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 the Middle East. 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.

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Though health care is generally intended to prevent or cure diseases, the fact is that the delivery of health care can cause harm to the patient in certain situations. Despite many advances, ensuring 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]
- In low- and middle-income countries, estimates are one in four patients are harmed, with 154 million adverse events occurring annually due to unsafe hospital care, contributing to around 2.6 million deaths.[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

In the years ahead, we will focus on solidifying positive, sustainable changes and fostering innovation to facilitate the development of a culture centered on quality and patient safety.

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Perspectives on Zero Harm in the Middle East

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

Small, medium and large healthcare organizations

Professionals working in Healthcare organizations in the Middle East, with diverse roles, such as: Case Managers, Clinicians, Education leaders, Executive Directors, Frontline Supervisors, Managers, Nurses, Patient Safety, Pharmacy leaders and Physicians

Key areas of exploration

- Is Zero Harm achievable? 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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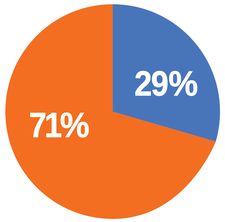
Survey design

An online survey was designed to engage healthcare professionals across the Middle East.

The survey questionnaire was distributed in English through online channels by Elsevier and Joint Commission International , fielded September 20th–October 15th, 2023.

Audience

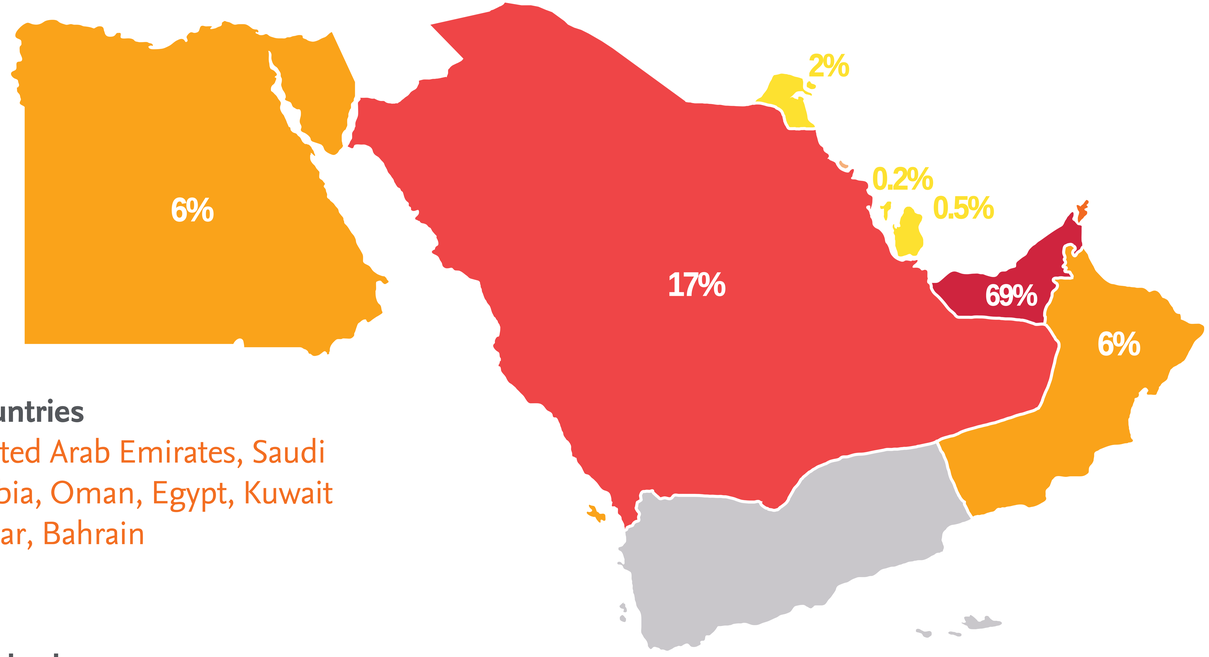


of respondents from private organizations

of respondents from public organizations

Sample Size

832 professionals in healthcare organizations



Countries

United Arab Emirates, Saudi Arabia, Oman, Egypt, Kuwait Qatar, Bahrain

Method

Self-paced online survey

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* The survey analysis concentrated on respondents residing in the Middle East, with respondents from other countries being excluded.

Key Findings

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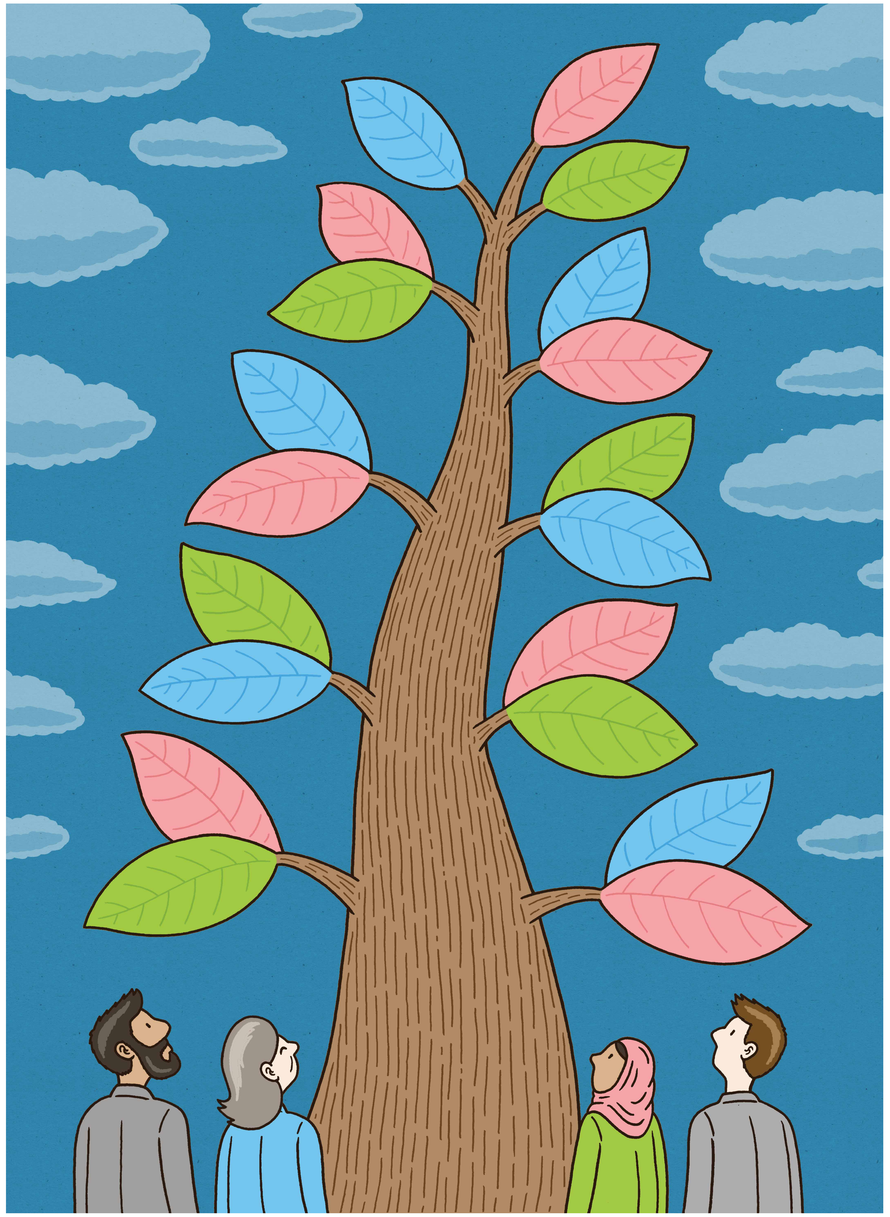
Fertile ground for Zero Harm



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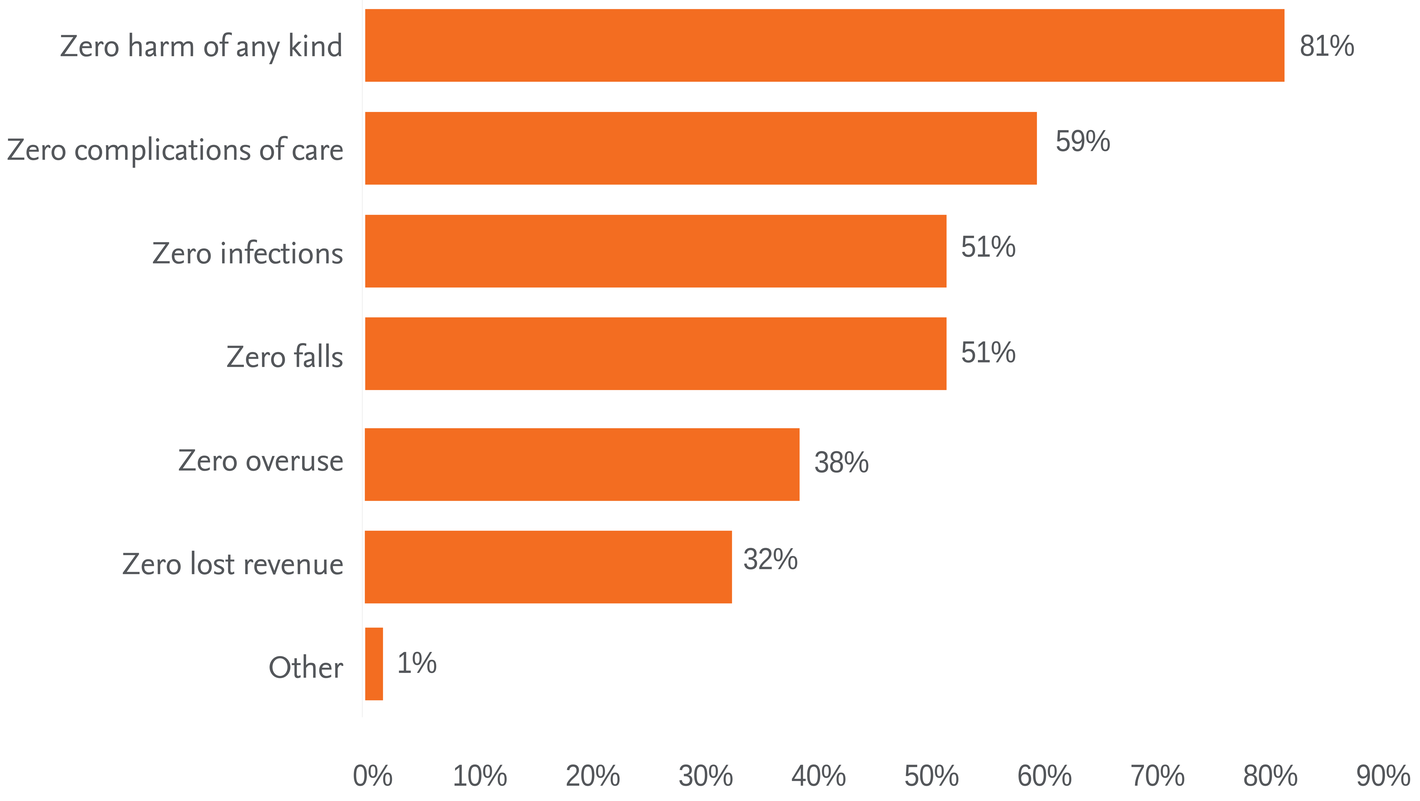
- Care,
- Patient,
- Zero,
- Safety,

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

environment
communication
zero
proper
risk
safety
fall
safe
patient
care
medication
staff
work
infection
harm
quality
error
management
education
practice
patients
healthcare
hospital
right
goals
good
standard
prevention
health
training
report
standards
standardised
governance
based
avoid
everyone
base
time
policy
use
practices
injury
system
reduced
shortage
incidents
clinical
physical
satisfy
non
satisfaction
infections
technique
reduce
prevent
errors
skills
organization
identification
complications
knowledge
treatment
staffing
skill
correct
education
awareness
standardization
evidence
complication
high
free
improve
staffs
reporting
nursing
kind
team
support
productivity
adequate
injuries
improvement
best
pressure
leadership
acquired
close
falls
standardized
engagement
efficiency
place
events
procedure
medicine
outcome
hygiene
diagnosis
surgery
dedicated
following
technology
complaints
sign
service
medical
learning
handling
precautions
culture
emotional
needle
safty
correct
inadequate
accurate
calm
personal
interaction
participation
stick
cost
achieve
performance
carefulness
possible
reliability
action
monitor
responsibility
prioritization
well-being
hurtfully
inclusion
delegation
workload
reaction
sufficient
trustworthy
motivator
normalcelicence
culture
protected
aspects
protective
mintain
surrounding
actionplan
mastery
surgical
centric
policies
happiness
appropriate
assessment
critical
position
honesty
knowlege
diversity
complain
leaning
hardwork
responsible
painless
reliable
patient/family
secured
incident
samsurdings
sensential
stability
communication
hygiene
employee
losses
comfortability
sustainability
safety/calm
secure
compassion
crash
bedsore
clear
regulation
engaged
process
equipments
checklist
worker
think
disease
evaluate
kindlack
double
can
happy
continue
working
privacy
well
ratio
acknowledged
confident
up-to-date
lack
provide
loyalty
change
nurse
excellent
hard
less
holistic
comfort
wellbeing
demonstrate
commitment
attention
protocols
early
peaceful
self-satisfaction
death
fulfillment
intubation
santinal
sentinel
catches
safeguard
adequacy
monitoring
marking
positive
repoting
knowledge
perfectly
planned
guidance
experience
availability
importance
guidines
workshop
atmosphere
productive
longevity
practice
explanation
relationship
empathy
latest
occupational
hospitalised
identity
anyone
recognition
protecting
challenges
satisfy
greatfulness
falls,infections
made
improvements
increased
sharing
problem
safely
skilla
works
available
identifying
shortage
cleaning
competence
passion
company
experiences
cooperative
organisational
cases
alert
secured
incident
reliable
patient/family

Q: What does Zero Harm mean to you?



The majority of respondents (81%) associated "Zero Harm" with a broad concept encompassing all aspects of harm prevention.
The lowest positions were related to efficiency and financial impact.

How did the definition cited by respondents impact their time frame to achieve Zero Harm perception?

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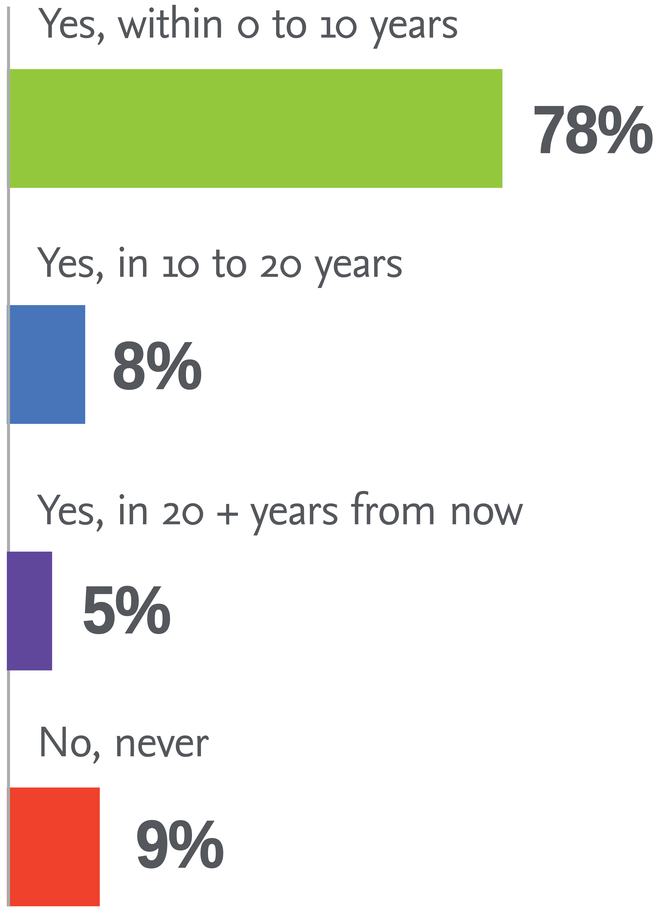
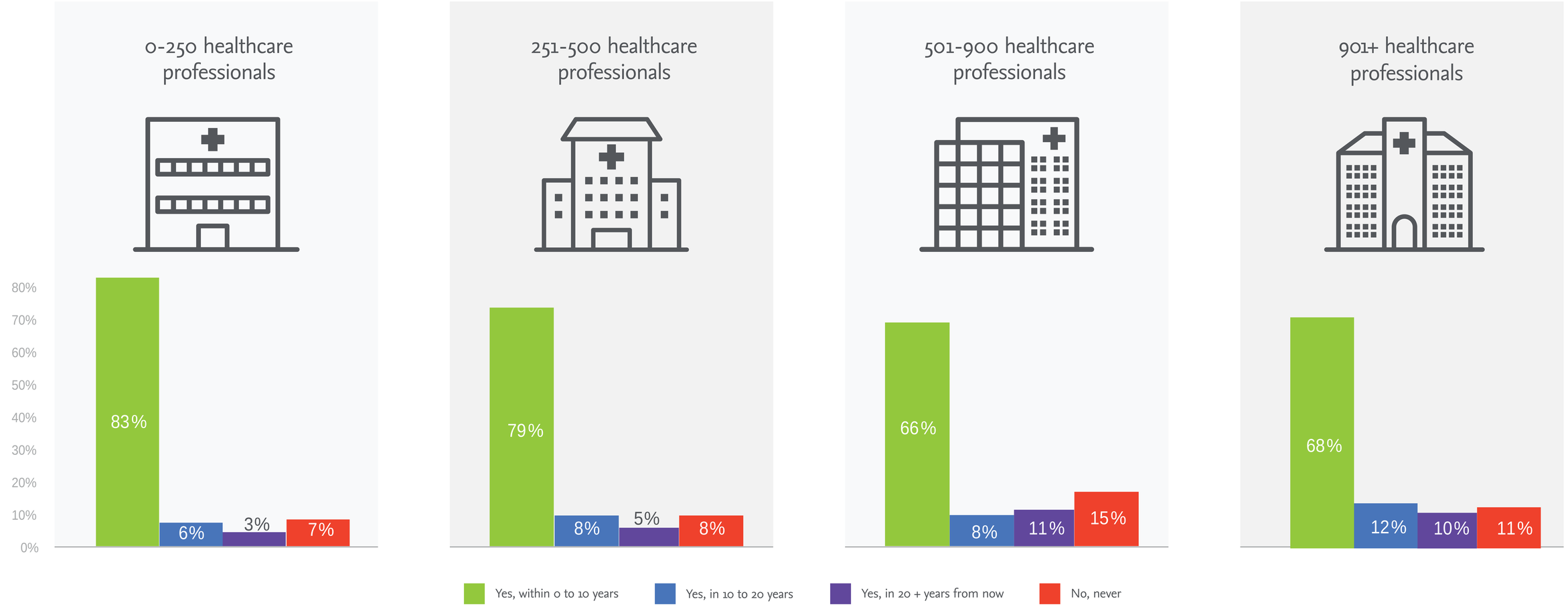
*Respondents could select all options that apply

While the concept of Zero Harm has firmly taken root in the mindset of healthcare professionals across the Middle East, time to achieve Zero Harm varied by organization size.

Takeaway - **91%** of respondents believe Zero Harm can be achieved



Smaller organizations reported a shorter timeframe to achieve Zero Harm



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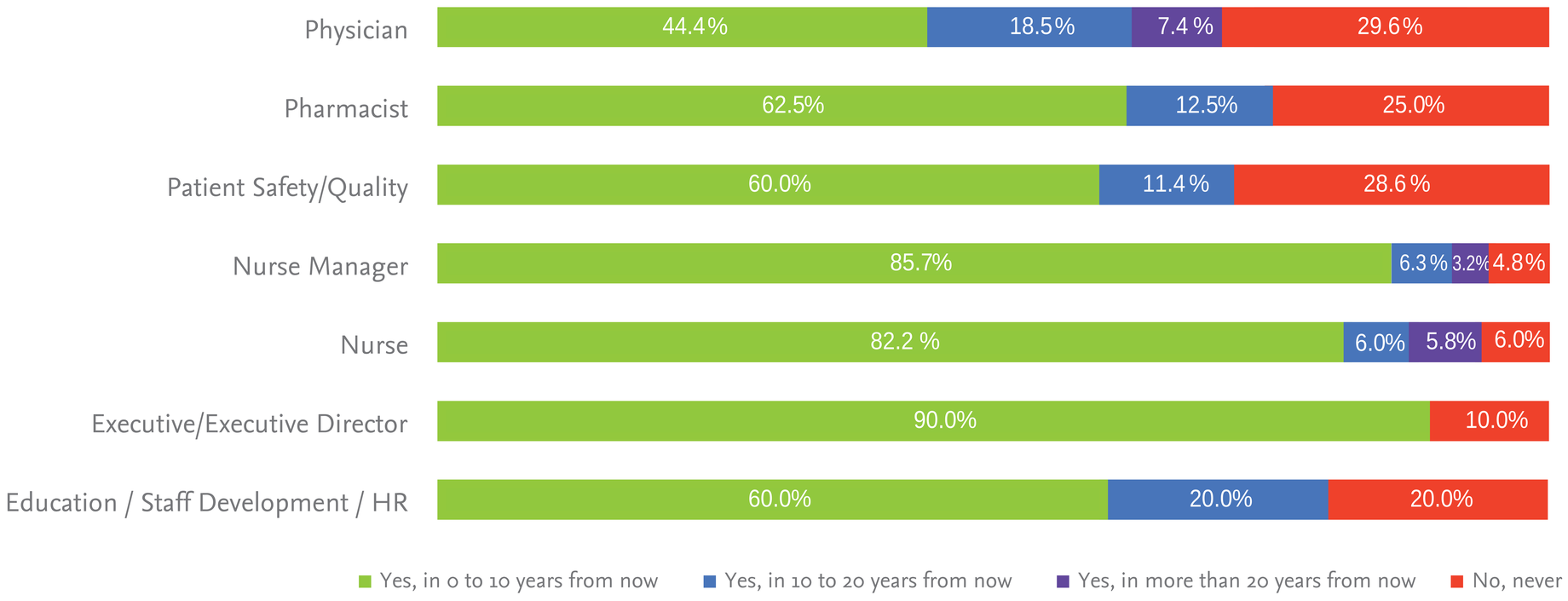
Time frames varied across roles, with Leadership and Nursing perception reflecting a shorter time frame to achieving Zero Harm.



Could involvement or frequency bias, such as a repeated exposure to event analysis or diverse conceptual understanding of the term Zero Harm influence the skepticism regarding 'Zero Harm' among physicians, pharmacists and quality/safety staff?

A clear vision towards Zero Harm.

While the journey towards Zero Harm begins with a foundational aspiration, the incorporation of practical elements are fundamental for it to evolve as a potent vision.

The convergence of aspiration and practicality reported by respondents lays the groundwork for a clear vision towards Zero Harm, instilling a steadfast commitment to improve safety and reduce harm.

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The convergence of aspiration and practicality renders a clear vision towards Zero Harm.

84%* aspiration

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

77%

Patient Safety is my leadership's number one priority

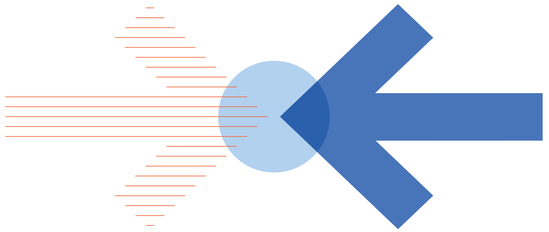
85%

Patient Safety is my team's number one priority

88%

Patient Safety is my number one priority

88%



70%** practicality

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

74%

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

64%

In my opinion, the term patient safety is trivialized***

69%

Zero Harm is a topic mentioned at meetings in my hospital

75%

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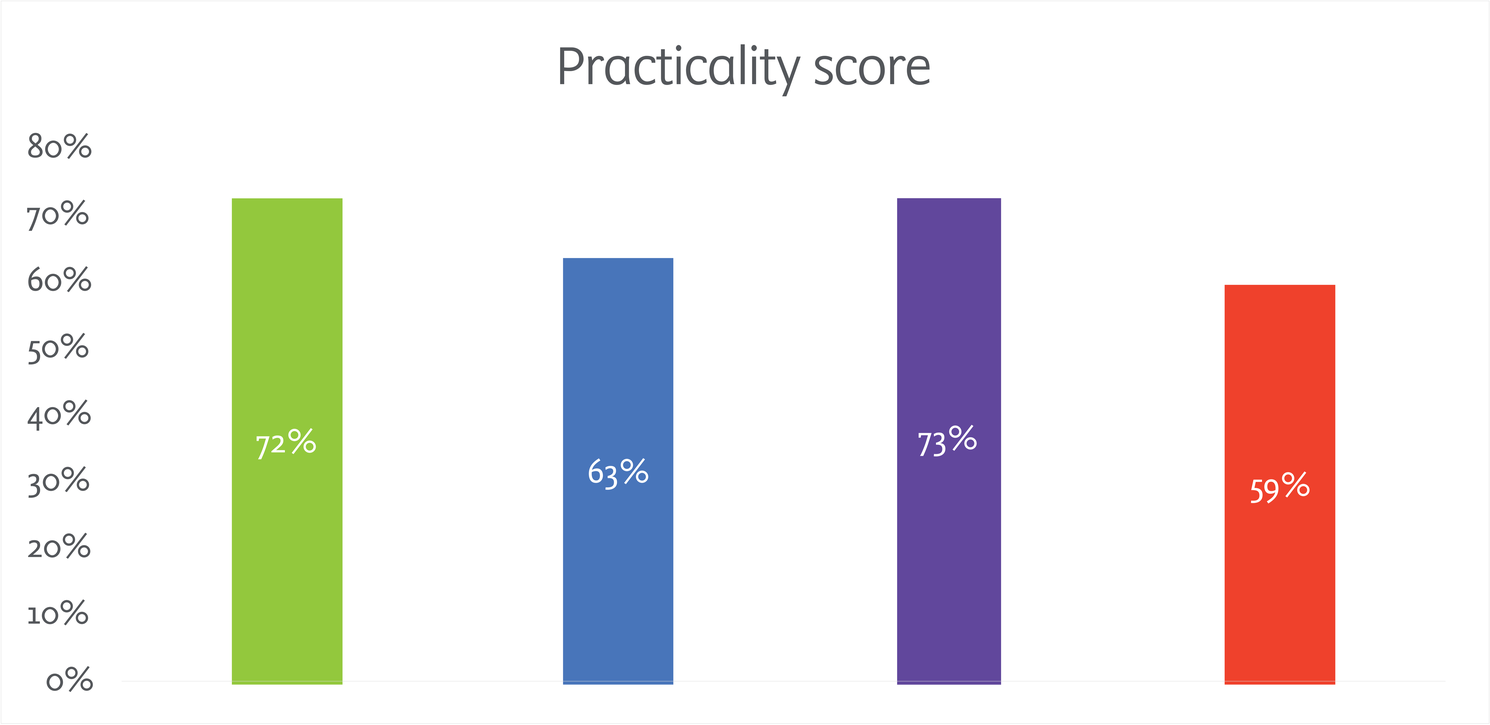
*Average of % of respondents who selected "Agree" or "Fully Agree" for the following statements: "Patient Safety and achieving Zero Harm are part of my organization's mission and/or vision statement", "Patient Safety is my leadership's number one priority", Patient Safety is my team's number one priority",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

***The trivialization indicates frequent repetition of the term Patient Safety in the hospital.

Practicality score* crossed with Zero Harm timeline



Practicality score was lower in respondents who chose "No". What is the influence of practicality in timeline and achievability of Zero Harm?

** Average of % of respondents who selected "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".

The impact of COVID-19 on the road towards Zero Harm

The global COVID-19 pandemic illuminated opportunities for change within the healthcare sector. It sparked new awareness among stakeholders responsible for delivering and overseeing healthcare services, motivating them to address previously overlooked vulnerabilities and risks, and work towards a more resilient and responsive healthcare system.

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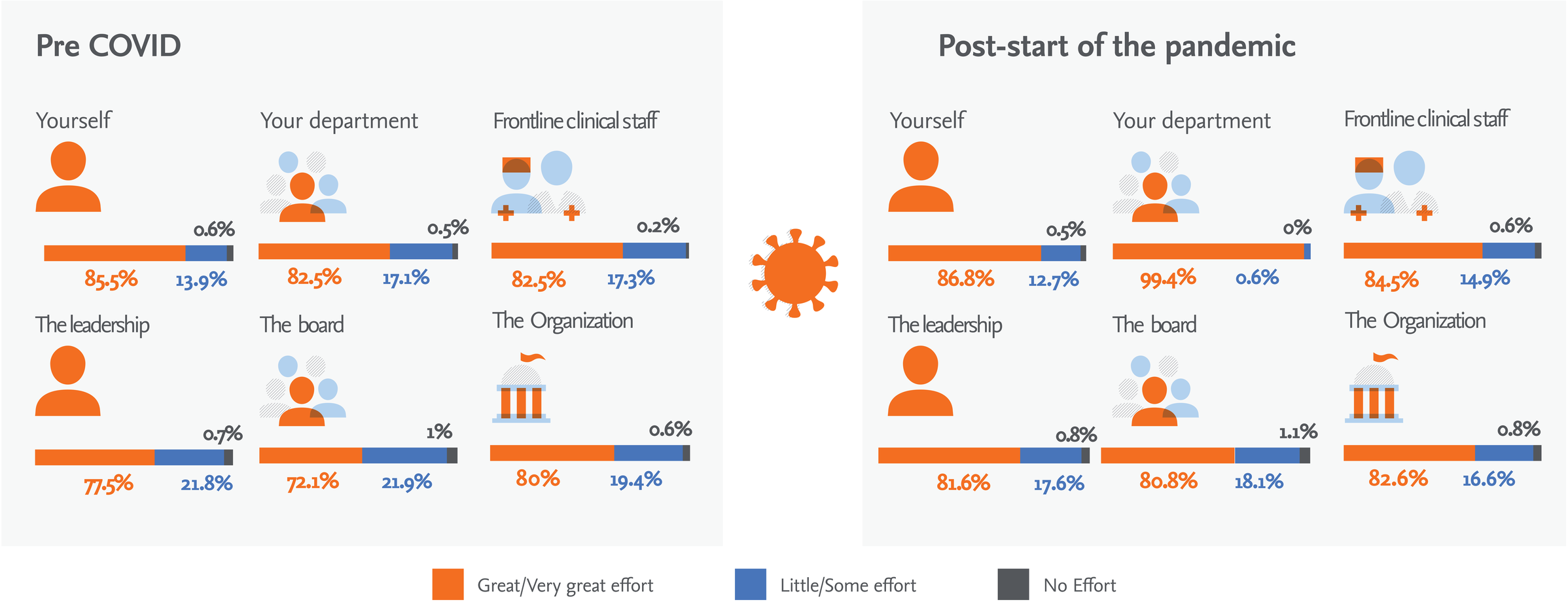
The pandemic crisis increased the perception of collective effort towards Zero Harm, with higher increase (20.6%) in department effort perception.*



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

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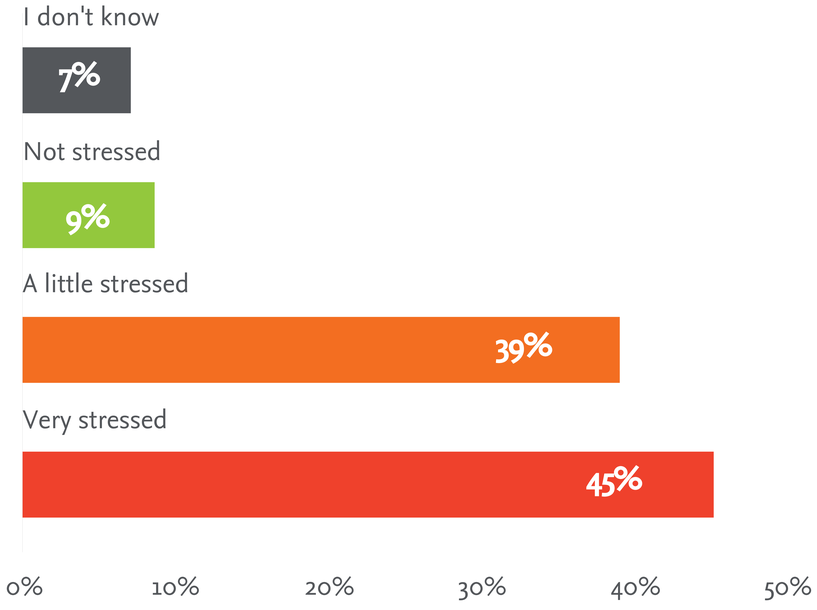
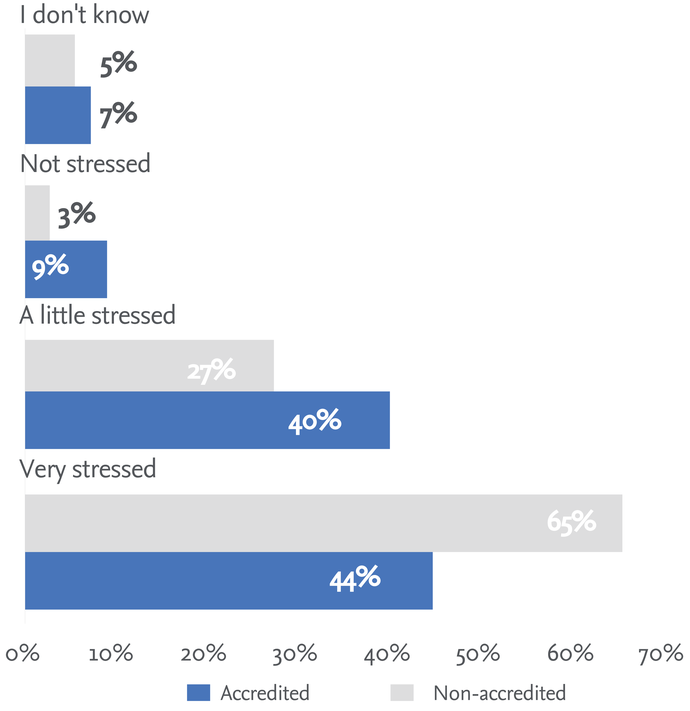
Q. How would you rate the mental health of healthcare professionals in your organization?

84%
of respondents reported increased stress among their staff, with 45% very stressed



In non-accredited organizations, perceived stress levels were higher than in accredited organizations.



In non-accredited organizations, perceived stress levels were higher than in accredited organizations.
How did heightened stress levels impact the acceleration towards Zero Harm?

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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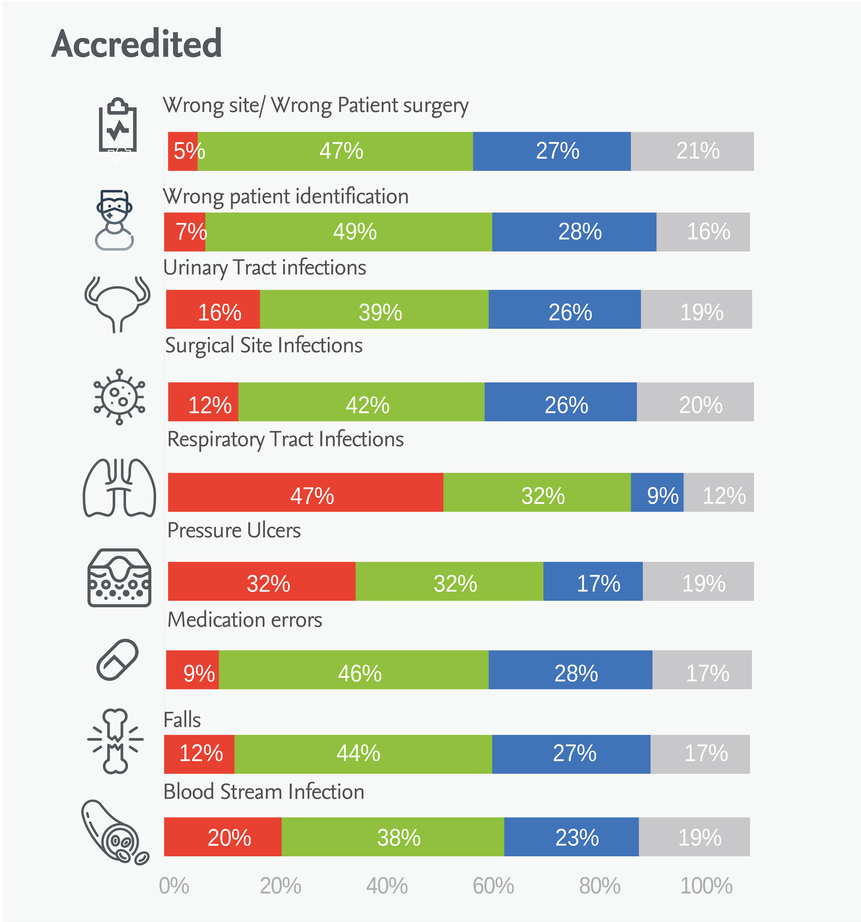
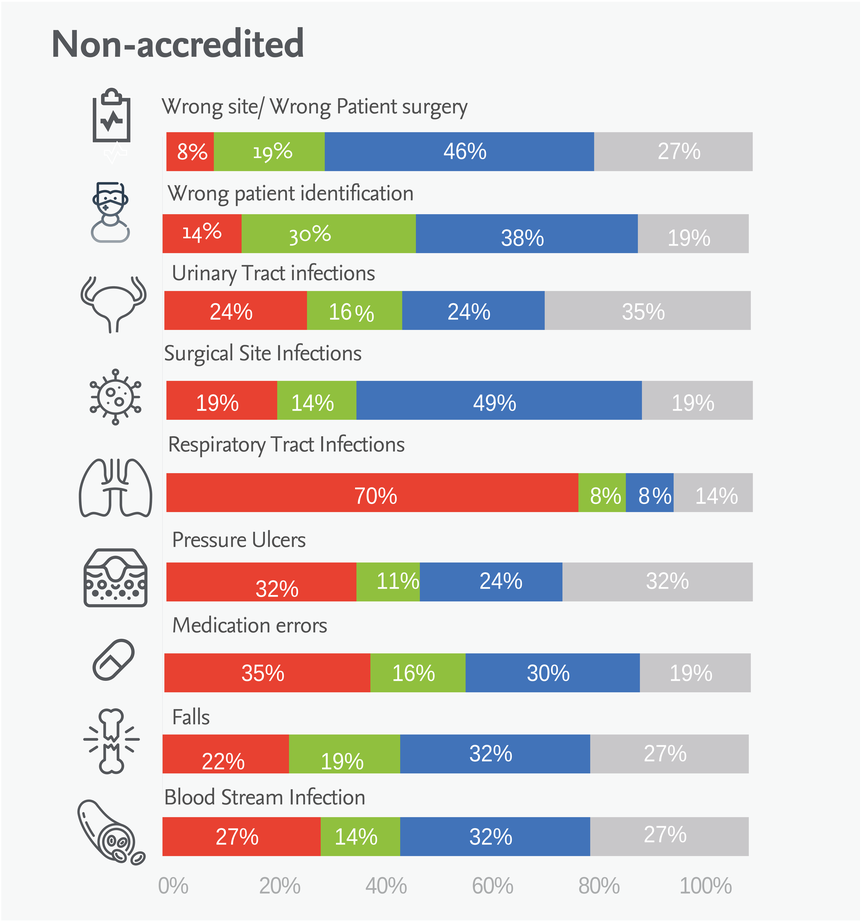
Q: The pandemic presented great challenges for the staff in the frontline with the surge of severely acute patients. How were your organization's indicators impacted by COVID-19? crossed with accreditation





Respondents from accredited organizations reported a higher perception of decrease in indicators when compared to respondents from non-accredited organizations.
To which extent is this difference influenced by awareness and monitoring? Is there any bias?

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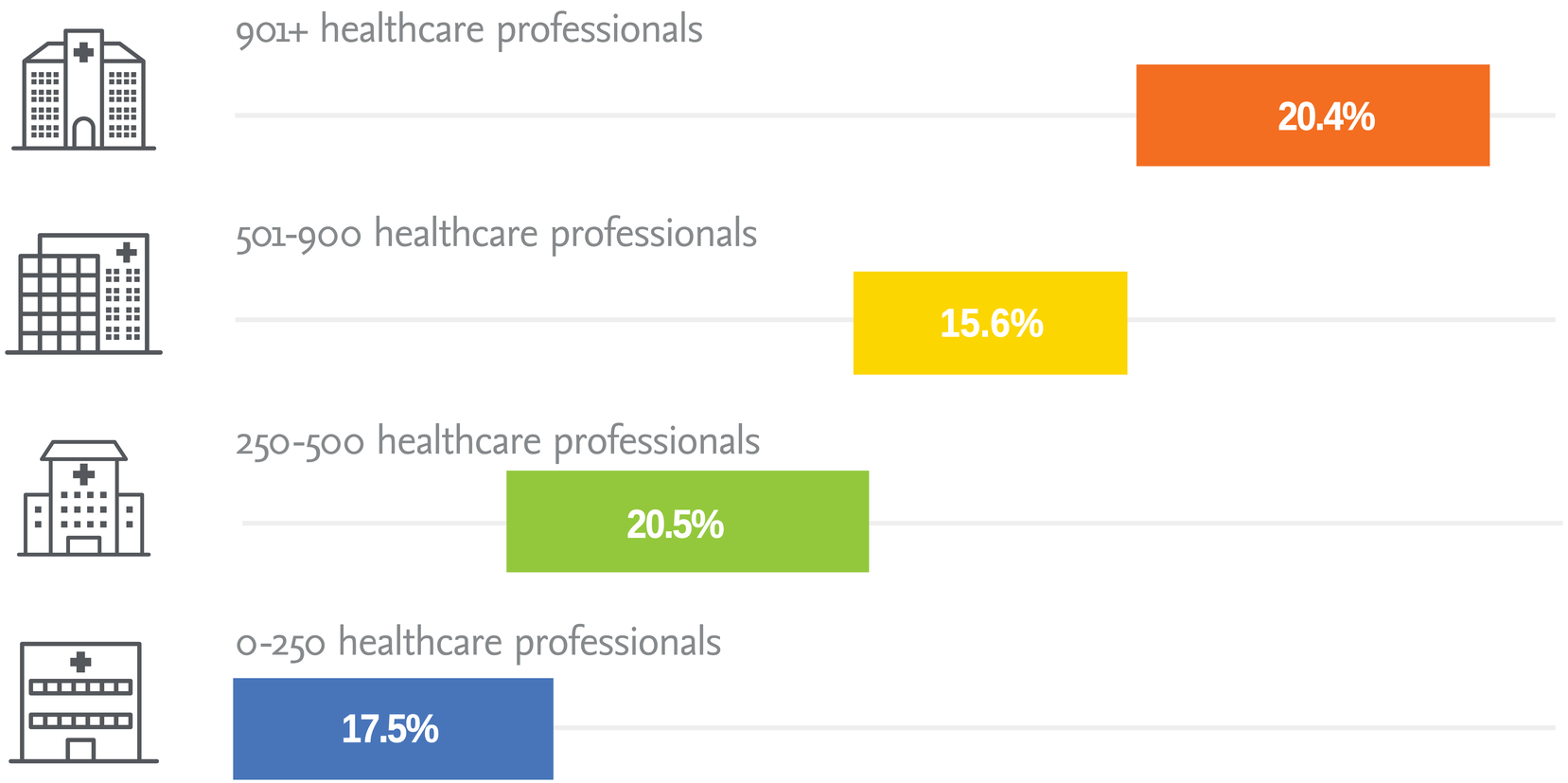
Increase | Decrease | No Change | I don't know

Q: The pandemic presented great challenges for the staff in the frontline with the surge of severely acute patients. How were your organization's indicators impacted by COVID-19? crossed with size



Increase perception varies per organization size.

To what degree does complexity of patient population and care influence this perception?
Is this perception related to the maturity level of organizations?

Key acceleration opportunities to achieving Zero Harm

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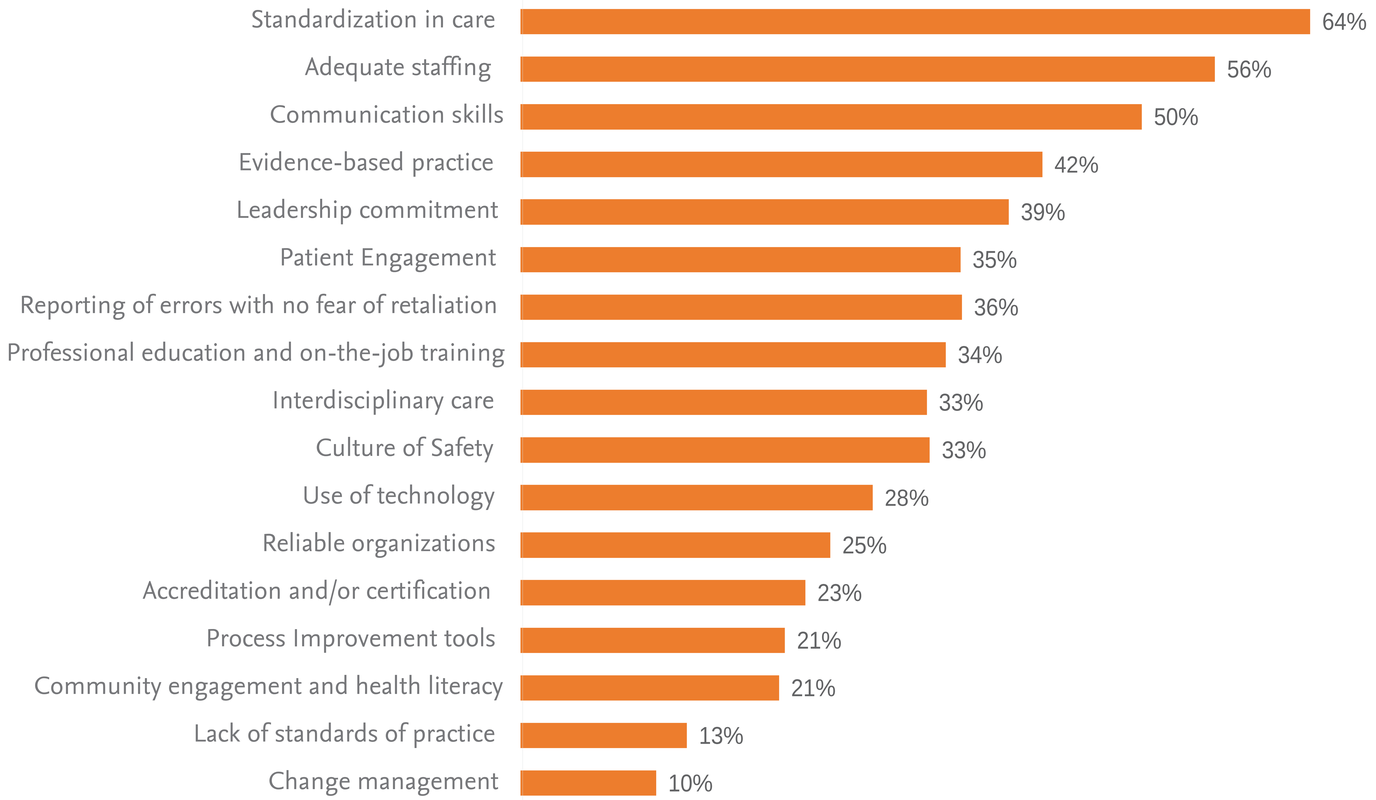
Standardization in care, adequate staffing, communication skills, evidence-based practice and leadership commitment

were the topics with greater impact on Zero Harm selected by respondents.*



*Q. Which of these topics do you think have greater impact in achieving Zero Harm? Please select at least 3.

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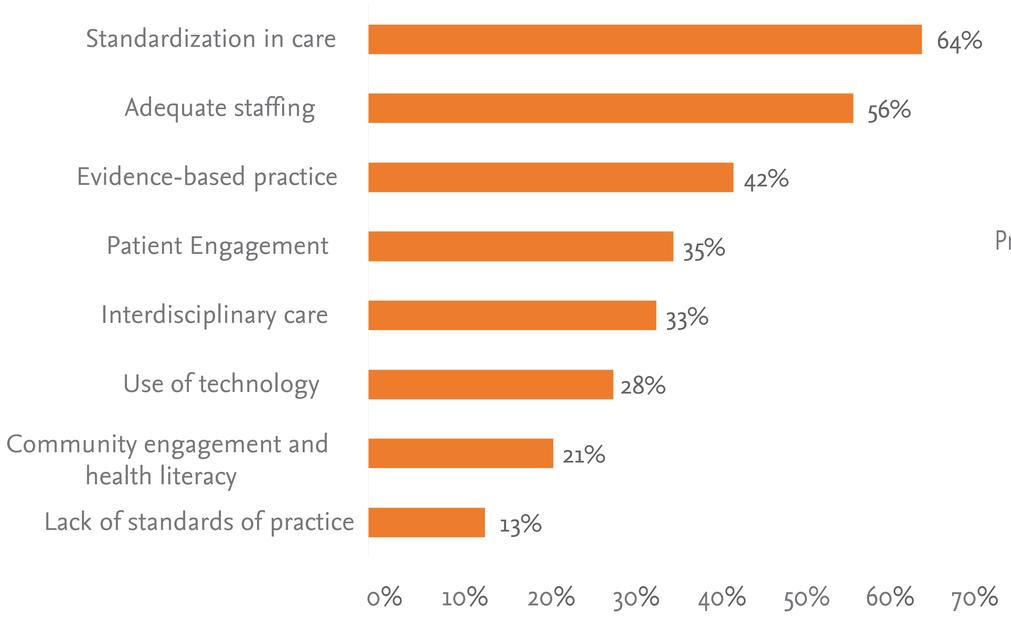
Overall perception of impact in achieving Zero Harm, classified by Sharp and Blunt ends of care.

Respondents that selected topics related to sharp end-of-care



Respondents that selected topics related to blunt end-of-care

Overall perception of impact in achieving Zero Harm is well balanced between sharp and blunt ends of care.

How can organizations strengthen the understanding of how the blunt end of care impacts in achieving Zero Harm?

Q: Most important contributing factor to stress levels

The prominent factors rated in the Middle East mirror the challenges posed by the pandemic crisis, including increased workload, resource shortages, psychological safety, and complex decision-making.

To what extent is overcoming these barriers considered a top priority?

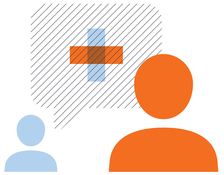
Q: How would you rate the following statements about Patient Safety and Zero Harm?

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

74%

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

64%



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

75%

While organizations have a clear vision towards patient safety, opportunities lie in accelerating 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

Watch the webinar recording

Scan the QR Code to watch the webinar where Elsevier and Joint Commission International presented the report findings.

On demand session for you and your team

Send a message to l.tawfik@elsevier.com to schedule a meeting and have this report presented on demand to your team, followed by discussion.

Elsevier and Joint Commission International Dialogue

A forum for healthcare leaders to share and discuss their paths towards Zero Harm.

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