Patient participation in safety management

Diana Delnoij
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Affiliations

• Head of the Dutch Institute for Quality in Healthcare
• Professor at Tilburg University, chair “Transparency in healthcare from the patients’ perspective”
• Research topics:
  – Measuring patients’ experiences in healthcare;
  – Internal and external use of quality indicators;
  – Role and position of patient organisations;
Hippocratic oath

Keep the sick from **harm** and **injustice**

*Question: Is there a role for patients in preventing harm?*
Patients can be involved in the following ways:

• Choosing a safe provider;
• Helping to reach an accurate diagnosis;
• Participating in treatment decision-making;
• Contributing to safe medication use;
• Participating in infection control initiatives;
• Checking the accuracy of medical records;
• Observing and checking care processes;
• Identifying and reporting treatment complications and adverse events;
• Practising effective self-care and monitoring treatments;
• Providing feedback and advocacy to focus attention on safety issues.

Source: Angela Coulter, Engaging patients in healthcare, OUP, 2011
Examples of patient involvement

1. Hand hygiene
2. Surgical safety
3. Monitor treatment
4. Reporting complications and adverse events
Hand hygiene (1)

- Review by Schwappach (2010, Med Care Res Rev)
- In several experiments:
  - 57% of patients had asked staff about hand washing;
  - Of those:
    - 91% had asked a nurse
    - 33% had asked a doctor
  - Increase in soap usage was observed already in the pre-programme period, due to anticipation and fear of being exposed.
Hand hygiene (2)

• Systematic review by McGuckin & Govednik, Journal of Hospital Infection, 2013 (in press)

• Patients are willing to be involved:
  – 26-60% (n=10 studies) state that they would ask healthcare workers about hand washing;

• Often, only a minority of patients actually does:
  – 5-80% of studies ➔

• Permission/explicit invitation by healthcare worker increases chance patients asking about hand washing
Top-3 of reasons why Bulgarian patients hesitate to ask nurses or doctors about hand washing

<table>
<thead>
<tr>
<th>% of patients who:</th>
<th>Asking nurses</th>
<th>Asking doctors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belief that healthcare workers can be trusted</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>Belief that healthcare workers know about hand hygiene</td>
<td>72%</td>
<td>67%</td>
</tr>
<tr>
<td>Feel embarrassed or awkward to ask</td>
<td>69%</td>
<td>68%</td>
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Surgical safety

- Literature on wrong site surgery;
- Two studies in which patients were involved in marking the surgical site;
- DiGiovanni et al: mark extremity NOT to be operated on;
- Bergal et al: mark YES on surgical site.
Results surgical site marking

- DiGiovanni et al: 59% correctly marked the site NOT to be operated on;
- Bergal et al: 68% marked YES at surgical site; 2 of those patients did not mark the correct site.
Monitor treatment

- Example: Hip or knee arthroplasty
- Focus group discussions with patients
- List of items reflecting quality of care from the perspective of patients
- Survey among patients asking e.g.:
  - How important is it for you to be treated with respect?
  - How often did doctors/nurses treat you with respect?
Patients’ experiences with top-5 important quality items

<table>
<thead>
<tr>
<th></th>
<th>Average importance (1=not important; 4=extremely important)</th>
<th>% patients with negative experiences</th>
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<td>getting information about do's and don't after surgery</td>
<td>3.59</td>
<td>6.8</td>
</tr>
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<td>clean room / bathroom</td>
<td>3.48</td>
<td>8.6</td>
</tr>
<tr>
<td>getting anæsthesia as agreed upon</td>
<td>3.46</td>
<td>6.4</td>
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<td>getting information about symptoms to monitor after surgery</td>
<td>3.44</td>
<td>40.9</td>
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<td>getting appropriate physiotherapy</td>
<td>3.42</td>
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Reporting adverse events

Examples of surveys:

• Commonwealth Fund (international)
• Consumer Assessment of Healthcare Systems and Providers (CAHPS) (United States)
• Care Quality Commission / Picker Institute Europe (England)
• Consumer Quality Index (Netherlands)
# Medical, Medication, or Lab Test Errors in Past Two Years

Base: Adults with any chronic condition

<table>
<thead>
<tr>
<th>Percent</th>
<th>AUS</th>
<th>CAN</th>
<th>FR</th>
<th>GER</th>
<th>NETH</th>
<th>NZ</th>
<th>UK</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wrong medication or dose</td>
<td>13</td>
<td>10</td>
<td>8</td>
<td>7</td>
<td>6</td>
<td>13</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Medical mistake in treatment</td>
<td>17</td>
<td>16</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>15</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Incorrect diagnostic/lab test results*</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Delays in abnormal test results*</td>
<td>13</td>
<td>12</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Any medical, medication, or lab errors</td>
<td>29</td>
<td>29</td>
<td>18</td>
<td>19</td>
<td>17</td>
<td>25</td>
<td>20</td>
<td>34</td>
</tr>
</tbody>
</table>

* Among those who had blood test, x-rays, or other tests.

Data collection: Harris Interactive, Inc.
Source: 2008 Commonwealth Fund International Health Policy Survey of Sicker Adults.
Patients' experiences with hospital safety
(n=94 hospitals, ±23,000 patients, Netherlands, 2009)

- did your identity checked before an intervention? (13 never/sometimes, 29 usually, 5 always)
- was your identity checked in handing out medication? (11 never/sometimes, 29 usually, 5 always)
- did staff pay attention to unsafe situations? (11 never/sometimes, 29 usually, 5 always)
- did you feel safe with hospital personnel? (5 never/sometimes, 29 usually, 5 always)
Did you feel safe with hospital personnel?

- **Best hospital**: 2 always, 2 never/sometimes, 0 usually
- **2nd best**: 2 always, 2 never/sometimes, 0 usually
- **3rd best**: 2 always, 2 never/sometimes, 0 usually
- **Average**: 5 always, 5 never/sometimes, 5 usually
- **3rd worst**: 12 always, 12 never/sometimes, 12 usually
- **2nd worst**: 13 always, 13 never/sometimes, 13 usually
- **Worst hospital**: 13 always, 13 never/sometimes, 13 usually
Obstacles for patient participation:

Supply side factors:
- Attitude/culture of professionals
- Access to medical records
- …

Patient factors:
- Lack of self confidence
- Dependency on healthcare professionals
- Inability to participate due to illness
- Lack of knowledge / health literacy
- Unwillingness to be engaged
- …

Source: WHO, Delnoij & Hafner (eds), 2013
Examples of obstacles from qualitative research in 9 European countries

Patient participation in handover process is hampered by:

- Negative climate for communication
- Healthcare workers too busy
- Lack of information

(Flink M, Hesselink G et al, BMJ Qual & Safety, 2012, 21)

*Patient, Italy: “I go back home with a bag of drugs and trust me that this was a mess I could not sort out.”*
Patient survey medication safety

**p03** Do you know the names and dosages of all medicines you take?

<table>
<thead>
<tr>
<th>CROSS ANALYSIS</th>
<th>p02 How many medicines do you take every day?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>up to 3</td>
</tr>
<tr>
<td>N=7</td>
<td>3-5</td>
</tr>
<tr>
<td>N=10</td>
<td>5-7</td>
</tr>
<tr>
<td>N=12</td>
<td>more than 7</td>
</tr>
<tr>
<td>N=20</td>
<td></td>
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</tbody>
</table>

LEGEND:
- **Yes**
- **No**

Basia Kutryba, Jarosław Woroń, Halina Kutaj-Wąsikowska, Andrzej Warunek. Patient safety rights and medication safety in primary care in Poland. WHO Report, Chapter 5
Inpatient versus ambulatory care

• **Inpatient care:**
  – Patients expect competent care;
  – Hesitation to be actively involved;
  – Safety is responsibility of professionals.

• **Ambulatory care:**
  – Patients and family members must assume responsibility for:
    • Self care
    • Medication safety

Source: WHO, Delnoij & Hafner (eds), 2013
How to stimulate patient participation in safety?
National level

• Patients’ rights legislation
• Education of doctors and nurses
  – Communication skills
• National programmes of patient experience surveys

Source: WHO, Delnoij & Hafner (eds), 2013
Provider level

• Safety management systems:
  – Incorporate patients’ views
  – Provide information about safety management

• Conduct patient experience surveys on hospital level

• Provide public information about hospital performance with respect to safety

Source: WHO, Delnoij & Hafner (eds), 2013
Primary process

• Professional-patient interaction:
  – Shared decision-making / informed consent
  – Invite patients to participate / be actively involved

• Provide individual patient education to improve:
  – health literacy;
  – self-management:

Source: WHO, Delnoij & Hafner (eds), 2013
Thank you for your attention

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