

# **Consumer perception and participation in patient safety**

**Multi-country workshop on patient safety reporting and learning processes and networks  
23-24 September, 2013, Krakow, Poland**

***You must be the change you want to see in the world***

***Mahatma Gandhi***



***Jolanta Bilińska – PFPS Champion,  
President Patients Safety Foundation, IAPO Secretary***

# *Patient Safety is a global problem*

- The World Alliance for Patient Safety was launched in October 2004.
- The Fifty-seventh World Health Assembly supported the creation of an international alliance to facilitate the development of patient safety policy.
- Patient safety is the absence of preventable harm to a patient during the process of healthcare.

## Main goals:

- Coordination and acceleration of international improvements in patient safety
- Ensuring the perspective and viewpoint of patients, families and healthcare consumers in developed and developing countries.

Vision : Every patient receives safe health care, every time, everywhere.



# ***Patients for Patient Safety Program***

- 21 participants selected through an international call for applications from 19 countries from all six geographical regions of WHO (2005).
- PFPS is a programme within WHO PSP, which facilitates patients and community to advocate for changes collaboratively.
- PFPS is a patient-led global network that brings together patients, professionals, policy-makers who are dedicated to improving healthcare safety through advocacy, collaboration and partnership.



## Cooperation with patients and patients groups:

- translation of useful materials about patients matters, education about patients rights and obligations, personal meetings and communication thru the page [www.patientsafety.org.pl](http://www.patientsafety.org.pl)  
survey (hand hygiene, patient satisfaction during medical care)  
Workshops.
  - dead children and their parents about an access to medical care
  - women in pre-menopausal stage (how to communicate with medical staff, how to receive adequate and appropriate information, correct prescription etc.)
  - publishing a lot of articles, tv programs and radio spots about patient safety procedure, reporting about medical errors, hand hygiene standards, patients stories – example of good and bad praxis

**Intra hospital infections** – can happen in every hospital, they are the most important problem of public health in the moment because statistics are from 5 to 10 % of all people treated.

17 newborn children died and 78 were infected because of dirt in the hospital at the neonatology ward in a famous university hospital in Lodz in 2003. The results of journalist and prosecutor's investigation: better condition in hospitals, team and epidemiology nurse in every hospital, microbiology examination in many hospitals 24 hours, reporting to Sanitary Agency if intra hospital infections happen.

**In Poland** treatment prolonged because of infection  
**cost up 500 US \$ per one person.**

# *Adverse Events in Health Care*

- 10% of hospital patients suffer an adverse event
- About 100,000 hospital deaths every year through medical error (USA)
- 5-10% of hospitalized patients HAI
- 5 million HAI estimated to occur in hospitals in Europe every year
- Medication Errors (USA):
  - 1.5 million harmed and thousands die every year
- Unsafe Surgery: At least 7 million disabling complications – including 1 million deaths – worldwide each year
- Patient Handovers: 15% of adverse events or errors (USA study)



# Medical errors

**Medical errors** are one of the Nation's leading causes of death and injury. Medical error can occur everywhere in the health care system in hospitals, clinics, outpatient surgery, doctor offices, nursing homes, pharmacies, patient homes. They happen due to incorrect administration of medication, during diagnosis, treatment, prevention, because of wrong communication between patient and doctor, may be caused by bad condition of medical equipment. There is just one piece of advice how to avoid medical errors: to be an active member of health care team.



## Examples:

**Piotr S.** – he got paralyzed in hospital. Nurse mixed up the catheters and she pumped 1.5 liter of nutrient liquid instead of analgesic to his spine.

**Kate** - *15 years old* – she had the only ovary removed, nowadays is in menopausal stage suffering from severe osteoporosis.

**Danuta** - *40 years old* – she lost both her breast because doctor removed them without mammography examination. This case was revealed accidentally after few years, when she received histopathology results.

**Beata S.** – the doctor left bandage in her abdomen during surgery performed due to ectopic pregnancy. After long, painful treatment surgeons discovered the reason of her suffering.

The ambulance took 18 years old girl to the hospital. She was injured in a car accident and she had a broken leg. The hospital doctor on duty was a dentist, he made wrong operation, after two days the patient's whole leg had to be removed.

The woman after baby's birth was bleeding. A specialist in occupational medicine took care of her an obstetrician lived 60 km farther. She died next day.

# PFPS Champion Activity



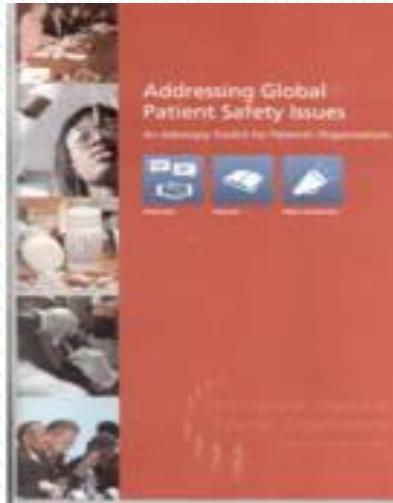
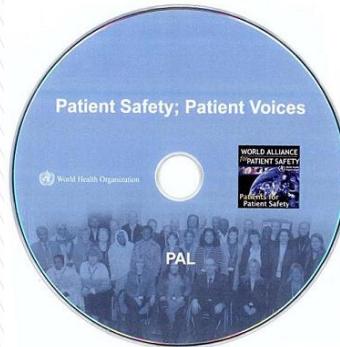
- Patients Organizations
- Training Courses
- Media Campaigns
- Networking
- Journal Articles

## Presentations to

- Healthcare workers
- Medical Students
- Patients
- Hospital boards
- National groups
- Health Ministers

# *Tools and Resources*

- **Newsletters**
- **Film**
- **Posters**
- **Toolkits**
- **Information Sheets**



[www.who.int/patientsafety](http://www.who.int/patientsafety)

# Facts and figures



- In developed countries only 50 % of patients with chronic diseases take their medicines as directed
- In developing countries where there is often limited access to medicines and health services more than 50 % patients take medicines irregularly
- Researchers found a 76% discrepancy rate between what medicines patients were prescribed and what medicines, (including non-prescription), they actually took
- 64 % of hospital admissions resulting from heart failure are due to a lack of systematic treatment and non-compliance in taking medicine

# *Patients voice*



## **Safety hospital - safety patient**

- Patient Forum - Lodz
- Initiatives to improve patient information key to health in Europe
- Press Conference during European Public Health Conference in Lodz



# **Lack of effectiveness in a therapy**

The reasons for non-compliance to Doctors' instructions are:

- complicated dosage schemes; mornings, evenings, before/during/after meals etc.,
- a patient being unaware that when a medication is not taken then the effectiveness of a therapy is reduced ,
- lack of patient – doctor cooperation, when a doctor does not explain the benefits of regularly taking medication at the correct dosage and times of the day,
- illegible dosages written down especially in people advanced in years with Alzheimers etc.,
- awkward packaging of medication eg. a difficult to open bottle.
- Medicines requiring special storage conditions eg in the fridge or at specific temperatures.
- Medication side-effects where patients are anxious to take them (has not been explained by the doctor).
- Medicines with an unpleasant taste or smell or difficult to swallow tablets.
- No methods for reminding patients to take medication using eg. tele-texting, telephoning, the internet, timetables and other forms of communication.

# *Patient – Doctor Communication*

To achieve concordance, patients must receive:

- Good verbal and written information from their health professionals,
- Information should be communicated in a two-way dialogue (patients have the opportunity to ask questions, discuss their expectations and concerns),
- Patient should assess how their treatment will fit into the way they live their lives
- Patient should have a chance to make appropriate decisions in partnership with their health professional, but also with family,
- Patient should receive information according to their level of language, education level, cultural background via the family doctor, medical specialist, radio, TV, internet or friends.



# **Communication Tool**

What patient should ask?

1. What is a diagnosis and what does it imply?
2. What are treatment options available to me?
3. What medicines are prescribed?
4. What are possible side-effects?
5. If any adverse reactions occurs, who should I contact?
6. What precautions are needed when under treatment (alkohol, food, pregnancy, breastfeeding, other conditions)?
7. Name and telephone number of the doctor who wrote the prescription.

# *Including Patients in the care process*

- During workshops, seminars and meetings with patients, the most important issue is to encourage patients to be actively involved in their treatment
- Teach them how to start speaking-up, how to ask about dosage of a medicine, medical results of treatment etc.
- Teach them how to read leaflets about care, medicines and top diagnosis
- Ask caregivers how to better reach particular needs of patients
- Promote staff collaboration across all levels. Keep communication open
  
- Promote discussions between health providers, pharmacists and patients on topics such as patient education and awareness
- Promoting various forms of motivation (education, nurse care, telephone contact, knowing about biochemical tests) in order to ensure regular taking of medication and perserverence of treatment
- Explaining all doubts about a medication at a given moment to the patient



# Thank you for your attention

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