



# PATIENT SAFETY IN 2025 WHAT MUST WE DO TO BE SAFE?



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## THE CHALLENGE

As we emerge from the COVID-19 pandemic, we can reflect on where we were before the pandemic in terms of patient safety and where we want to be after the pandemic. From the perspective of the person receiving care, going back to the system of care prior to the pandemic is not the place where we want to go. In 2018 there were three reports on the state of patient safety and quality of care worldwide, with a focus on the LMIC. It was estimated that, due to poor care, 8 million people died in the LMIC every year. Extrapolate that world-wide and the number far exceeds the mortality rate for COVID-10 worldwide, which is currently 3-4 million. Both numbers are of course an underestimate, but they illustrate the gravity of the problem people face when seeking care, who have at best a 50% chance of receiving safe effective person-centred care, when they should receive it and how they want it. The key areas of concern are medication safety, infections, delayed diagnosis, maternal and child health, and sur-

gery. If we target the common issues, we can make a real difference.

## THE PARADIGM

The reasons for the poor quality and safety of clinical care are manifold. People often say it is due to the complex adaptive system within which we work. It may also be because we have been successful with medical innovation and people are living longer and therefore are more at risk due to the complexity of the systems to achieve good outcomes. Or it could be because we work in silos and the design of healthcare has not kept up with the increasing complexity of the system. And of course we have not trained our healthcare workers in patient safety science.

## THE OPPORTUNITY AND ACTIONS TO BE TAKEN

Covid 19 offers the opportunity to turn adversity into learning, as well as the recalibration of



our priorities and our approach to health and healthcare. Eight actions are required. These are not finite and can be changed and added to, but they are a start.

### **1. Culture of safety is the foundation for the future**

We need to adopt the recommendations of the three reports and have accountability for safety as the core of what we do. Safety must be our business. Health and healthcare is what we do. This requires safety leadership at every level.

### **2. Redefine quality to be seen from the eyes of the person receiving care**

We need to move from Quality 1.0 of accreditation and evaluation to Quality 2.0 of systems thinking, to Quality 3.0 of coproduction of health and of safety.

### **3. Improvement science must become common knowledge**

Over the past 20 years there has been increasing use of improvement and implementation science. These are still at the margins and need to be the foundation for the implementation of patient safety theories and methods.

### **4. Reliability and Human Factors will be a part of our daily lexicon and operations**

The theories of reliability and human factors and ergonomics must become mainstream and the SEIPS model offers a good way to achieve this.

### **5. Proactively managing risk is how we manage our business**

Reactive incident management masquerading as “patient safety” needs to end and we will think about safety differently and proactively manage risk before harm occurs.

### **6. Coproducing solutions with providers of care and receivers of care**

Coproduction and codesign of solutions with providers of care and those receiving are essential in a learning system that constantly learns. This will require a sharing of power.

### **7. Learn from what works**

We can think of safety differently, where people are the resource to find solutions for safety and learn from what works. This will ensure the psychological safety of our workforce to enable them to protect the people receiving care.

### **8. Implement the WHO World Action Plan**

Finally, we can take principles in the World Action plan and implement the actions using the theories and methods we have learnt to make a real difference.

The journey has started, so we now need to reach the destination of safe care in this Decade of Patient Safety. The implementation of digital solutions is required to achieve safety and quality in the future.

#### References

1. WHO, World Bank OECD. Delivering quality health services: a global imperative for universal health coverage. World Health Organization, OECD, and International Bank for Reconstruction and Development/The World Bank, 2018.
2. Kruk ME, Gage AD, Arsenault C, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution [published correction appears in Lancet Glob Health. 2018 Sep 18; 2018 Nov;6(11):e1162] 2021 May 19; Lancet Glob Health. 2018;6(11):e1196-e1252. [https://doi.org/10.1016/S2214-109X\(18\)30386-3](https://doi.org/10.1016/S2214-109X(18)30386-3)
3. National Academies of Sciences Crossing the Global Quality Chasm: Improving Health Care Worldwide. Washington (DC): National Academies Press (US); 2018.
4. Lachman P, Batalden P, Vanhaecht K. A multidimensional quality model: an opportunity for patients, their kin, healthcare providers and professionals to coproduce health [version 2; peer review: 2 approved with reservations]. F1000Research 2021, 9:1140 <https://doi.org/10.12688/f1000research.26368.2>
5. World Health Organisation. Patient Safety Action Plan 2021. <https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan>