Perspectives on Zero Harm

Survey conducted by Elsevier and the Joint Commission International

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Zero harm means zero complications of care, zero falls, zero infections, zero missed opportunities for providing effective care, zero overuse and even zero lost revenue. In other words, zero harm of any kind.[1]

"A mindset of zero harm and a frame of reference for planning and delivering health care would be a seismic shift from the current status quo that lives with high levels of avoidable harm." [2]

Elsevier and Joint Commission International (JCI) have joined forces to accelerate the road towards Zero Harm in Latin America. This collaboration is aiming to introduce a series of thought-leadership events and resources to support healthcare providers to assess and make improvements to continue to enhance the patient safety and quality of care.

This report is first of such resources produced by this team.

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[1] https://www.jointcommission.org/-/media/tjc/documents/lwz/did-you-know.pdf

[2] Global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO.

Table of contents

Study overview 4

Zero Harm as an elusive goal 9

COVID-19 heightened vulnerabilities in Patient Safety 15

Key barriers to achieving Zero Harm 22

Next steps 26

Though health care is generally intended to prevent or cure diseases, the fact is that the delivery of health care can cause harm. Despite many advances, patient safety remains a challenge in healthcare. According to the World Health Organization's (WHO's) Patient Safety Action Plan 2021-2030:

- In high-income countries, one in 10 people are harmed while receiving hospital care.[1]
- Available evidence suggests that 134 million adverse events due to unsafe care occur in hospitals in low- and middle-income countries, contributing to around 2.6 million deaths every year.[2]
- The global social cost of patient harm can be valued at between one to two trillion US$ a year.[3]
- A human capital approach suggests that eliminating harm could boost global economic growth by over 0.7% annually.[3]

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[1] Slawomirski L, Auraaen A, Klazinga N. The economics of patient safety: Strengthening a value-based approach to reducing patient harm at national level. Paris: Organisation for Economic Co-operation and Development; 2017

[2] National Academies of Sciences, Engineering, and Medicine. Crossing the global quality chasm: Improving health care worldwide. Washington (DC): The National Academies Press;

[3] Slawomirski L, Klazinga N. Economics of patient safety: from analysis to action. Paris: Organisation for Economic Cooperation and Development; 2020

Advance towards

Zero Harm

The years on the horizon will be a time for hardwiring positive changes and promoting innovation that will enable transformation to cultivate culture of quality and patient safety.

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Perspectives on Zero Harm in Latin America

Elsevier and JCI conducted a survey to gauge the perspectives and top of mind concerns among health care providers in Latin America – speaking directly with those at the fore front of driving quality and patient safety efforts:

Small, medium and large healthcare organizations

Professionals working in Healthcare organizations in Latin America, with diverse roles, such as: Hospital Directors, Clinical Directors, Quality Directors, Patient Safety leaders, Pharmacy leaders, Education leaders, Unit Managers, Clinicians, Consultants.

Key areas of exploration

- Are stakeholders engaged towards Zero Harm? Is there a skepticism towards this vision?
- Are stakeholders equipped with the resources to embark in the journey towards Zero Harm?
- How did the pandemic impact healthcare professionals, patient safety perception and action?

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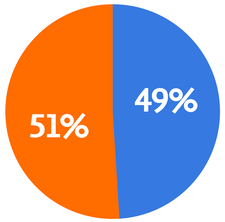
Survey design

An online survey was designed to engage healthcare professionals across Latin America.

The survey questionnaire was distributed in Spanish and Portuguese through online channels by Elsevier and Joint Commission International , fielded August 2nd – August 23rd, 2021.

Audience



of respondents from public organizations

of respondents from private organizations

Sample Size

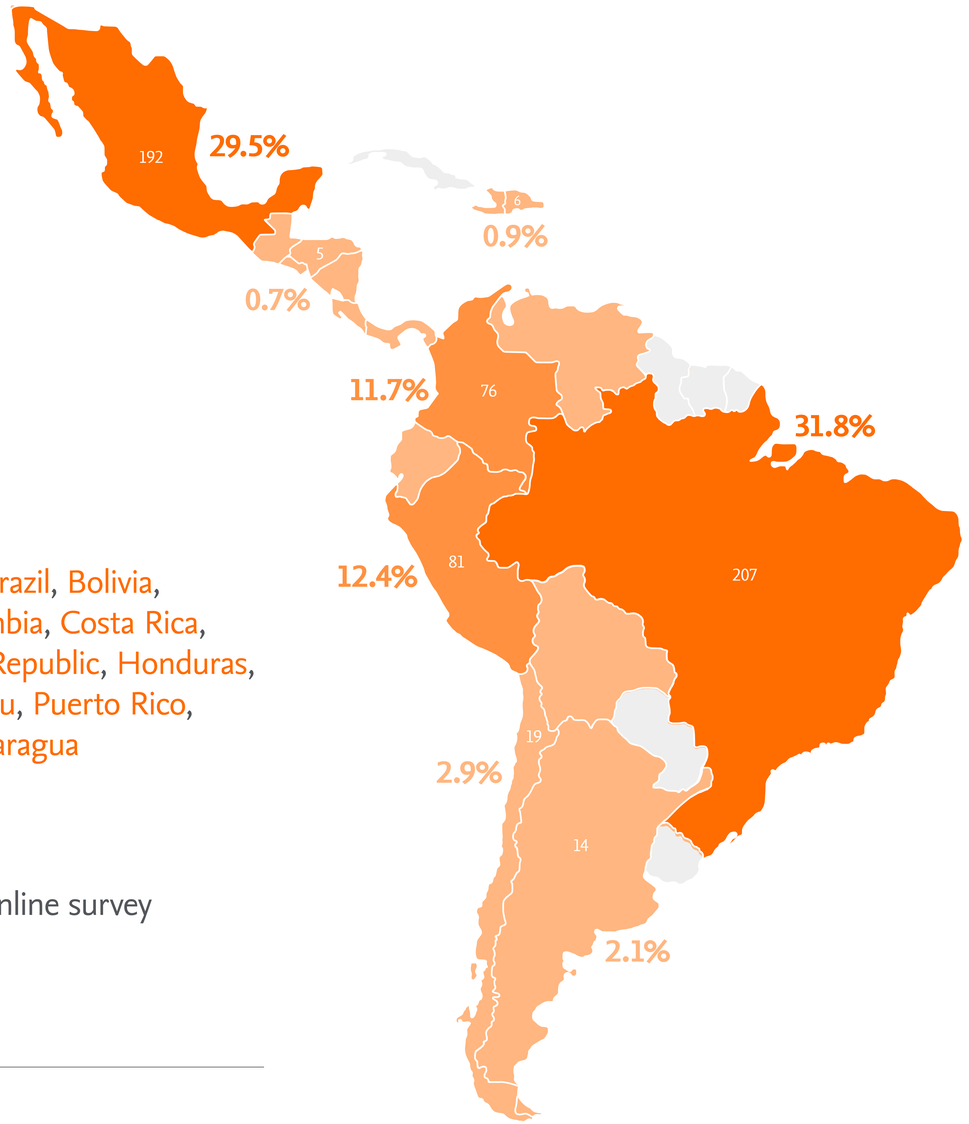
642 professionals in healthcare organizations

Countries

Argentina, Brazil, Bolivia, Chile, Colombia, Costa Rica, Dominican Republic, Honduras, Panama, Peru, Puerto Rico, Mexico, Nicaragua

Method

Self-paced online survey



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Key Findings

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Zero Harm as an elusive goal

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Zero Harm, while is a goal for many organizations, proves to be elusive.

The concept of Zero Harm is prevalent in small, medium and large sized healthcare organizations. However, the lack of resources dedicated to patient safety remains a challenge - suggesting Zero Harm is an elusive or aspirational goal rather than a target that can be achieved in the near-term.

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- Safety,
- Quality,
- Care,
- Commitment

were the top-of-mind Zero Harm definition words cited by respondents.

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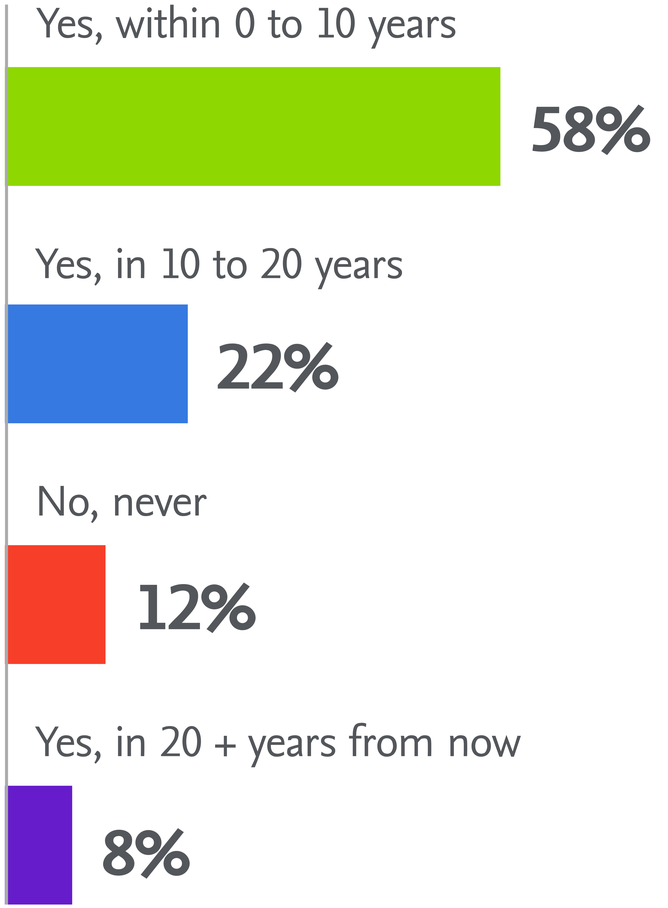
Although Zero Harm has become embedded in the mindset of professionals in healthcare organizations across Latin America, time to achieve Zero Harm varied by country and organization size.

Takeaway - **88%** of respondents believe Zero Harm can be achieved



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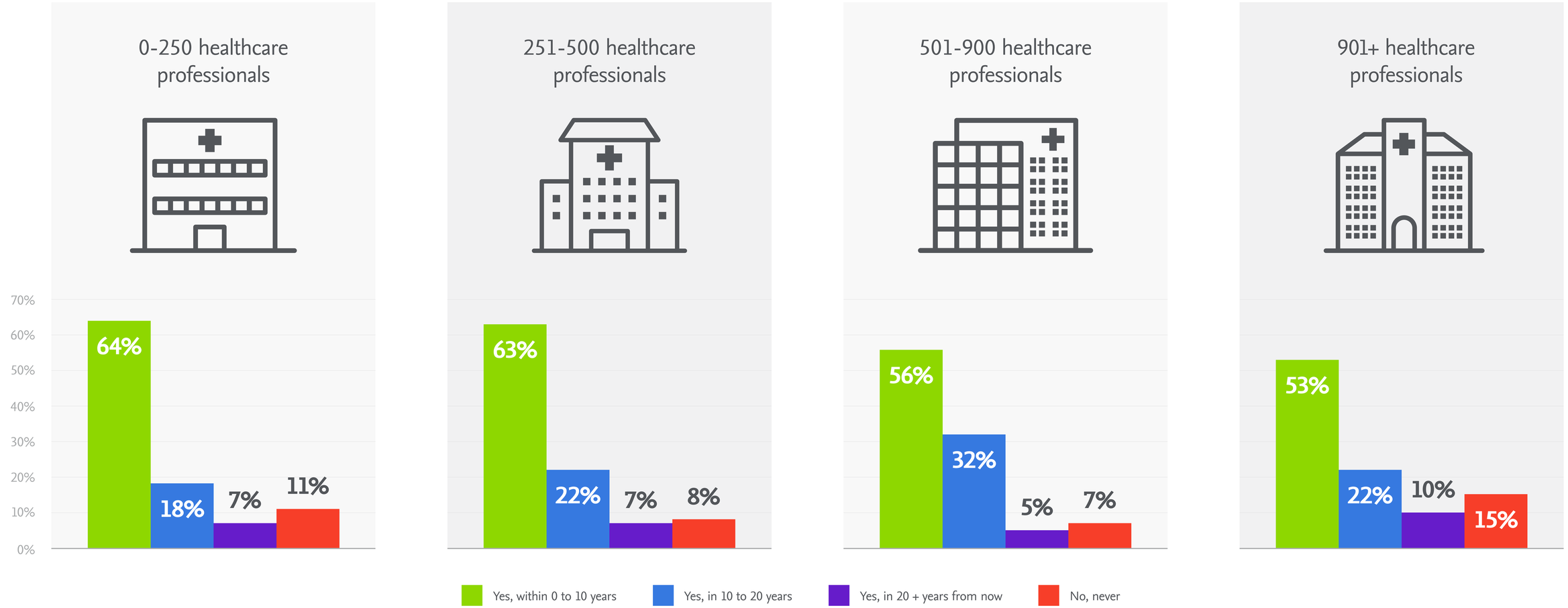
Smaller organizations reported a shorter timeframe to achieve Zero Harm



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Bridging the gap between aspiration and practicality remains a challenge within organizations in Latin America.

73%* aspiration

Patient Safety and achieving Zero Harm are part of my organization's mission and/or vision statement

69%

Patient Safety is my leadership's number one priority

56%

Patient Safety is my team's number one priority

76%

Patient Safety is my number one priority

88%

47%** practicality

My organization invest dedicated resources to support Patient Safety and achieve Zero Harm

56%

I have enough resources to support Patient Safety and achieve Zero Harm

44%

In my opinion, the term patient safety is trivialized

45%

Zero Harm is a topic mentioned at meetings in my hospital

42%

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* Average of % of respondents who selected "Agree" or "Fully Agree" for the following statements: "Patient Safety and achieving Zero Harm are part of my organization's mission and/or vision statement", "Patient Safety is my leadership's number one priority", Patient Safety is my team's number one priority", "Patient Safety is my number one priority"

** Average of % of respondents who selected "Agree" or "Fully Agree" for the following statements: "My organization invests dedicated resources to support Patient Safety and achieve Zero Harm", "I have enough resources to support Patient Safety and achieve Zero Harm", "In my opinion, the term patient safety is trivialized", "Zero Harm is a topic mentioned at meetings in my hospital".

COVID-19 heightened vulnerabilities in Patient Safety

The COVID-19 global pandemic has exposed many vulnerabilities and risks associated to healthcare that otherwise were not top of mind to many stakeholders delivering and managing care.

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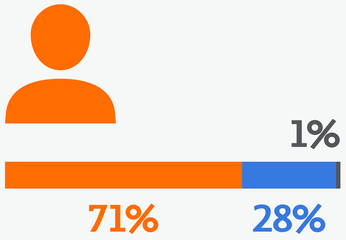
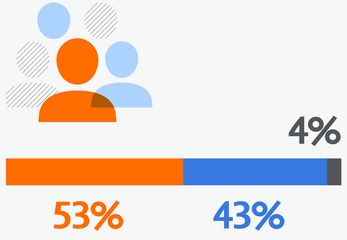
How would you rate the effort that the following positions exert towards Zero Harm?

Pre COVID

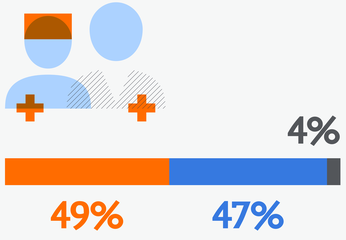
Yourself



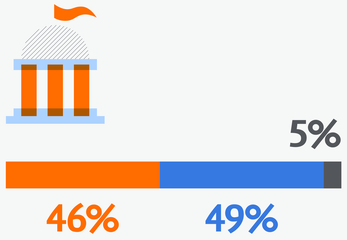
Your department



Frontline clinical staff

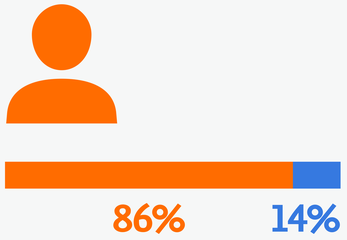


Your organization

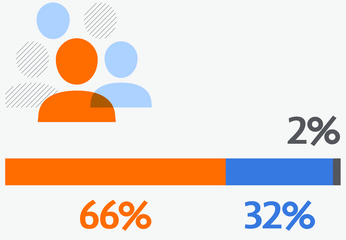


Post-start of the pandemic

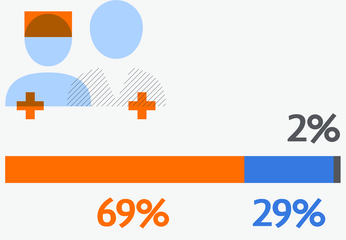
Yourself



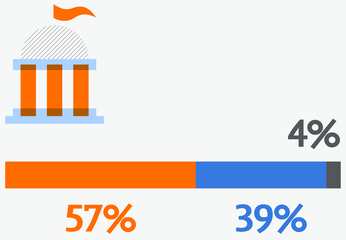
Your department



Frontline clinical staff



Your organization



The pandemic crisis increased the perception of effort towards Zero Harm, which varied among roles.

Great/Very great effort | Little/Some effort | No Effort

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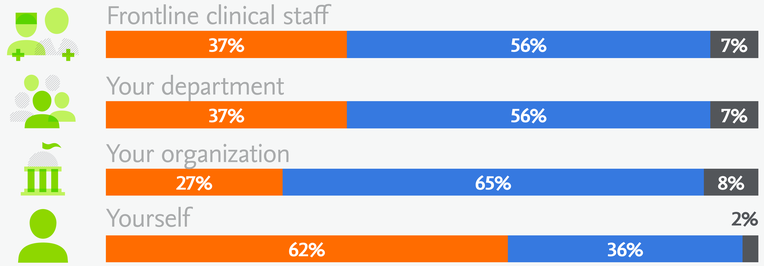
N= 452

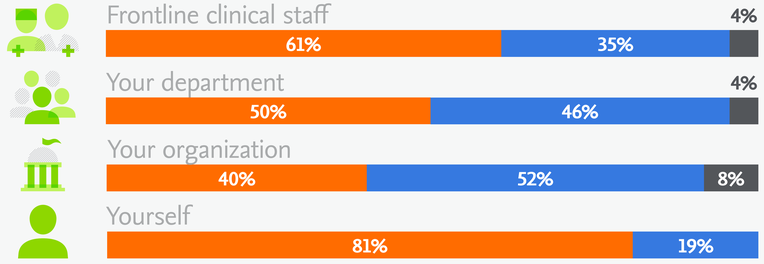
Q: How would you rate the effort that the following positions exert towards Zero Harm?

Public

Pre-pandemic crisis

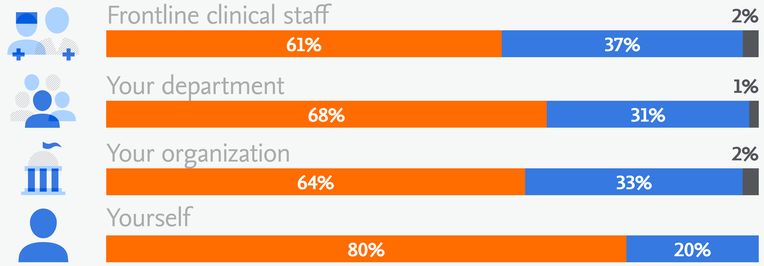


Post start of pandemic crisis

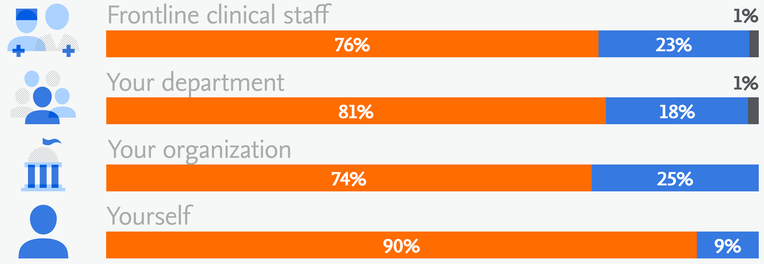


Private

Pre-pandemic crisis



Post start of pandemic crisis



In both public and private organizations, the increase of large effort was more pronounced in frontline staff, with 65% and 25% increase, respectively.

Although private organizations observed a lower increase of effort, with an average of 18% in Large Effort, the level of effort remains higher than public organizations.

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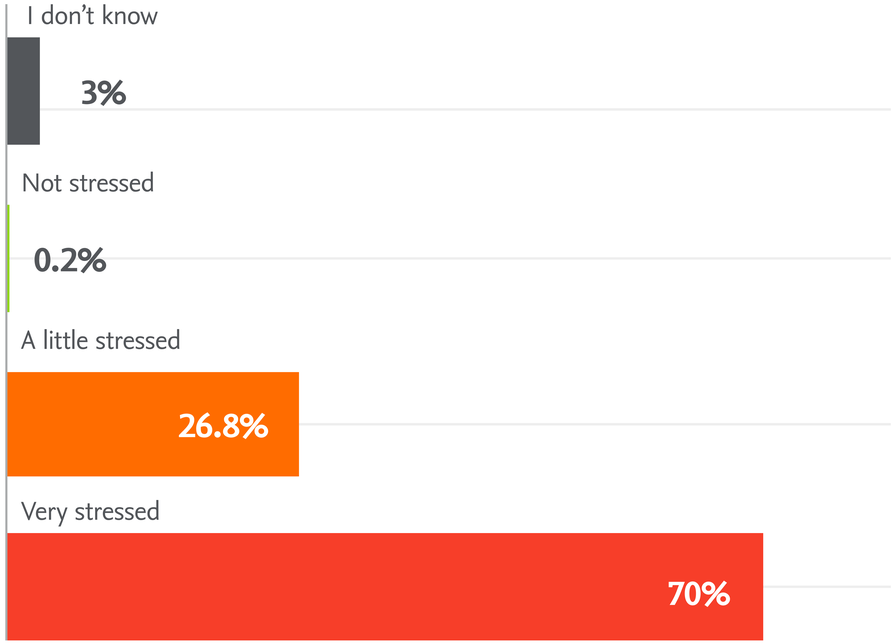
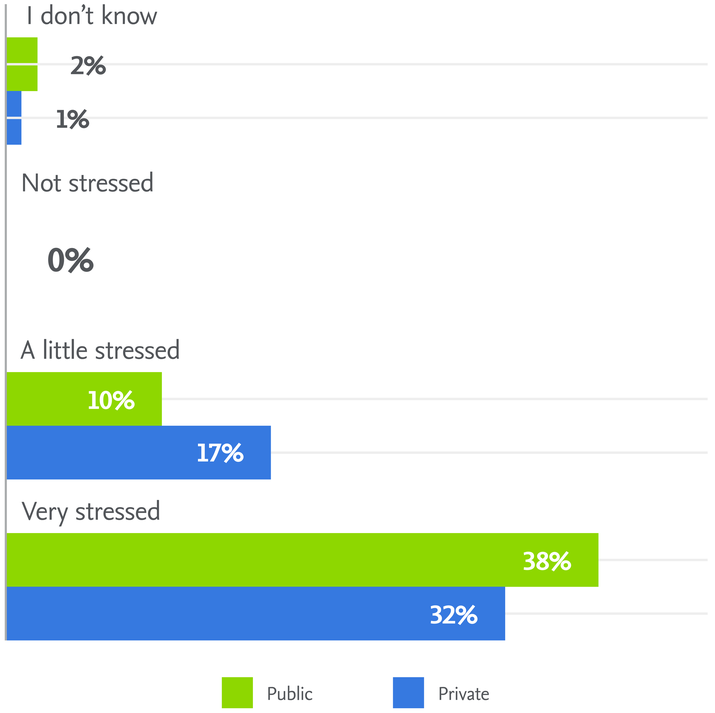
N= 380

Q. How would you rate the mental health of healthcare professionals in your organization?

+96%
of respondents reported increased stress among their staff, with 70% very stressed.



In public organizations, perceived stress levels were higher than in private organizations.



In public organizations, perceived stress levels were higher than in private organizations. How did heightened stress levels impact the road towards Zero Harm?

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Quality metrics variance

To gauge the perception of variation in key quality measures, we asked participants how the key indicators mentioned in the next action were impacted by COVID-19. The graphs below represent the responses we received from survey participants. Elsevier and Joint Commission International have not requested any reports or sensitive information to be shared, neither has evaluated the perception of variance against reports provided by healthcare organizations. Therefore, the graphs represent the perception of the participants of the survey regarding variance of quality metrics in their organizations.

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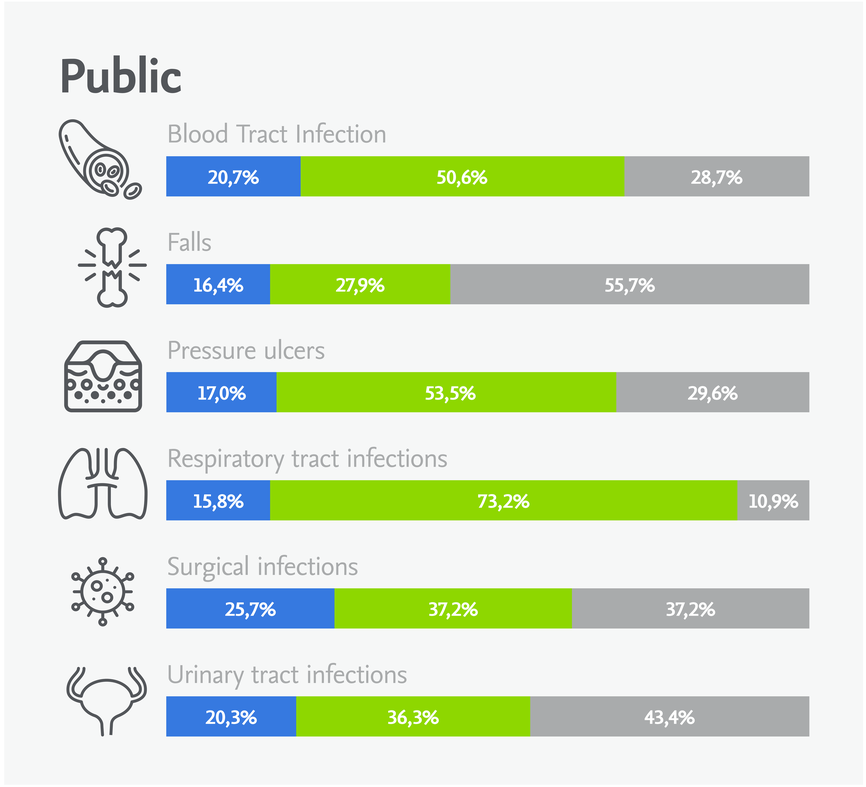
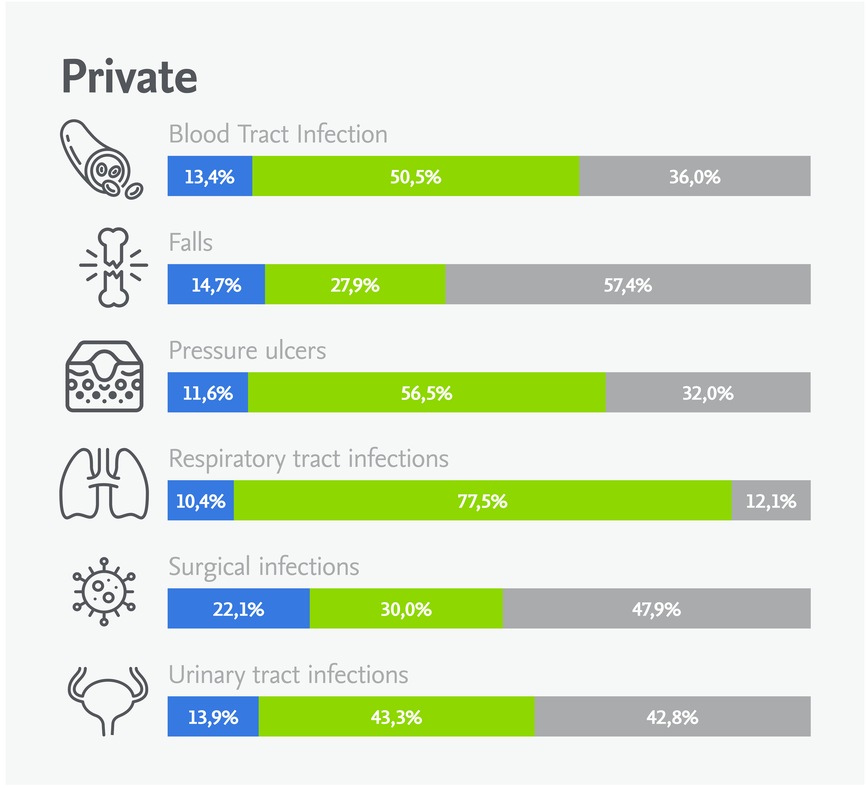
Q: The pandemic presented great challenges for the frontline staff with the increase of acute patient cases. How did COVID-19 impact your organization's indicators? crossed with public and private





In both public and private healthcare organizations, respondents perceived an increase in occurrence of the indicators cited. To which extent was this perception influenced by the increase of effort towards Zero Harm? Is there any influence by a frequency bias?

Decrease Increase No change

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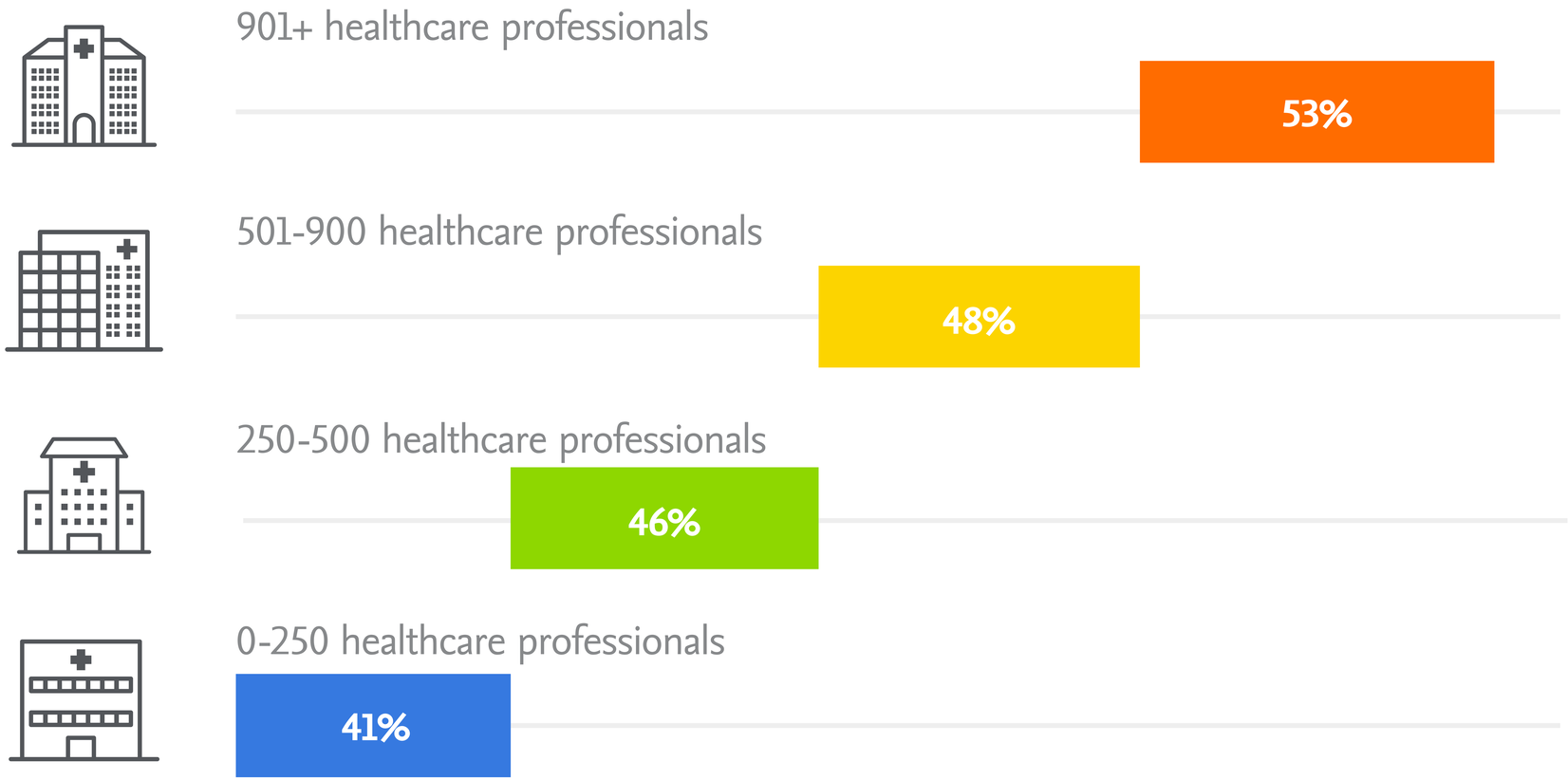
N= 380

Increase in indicators observed x size of the organization



Larger organizations observed a more pronounced perception of increase.

To which extent does the level of complexity increase perception? Is this increase related to maturity level of organizations?

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Key barriers to achieving Zero Harm

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Lack of knowledge, Culture of Safety, Leadership and commitment, Education

were the top-of-mind barriers to Zero Harm cited by respondents.

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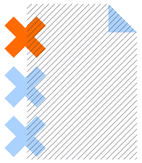
Q: Most important contributing factor to stress levels

Higher workload

82%

Lack of resources
(eg, PPE, staff, medications, equipment)



51%

Difficult decisions

51%

Implosion of knowledge and evidence

30%

Lack of institutional support

28%

Lack of social interactions

23%

Administrative work

14%

Adoption of new technologies

12%

Key factors ranked in Latin America reflect the pressure exerted by the pandemic crisis, such as higher workload, lack of resources, difficult decisions and implosion of knowledge and evidence.

What is the level of priority being given to overcome these barriers?

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Q: How would you rate the following statements about Patient Safety and Zero Harm?

My organization invests **dedicated resources** to support Patient Safety and achieve Zero Harm

56%

I have enough resources to support Patient Safety and achieve Zero Harm

44%

Zero Harm is a topic **mentioned at meetings** in my hospital

42%

While organizations have a clear mindset towards patient safety, there is a clear opportunity in improving the path towards Zero Harm.

What are the next steps that can support organizations overcoming the barriers identified?

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Average of % of respondents who selected “Agree” or “Fully Agree” for the following statements: “My organization invests dedicated resources to support Patient Safety and achieve Zero Harm”, “I have enough resources to support Patient Safety and achieve Zero Harm”, “In my opinion, the term patient safety is trivialized”, “Zero Harm is a topic mentioned at meetings in my hospital”.

Next steps

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Acting towards Zero Harm – Coming soon

On demand webinar for you and your team
Scan the QR Code to schedule a meeting and have this report presented on demand to your team, followed by discussion.

Webinar: SWOT Analysis in Patient Safety
Join us and understand how to use the SWOT analysis methodology to evaluate and improve patient safety in your organization. c.solutions@elsevier.com

Elsevier and Joint Commission International Dialogue
A forum for healthcare leaders to share and discuss their paths towards Zero Harm.

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