EDITORIAL

Patient Safety a 'Right or Privilege'

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Is Patient Safety a 'Right or a Privilege'? The intention while treating patients is always to “do no harm” and yet, it does not always turn out that way. Healthcare interventions are meant to benefit people and promote wellness; unfortunately many times they present a risk of harm. Patients still suffer from wrong treatment or medications, preventable falls in hospitals, hospital acquired infections and many other events that are harmful. An international report published in 2018, reported that 1/10 of all patients suffer preventable adverse events, two decades after The Institute of Medicine found that 98,000 people die in hospitals in the US each year because of medical errors that could have been prevented.[1,2]

Patient Safety has now emerged as a fundamental concept in healthcare.[3] It is defined by the Institute of Medicine as “the prevention of harm to patients”. A growing emphasis is being put on the system of healthcare delivery that 1) prevents errors, 2) learns from the errors that occur, and 3) is built around a culture of safety that supports and enables and involves healthcare professionals, organizations and patients.[3,4]

The history of patient safety goes back more than a century. In 1854, Florence Nightingale, a nurse and statistician, used evidence-based quality improvement to reduce preventable harm in the Crimean War. A century later in 1964, Schimmel in his paper “The hazards of hospitalization” reported that 20% of the patients admitted to the medical wards experienced one or more untoward episode and 10% had a prolonged or unresolved episode.[5] The Agency for Healthcare Research and Quality, known as AHRQ, was formed in 1989, to produce evidence to make health care safer, higher quality, more accessible, equitable, and affordable, and to ensure that the evidence is understood and used.[6]

Patient safety initiatives in the UK emerged from a wide set of influences and events during the 1970s and 1980s. Finally, in 1999, all chief executives of health care trusts were given a statutory duty and framework, known as clinical governance, to manage and actively promote risk management, quality, and safety. This resulted in considerable progress in addressing patient harm.[7] Now there is much greater awareness to the problem, a more reflective approach to error and harm, policy initiatives to address safety, a dedicated research program, and a more humane approach to injured patients and their families.[7,8]

There is little information on the existing culture and practices regarding Patient Safety in Pakistan.[9,10,11] In Pakistan, we need to focus first on assessing the culture of care and on creating an increased awareness for patient safety among healthcare professionals. This will create a critical mass of healthcare workers to lead the patient safety journey. On a larger scale the healthcare system is weak and fragmented in Pakistan. The Government is rapidly promoting health network formation at the local level, but they rarely provide guidance on how to assemble or succeed. There is no central or national governing body for healthcare management. It is primarily the responsibility of provincial governments. During the past 5 years, the Punjab and Sindh Healthcare commission bodies have been formed.[12,13] The commissions have formulated local acts known, respectively, as the Punjab and Sindh Health Commission Acts. The Acts contain a defined set of regulations for the healthcare facilities in Punjab and Sindh, respectively. The prime aim of these Acts is to register all healthcare facilities in Pakistan followed by licensing and accreditation.[12,13,14]

Some of the specific challenges for Pakistan's Healthcare Commission quality initiatives are a lack of national healthcare accreditation system and integrated national guidelines, policies, procedures

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on healthcare quality and patient safety which as mentioned on the patient safety Acts.[12,13] In a recent study Jafree et. al. reported that "nurses" perceive the culture in public hospitals of Pakistan to be punitive and that individuals are not supported or made to feel comfortable in reporting errors.[9] The fear and lack of psychological safety is not very different in the private sector. Hospital acquired infections is one of the highest problems in Pakistani hospitals. As reported by Shaikh et. al in 2008, data from a tertiary care hospital in Sindh showed that the frequency of hospital acquired infections was 29% with urinary tract infections being the most prevalent at 39%, followed by respiratory tract infections 30.1% and blood stream infection in 23.7% of patients admitted to ICU. Other infections identified were skin, soft tissue, wound and gastrointestinal tract infections.

Infection control and prevention measures are essential components of quality healthcare quality and patient safety.[11,15] Pakistan's first national infection guidelines were established in 2006, with the help of the National AIDS control program. It was noted that hand hygiene is rarely practiced as observed in government hospitals.[11] Self-assessment of trainee physicians at a tertiary hospital revealed that only 17% were aware of the WHO recommendations for hand hygiene and hospital acquired infection risks.[11]

There are many challenges in addressing the national levels of quality and patient safety in Pakistan. One way to overcome these challenges is to develop regional and national groups of improvement-minded leaders. These local leaders can be mentored to build trust and lasting relationships, share ideas and expertise, and learn from successes of others.

There is an urgent need to address Patient Safety as a priority in our system. We recommend funding research at all levels of healthcare to address the gaps that exist in our system regarding the delivery of safe medical care. The Pakistani government and the Ministry of Health need to focus on policy development for Patient Safety as a national priority. This should include setting minimal standards for healthcare delivery, a central reporting and audit and accreditation system, as well as mandating patient safety education at all levels of healthcare training and practice.

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