Patient safety: the prevention of avoidable errors and adverse effects to patients associated with health care

Error: An act of omission or commission in planning or execution of health and social care services that contributes or could contribute to an unintended result for the patient, the health system and the society.

- Care, treatment or support
- Adverse effects, risk of unnecessary harm
- Health and social care costs
- Stability and productivity of the society

Patient safety in PC: State of the art

- Absence of systems for reporting, reviewing, responding to errors adapted to PC
- Dearth of tested practices/improvement programmes adapted to PC
- Lack of knowledge regarding the relationship between safety culture and patient safety (in PC)
- Lack of knowledge regarding the under-resourcing of PC and patient safety (in PC)

The new patient safety agenda in PC

- WHO; LINNEAUS collaboration; Canadian institutions (CPSI, BCPSQC): Agendas for future research/work
- Priority contexts/populations
  - Family practice and pharmacy as key primary care contexts
  - Low income countries: Community midwifery and community nursing
  - High income countries: Home care
  - High risk populations: elderly and multi-morbidity
The new patient safety agenda in PC

- Priority areas
  - Diagnostic performance
  - Medication management
  - Laboratory and diagnostic imaging investigations
  - Administrative processes
  - Communication between healthcare professionals and with patients
  - Multidisciplinary teamwork
  - Transitions between levels of care
  - Technology

(Cresswell et al. 2013, Kingston-Riechers et al. 2010, Verstappen et al. 2015, WHO 2012)

Criticisms to the patient safety agenda in PC

- Valuable first attempts
  - Produced without having developed conceptual work/understanding of the transferability of knowledge from other settings to PC

  - Recommendations for adaptation
    - "Should take into account the specific characteristics of PC, such as (...) the low risk of harm" 
    - Recommended error classification system: Absence of a category to reflect errors related to health promotion
    - Priority areas: Lack of attention to health promotion

- Lack of prioritization of under-researched settings, professionals and themes

- Community setting
- Non-physician professional groups views
- Errors by omission: Neglecting health promotion

Verstappen et al. 2015, p. 75

The need for further advancing/broadening the patient safety agenda in PC to include health promotion

- Direct the efforts/resources allocated to build up systems for reporting and reviewing
- Completeness and validity of knowledge on the nature of risks, errors and harm in PC
- Responsiveness of patient safety programs in PC

- Build the case for investing in patient safety in PC
  - Further reduce risk of unnecessary harm/missed opportunities in gain of health
  - Take advantage of the opportunity to reach people and society full health potential

References


References


Health Promotion: Finding Mission in Omission

7 October 2015
Conclusions

- Renewed opportunity for health promotion and PC
- Renewed opportunity for reaching people and society full health potential
- Patient safety must receive more attention in PC
- Errors of omission: Neglecting health promotion
  - Communication
  - Positive health assets
  - Psycho-social aspects of health in children and their parents
  - Caring for diversity

Further questions, comments...

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