



## Workforce Safety Key to Patient Safety

*Improvement science can help bridge the gap.*

Healthcare and safety leaders increasingly recognize the inextricable link between patient and workforce safety. They understand that patient safety is not possible without a workforce that is physically and psychologically safe, joyful and thriving. This realization is critical. U.S. Bureau of Labor Statistics data provide clear and mounting evidence that illness and injury to the healthcare workforce exceed other industries typically regarded as more dangerous such as manufacturing and construction.

The COVID-19 pandemic, and the crisis around emergency preparedness it provoked, provides an opportunity to proactively evaluate healthcare leaders' accountability and practices to embrace and foster workforce safety. And while conditions and our learning continue to evolve, to paraphrase Don Berwick, MD, we must become citizens of improvement in our work to achieve workforce safety.

**Current State of Workforce Safety**  
Workforce harm has a profound toll on healthcare staff, patients and families. The IHI Lucian Leape Institute report *Through the Eyes of the Workforce* identifies the breadth and impact of workforce vulnerabilities, concluding that unless caregivers are given the protection, respect and support they need, they are more likely to

make errors, fail to follow safe practices and not work well in teams. The impact of burnout and moral distress on the health and well-being of the workforce, organizational productivity, financial performance and reputation continues to become evident.

Barriers to improving healthcare workforce safety are numerous, including:

- Low awareness of the incidence and impact of workforce illness and injury, including ramifications for patient safety.
- Limitations of available and meaningful data, preventing the accurate and informed capture and understanding of physical and psychological harms, including inequities.
- Fear and disincentives for reporting safety issues.
- Lack of integration of occupational health leaders and related expertise and initiatives into mainstream organizational priorities and practices.
- A dearth of shared learning and improvement practices and a system that enables us to understand whether, why and how

workforce safety initiatives succeed or fail.

### **National Action Plan: A New Approach to Workforce Safety**

The recently released report *Safer Together: A National Action Plan to Advance Patient Safety* provides a leadership road map for healthcare that is safe, reliable, and free from harm to patients and those who care for them. The National Action Plan was created through the unprecedented collaboration of the 27 member organizations of the National Steering Committee for Patient Safety, which included the American College of Healthcare Executives, influential federal agencies, leading healthcare delivery organizations and associations, patient and family leaders, and respected industry experts. The NAP identifies transformational recommendations and actions to eliminate harm across four interdependent foundational areas that are essential for a total systems approach to safety: culture, leadership and governance; patient and family engagement; workforce safety; and learning systems.

Three workforce safety recommendations in the NAP call upon all healthcare leaders to:

- Commit to workforce physical, psychological, and emotional

safety and wellness, and full and equitable support of workers.

- Implement a systems approach to workforce safety.
- Assume accountability for physical and psychological safety and a healthy work environment that fosters the joy of the healthcare workforce.

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### **Applying Improvement Science to Workforce Safety**

One of the most widely used improvement approaches is the Model for Improvement, developed by Associates in Process Improvement. This simple, yet powerful, model has been used successfully by hundreds of healthcare organizations in numerous countries to improve many different healthcare processes and outcomes. The model addresses three foundational questions before designing and implementing tests of change: What are we trying to accomplish (Aim)? How will we know that a change is an improvement (Measures)? What change can we make that will result in improvement (Changes)? Below we apply the Model for Improvement's three questions to workforce safety.

#### **1. What are we trying to accomplish for workforce safety? (Aim)**

The first step in applying the Model for Improvement to workforce safety is to identify what we are trying to

accomplish. The NAP offers the following aspirational workforce safety goal: “Healthcare organizations across the care continuum implement strategies to measurably and equitably improve safety for healthcare professionals and all staff in their organizations.”

*A workforce safety recommendation: Commit to workforce physical, psychological, and emotional safety and wellness, and full and equitable support of workers.*

Leaders ensure that workforce safety aims are SMART: specific, measurable, achievable, realistic and timely. An example aim: The ED will reduce the number of physical violence events that result in days away from work, restricted duty or job transfer rates by 25% by June 30, 2021. Leaders can advocate for reporting systems to enable characterization of both physical and psychological harms, and stratify harm events to identify and establish aims that address and eliminate inequities.

**2. How will we know that a change is an improvement for workforce safety? (Measures)**

The Model for Improvement helps leaders identify specific changes to test and measure which ones truly lead to workforce safety improvement. The NAP supports our understanding of whether changes are improvements by encouraging leaders to use meaningful and accurate measures and performance dashboards

for physical and psychological safety. While many workforce safety measures are lagging, leaders should encourage development and use of leading indicators that facilitate continuous improvement.

The *Permanente Journal* highlights Kaiser Permanente’s predictive workplace safety index survey, which assesses whether employees feel they are respected, recognized, have adequate resources to do their work and experience responsiveness to workforce safety issues that are raised. Higher workplace safety scores are correlated with lower rates of harm to patients, and the workforce scores enable targeted and unit-based focus and intervention.

**3. What change can we make that will result in workforce safety improvement? (Changes)**

The NAP guides leaders to facilitate both intra- and inter-organizational learning and accelerate the development of safety learning networks, with emphasis on industrywide coordination, collaboration and cooperation. For example, the approximately 140 hospitals in the Children’s Hospitals’ Solutions for Patient Safety Network collaborate to learn and share what works and what doesn’t in accelerating and sustaining improvements in patient and workforce safety.

The network is testing and sharing changes to achieve its aim of reducing network employee/staff days away, restricted or transferred by 25% by the end of 2021. The NAP’s Implementation Resource Guide enables leaders to identify tests of change to achieve incremental milestones for improving workforce safety, supported by relevant case

examples, peer-reviewed articles and selected resources.

**Doing the Right Thing the Right Way Matters**

The COVID-19 public health crisis has created a tectonic shift in accelerating our progress and energies to protect the healthcare workforce. The collaboratively developed National Action Plan to Advance Patient Safety provides an informed rubric of actions healthcare leaders can and must take to improve workforce safety. With no time for leaders to squander, it’s essential to leverage what we know about *how* to improve to ensure that we *do* improve. Protecting the safety and well-being of our greatest asset, the healthcare workforce, matters if we are to protect the safety and well-being of the patients and families we serve. ▲



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**Editor’s note:** The National Action Plan and supplemental materials are available on IHI’s website at [ihi.org/SafetyActionPlan](http://ihi.org/SafetyActionPlan).