PRIMARY HEALTH CARE AND PATIENT SAFETY : Does primary care current evolution facilitate patient safety improvement ?

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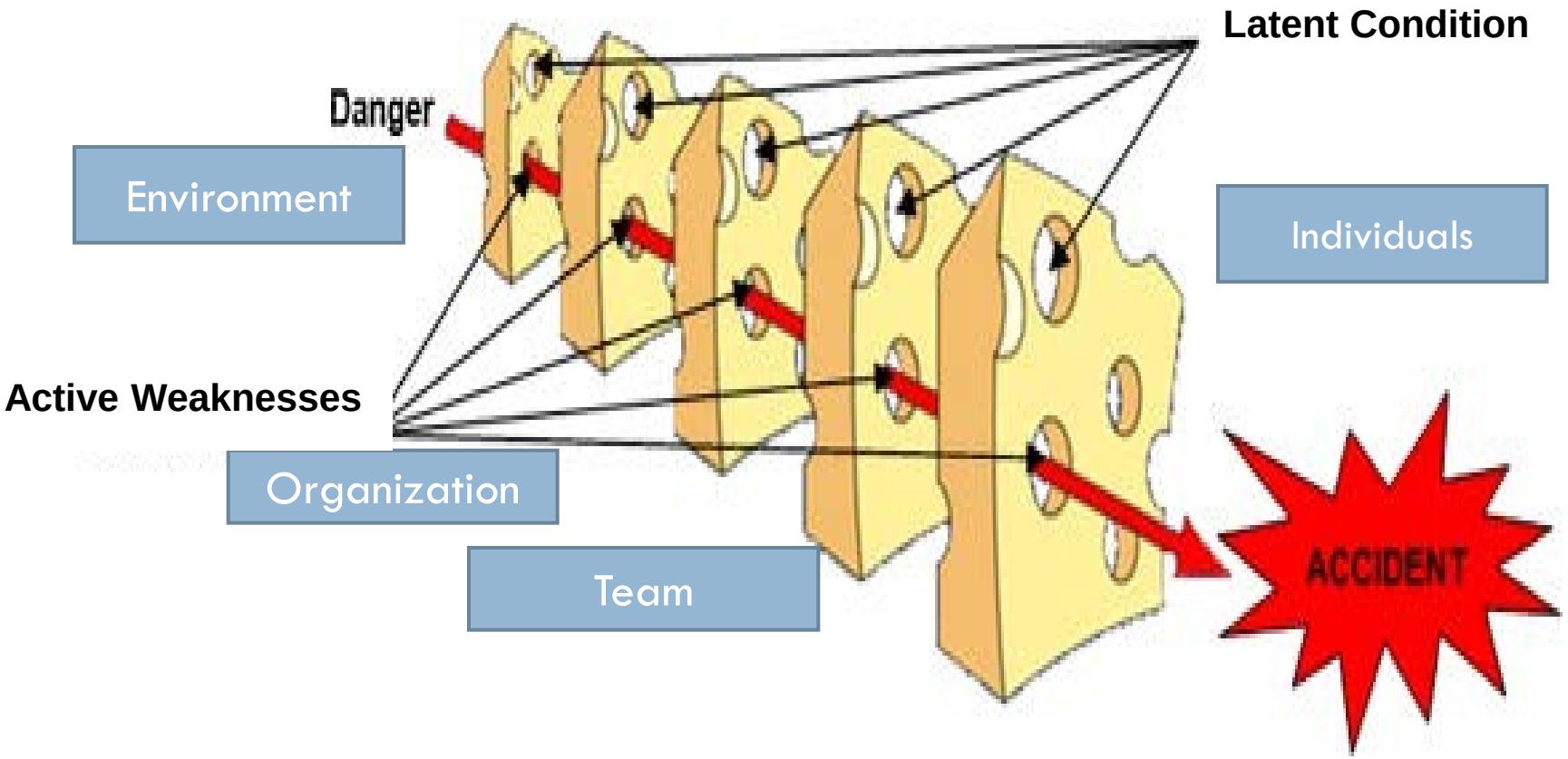
Primary care issue: Creating and maintaining the delivery of well-coordinated care

Current reforms try to contribute to a shift from discontinuity to coordination of care :

- progressively shift from in-patient to ambulatory
- Build an information infrastructure and KT(Knowledge transfert)
- move from a solo to a team care
- move from acute episodes to chronic illness and multimorbidity
- Put patients at the center of their care

Need for well-coordinated care among multiple providers and the patient.

Patient safety definition with the Swiss Cheese Model



Objectives

- To explore actual patient safety in primary care development.
- To consider the expected adequacy of current primary health care reform and its inherent barriers that may limit the patient safety efforts.

Methods

- We searched articles on patient safety and primary care in following databases ——Medline, Cinahl, ProQuest, ABIInform ——, scientific and management journals.
- First, with a combination of key words : primary care and change; primary care and patient safety : large number of papers selected from 2000 -2012 (8365 identified).
- Papers were then selected using search terms such as incidence (frequency, n:2128), nature (classification, n:689), interventions (minimize; tools; improvement; n:408).

Methods (2)

- Document types : reviews; experimental and case studies, opinion papers.
- Selected publications : managerial and primary care issues.
- In addition, through the review process some articles were identified.
- we analysed 31 papers retained at this stage of the process.

Results

- **Incident reporting in primary care**

  - Many papers call for a Primary care reporting system
  - The system fails to provide epidemiological results
  - Incident report may be a catalyst to cultural change

- **Nature of evidence : the main causes**

  - Medication related adverse events
  - Diagnosis errors
  - Administrative related adverse events

- **Interventions (some examples)**

  - Multi method strategy : ex.Telephone access
  - Electronic medical record
  - Trigger tool
  - Training

Errors in primary care : Incidence

- Lack of information about incidence and severity (Elder et al 2004, de Wet et al, 2009).
- Severity was low to moderate.
- A large amount is avoidable : 42% AE preventable (de Wet et al 2009).
- Most are health care system related : more than 2/3 (Elder et al 2004), (Sandars et al, 2003).
- Higher rates expected with chronic diseases (25% AE) and elderly people.
- Next steps : Collect information about Adverse Events with a reporting system and learn from experiences.

The Nature of the Adverse Events (1)

- Medication related errors
  - 1% to 11% of all prescriptions have identified an AE.
  - Healthy mother with a severe back pain after an accident, died following medication (Dingham et al, 2009).
- Failures or delays in diagnosis
  - representing 50% of cases from litigation databases (Fenn et al, 2005, NPSA 2006). Near 33% of diagnosis errors with lung cancer and colorectal cancer cases.
  - most important cause of patient dissatisfaction in Primary care (Schiff, 2012). As a consequence dissatisfied patients may disrupt the management of their care.
- Office administration : Failure or delay in referral.

The Nature of the Adverse Events (2)

Errors following a disrupting process of the management and continuity of care :

- ✗ Poor communication and coordination of care (Sandars 2003)
- ✗ Miscommunication between doctor and patient
- ✗ Physician as a contributory factor : tiredness or rushing, stress, lack of appropriate management plan
- ✗ Poor doctor–patient relationship and demanding behaviour from the patient (Sandars2003; Schoen et al, 2007; Schiff, 2012)

Lack of Situational Awareness - SA

How does health system succeed to create and maintain well-coordinated care?

- Difficulties for the care system to meet this demand and particularly for the primary care.
- Physician more concern about clinic workflow but need to understand their responsibility before and after care and during follow-ups.
- Evidence that organizational structure change is a necessary step but not sufficient for engaging physicians in the redesign of health care processes.
- Implementation of electronic health records systems can disrupt practices for 6 months or more. (Singer et Shortel, 2011)

The nature of primary care – complexity and controversies

- Physicians are powerful leaders because of they extensive training, and clinical knowledge or as major financial stakeholder.
- Little communication among physicians about common objectives.
- Midlevel clinicians and physicians work in silo.
- These characteristics may act as a barrier to cohesiveness or solidarity, and trust, and be opposed to the current change.

How to change? : the involvement of key providers, funders, and patients

- To successfully end the status quo there is a need :
  - to establish a common vision
  - to perform a communication system
  - of collective leadership ensuring transparency and coordination
- To change and improve the System there is a need of primary care provider engagement and mutual trust between providers

How to change? : the involvement of key providers, funders, and patients (2)

- Situational awareness that a problem exists and belief that the problem can be fixed.
- Better communication within the clinic and with other providers to avoid errors and delays of a diagnosis.
    - Laboratories, pharmacist and primary care physicians are working to improve quality in their respective fields.

Conclusion

- Greater gains can be obtained with some changes.
- Primary care physicians have to be engaged in the change process.
- This can be achieve by aligning shared interests and rewards.

Conclusion

- Efforts to collect detailed information on accident and give appropriate feedback enhancing the situation awareness of care providers.
- It's important to create and enhance triggers tools and interventions with physicians and primary care providers.

Merci!