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The Co-production of Patient Safety

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The phenomenon of co-production is today a cornerstone of public policy reform. Co-production is defined as "the voluntary or involuntary involvement of users in the design, management, delivery and/or evaluation of services" (Osborne, Radnor & Strokosch, 2016, p.4). A cornerstone in the development of quality in healthcare is patient safety. When working in patient safety, you are encouraged to "view it as the management of risks over time in order to maximize benefit and minimize harm to patients in the health care system." (Vincent & Amalberti, 2016, p.4)

Objectives

This study takes its point of departure in the various ways in which co-production is theorized in different fields of research. The aim is to develop new ways of understanding patient safety by contextualizing it in relation to the field of co-production and value creation.

Research question

How can the work of patient safety contribute to value creation from a co-production perspective?

Method

Theories built on a literature study on co-production and patient safety.

Results

It seems that work for patient safety is largely derived from a public administration management theory approach to co-production. Our results suggest a more nuanced picture of the patient's role, meaning that there are ways of working for patient safety in a service management-based tradition that have not yet been fully explored. A model is presented that can facilitate the planning of patient partnerships related to the character of safety issues. The model can visualize the untapped resources that exist when involving patients as active subjective partners with their own safety strategies.

Conclusions

There exists a largely untapped potential in taking advantage of involving the patient as an active subjective partner co-producing patient safety with professionals, especially concerning activities that involve social interaction. It appears that both research on co-production and patient safety could benefit from multiple perspectives in order to develop models customized to the gaps in quality, safety and value that are subject to improvement efforts.

References

1. Osborne, S. P., Radnor, Z. & Strokosch, K. (2016) Co-Production and the Co-Creation of Value in Public Services: A suitable case for treatment? *Public Management Review*, 18(5), 639-653.
2. Vincent, C. & Amalberti, R. (2016). *Safer Healthcare: Strategies for the Real World*. New York: Springer Open.