Panel Discussion 3

Patient Safety Needs for Achieving Universal Health Coverage in Low- and Middle-Income Countries (LMICs)

Chair: Neelam Dhingra-Kumar

World Health Organization

Chair Information:

Dr Neelam Dhingra-Kumar is Coordinator for Patient Safety and Risk Management Unit, Service Delivery and Safety Department at the World Health Organization headquarters in Geneva, Switzerland. Dr Dhingra leads WHO's efforts at providing strategic leadership and policy advice in patient safety and risk management, and coordinates WHO's work for improving patient safety and managing risks in health care, including global patient safety challenge on medication safety; patient safety leadership; patient safety culture; education and training; patient safety standards, assessments, research and measurement; global patient safety networks and partnerships; safety and quality tools and checklists; reporting and learning systems; patient and family engagement including patients for patient safety; safer primary care; Safe Childbirth Checklist; Surgical Safety Checklist, standardizing care processes; and patient safety solutions. After joining WHO in 2000, Dr Dhingra provided strategic leadership and facilitated multi-country support for strengthening the delivery and safety of transfusion and laboratory services. Since 2014, Dr Dhingra has taken over the role of coordinating WHO global efforts in the areas of patient safety, quality and risk management. Prior to joining WHO, Dr Dhingra served as a faculty in a large, tertiary care university teaching hospital in New Delhi, India for 14 years, also coordinating transfusion and laboratory services. She obtained her medical graduation and post-graduation qualifications from New Delhi and fellowships in the United Kingdom as a haematologist, laboratory and transfusion medicine expert. Dr Dhingra's areas of expertise are policy and strategy formulation, priority setting, safety and quality of health services; vigilance, reporting and learning systems; establishing networks; quality and risk management systems; patient, family and community engagement; and assessments, monitoring, evaluation and operational research.

Chair: Jeremy HM Veillard

World Bank Group

Chair Information:

Program Manager, Primary Health Care Performance Initiative, The World Bank Group

Jeremy Veillard is a health sector leader with extensive experience in partnerships and in leading transformational change. He has extensive experience in partnerships in the health sector at hospital, provincial, Pan-Canadian and international levels. Jeremy is a hospital administrator by background with a PhD in health systems research and experience leading transformation at the Ontario Ministry of Health and Long-Term Care, internationally at the World Bank and the World Health Organization, at pan-Canadian level in Canada and at hospital level in France. He has worked in over a dozen countries and is fluent in English, French and Spanish.

Since June of 2015 Jeremy has applied his experience at The World Bank Group as the Program Manager, PHCPI & Strategic Policy Adviser to the Senior Director. In this role, he leads the Primary Health Care Performance Initiative (PHCPI) for the Bank, a presidential initiative involving the Bill and Melinda Gates Foundation and the World Health Organization. It is focused on accelerating performance improvement in the delivery of primary healthcare in low and middle-income countries.

Previous to The World Bank, Jeremy was the Vice-President, Research and Analysis with the Canadian Institute for Health Information. At CIHI he led all aspects of research and analysis with a staff of 150 people. He worked closely with provincial and federal governments, regional health authorities and health care providers on performance and health system transformation issues. Jeremy has a deep understanding of federal, provincial and territorial dynamics and knowledge of the key Canadian health sector participants in the areas of policy development. Focused on results, he is experienced in applying data and evidence to drive change in policy and service delivery.

Priyadarshani Galappatthy

Faculty of Medicine, University of Colombo, Sri Lanka

Addressing the Challenge of Medication Safety: Experiences from Sri Lanka

Abstract:

A Systematic review of published studies in Sri Lanka related to medication safety coupled with the personal experience of systems operating in the country identified the major challenges for medication safety and the ways to address these through a national action plan developed on medication safety. The main challenges are poorly functioning drug and therapeutics committees, inadequate safety culture, low medication incident reporting rates, high prevalence of irrational prescribing with non-adherence to clinical guidelines, lack of clinical pharmacist services, medicines dispensed by unqualified personnel in the private sector and dispensing medicines without proper labeling and sometimes without prescriptions. Some key issues are poor legibility of prescriptions (50 - 65%), low generic prescribing in private sector (36%), poly-pharmacy (83% among hospitalized elderly patients), using error prone abbreviations (67%), potential drug interactions in prescriptions (50%), dispensing unlabeled medicines (98%) very short dispensing times, registration and availability of large number of different brands (eg. atorvastatin 143 products registered), self medication (35%) and poor medication literacy (46%) despite high overall literacy (94%).

A short and long-term plan for medication safety through a national action plan was developed targeting the four strands identified by the WHO Global patient safety challenge on medication safety. Proposed actions include improving medication management systems, introducing a medication incident reporting system through the Directorate of Healthcare Quality and Safety, incorporating components of medication safety curriculum to all medical faculties, multi-professional training on medication safety and improving medication literacy among patients through a variety of means with involvement of all stakeholders.

Keywords:

Medication safety, national action plan, Global patient safety challenge, incident reporting, prescription errors, medication literacy, medication safety curriculum

Speaker Information:

Priyadarshani Galappatthy MBBS, MD, DipMedTox, FCCP, FRCP(Lond) is a Consultant Physician and Professor in Pharmacology in the Department of Pharmacology, Faculty of Medicine, University of Colombo, Sri Lanka. She graduated and obtained MD with Board certification as a specialist in General Medicine from the University of Colombo. She had training in Clinical Pharmacology and General Medicine in the UK and obtained MRCP (UK) from Royal College of Physician of London and Diploma in Medical Toxicology from University of Wales College of Medicine, Cardiff. She is a Fellow of Ceylon College of Physicians (FCCP) and a Fellow of Royal College of Physician of London (FRCP).

She has given leadership to several researches and projects related to medication safety in Sri Lanka and developed the national action plan on medication safety. Projects commenced include initiating a medication incident reporting system, development of a medication safety practice package and indicators of medication safety for the local hospitals as postgraduate projects. She conducts regular training programs and symposia on medication safety for all categories of healthcare professionals and educates the public on medication safety.

Sir Liam Donaldson

UK and WHO Patient Safety Envoy

Medication Without Harm - One year on WHO 3rd Global Patient Safety Challenge and Patient Stories - Provoking Debate to Generate Change

Speaker Information (Video Presentation):

Professor Sir Liam Donaldson is recognised as an international champion of public health and patient safety. He was the foundation chair of the World Health Organisation's World Alliance for Patient Safety, launched in 2004. He is a past vice-chairman of the World Health Organisation Executive Board. He is now the World Health Organisation's Envoy for Patient Safety, Chairman of the Independent Monitoring for the Global Polio Eradication Programme, as well as Chairman of the Transition Monitoring Board of this Programme. In the UK, he is Professor of Public Health at the London School of Hygiene and Tropical Medicine, Honorary Distinguished Professor at Cardiff University, Associate Fellow in the Centre on Global Health Security at Chatham House, and Chancellor of Newcastle University. Prior to this appointment Sir Liam was the 15th Chief Medical Officer for England, and the United Kingdom's Chief Medical Adviser, from 1998-2010. During his time in this historic post (established in 1855) he held critical responsibilities across the whole field of public health and health care. As the United Kingdom's chief adviser on health issues, he advised the Secretary of State for Health, the Prime Minister and other government ministers. He has produced landmark reports which have set health policy and legislation in fields such as stem cell research, clinical governance, quality and safety of health care, infectious disease control, patient empowerment, poor clinical performance, smoke free public places.

Piyawan Limpanyalert

The Healthcare Accreditation Institute (Public Organization), Thailand

Patient Safety in Primary Care Settings - Experiences from Thailand

Abstract:

Introduction: Unsafe primary care is particularly concerned in lower- and middle-income countries (LMICs), where limited resources lead to risks of medical errors. Failure to deliver safe primary care hinders an ensured path of LMICs to achieve Universal Health Coverage (UHC). We report how public policies have been developed to promote patient safety in primary care under Thai UHC.

Methods: A qualitative study was conducted. Data were collected from documentary reviews and in-depth interviews with policymakers and stakeholders of Thailand's primary care systems. Qualitative data were analyzed by thematic content analysis.

Results: Public policies to promote safety in primary care of Thailand was developed through extensive consultations over time since the UHC was implemented in 2002. In early years, participants believed primary care were utilized to simply increase healthcare accessibilities for the newly insured populations. But its public perception of lower quality resulted in patients bypassing primary care to hospitals. In response, national policies aiming to increase primary care's quality and safety were launched, namely "Family Care Team", "Primary Care Cluster" and "District Health Systems Accreditation Program" addressing integration between primary care and community hospitals, "2PSafety" promoting engagement of patients and providers, and national frameworks of "Rational Drug Use" and "Social Media Guidelines for Healthcare Practitioners". Existing challenges are risks management of human factors, administrative errors, diagnostic errors, medication errors, and transitions of care. The central database of patient safety incident reports of the "National Reporting and Learning System" (NRLS) should also be expanded from hospitals to primary care.

Conclusions: Despite implementation challenges that must be overcome, the Thai experiences demonstrate that patient safety can be improved in primary care settings of LMICs. Continuing engagement of stakeholders in different settings should increase the likelihood that such policies are scaled up nationwide. These lessons learned have implications for healthcare reforms in LMICs.

Keywords:

patient safety, primary care

Speaker Information:

Dr. Piyawan Limpanyalert is the Deputy CEO of the Healthcare Accreditation Institutes (Public Organization), who is the obstetric and gynecologist doctor and has experinces in hospital management and quality improvement for > 15 years. She is also an expert in organizing and establishing Communities of Practice for healthcare system by faciliating stakeholders to share knowledge and experiences and to identify good practices. In collaboration with WHO, she has developed an umbrella of Engagement for Patient Safety, which includes 3 programs: Patient Safety Education, Patients for Patient Safety, and Safe Hospital. Through these programs, key stakeholders are engaged as partners in a nation-wide movement to improve patient safety using concept known as the Triangle that Moves the Mountain. This concept aims to the forefront of Thai health services by guiding and facilitating three primary modes; knowledge, social mobilization and health policy. Sustainable and lasting outcomes, will only be possible through the engagement of all healthcare stakeholders included patients and families to be active partner in such movement.

Neelam Dhingra-Kumar

World Health Organization

Safer Primary Care: an Imperative for Universal Health Coverage

Abstract:

Primary care services are at the heart of health care in many countries, and provide an entry point into the health system. Unsafe primary care may increase morbidity and preventable mortality. Thus, improving safety in primary care is essential when striving to ensure universal health coverage and the sustainability of health care. Patient safety has typically focussed on care delivered within the hospital setting. However, most care globally is delivered in primary care. Unsafe primary care can cause avoidable illness and injury, leading to unnecessary hospitalisations, and in some cases disability and even death. Areas of focus to achieve safer primary care:

Patients: People using health services should have an essential role as co-producers of their health. By tapping into this resource we could significantly improve patient safety in primary care.

Health Workforce: Education and training is required in order to increase the recognition of the importance of improving safety, and take a systematic approach to education helping health care professionals develop skills to identify and reduce harm.

Tools and Technology: Electronic tools can help address these challenges, and their implementation, if not well-designed, can have unintended adverse consequences.

Care processes: Administrative, diagnostic and medication errors all occur in primary care. Also, multi-morbidity increases the risk of patient safety issues due to for example, polypharmacy and demanding self-management regimes. Furthermore, patients are more vulnerable when they move across healthcare systems as clinical information may be lost and require coordination.

Accessible and safe primary care is essential to achieving universal health coverage and to supporting the UN Sustainable Development Goals.

Keywords:

Patient Safety, Safety of Primary Care, Safer Primary Care, Universal Health Coverage

Speaker Information:

Dr Neelam Dhingra-Kumar is Coordinator for Patient Safety and Risk Management Unit, Service Delivery and Safety Department at the World Health Organization headquarters in Geneva, Switzerland. Dr Dhingra leads WHO's efforts at providing strategic leadership and policy advice in patient safety and risk management, and coordinates WHO's work for improving patient safety and managing risks in health care, including global patient safety challenge on medication safety; patient safety leadership; patient safety culture; education and training; patient safety standards, assessments, research and measurement; global patient safety networks and partnerships; safety and quality tools and checklists; reporting and learning systems; patient and family engagement including patients for patient safety; safer primary care; Safe Childbirth Checklist; Surgical Safety Checklist, standardizing care processes; and patient safety solutions. After joining WHO in 2000, Dr Dhingra provided strategic leadership and facilitated multi-country support for strengthening the delivery and safety of transfusion and laboratory services. Since 2014, Dr Dhingra has taken over the role of coordinating WHO global efforts in the areas of patient safety, quality and risk management. Prior to joining WHO, Dr Dhingra served as a faculty in a large, tertiary care university teaching hospital in New Delhi, India for 14 years, also coordinating transfusion and laboratory services. She obtained her medical graduation and post-graduation qualifications from New Delhi and fellowships in the United Kingdom as a haematologist, laboratory and transfusion medicine expert. Dr Dhingra's areas of expertise are policy and strategy formulation, priority setting, safety and quality of health services; vigilance, reporting and learning systems; establishing networks; quality and risk management systems; patient, family and community engagement; and assessments, monitoring, evaluation and operational research.

Robinah K. Kaitiritimba

Uganda National Health Consumers' Organization (UNHCO), Uganda

Leveraging Health System Resources for Patient Safety

Abstract:

Globally, there's overwhelming evidence to demonstrate that high proportions of ill-health can be prevented (WHO, 2017). The major challenge is that the healthcare system has been oriented and inclined to clinical care, giving limited attention to the Social Determinants of Health and the role of patients - a missed opportunity.The Sustainable Development Goal 3.8 presents a paradigm shift from clinical care to overall well-being for patient safety and universal health coverage. Through effective and efficient use of health system resources, prevention of system failures, violations, errors, injuries, accidents and infections can be minimized. These resources may include professional Human Resources for Health, the community, patients, institutions and finances.

Organizing and ensuring that the available resources are optimally utilized is a leadership function and calls for harmonizing the resources and building motivated professional teams that will deliver patient safety and well-being.

There is also urgent need to invest and harness resources from the different sectors to build leadership capacity at all levels and professions for patient safety. This will strengthen the integration and collaborative efforts by the different sectors to mobilize resources for achieving patient safety.

Keywords:

Leadership, Capacity, Patient safety, health- system, resources, violations, errors

Speaker Information:

Executive Director of Uganda National Health Consumers' Organization, seasoned expert on the right to health, authority on the Rights Based Approach (RBA) and represents Civil Society on the highest policy making organ at the Ministry of Health - the Health Policy Advisory Committee. She has worked in the health sector for over 15 years. As a Patient Safety Champion for AFRO- region of World Health Organisation Patient Safety Programme, she has served on expert Panels including Childhood Obesity, Injection Safety, among others.

She is a member of the Institutional Review Board of Makerere University School of Public Health and Uganda National Council for Science and Technology -Bio-Safety Committee. Robinah has presented papers and done research on various topics at national and international levels. Her greatest contribution is empowerment for improving healthcare user participation and health outcomes for vulnerable communities and spearheading the development and adoption of the Patients' Charter for Uganda.

Criselda G. Abesamis

Department of Health, Philippines

Improving Efficiency and Saving Cost: The Philippine Experience

Abstract:

The country's journey towards achieving UHC has been anchored in its Health Sector Reform Agenda (HSRA) which started more than a decade ago. The current administration further builds upon the successes in the pursuit of UHC through the "FOURmula ONE for Health Plus" (F1 Plus), which boosts the health sector's reform strategies on financing, service delivery, regulations, governance, and performance accountability.

In sync with the UHC framework, patient safety is further strengthened with efficiency and cost controls in health facilities such as the drug formulary that helps regulate quality and safe medication, and PhilHealth's rules that ensure quality and appropriate health services. The Philippine Government is also currently in the process of legislating UHC with provisions in instituting patient safety as part of the goal of improving the quality of services in health facilities.

Technical stewardship of the Patient Safety Program continuously improves evidence-based policies and programs; with a campaign to push for a Culture of Safety and Patients First, evidence is emerging supporting operational and cost efficiency of patient safety interventions. The Program's development horizon includes institutionalization of occupational safety and health in healthcare facilities, adverse events reporting, capacity building for implementation of standards of care for older persons, and the development of standards and guidelines toward the creation of Safe and Green Hospitals, the SMART Hospital, for climate resilience.

Keywords:

Philippine Patient Safety Program, Department of Health

Speaker Information:

Dr. Criselda G. Abesamis is a Career Executive Service Officer in the Philippine Government. She has been in government service, particularly in the Department (Ministry) of Health for the past 35 years and rose through the ranks. She is the incumbent Bureau Director IV, Health Facilities Development Bureau, Department of Health, Manila, Philippines.

The Patient Safety Program is under this Bureau, together with complementary health facility-based programs like the Continuing Quality Improvement (CQI) Program, Infection Prevention and Control Program, Integrated Hospital Operations and Management Program, Health Care Waste Management Program, Green and Safe Hospitals and Health Facilities for Climate resiliency, National Voluntary Blood Services Program, National Laboratory Networks and the overarching national plan for the development of health care facilities in the country, the Philippine Health Facility Development Plan (2017-2022).