Evidence and the patient’s role in safer care

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I will never forget the frigid snowy February day when I was to make the 30 min flight to Boston from the island where I live. This local airline uses nine-seat twin-engine planes, the last of which came off the assembly line in the mid-1980s. The ninth passenger sits in the co-pilot’s seat. The temperature was subfreezing—where ice formation on the wings is a safety concern because it reduces the plane’s lift.

I was the only passenger that day. The young pilot walked through the waiting area with a window scraper, the kind I had used to clean the ice off my car windows that morning. She smiled and said, ‘gotta de-ice this puppy.’ I must have blanched because she later walked back into the waiting area and nodded toward me again. ‘Don’t worry doc, I’m going too.’ I assumed this was intended to reassure me. And it did. I think. It reminded me once again that one of the big differences between airline safety, which we reference so often, and patient safety, is that the pilot has a vested interest in a safe flight. One macabre pilot-friend of mine likes to say, ‘we care about a safe flight because the pilot is always the first person on the scene of the accident.’

The IOM Chasm Report,1 which anchors much of healthcare improvement theory emphasises patient-centredness as one of the six dimensions for a better health system. It shines a light on the importance of knowing how to bring the patient into the safety conversation to contribute validly to their own safety.6 Both reviews suggest a simple message—the study of patient safety calls for critical research that defines more accurately the role for patients and their families in safer care.

There are many approaches that could help define an effective role for patients. Here are four specific examples where we need the evidence. Do open visiting hours for families actually make care safer for patients on ICUs?7 Is there a defined and measurable role for the patient in institutional safety culture?8 The patient is an integral part of a high-performing clinical microsystem, but will surveys of patient experience in such settings provide mechanisms for how that patient role makes the microsystem safer?9 Does self-management for the chronically ill patient—a central component of the Chronic Care Model—make his or her care safer?10 I have a strong bias that the answer to all these questions is yes. But we need the data to support the theories.

Most experts believe that patients have a place in making care safer. We need to know how this contributes to safer care, because, unlike the young pilot that February morning, when it comes to safer healthcare, ‘Don’t worry doc, I’m going too’ is still only true for patients.

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