Quality lines

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Evidence for the role of the patient in safer systems

Involving patients in reporting adverse events empowers those affected by the event and captures details of events that may otherwise be unavailable. One review in this issue looks at the more general fields of patient participation in making care safer. A second review examines more specifically the effectiveness of the use of patients to report adverse events. In the latter study, publications were reviewed with an eye to patient population, type of healthcare setting, contact method, reporting method, duration, terminology, and reported response rate. Higher adverse event rates were observed when reporting systems used open-ended questions than when closed-ended questions were used. The importance of the obligation that the healthcare organisation had to solicited reports and standardisation of terminology were key recommendations. Study of patient reports can enhance patient safety by increasing follow-up by healthcare providers, allows for analysis of trends, identification of causes of events, and, most importantly, motivates the implementation of solutions. However, both reviews provide a clear message—the study of patient safety calls for critical research that defines more accurately the role for patients and their families in safer care. An accompanying editorial calls for studies that will provide data to support the theories that argue for the role of patients in enhancing patient safety. Even more importantly, we need to know *how* this contributes to safer care. ***See pages 82, 144 and 148***

Reducing falls in postpartum women

Postpartum women are at high risk for falls, but most research and policy is generally directed to falls among others such as the elderly and psychiatric patients. This report from Taiwan describes a fall prevention program with interventions that were developed based on root cause analysis. Redesign focused on communication and a safe patient environment. The resulting fall prevention program included live simulations accompanied by a printed education sheet, and simple modifications of the environment such as adjusting rails at the bedside, placing anti-sliding pads on the floors and enhancing light in the bathrooms. In the intervention group, the incidence of postpartum falls within six months before intervention was 14.24 per 1000 patient-days, and dropped to 6.02 per 1000 patient-days after intervention. The control group showed no substantial decline in incidence. This study provides a demonstration that the use of readily available tools of analysis, and application of lessons learnt can create safer patient care settings. Opportunities exist for similar improvements in patient safety throughout care settings, but may go unnoticed simply because they are considered routine. ***See page 138***

Early supported discharge is in the eye of the beholder

Previous randomised trials have described early discharge to be safe and hospitals have experienced fewer bed days for this group of patients. This report describes a qualitative study that suggests that an equal partnership may not always be as it seems in actual practise. This study assessed an early supported discharge scheme for chronic obstructive pulmonary disease (COPD) by interviewing 23 elderly patients in a deprived inner city in the UK. Patients had little recall of being approached to join the scheme and/or had been reluctant to negotiate timing of discharge with hospital staff. Indeed, from their perspective, the process of discharge from hospital rarely went smoothly. Practical hitches included arranging transport or organising the correct medication. Finally, simply put, resuming life at home was often difficult. The study of patients' perceptions of early discharge provides an example of the value of qualitative study of patient perspectives when analysing the outcomes of systems innovations. ***See page 95***

Gender differences in safety attitudes in US Veterans Affairs operating room teams

The Safety Attitudes Questionnaire is a validated tool that measures provider perceptions of patient safety culture across six domains. While differences have been measured across professional disciplines using the Safety Attitudes Questionnaire, gender differences have not. This report describes the results and analysis of administration of the Questionnaire to operating room personnel at nine US Department of Veterans Affairs hospitals. Surgeons were significantly more likely to report favourable perceptions of working conditions, while anaesthesia providers were significantly more likely to report favourable perceptions of stress recognition, but less favourable perceptions of safety climate. Females were significantly more likely to report unfavourable perceptions of both job satisfaction and working conditions. This study confirms previously reported differences in patient safety attitudes for operating room health professionals. Previously unreported gender differences suggest the possibility of opportunities for institutional efforts to address such differences. ***See page 128***