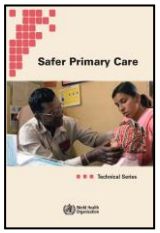


Safer Primary Care: an imperative for UHC

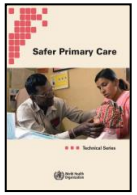



Dr Neelam Dhingra-Kumar
Coordinator
Patient Safety and Risk Management
WHO-headquarters, Geneva

Outline

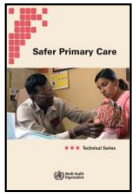
- What is the problem?
- What do we do and what is the available guidance for improving safety in primary care?
- Which are the global levers for change?
  - ✓Global Summits on Patient Safety

What is the problem?



Unsafe health care: scope and magnitude

- Every year, millions of patients are harmed or die because of unsafe and poor quality health care; most of these injuries are avoidable
- Very high public health burden worldwide
- Patient harm - 14th leading cause of the global disease burden, comparable to diseases such as tuberculosis and malaria
- One in every 10 patients (10%) is harmed while in a hospital
- 421 million hospitalizations in the world annually; 42.7 million result in adverse events; 2/3 of those adverse events in LMICs
- Medical errors are the 3rd leading cause of death in the US



Unsafe primary care: scope and magnitude

- Understanding more about safety in hospitals
  - limited data - magnitude of problem is as big outside hospitals
  - most care globally is delivered in primary care
- 1 in 50 (2%) patient encounters in primary care result in a patient safety incident; substantial patient harm occurs in 1 in 20 (5%)
- Administrative errors - up to half of all medical errors in primary care
- Medication errors - 11% and 59% of medication discrepancies at admission and discharge were considered to have potential for harm
- Diagnostic errors - 5% of adult experienced diagnostic errors in OPD each year; over half of these errors had the potential for severe harm

Marchon & Mendes Junior:

Cad. Saúde Pública, Rio de Janeiro, 30(9):1815-1835, set, 2014

Patient safety in primary health care: a systematic review

Segurança do paciente na atenção primária à saúde: revisão sistemática

La seguridad del paciente en la atención primaria: una revisión sistemática

A systematic literature review (2007 to 2012) - Portuguese, English, and Spanish

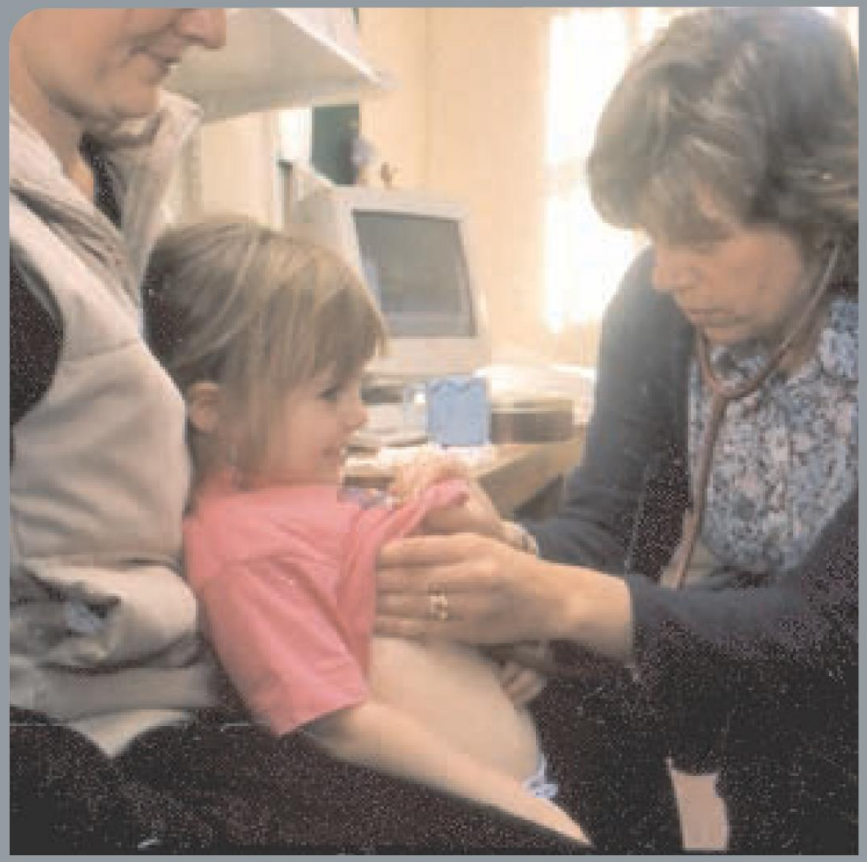
- 33 articles: retrospective studies (26%), prospective studies (44%), focus groups, questionnaires, and interviews, cross-sectional studies (30%), incident analysis from incident reporting systems (45%)
- Most frequent types of incidents in primary care - related to **medication and diagnosis**
- The most relevant contributing factors - **communication failures** among member of the healthcare team

What do we do and what is the available guidance on safety in primary care?

Seven steps to patient safety for primary care

The full reference guide

May 2006



Better knowledge for safer care

Methods and Measures used in Primary Care Patient Safety Research

Results of a literature review

2008

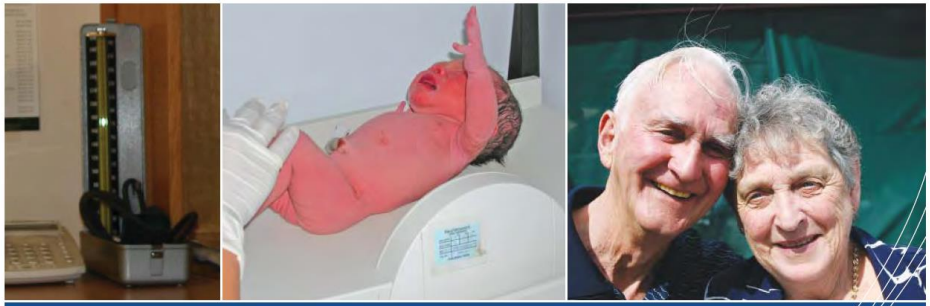
World Health Organization | Patient Safety

A World Alliance for Safer Health Care

Patient Safety in Primary Healthcare: a review of the literature

June 2009

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTHCARE



THE JOANNA BRIGGS INSTITUTE

AEQUAM SERVARE MENTEM

The Health Foundation
Inspiring Improvement

Evidence scan:

Improving safety in primary care

November 2011

Identify Innovate Demonstrate Encourage

Gaal *et al. BMC Health Services Research* 2010, **10**:21
http://www.biomedcentral.com/1472-6963/10/21

BMC
Health Services Research

RESEARCH ARTICLE Open Access

Patient safety in primary care: a survey of general practitioners in the Netherlands

Sander Gaal*, Wim Verstappen, Michel Wensing

An overview of patient safety in primary care

Dr. Carl de Wet

November 2012

About this document:

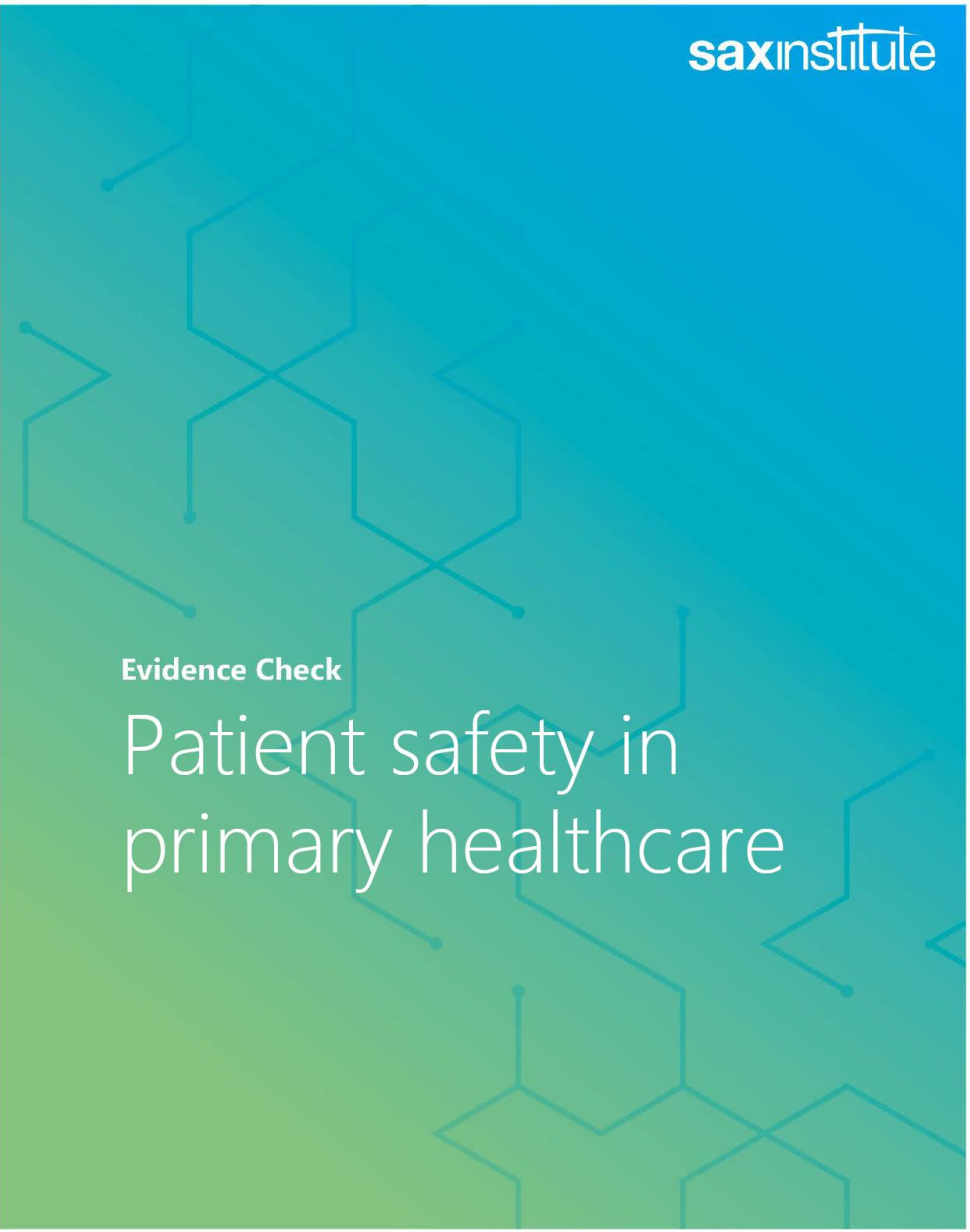
This document aims to summarize a non-systematic scan of the international patient safety literature relating to patient safety in primary care settings in general, and Scottish general medical practice in particular. It may therefore be of interest to a wide range of clinical and non-clinical health care staff, whether new to or more experienced in the nascent discipline of patient safety.

Patient Safety In Primary Care

BC Patient Safety & Quality Council

cpsi icsp Canadian Patient Safety Institute
Institut canadien pour la sécurité des patients

July 2015



An **Evidence Check** rapid review brokered by the Sax Institute for the Australian Commission on Safety and Quality in Health Care. August 2015.

Editorials

Patient safety research in primary care:

where are we now?

RECENT PROGRESS

This issue of the *BJGP* reflects recent progress in patient safety research in primary care with the publication of three articles addressing safety culture and teamwork in community care; harms following transfer of care responsibilities between primary care, secondary care, and other sector services; and the approaches to clinical reasoning that are associated with diagnostic error.[1–3] Traditionally, research in patient safety has focused on hospital-based, specialist care provision. The epidemiology of patient safety in these settings is established: around 1 in 10 patients experiences avoidable harm.[4] Despite 90% of healthcare encounters occurring in the community setting in most developed nations, there has been an assumption that, due to the lower-risk nature of patient encounters in primary care, harms will be less significant.[5] This claim is hard to disprove until robust population-level epidemiological studies are conducted to determine the frequency and burden of harms occurring in primary care.

A patient safety incident is any unintended or unexpected incident that could have harmed or did harm a patient during healthcare delivery. This can be the result of a wrong or inappropriate action ('error of commission') or failing to do the right thing ('error of omission').[4] Current estimates suggest that 1 in 50 patient encounters in primary care will result in a patient safety incident and, of these, substantial patient harm occurs in 1 in 20.[4] As over 340 million consultations are undertaken in general practice in the UK every year, this equates to substantial harm affecting, in the region of, 300 000 patients every year. When considering other areas of primary care such as dentistry, pharmacy, and nursing, the harm could be appreciably higher.

THE COMPLEXITY OF PRIMARY CARE

Strong primary care systems are advocated for better population health outcomes, economic, and patient preference reasons. Interventions to improve patient safety need to consider the diversity of settings, variety of patients, different clinical conditions, non-specific symptoms and undifferentiated presentations, and the vast array of healthcare professionals. Furthermore, primary care is changing, with care provision and responsibility being shifted from secondary to primary care at a time where concern has already been raised about excessive GP workload affecting patient safety.[6] Additionally, GPs, who specialise in complex disease management, also help coordinate the social care and healthcare needs of their patients. This includes vulnerable patient groups such as those with multimorbidities and those at the extremes of age, who are at higher risk of patient safety incidents.[5] Regardless of this, GPs are still the most trusted professionals in the eyes of the public. Even in the post-Shipman, Bristol Royal Infirmary, and Mid Staffs era the public still place enormous trust in their GPs and their ability to care for them. The expectation is that general practice is very safe.

> *"It is only by understanding how and why patient safety incidents are caused in primary care, along with their contributory factors, that learning can be derived and systems set up to prevent such incidents reoccurring.*

CREATING URGENCY FOR CHANGE

The World Health Organization's Safer Primary Care Expert Group first met in 2012 and carried out an international Delphi prioritisation exercise to identify cross-cutting priorities for patient safety research and development in primary care in low-, middle-, and high-income countries. Participants confirmed the need to recognise the importance of unsafe primary care, a willingness to share data, support for quality improvement, and practical proposals to bridge knowledge gaps; suggestions for action were made.[7] So, what research and improvement initiatives have been undertaken in the UK to date?

To recognise the importance o unsafe primary care, the initial step is t understand the problem. Early work note marked diversity in the reported frequenc and nature of errors.[8] De Wet and Bowi used the trigger review method to identi unsafe care in primary care and foun it an effective tool to establish previous undetected harm. Further work on priori setting[10] generated a list of 'never event for general practice through practitione and consensus-building methods, an there is now work underway to determin the incidence of missed diagnost opportunities in English general practice.[1]

Classification systems have bee developed to analyse primary care patie safety incident reports.[12,13] Carson-Steven and colleagues analysed over 13 00 primary care patient safety reports fro the NHS National Reporting and Learnin System, characterising the incident that are being reported by healthcar professionals and the severity of harm outcomes.[12] The number of reports the largest in the world and has neve previously been systematically analyse The volume of these data supports th identification of themes for priority settin and intervention, and the generation hypotheses about the underlying cause of safety incidents. The work has alread resulted in publications on childhoo vaccination,[14] with suggestions for safe improvement during hospital discharg included in this issue.[2]

Analysis of incident reports cannot refle true epidemiology because it is subje

> *"... toolkits are already available for use in identifying areas where efforts can be made to improve patient safety for the individual GP, and at practice level."*

Environmental Scan Report

Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20857

Contract No. HHSP233201500022I/HHSP23337002T

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AHRQ Publication No. 17-0021-2-EF
March 2017

Safer Primary Care

Technical Series

Technical Series: Safer Primary Care

A set of nine technical monographs that explore different aspects of safety in primary care services

ISSUES RELATED TO PATIENTS
- Patient engagement

ISSUES RELATED TO THE WORKFORCE
- Education and training
- Human factors

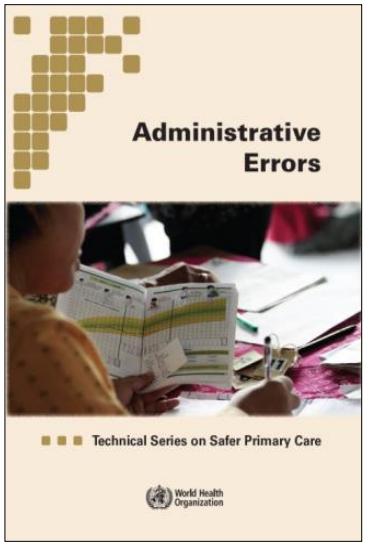
CARE PROCESSES
- Administrative errors
- Diagnostic errors
- Medication errors
- Caring for people with multiple conditions
- Transitions of care

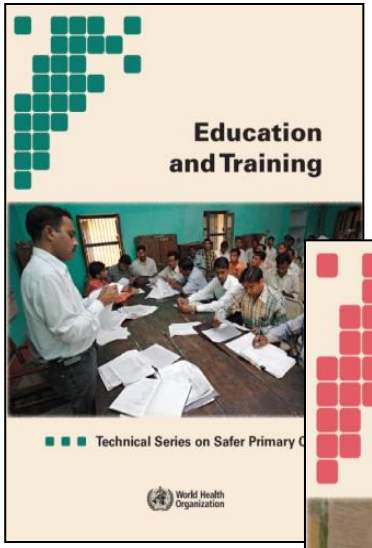
TOOLS AND TECHNOLOGY
- Electronic tools

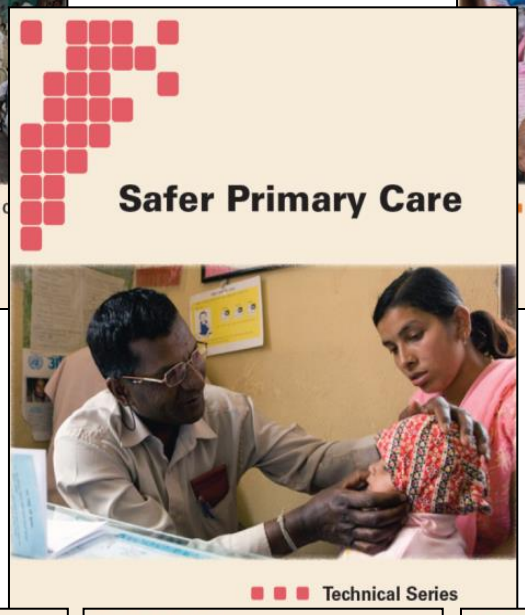
World Health Organization

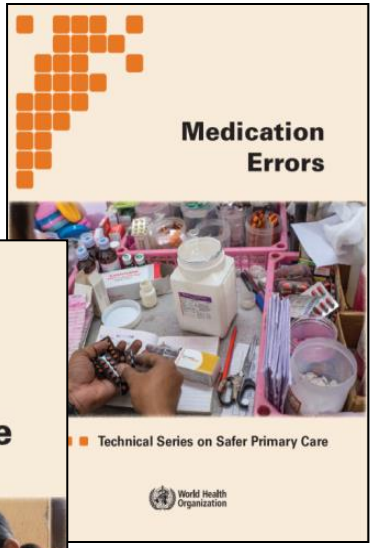
March 2017

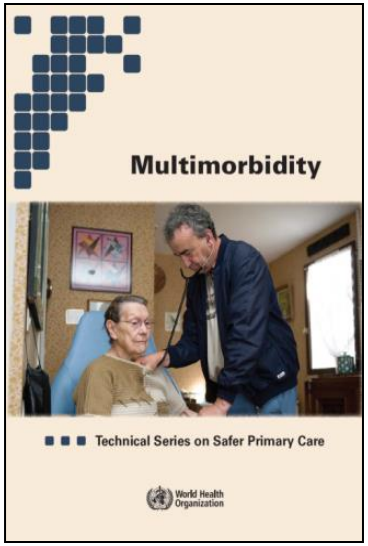
World Health Organization

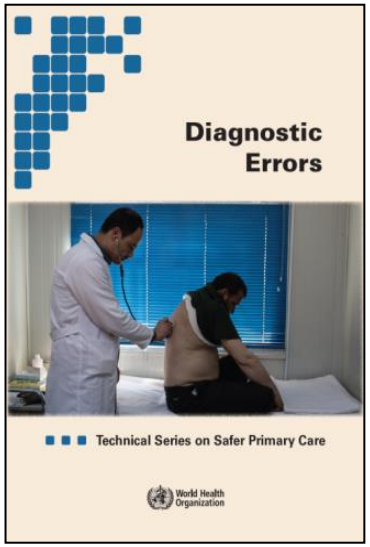

Administrative Errors
Technical Series on Safer Primary Care
World Health Organization

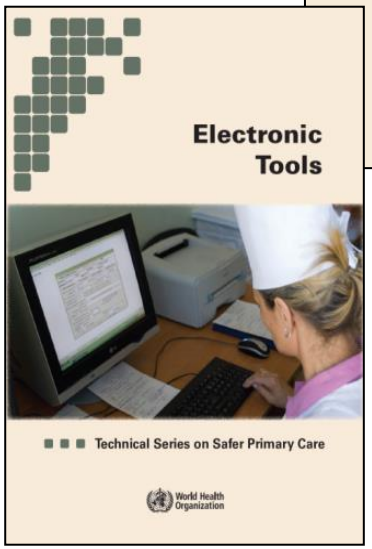

Education and Training
Technical Series on Safer Primary
World Health Organization


Safer Primary Care
Technical Series


Medication Errors
Technical Series on Safer Primary Care
World Health Organization


Multimorbidity
Technical Series on Safer Primary Care
World Health Organization


Diagnostic Errors
Technical Series on Safer Primary Care
World Health Organization


Electronic Tools
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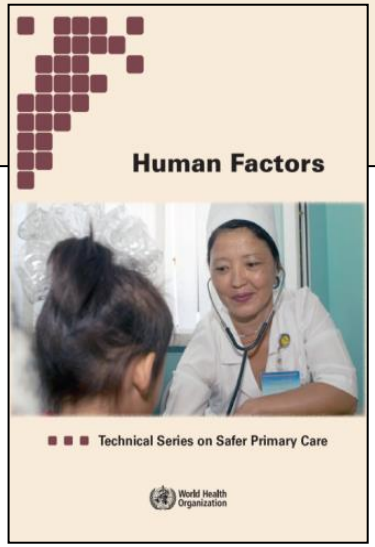
World Health Organization


Human Factors
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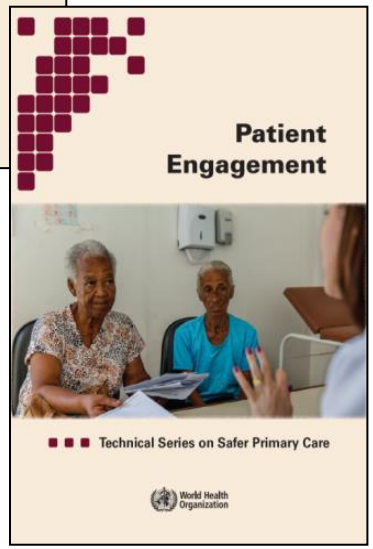
World Health Organization


Patient Engagement
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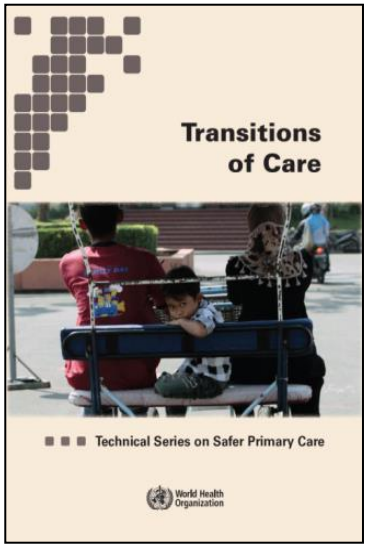
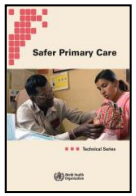
World Health Organization


Transitions of Care
Technical Series on Safer Primary Care
World Health Organization

Which are the global levers for change?



Putting Safety and Quality of Care on the World's Agenda

FIFTY-FIFTH WORLD HEALTH ASSEMBLY **WHA55.18**

Agenda item 13.9 **18 May 2002**

Quality of care: patient safety

The Fifty-fifth World Health Assembly,

Having considered the report on quality of care: patient safety;[1]

- Urges Member States to pay the closest possible attention to the problem of patient safety…
- Request WHO to support the efforts of Member States to promote a culture of safety and quality within health care organizations…

World Health Organization

Global/Regional Resolutions and Declarations on Patient Safety and Quality of care

2002	WHA55.13	Quality of care: patient safety
2002	EM/RC/47/R.8	Quality assurance and improvement in health system
2004	WHA57/18	Launch of World Alliance for Patient Safety
2005	EM/RC52/R.4	Eastern Mediterranean regional strategy for enhancing patient safety
2006	WHO/WAPS	London Declaration on Patient for Patient Safety
2006	SEA/RC59/R3	Promoting patient safety in health care
2007	SEA/RC60/18	The Jakarta Declaration on Patients for Patient Safety in SEAR Countries
2007	PAHO/CE140.R18	American regional policy and strategy for ensuring quality of health care, including patient safety
2008	AFR/RC58/8	Patient safety in African health services: issues and solutions
2009	EMR	Jeddah Declaration on Patient Safety
2012	WHO-HQ	Patient Safety Programme Strategy 2012-2015
2014	WHO-HQ	Patient Safety and Quality Improvement, Service Delivery and Safety Strategy: From Prevention to Palliation
2015	SEA/RC68/14	Patient safety contributing to sustainable universal health coverage

Embedded in the SDGs

Ensure healthy lives and promote well-being for all at all ages

Target 3.8 Achieve **universal health coverage**, including financial risk protection, access to ***quality*** essential health-care services and access to safe, effective, ***quality*** and affordable essential medicines and vaccines for all.

Universal Health Coverage

Ensuring that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, of sufficient **quality** to be effective, while also ensuring that the use of these services does not expose the user to financial hardship.

World Health Organization

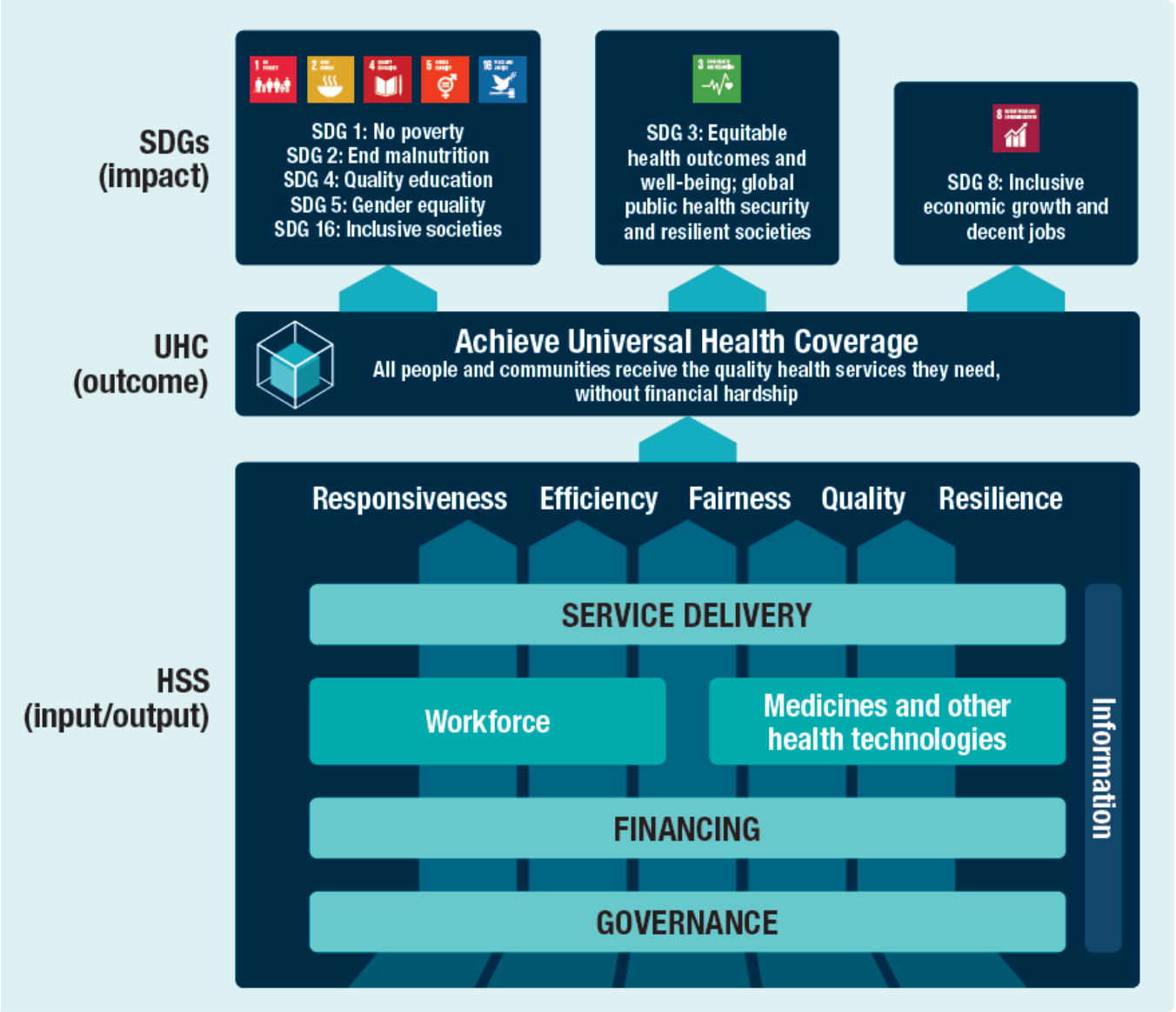
WORLD HEALTH STATISTICS

2017

MONITORING HEALTH FOR THE SDGs

SUSTAINABLE DEVELOPMENT GOALS

World Health Organization



World Health Organization

EXECUTIVE BOARD
142nd session
Agenda item 3.1

EB142/3 Rev.2
26 January 2018

Draft thirteenth general programme of work 2019–2023

Promote health, keep the world safe, serve the vulnerable

WHO Country Action Framework

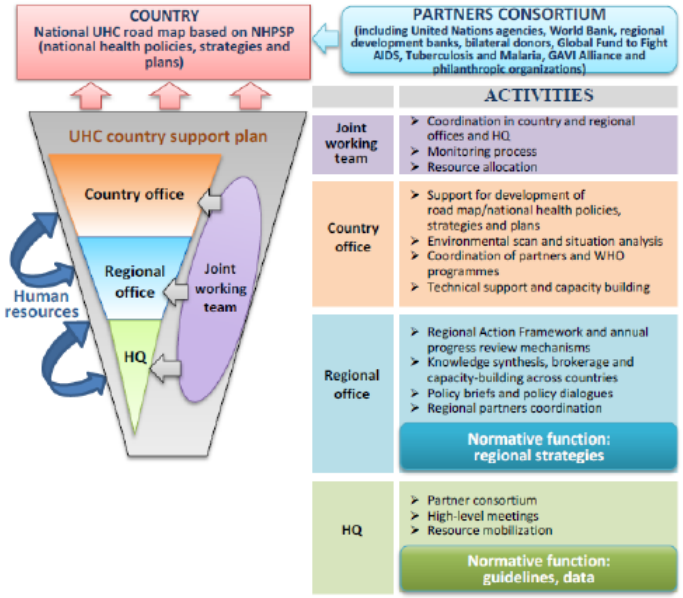
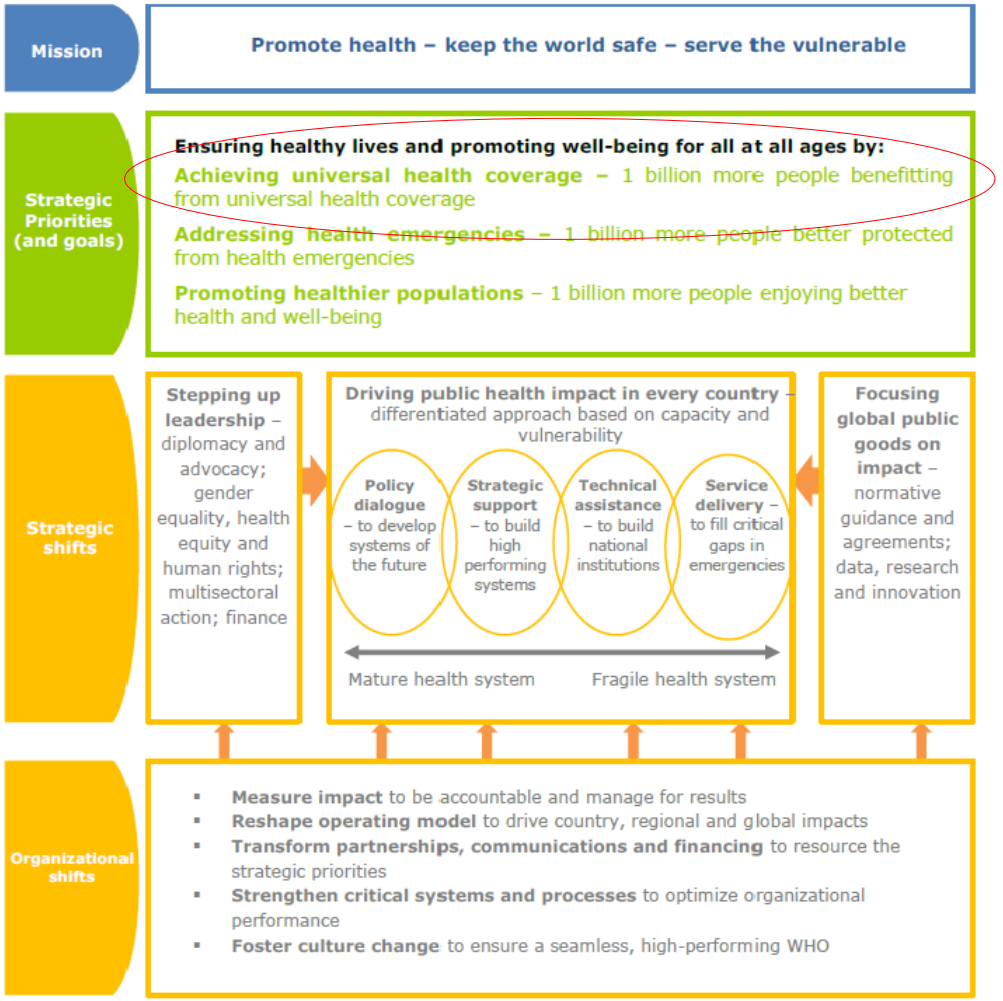
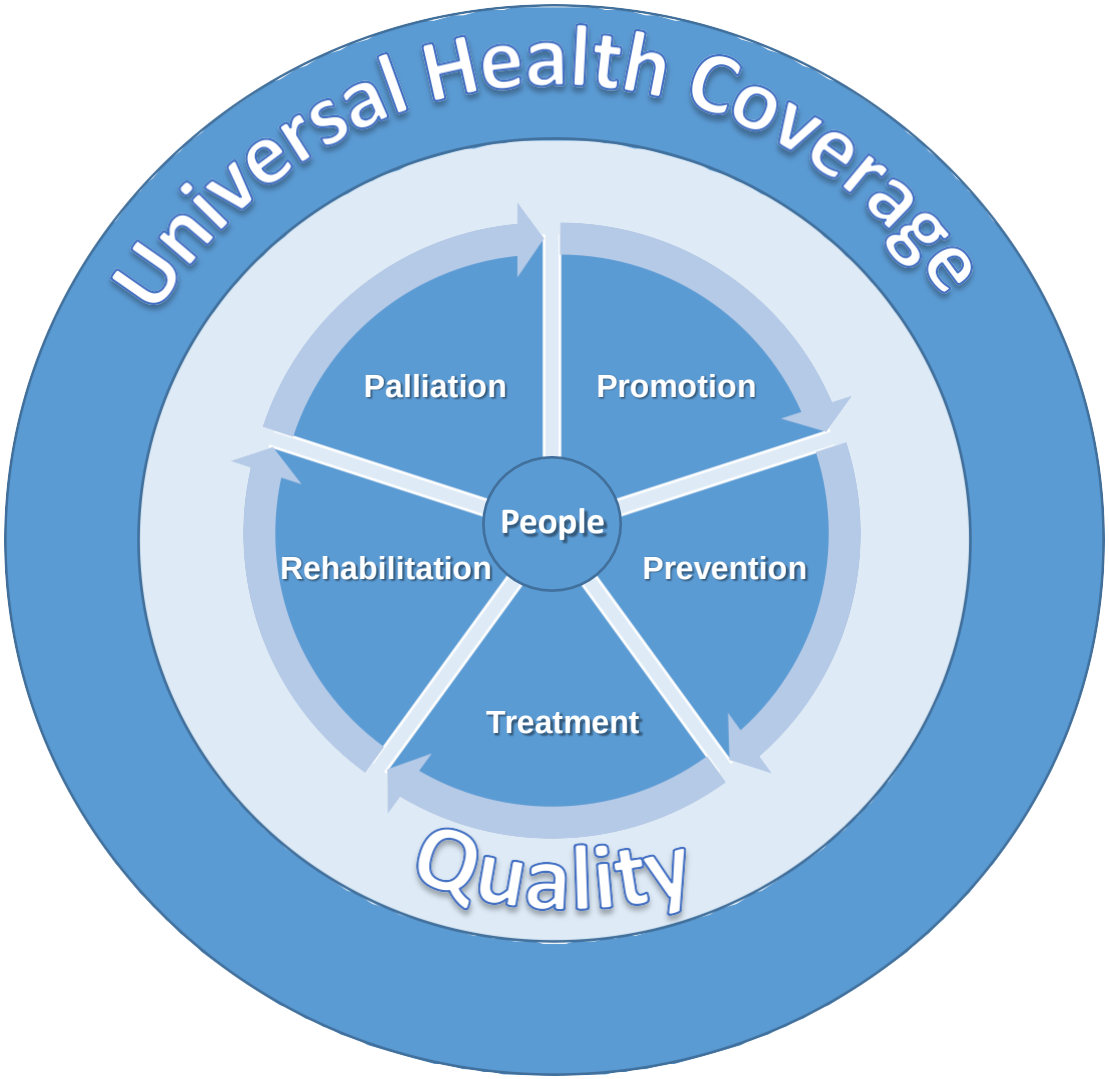


Fig. 1. Overview of WHO's draft thirteenth general programme of work 2019–2023: strategic priorities and shifts





World Health Organization

Primary Care Services underpin UHC

Universal Health Coverage

Integrated People-Centred Health Services

Referral Level Care

- Health Promotion
- RMNCH
- HIV
- Malaria
- TB
- NCDs/ Mental Health
- Palliative Care

Primary Care Services

Global Summits on Patient Safety


Department of Health
Patient Safety
Global Action Summit 2016
Patient Safety
Global Action Summit 2016

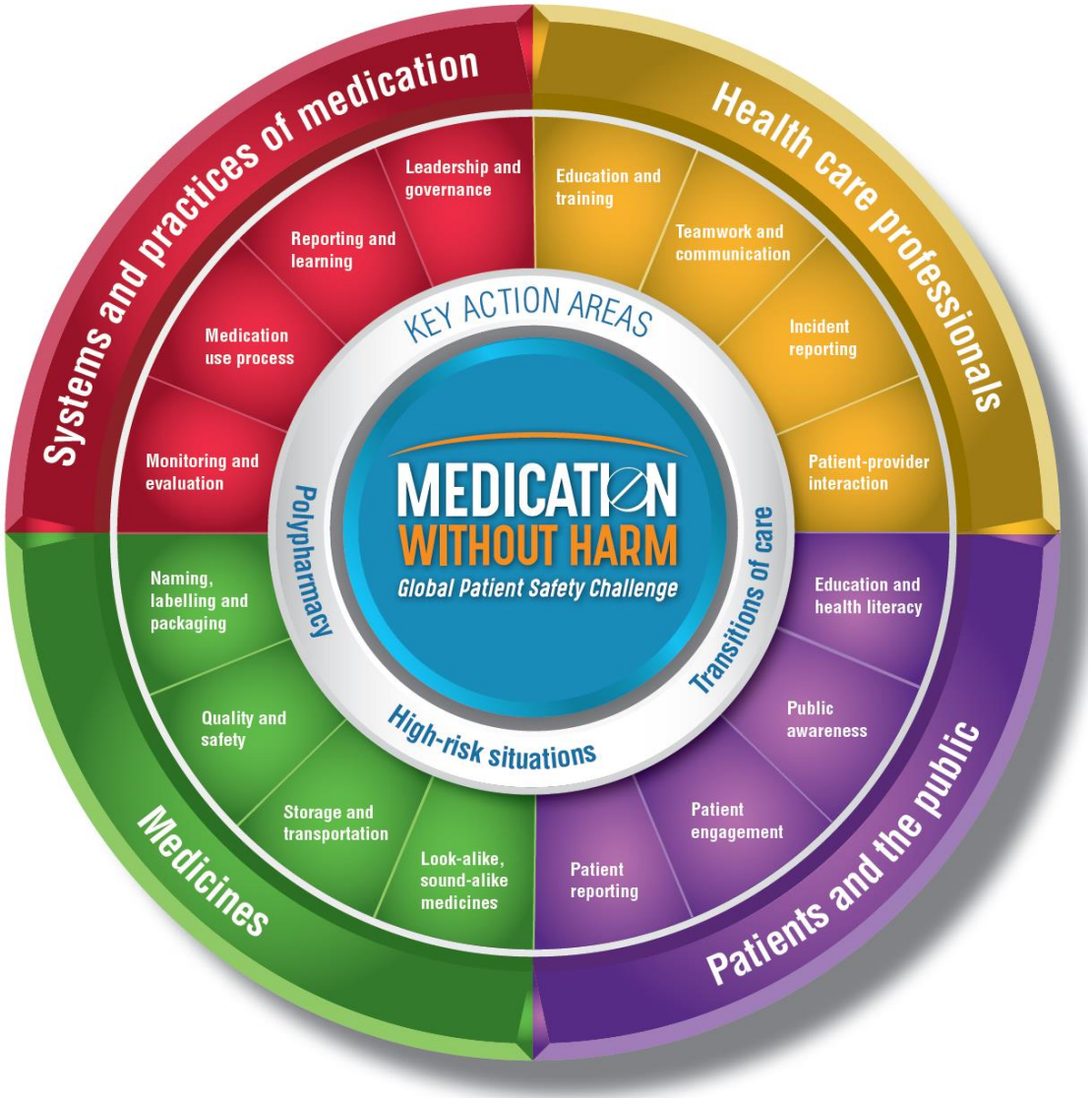

Department of Health
Patient Safety
Hermann Gröhe
Ferderal Minister of Health, Member of the German Bunderstag
The German Minister will address us in German. For translation head sets are available
Patient Safety
Global Action Summit 2016

2nd Global Ministerial Summit on Patient Safety

Medication Without Harm

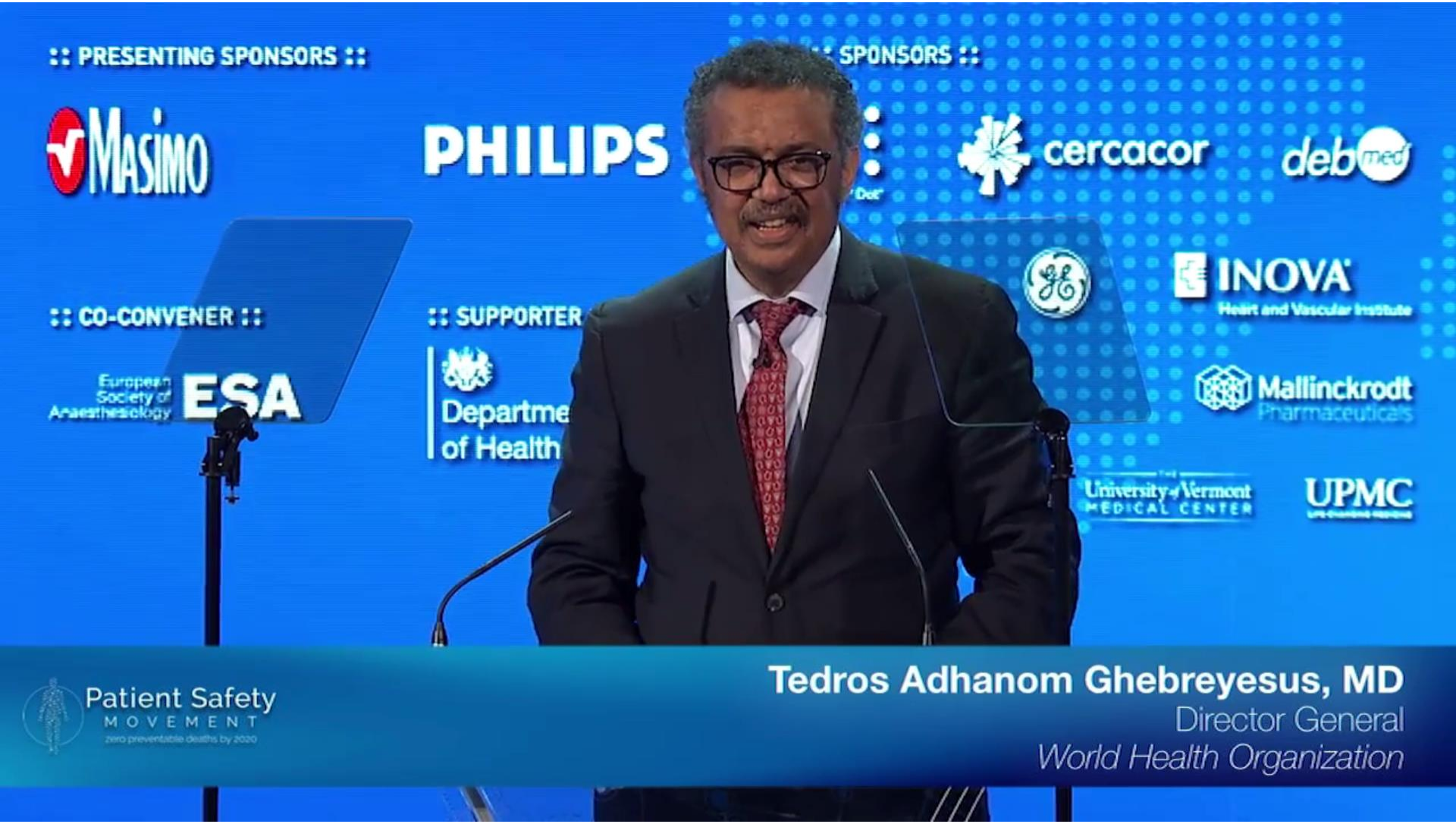
The Third Global Patient Safety Challenge

Global Patient Safety Challenge: *Medication Without Harm*



World Health Organization

6th Annual World Patient Safety, Science & Technology Summit, 23 February 2018



6th Annual World Patient Safety, Science & Technology Summit

Dr. Tedros @DrTedros, Director General, WHO discusses the five building blocks to patient safety:

1. Committed leadership

2. Clear policies & practices

3. Data-driven investments

4. Competent & compassionate professionals

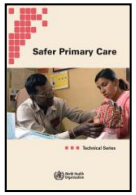
5. Patient involvement

http://www.who.int/dg/speeches/2018/patient-safety-summit/en/

Dr Tedros Adhanom Ghebreyesus

Director-General

World Health Organization



Improving Safety in Primary Care: Take home message

- Primary care services are at the heart of health care; an entry point into the health system; directly impact on people's well-being and their use of health services
- Unsafe or ineffective primary care increases morbidity and preventable mortality; unnecessary use of resources
- Improving safety in primary care is essential to UN SDGs – UHC, ensuring healthy lives and promoting well-being for all at every age
- Guidance and tools are available globally: **time to prioritize, implement and measure has come**


3rd Global Ministerial Summit on Patient Safety
13-14 April 2018, Tokyo, Japan