts to improve patient safety and achieve culture change.

5. Incorporate the patient voice in all organizational decisions that affect them.
Patient and Family-Centered Care

The International Alliance of Patients’ Organizations believe that the 5 Principles needed to achieve patient-centered healthcare are:

- Respect
- Choice and Empowerment
- Patient Involvement in Health Policy
- Access and Support
- Patient Information
“You must be the change you wish to see in the world.”

Mahatma Gandhi
Patients and Families as Mentors...

- Board QCC, PSC: patients aren't surprised at the cases they hear about, but rather, they are surprised by our commitment to it and in awe that we want to partner for a solution;

- Task forces; Round; Employee Orientation; Operating Committees (strategic planning); leadership interviews; newsletter (Side by Side); Publications (When Things Go Wrong-Harvard); Rescue events (worst case/best case)...ENDLESS GIFTS!!!
Patients and Families as Mentors...
Endless Gifts!

This is what DFCI learned following the death of Betsy Lehman:

- Patient satisfaction in the 99th percentile for an academic hospital;
- Less than 1% nursing turnover per year;
- Staff satisfaction in top 10th percentile in an academic institute;
- Lowest rate of error seen in an ambulatory care centre
- Staff’s sense that a patient safety concern will be acted upon, 99%;
- Litigation paid out, $20k over 10 years (in a US hospital!!!).
“To err is human, to forgive is divine.”

Alexander Pope
My Mentor: A husband, father, brother and friend.

Steve Stanisic Sr.; Died on December 9, 2004
Health care will be transformed not by laws or regulations, but as it always has been…

…by people working together in new ways to give better care to patients.
“The mountain is there. You might as well try to climb it.”

Kirklin
“It may seem a strange principle to enunciate as the very first requirement in a Hospital that it should do the sick no harm.”

Florence Nightingale, 1859
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