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Involving patients to promote patient safety in healthcare facilities in Germany

Patient safety in healthcare has increasingly become the focus of global attention. It is defined as the ‚avoidance, prevention and improvement of adverse events or injuries resulting from healthcare processes' (Campbell et al., 2020). At the 74th World Health Assembly (2021), the World Health Organisation (WHO) presented a global action plan to prevent health hazards and harm to patients arising from healthcare (World Health Organization, 2021). Strategic objective 4 of this action plan explicitly calls for active patient involvement (PE) in the further development of healthcare. In light of the significant number of avoidable adverse events in the context of medical healthcare in Germany, the tenth National Health Goal on Patient Safety was established in 2022 (Holtz & Jonitz, 2023). Here, too, the active involvement of patients, their relatives or representatives is called for, e.g. by promoting patient safety competence among patients and supporting patients in their active participation in the development of measures.

>> The health goal is based on the principle that patient safety requires a joint effort by all stakeholders and that the experiences of patients are important in shaping safe healthcare.

While healthcare professionals draw on structured and learnt competencies for safe patient care, patients have lived experiences and can therefore contribute valuable insights to safe and quality healthcare (Abid et al., 2021; Bergerum et al., 2020; Canadian Patient Safety Institute, 2018). The following patient safety-relevant fields of action in healthcare facilities can be derived from the literature, which can benefit significantly from PE measures (Ahmadi et al., 2022; Anderson et al., 2022; Holtz & Jonitz, 2023; Sahlström et al., 2016; Saut et al., 2022):

(1) **Information:** Patient-centred design of information material for patients (e.g. information sheets for interventions and treatments, explanations of procedures),
(2) **Process organisation and design:** Identification of error-favouring influences and causal weaknesses (e.g. lack of communication between different departments),
(3) **Accessibility:** Identification of problem areas in structural measures (e.g. accessible lifts, inclusive sanitary facilities) and barrier-free design of processes,
(4) **Quality assurance and risk management:** development and monitoring of quality criteria and targets.

One of the most frequently cited barriers in the literature is the funding of participatory or collaborative measures (Herrin et al., 2016; Hughes, 2020; Zerbe et al., 2020). Resources such as time, organisational infrastructure, contact persons and experience are also relevant (APS e. V., 2022). As many facilities have little experience with PE, it is also necessary to develop and promote a participatory attitude and a relationship of trust (Elsner, 2021; Zerbe et al., 2020).

Framework model: three levels of patient involvement in the strategic promotion of patient safety

Based on a model by Carman et al. (Carman et al., 2013), we propose the following framework model for categorising PE measures (Fig. 1):

Continuum of patient involvement
Fig.1: Continuum of patient involvement.

Each level of involvement has its own advantages and disadvantages as well as different possible applications. The aim is not to reach the highest level, but rather to find the appropriate PE method for needs and fields of action (Carman et al., 2013). A flexibly adapted and needs-orientated approach is most likely to contribute to the effective and meaningful inclusion of patients' knowledge of patient safety (Anderson et al., 2021).

Research question

In view of the lack of an overview of PE measures for the strategic promotion of patient safety in Germany, well-founded research is necessary. In order to better utilise patient experiences to effectively identify and address safety risks in healthcare in the future, an evaluation of the current state of implementation in Germany is necessary with the following objectives:

(1) Exploration of the institutional PE activities carried out in Germany, taking into account the different requirements of different healthcare sectors.
(2) Development of a preliminary agenda for future research projects and development of initial recommendations for clinical practice.

Methodology

An exploratory, unsystematic online search and analysis of German-language (specialist) literature and website information was carried out (Koch et al., 2022). Relevant scientific databases (e.g. PubMed) and search engines (e.g. Google/Scholar) were used for this purpose.

The following terms were used for the online research: Patient, interview, survey, questionnaire, perspective, complaint (management), risk (management), quality (assurance), experience, feedback, feedback, suggestion (box), praise & blame, advocate, representative, participation, involvement, inclusion, exchange, communication, cooperation, expert, dialogue, co-determination, representation, commitment, (co)advice, safety.

Relevant search results of the research were searched for secondary literature, i.e. screening of the cited literature. In addition, the websites of various healthcare institutions (e.g. clinics, doctors' surgeries) were randomly searched for relevant content.

In addition to the online research described above, a total of five experts with practical experience in the areas of patient advocacy,

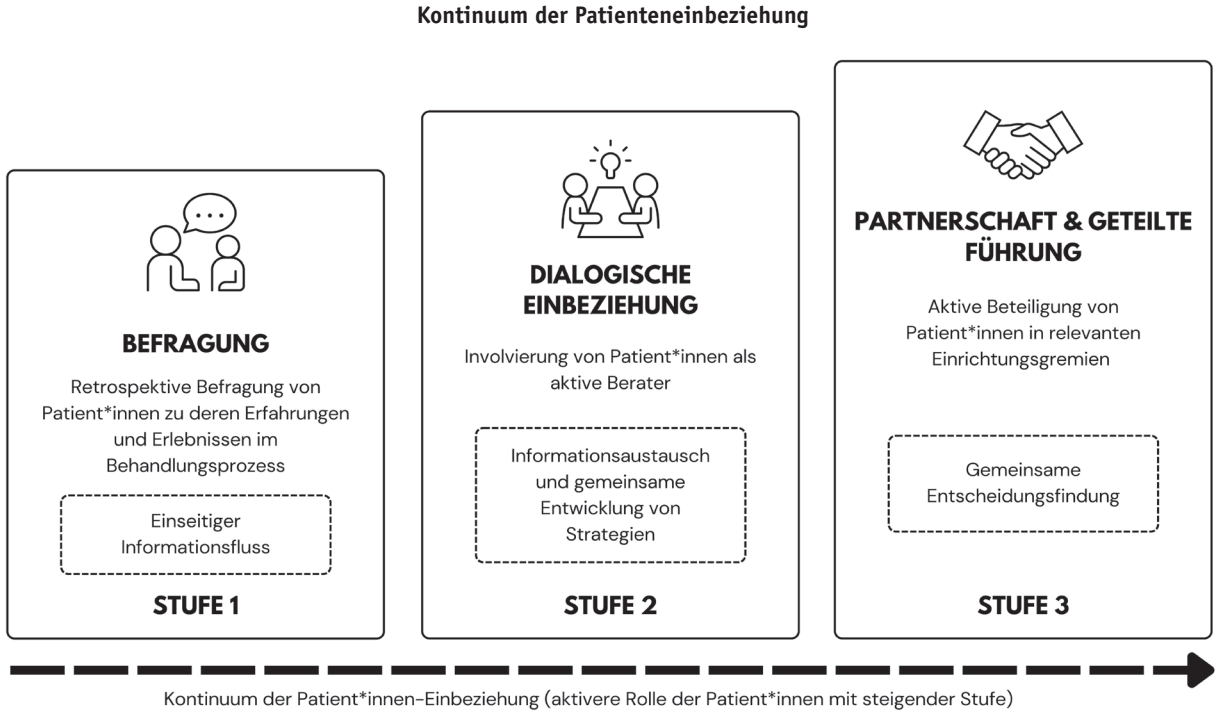


Abb. 1: Kontinuum der Patienteneinbeziehung.

running a self-help group and working on the Federal Joint Committee (G-BA) were consulted to advise us on our approach. All research results were structured and analysed.

Results

Surveys are the most frequently established way of incorporating patient experiences as feedback for evaluation and further development in healthcare facilities and are often used as part of quality management (Satzinger, 2002). The aim of a survey can be both to identify problem areas to be prioritised (e.g. cleanliness) and to identify specific ideas and suggestions. It can be seen that most hospitals have such a survey measure in place and have established it as standard. Patient surveys are much less common in outpatient medical practices(Pfaff et al., 2007). Some differences and factors are described in the survey measures (Schmidt et al., 2013):

- Systematics and scope (e.g.: Do the surveys take place regularly at appropriate intervals or selectively? Are as many different patient groups as possible surveyed on an appropriately large scale?)
- Type of survey (e.g. questionnaire or oral interviews? Are questionnaires handed out on site, sent out or are they available online? Are surveys combined?)
- User-friendliness (e .g.: Are the questions formulated in an understandable way or can they also be read by special groups of people such as children, senior citizens, people with visual impairments?)
- Utilisation of the results (e.g: Are results publicly accessible? Are results sufficiently evaluated, analysed, communicated internally and used for further development?)

The praise and complaint management of some facilities is also a type of retrospective information collection and survey. Patients can make suggestions and suggestions for improvement, but this variant is less proactive (i.e. patients are not actively approached for input, no systematic and representative design).

The next well-established measure in hospitals and clinics is patient advocates. The mostly voluntary andindependent advocates fulfil several functions: They are available as contact persons, provide emotional support, serve as a link between the facility and patients and can act as mediators due to their expertise and contextual knowledge (Office of the Federal Government Commissioner for Patients' Affairs, 2018). Advocates make an important contribution to patient-centred care. However, only in certain circumstances and cases are they an effective measure in terms of promoting patient safety and quality improvement (Hamann et al., 2008). For the most part, they do not work proactively. This creates a kind of filter effect, so that only the perspectives of those patients who actively report themselves are included. At the same time, the concerns and feedback of patients can only be used if a regular, constructive dialogue between facility management and advocates is guaranteed.

The well-established self-help groups and organisations in Germany, some of which are affiliated with clinical facilities (Kofahl, 2019), often have a liaison person or another communication channel to the clinics or practices concerned. Cooperation between healthcare facilities and self-help groups also offers the potential to utilise the patient experiences that occur and are collected there to promote patient safety (Trojan, 2014). However, there is no sound knowledge of the extent to which this actually happens in practice. Patient councils, known internationally as patient advisory boards, are not yet well established in Germany. Such activities were mentioned cursorily in the course of our research, but a systematic presentation and (institution-wide) description of these patient councils or advisory boards is still lacking for Germany.

A more detailed presentation of the results can be found in the project report, which is available on the website of the Federal Ministry of Health (Koch et al., 2022).

Discussion

What do the results mean with regard to the WHO Patient Safety Action Plan and the National Health Target for Patient Safety?

The measures that can be found for Germany to involve patients in the strategic promotion of patient safety already fulfil some of the requirements of the WHO Patient Safety Action Plan and the National

Literature

Abid, M. H., Abid, M. M., Shahid, R., Al Nofeye, J. & Ratnani, I. (2021). Patient and Family Engagement During Challenging Times: What Works and What Does Not? Cureus, 13(5), e14814. https://doi.org/10.7759/cureus.14814

Ahmadi, S., Haghgoshayie, E., Arjmand, A., Hajebrahimi, S. & Hasanpoor, E. (2022). Patient safety improvement with the patient engagement in Iran: A best practice implementation project. PloS one, 17(5), e0267823. https://doi.org/10.1371/journal.pone.0267823

Anderson, N. N., Baker, G. R., Moody, L., Scane, K., Urquhart, R., Wodchis, W. P. & Gagliardi, A. R. (2021). Approaches to optimize patient and family engagement in hospital planning and improvement: Qualitative interviews. Health expectations: an international journal of public participation in health care and health policy, 24(3), 967–977. https://doi.org/10.1111/hex.13239

Anderson, N. N., Dong, K., Baker, G. R., Moody, L., Scane, K., Urquhart, R., Wodchis, W. P. & Gagliardi, A. R. (2022). Impacts of patient and family engagement in hospital planning and improvement: qualitative interviews with patient/family advisors and hospital staff. BMC health services research, 22(1), 360. https://doi.org/10.1186/s12913-022-07747-3

APS e.V. (Hrsg.). (April 2022). Wege zur Patientensicherheit: Katalog für Kompetenzen in der Patientensicherheit. Berlin.

Bergerum, C., Engström, A. K., Thor, J. & Wolmesjö, M. (2020). Patient involvement in quality improvement - a ‚tug of war' or a dialogue in a learning process to improve healthcare? BMC health services research, 20(1), 1115. https://doi.org/10.1186/s12913-020-05970-4

Bergerum, C., Thor, J., Josefsson, K. & Wolmesjö, M. (2019). How might patient involvement in healthcare quality improvement efforts work - A realist literature review. Health expectations: an international journal of public participation in health care and health policy, 22(5), 952–964. https://doi.org/10.1111/hex.12900

Campbell, S. M., Bell, B. G., Marsden, K., Spencer, R., Kadam, U., Perryman, K., Rodgers, S., Litchfield, I., Reeves, D., Chuter, A., Doos, L., Ricci-Cabello, I., Gill, P., Esmail, A., Greenfield, S., Slight, S., Middleton, K., Barnett, J., Moore, M., . . . Avery, A. J. (2020). A Patient Safety Toolkit for Family Practices. Journal of patient safety, 16(3), e182-e186. https://doi.org/10.1097/PTS.0000000000000471

Canadian Patient Safety Institute (Hrsg.). (2018). Engaging Patients in Patient Safety – a Canadian Guide. www.patientsafetyinstitute.ca/engagingpatients

Carman, K. L., Dardess, P., Maurer, M., Sofaer, S., Adams, K., Bechtel, C. & Sweeney, J. (2013). Patient and family engagement: a framework for understanding the elements and developing interventions and policies. Health affairs (Project Hope), 32(2), 223–231. https://doi.org/10.1377/hlthaff.2012.1133

Elsner, P. (2021). Patientensicherheit in der Dermatologie: Optionen zu ihrer Optimierung. Akt Dermatol. Vorab-Onlinepublikation. https://doi.org/10.1055/a-1385-3215

Geschäftsstelle des Beauftragten der Bundesregierung für die Belange der Patientinnen und Patienten (Hrsg.). (2018). Leitfaden für Patientenfürsprecherinnen und -fürsprecher an Krankenhäusern. Berlin.

Hamann, J., Mendel, R. T., Lienert, A., Uebele, G. & Kissling, W. (2008). Patientenfürsprecher und unabhängige Beschwerdestellen für Nutzer psychiatrischer Dienste - eine deutschlandweite Umfrage [Complaint-management in psychiatry - a nationwide survey in Germany]. Psychiatrische Praxis, 35(3), 122–127. https://doi.org/10.1055/s-2007-986411

Herrin, J., Harris, K. G., Kenward, K., Hines, S., Joshi, M. S. & Frosch, D. L. (2016). Patient and family engagement: a survey of US hospital practices. BMJ quality & safety, 25(3), 182–189. https://doi.org/10.1136/bmjqs-2015-004006

Holtz, V. & Jonitz, G. (2023). Nationales Gesundheitsziel Patientensicherheit [National health target on patient safety]. Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz, 66(1), 92–97. https://doi.org/10.1007/s00103-022-03636-6

Hughes, L. (2020). Patient Safety: Patient Involvement Matters. Healthcare quarterly (Toronto, Ont.), 22(SP), 129–134. https://doi.org/10.12927/hcq.2020.26039

Koch, A., Gambashidze, N. & Weigl, M. (2022). Einbeziehung von Patientinnen und Patienten zur strategischen Förderung von Patientensicherheit: Eine Recherche zu publizierten Ansätzen und Praktiken in Deutschland: Projektreport. Unveröffentlichter Projektbericht. Institut für Patientensicherheit, Universitätsklinikum Bonn.

Kofahl, C. (2019). Kollektive Patientenorientierung und Patientenbeteiligung durch gesundheitsbezogene Selbsthilfe [Collective patient centeredness and patient involvement through self-help groups]. Bundesgesundheitsblatt, Gesundheitsforschung, Gesundheitsschutz, 62(1), 3–9. https://doi.org/10.1007/s00103-018-2856-2

Pfaff, H., Brinkmann, A. & Bentz, J. (2007). Patientenbefragung in der Arztpraxis: Quadratur des Kreises. Deutsches Ärzteblatt(4).

Sahlström, M., Partanen, P., Rathert, C. & Turunen, H. (2016). Patient participation in patient safety still missing: Patient safety experts' views. International journal of nursing practice, 22(5), 461–469. https://doi.org/10.1111/ijn.12476

Satzinger, W. (2002). Informationen für das Qualitätsmanagement im Krankenhaus: zur Funktion und Methodik von Patienten- und Personalbefragungen [Information for quality management in the hospital: on the function and methodology of patient and staph surveys]. Medizinische Klinik (Munich, Germany : 1983), 97(2), 104–110. https://doi.org/10.1007/s00063-002-1134-z

Saut, A. M., Berssaneti, F. T., Ho, L. L. & Berger, S. (2022). How do hospitals engage patients and family members in quality management? A grounded theory study of hospitals in Brazil. BMJ open, 12(8), e055926. https://doi.org/10.1136/bmjopen-2021-055926

Schmidt, J., Nübling, R. & Kriz, D. (Juli 2013). Patientenbefragung in Akutkrankenhäusern: Routinemonitoring – Krankenhausvergleiche (Benchmarking).

Trojan, A. (2014). „Selbsthilfefreundlichkeit" als Ansatz der Kooperation von Selbsthilfegruppen und niedergelassenen Ärzten. Deutscher Ärzte-Verlag, 90(10). https://doi.org/10.3238/zfa.2014.0415–0418

Wild, D. & Weltermann, B. (2020). „Patient and Family Engaged Care" – passt das für Deutschland? Zeitschrift für Allgemeinmedizin(96).

World Health Organization. (2021). Global Patient Safety Action Plan 2021–2030: Towards eliminating avoidable harm in health care. Geneva.

Zerbe, P.-S., Röttele, N. & Körner, M. (2020). Partizipation von Patienten im Kontext der stationären Kinder- und Jugendpsychiatrie – ein Scoping Review [Patient Participation in Child and Adolescent Psychiatry - A Scoping Review]. Praxis der Kinderpsychologie und Kinderpsychiatrie, 69(8), 700–719. https://doi.org/10.13109/prkk.2020.69.8.700

Health Target. Nevertheless, there is great potential in terms of patient experience and knowledge that has not yet been fully utilised.

Further measures are needed to take patient perspectives into account in a systematic and structured way at leadership and management level (e.g. quality management, risk management) in healthcare facilities; also to ensure safe and effective healthcare in cooperative collaboration on an equal footing. The active role of patients in strengthening the patient safety culture in Germany, as envisaged in the National Health Goal on Patient Safety, is only reflected to a limited extent in the measures currently implemented. In particular, dialogue-based cooperation between patients or their representatives and employees of healthcare facilities is rarely realised. There is a need for further action here.

Suggestions for the agenda for empirical surveys and further research

The results of this research show that - considering the three stages of PE presented in the framework model (Fig. 1) - surveys (stage 1) are primarily conducted with patients in clinical and non-clinical facilities in Germany. Projects and initiatives for dialogue-based involvement or even shared leadership (levels 2 and 3) are far less established (Wild & Weltermann, 2020). At the same time, there are hardly any systematic reports and research evaluating existing strategic approaches to PE and patient safety (Bergerum et al., 2019). We therefore propose the following priorities for future surveys in Germany:

(1) In-depth empirical recording of PE activities already implemented or planned and their acceptance by patients, staff and facility management.
(2) Analysis of existing obstacles and barriers and identification of necessary framework conditions and realisation potential for HRD in the strategic promotion of patient safety.
(3) Evaluation of the effectiveness of the PE measures through accompanying research in healthcare science in order to generate evidence in everyday care inside and outside the hospital.
(4) Development of recommendations for practical work in healthcare facilities in order to facilitate the transfer of the knowledge gained and the sustainable establishment of further approaches at all levels of patient safety.

Limitations of this research and reporting

The overview of HRD measures presented here is based on exploratory and non-systematic online research. It can therefore not be ruled out that individual established projects are not mentioned here, as they could not be covered by this type of research. This also includes measures that have not been reported or are in the planning stage. In addition, future overviews should also address the various stakeholders in the healthcare system (e.g. those involved in the G-BAV procedure, quality institutions in the healthcare system such as ÄZQ, IQTIG, IQWiG, AWMF or the GKV-Spitzenverband).

Conclusion

Recognising and integrating the patient perspective as an important resource for the further development of safe healthcare is essential. Both research and measures to involve patients in the strategic promotion of patient safety in healthcare are still in their infancy compared to Scandinavian and Anglo-American countries. In this respect, the status reported here and an initial system can provide a basis for future developments to further strengthen the role of patients and their representatives in the strategic promotion of patient safety in German-speaking healthcare organisations. <<

Comment

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