

A FRAMEWORK FOR THE MEASUREMENT AND MONITORING OF SAFETY: COVID-19 SECOND WAVE PLANNING

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Are we responding and improving?

Sources of information to learn from include:

- Real-time feedback systems
- Using COVID-19 safety dashboards which triangulate and integrate data from the other four dimensions
- Learning briefs and safety bulletins.
- Integrating learning from other countries who have experienced a second wave (e.g. Iran, China)

Will care be safe in the future?

Possible approaches include:

- Media and social media reports (e.g. mass gatherings, general public's social distancing/compliance with lockdown behaviours).
- BAME staff risk assessments.
- Staff support data on stress, burnout, post-traumatic stress
- Staff sickness absence, annual leave and turnover
- Generating and discussing safety risk scenarios relating to COVID-19
- Stress risk assessment and burnout tools for staff.
- Developing a COVID-19 safety case.
- Research and other articles on how other healthcare systems have planned for and managed a second wave.
- Curiosity conversations with staff who have not accessed staff support about what support networks they are using.

Has patient and staff care been safe during the first wave?

This includes learning from:

- Concerns and complaints from staff/families/patients (including physical harm, dehumanisation, under-treatment etc.)
- Staff reporting (including incident reporting and lessons learnt from patient/staff harms and Safety II learning)
- Infection and mortality rate data (e.g. hospital, community or care home acquired)
- Learning from high risk patient/staff groups (e.g. shielded patients/BAME staff)

Are our COVID-19 systems and processes reliable?

- Admission and discharge planning.
- Isolation planning & practice.
- Lessons learnt from Wave 1 service reconfigurations.
- Environmental and infection control audits.
- PPE procurement & supply.
- COVID-19 testing turnaround times (patients & staff).
- Staff support mechanisms – are they providing appropriate care and are they accessible to all staff who need them?

Integration
and learning

Past harm

Reliability

Safety
measurement
and
monitoring

Anticipation
and
preparedness

Sensitivity
to
operations

Are patients and staff safe today?

Ways to monitor this include:

- Availability of PPE.
- Day-to-day conversations and feedback from frontline staff, patients and families.
- Staffing levels
- Dashboard data on number of COVID-19 admissions/community rates of infection.
- Observations of social distancing practice amongst staff and patients (including in lifts, communal areas)
- Observations of PPE and infection control practice.
- Staff hydration and nutrition when working in PPE.
- Tuning into staff comments and reflections to identify burn out and PTSD.

Based on *The measurement and monitoring of safety*. The Health Foundation, 2013 Vincent C, Burnett S, Carthey J. The Health Foundation, 2013.