

# Enhancing patient safety through training programs

Sweden's largest patient safety education: Blended learning and improvement projects

## E-learning for all employees and management training module

In 2014, Stockholm County Council (SCC) was the first county in Sweden to start a web-based basic training module for all employees, as well as an in-depth management training module, to support and stimulate patient safety. Uppsala University Hospital followed in 2016. Both programs provide basic knowledge of patient safety such as risk areas and regulations but also cover safety culture, communication, patient involvement and teamwork.

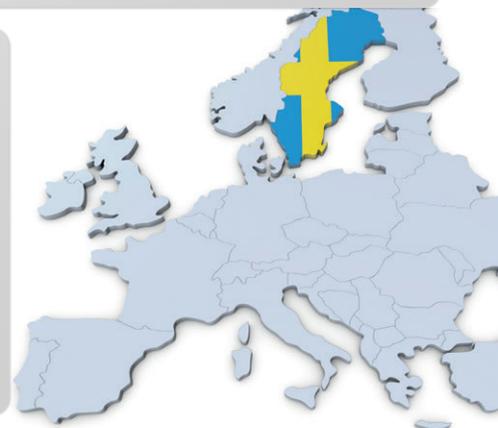
Over 11 000 health care professionals have completed the web training. A total of approximately 400 plans for improvement projects have been presented and discussed at the management training sessions.

## Knowledge about patient safety and understanding of how to improve patient safety is crucial to both managers and health care professionals

The combination of knowing more about what patient safety is and how to make changes to improve has given managers the capability to successfully work with patient safety within their own organisations.

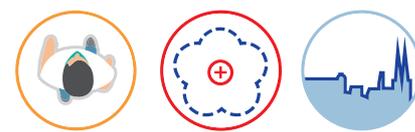
- We wanted to take a comprehensive approach and saw the need for a mandatory education for all co-workers.
- Leaders need to understand and be engaged to improve the culture of patient safety.
- The continuous improvement of patient safety requires analysis and reflection over success factors throughout all departments.

The training programs have received very positive feedback from the participants. A scientific evaluation is being carried out on the e-training module and a survey has been carried out with all the participants in Uppsala.

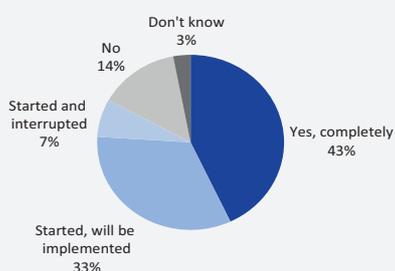


## Broad understanding through an interactive e-learning platform

The e-training focuses on understanding patient safety and the contribution of each employee. Facts are mixed with video clips and interactive exercises. Each of the three modules ends with summarizing questions that are preferably answered within teams.



## Has the improvement plan been implemented?\*



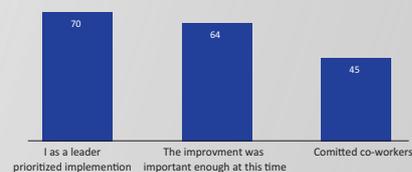
\* 6-12 months after the program ended

## Supporting real change

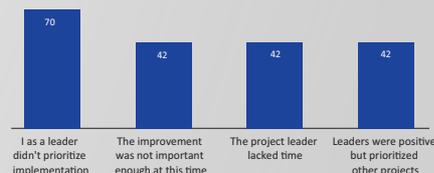
The teacher-led management training includes working with improvement knowledge. Training takes place in seminars and deepens the participant's knowledge in patient safety. It also provides practical tools for leading improvement processes and understanding change culture. At the end of the program, each participant creates a plan for an improvement project.

A survey has shown that 75% of all leaders have implemented or started implementing the project. During a follow-up session, many participants spoke about the effects on improved patient safety in their organisations.

Three most important contributors to implementation (%)



Four most important inhibitors to implementation (%)



## Examples of improvement projects on both a strategic and operational level

- Developing a local strategy for patient safety.
- Improving information transfer and communication between teams and professions.
- Enhancing understanding of healthcare associated infections to reduce risk.
- Creating a hospital nutrition team.

## Comments about the management program from participants

*"The program helped me to start to work practically with patient safety"*

*"It reflects the professional reality"*

*"The program was motivating and provided many new contacts with other managers"*

*"I'm taking with me the importance of working through an improvement plan"*

## Three crucial prerequisites to see an effect from the training programs

1. Inspiring educators with legitimacy, educational skills and both research and practical experience.
2. Anchoring the education in day to day work through improvement projects.
3. Leaders participating in the education.

Curious to know more about the training programs?

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The program has been developed by Helseplan Consulting Group with tight cooperation between patient safety researchers, practitioners, regional medical directors and chief nurses.

# Competencies for Changing Healthcare

## Research indicates six competencies that increase the likelihood of success when working with change in a healthcare setting

Healthcare professionals are often very skilled when it comes to treating and caring for patients but working with improvements to processes and organisations requires knowledge and an understanding of change processes.

Knowledge about project management and process development, including following up and communicating patient outcomes, productivity and cost, deserves to be mentioned as time and again we see change initiatives failing due to lack of understanding in these areas.

Two of the competencies; the management of emotional processes, and the integration of different "worlds" in healthcare, have proven to be of great importance.

## Change competencies

1. Project management (PDCA)
2. Process development and variation
3. Changes in organisation and structures, systems
4. Understanding and integrating competencies and different worlds in healthcare
5. Managing emotional processes
6. Communication and coordination

## Integrating the different worlds in healthcare

These worlds form an important part of the landscape of healthcare. Over the years, different professional perspectives have developed: Community, Control and Cure and Care. The last two might be categorized as professional groups, wherein other occupations such as paramedics or psychologists can be included.

Political control systems and an increased focus on economy and productivity have made the differences between these different worlds obvious. Physicians have traditionally been the most dominant group in healthcare settings, however, their influence has decreased as administrative systems have come to play a more significant role. People from these different worlds often have difficulties understanding each other and taking other actors' perspectives into account.



In change processes, collisions between the professional system and "economic-administrative" goals reflects an inherent conflict between the perspectives, with goals that may be incommensurable and difficult to measure.

Separate ways of financing and controlling different parts of the system and increasing specialisation can also lead to clashes of perspective, as well as the use of IT and the role of the media. Change leaders in healthcare need to

have legitimacy but also be integrators and communicators to help actors with different perspectives throughout the change process. Leaders from Cure and Care have to step out of their professional roles and understand other perspectives, while leaders from Control need to understand the context, such as the worlds of Cure and Care, in order to gain trust.

## Managing emotional processes

Understanding and confirmation of co-workers' feelings in change processes is one of the main change competencies. Trust, both cognitive and emotional, is important for how a change leader is perceived.

There are several reasons for resistance to change and it is not necessarily due to distrust over change goals per se, but stems rather from different points of view, or from personal perceptions. Dissatisfaction with earlier changes can lead to both change fatigue and resistance. It is therefore important for change leaders to understand the change history when initiating new changes.

Healthcare is populated with highly skilled professional groups. Their autonomy, independence and feeling of being in control of their own working process is crucial for their self-esteem and willingness to drive change and development. Change leaders need to be facilitators and empower professionals to act, helping them understand the healthcare system and to gain the necessary competencies to achieve real change effects.

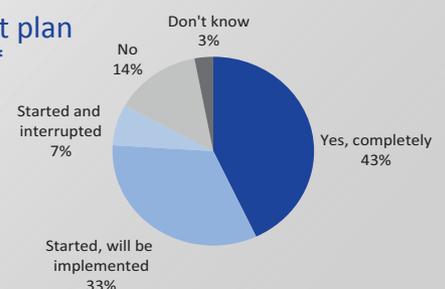


## Supporting real change in educational programs

Educational programs targeting different areas of healthcare require both professional knowledge and change management. An example: participants in a program for patient safety also worked with practical tools and created a plan for an improvement project.

A six month follow-up showed that 75% of the leaders had implemented or started implementing the project, thus having a real and immediate impact on patient safety in their own organisations.

## Has the improvement plan been implemented?\*



\* 6-12 months after the program ended