

Notes from the Guest Editor

OVER THE PAST decade, advances have been made in creating a safer environment for hospitalized patients. In the field of infection prevention and control, however, progress has been slow, and hospital-acquired infections (HAIs) remain a leading cause of morbidity and mortality in Canada. Many of these infections are known to be preventable. As chief executive officer of a very large acute care teaching hospital, I am concerned about our seeming inability to prevent HAIs and very interested in novel approaches to solving the problem.

In this issue of *HealthcarePapers*, Brenda Zimmerman and colleagues (2013) contend that the traditional top-down approach has not been successful because staff buy-in to lists of instructions fails to create a culture of safety. They hypothesize that a culture of safety is much more likely if the front-line staff take ownership of problems and develop and implement solutions. For this reason, the authors actively engaged front-line staff in five Canadian hospitals to develop their own solutions for preventing HAIs. They called this approach front-line ownership (FLO). And the authors found that front-line staff

were both willing and able to identify and implement local solutions and achieve positive results.

This paper is an impressive account of how FLO can be implemented to promote a culture of innovation and patient safety and reduce HAIs. The concept builds on theories of human behaviour, positive deviance and distributive leadership to achieve results. It is a must-read for healthcare leaders interested in new approaches to reducing HAIs in their organizations. Future studies are needed to see whether FLO is complementary to, or incompatible with, emerging health improvement strategies focused on strong leadership and reduced variation, with standardized processes and comparable performance measures.

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References

Zimmerman, B., P. Reason, L. Rykert, L. Gitterman, J. Christian and M. Gardam. 2013. "FLO. Front-Line Ownership: Generating a Cure Mindset for Patient Safety." *HealthcarePapers* 13(1): 6–22.