

Patient Engagement for Patient Safety

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Introduction

Health systems in low income settings continue to experience overwhelming pressure- high population growth, emerging diseases and emergencies, shrinking budget envelopes, refugees crisis, technology, ...

..and *governance, governance, governance...*

- Increasing risks to patient safety -

Introduction ...

- Ugandan has made strides toward engaging patients
 - Adopted client charters
 - Civil society brought on the table to give the patient Voice.
 - Health Sector Development Plan focused on Universal Health Coverage

What is Patient Engagement for Patient Safety?



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➤ Empowering Patients

- Addressing power relations,
- Building patients confidence, ownership and knowledge regarding treatment and safety
- Equity is critical – *“leave no one behind”* because it is a global village

➤ Respecting and responding to

- The preferences, concerns, needs and values of patients.
- Engagement should be meaningful and effective

Patient centeredness

- Focusing on patients
- Patient presentation of facts and perceptions
- Listening - (not just hearing) by health care providers and the entire system
- Imparting an understating of prevention of medical error and appreciating what it would cost if we do not prevent.
- leverage resources for patient safety
 - Time
 - Community resources
 - Focus on efficiency and effectiveness
 - Assess needs and target them, Information, knowledge and skills

Patient centeredness ...

- Tap resources for preventing harm i.e. patient engagement and reporting
 - E.g. “I waited after delivery until after over one hour. The pain was going through my head. I have now developed a permanent problem and I can not stop my urine - I just want them to admit and help me”
- Empathy and professionalism –
 - Need support for health workers in terms of information and education, skills and competences, supervision and monitoring

Role of Patients/Patient Organisations

- Advocacy and Support to systems Improvement
 - At community and national levels

- Examples: Worked with Parliamentarians to
 - Influence budget allocations to improve working conditions for the health workforce
 - Development of bills -E.g. Uganda National Laboratory Services Bill, Patients' Rights and Responsibilities Bill



Robinah Kaitiritimba, ED UNHCO flacked by Rt. Hon. Rebecca Kadaga, Speaker of the Parliament of Uganda after a discussion on proposed Right To Health Constitutional Amendments and the Patient's Rights and Responsibilities Bill



Capacity to use information through collective action

Challenges

- Limited understanding and appreciation of Patient Safety
- Inadequate Diagnosis capacity; Poor regulation - private sector not adequately supervised; enforcement
- The biggest challenge remains governance and leadership

Poor regulation – patients unaware

Anger over fake Hepatitis B vaccine

The Independent March 26, 2018 Health, In The Magazine, The News Today Leave a comment
812 Views



A health worker vaccinates a client against Hepatitis B vaccine during a health camp held in Kampala recently. The Ministry has now banned vaccination during such camps

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What can be done?

- Build knowledge on Patient Safety, reporting, learning and action
- Strengthening regulation
- What are the opportunities?
 - People- community, family, individual existing arrangements eg. SACCOs.
- Doing things differently, paradigm shift- putting patients at the center
- Focus on prevention

Consensus on Patient Engagement

- There is consensus on the added-value of patient engagement for patient safety
 - Through collecting, reporting and incorporating patient feedback, implementing patient rights and responsibilities charters ...
- Evidence has also shown that when healthcare administrators, providers, patients and families work in partnership,
 - the quality and safety of health care improves,
 - costs decrease
 - provider satisfaction increases and
 - patient care experience improves.

Conclusion

- The pillars for safety and overall quality are governance and leadership
- The commitment to put patients at the center of care and leverage resources to build and motivate teams and open the door for patient voices to promote safety and quality of care

THE END