

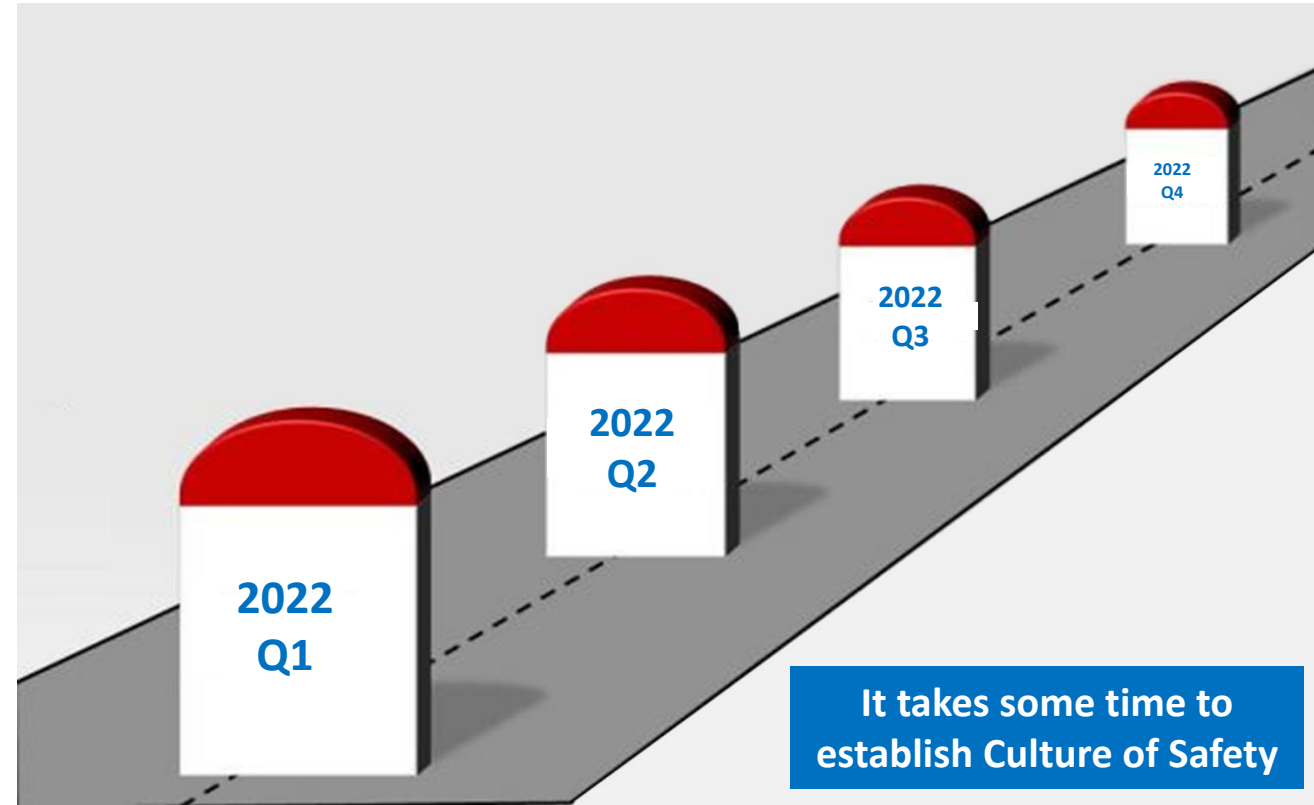
Building Culture of Safety : The way Forward ?

**Basil . R
Founder Chairman
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1. People are not merely encouraged to work toward change; **they take action when it is needed.**
2. **Inaction is not an optionespecially in the face of safety problems.** Eventually pressure comes from all directions from peers as well as leaders.
3. In a culture of safety, there is no room for pointing fingers **"Safety is not my responsibility, so I'll file a report and wash my hands of it."**
4. Leaders are seen visibly committed to change. They enable / encourage staff to openly share safety information. **In the absence of this Safety Culture, staff members are often unwilling to report adverse events and unsafe conditions because they fear reprisal or believe reporting won't result in any change.**
5. Senior leaders demonstrate their own commitment to safety **by providing the resources to achieve results.** Their **message about safety must be consistent and sustained,** as it takes a long time for culture to change.
6. **Surveys that measure staff perceptions about the organization's culture regarding safety are useful tools to assess the presence of a culture of safety.**



No..... The Journey actually begins here



Is this mark the ultimate “Assurance” for Safety ?



Changes needed for Building Culture of Safety

1. **Conduct Patient Safety Leadership Walkarounds**
2. **Create a Reporting System ...genuinely fearless**
3. **Designate a Patient Safety Officer**
4. **Reenaact Real Adverse Events from your Hospital**
5. **Involve Patients in Safety Initiatives**



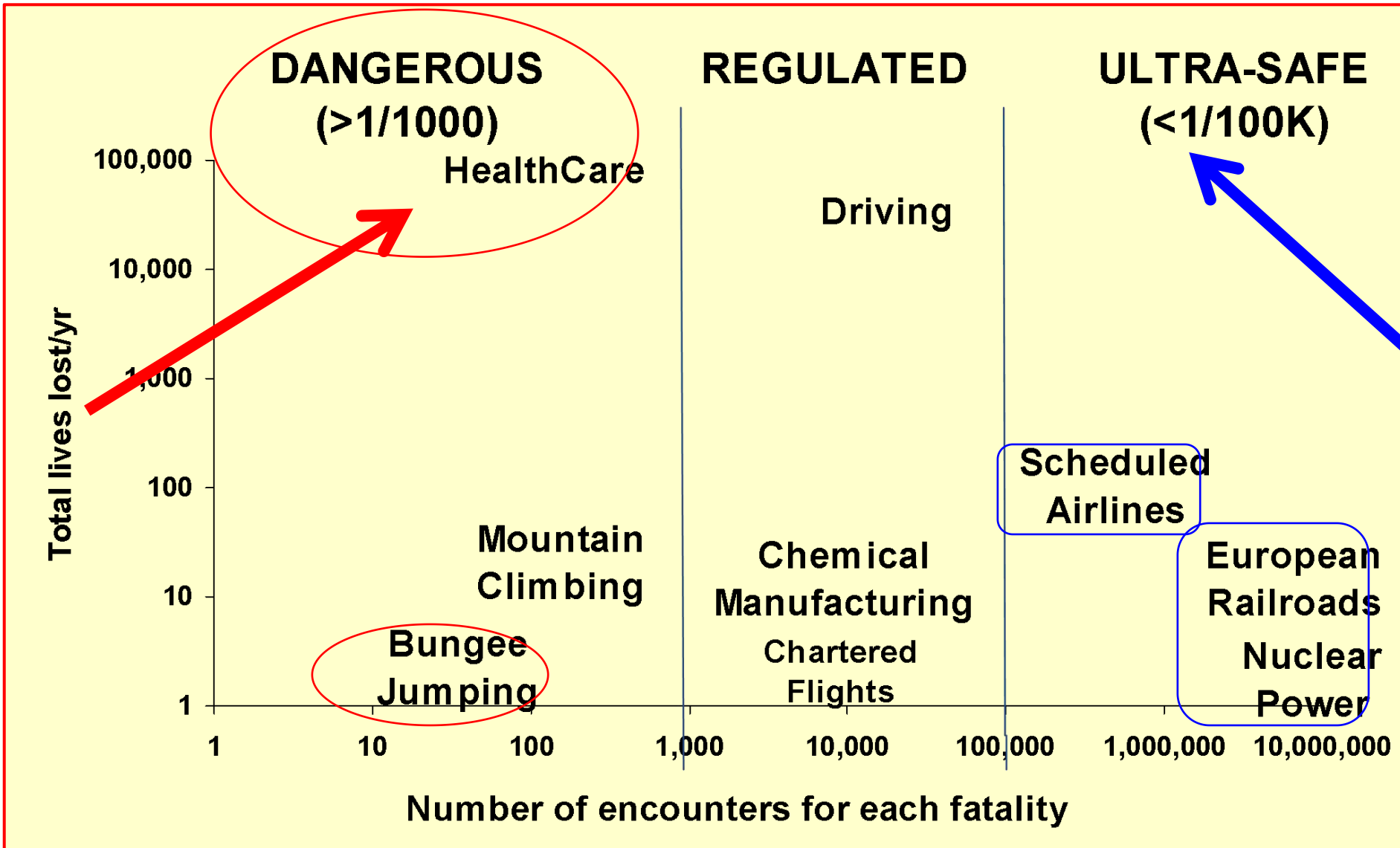
6. **Relay Safety Reports at Shift Changes**
7. **Appoint a safety Champion for every Unit**
8. **Simulate Possible Adverse Events**
9. **Conduct Safety Briefings**
10. **Create an Adverse Event Response Team**

- *Patients are risk stratified on their individual clinical need.....using AI based predictive tools with great accuracy and specificity.*
- *This enables clinicians to rapidly assess them against their risk of mortality and complications using proven and reliable methodologies.*
- *Ai-backed tools support evidence-based clinical decision making to assess and stratify patients at an early stage and pre-emptively treat them according to their individual level of risk. This minimises their chances of developing HAP and AKI and significantly reduces their length of stay and need for ICU treatment.*
- *Unique Ai-backed systems that help hospitals to demonstrably reduce avoidable harm, mortality and variation.*
- *Reducing complaints/clinical negligence claims.*
- *AI systems that can uniquely, objectively and accurately risk adjust for each patient and can tell which hospitals, specialties, consultants etc. are doing well (given their specific case-mix), where the hospital has issues for mortality and complications, what the causes are, their economic impact, and how to resolve them.*

Patient Safety Vs Aviation Safety



How Hazardous Is Health Care?



Parallels to the Aviation Industry



- **Pilot**
- **Co-pilot**
- **Crew resource management**
- **Passengers**



- **Doctor**
- **Allied health**
- **Medical teams**
- **Patients**

Standardization

Accident Investigation

Confidential Incident Reporting (most critical to Safety Culture)

But there is one major difference In Aviation Industry, the life of Pilots and the Crew is involved along with Passengers

Thank you