



# Let's Speak for Patient Safety at Health and Wellness Centres of India

Alok<sup>1\*</sup> and Verma D<sup>2</sup>

<sup>1</sup>Department of Community Medicine, SGT University, Gurugram, India

<sup>2</sup>IHAT-UPTSU, Lukhnow, India

**\*Corresponding author:** Alok, Department of Community Medicine, Faculty of Medicine and Health Sciences, SGT University Gurugram-122505, India, Tel: +918858425866; Email: alokiiphd@gmail.com

## Editorial

Volume 7 Issue 2

Received Date: October 09, 2023

Published Date: October 20, 2023

DOI: [10.23880/phoa-16000255](https://doi.org/10.23880/phoa-16000255)

**Keywords:** Outpatients; Patient Safety; Primary Health; Solutions

**Abbreviations:** WPSD: World Patient Safety Day; NPSIF: National Patient Safety Implementation Framework; MoHFW: Ministry of Health and Family Welfare; NQAS: National Quality Assurance Standards; UHC: Universal Health Coverage; WHO: World Health Organisation; NHM: National Health Mission; NHP: National Health Policy.

## Editorial

In 2015, all the countries in South East Asia, including India, agreed to the WHO's 68th Regional Committee for South East Asia's "Regional Strategy on Patient Safety in the World Health Organization's South East Asia Regional Area (2016-2025)". The goal of the strategy was to help countries develop their quality of care strategies, policies, and plans for patient safety and to translate the six objectives of the strategy into practical strategies for each country [1]. The World Health Assembly in May 2019 approved World Patient Safety Day (WPSD), celebrated on Sept 17 each year. It's all about raising awareness and understanding of patient safety and taking actions globally to make healthcare systems, services and practices safer. This prevents patient harm and reduces the risk of harm to health workers. This year's World Patient Safety Day is all about "Engaging Patients for Patient Safety" and "Elevate the Voice of Patients!" [2]. Patient safety is all about making sure your health care is free from any unnecessary or potential harm. It's one of the key dimensions of quality of care, along with accessibility, acceptance, effectiveness, efficiency, and people-centred care [3]. It covers a lot of different things that are important for

providing good health care. It covers things like safe surgery, safe birth, safe needles, safe blood, safe meds, safe medical devices, safe transportation and donation of organs, tissues and cells, bio-medical waste, preventing healthcare-related infections, and more. The inability to deliver safe care is usually, it's usually because of unsafe clinical practices, procedures, and systems and processes .

## Current Scenario

Around the world, 4 out of 10 patients are injured in primary and outpatient care, and up to 80% of injuries are avoidable [4]. It's estimated that around 13.4 million people annually die in hospitals because of unsafe care in low and middle-income countries like India, which accounts for 26 lakh deaths. A variety of errors or misfortunes can lead to harm. For every 100 patients admitted to the hospital at any point in time, ten will contract hospital acquired infections (HAIs) in developing countries. This affects hundreds of millions of individuals around the world annually. Although 50% of complications associated with surgical care are preventable, surgical care errors still contribute to the disease burden. Even though the statistics are not available for mortality, morbidity and economic burden, it is expected to be huge [5].

## Initiatives for Improving Patient Safety and Quality of Healthcare Services in India

"Arogya Paramam Bhagyam Swasthyam Sarvarthasadhanam" signifies that health is the most important wealth and the foundation for any work to be done. Patient health and safety have been identified as a

fundamental component of the quality of care continuum. Numerous efforts have been undertaken at both central and local levels to address various aspects of patient health and safety [6]. In August 2016, the Government of India established a multi-disciplinary Patient Safety Expert Group to facilitate the implementation of a patient safety agenda at the national level and the development of a National Patient Safety Implementation Framework (NPSIF) by the Ministry of Health and Family Welfare (MoHFW). The NPSIF will ensure that patient safety activities are coordinated and that they're part of a bigger plan to improve the quality of care in the UHC context in India. Patient safety in India has a lot of challenges, from unsafe injections and bio waste to medication and device safety, healthcare-related infections, and antibiotic resistance. Many initiatives are being taken to ensure patients are safe, both in the public and private sectors. There is a multiplicity of national and international stakeholders working in this area. Some general initiatives include NQAS (National Quality Assurance Standards), Kayakalp, LAQSHYA (Labour Room Quality Improvement Initiative), Sakushal and Muskan under the National Health Mission (NHM) and Ayushman Bharat Yojana [7].

### **Factors Related to Patient Safety in Primary Care**

Patient safety is everyone's responsibility. Health and Wellness centres (HWCs) incidents may not be as severe as some hospital incidents. Still, they can be of great magnitude, as many, services, and procedures are performed throughout the lifecycle of people at the level of HWCs in the healthcare network, where HWCs act as care coordinators. However, patient safety in HWCs in India is not as well researched as it is in hospital settings hence remains poor [8]. Safety in primary care plays an important role in achieving universal health coverage (UHC) and sustainable health care. A robust primary and outpatient healthcare system is critical in developing and developed nations. In India, policymakers are ambitious in launching important health programs that are aimed at Universal Health Coverage for the entire population of India, which focus on decreasing the nature and scale of adverse events and improving surveillance systems health workforce through education, training and performance evaluation, prevention and control of hospital-acquired infection [9]. It is estimated that 20 – 25% of the world's population suffers injury in primary care settings in developing and developed nations. Preventable patient harm carries a significant global burden. Building patient safety leadership competencies and human resource capacity through patient safety education and training, including the development of curricula and other technical resources, is required. Strengthening the collaboration and building strategic partnerships with the supporting NGO can accelerate the progress. Multiple factors are related to patient safety at HWCs. The World

Health Organization (WHO) has proposed a strategic goal for its Member States (MS) to set quantifiable national harm reduction targets on medication and diagnostic errors, which account for as much as \$42 billion in medication-related costs annually. According to the World Health Organization, medication and diagnostic errors account for as many as 4.5 billion unnecessary visits annually. Diagnostic errors relate to various patient processes, including referral issues, patient-related issues (no-shows, language issues, etc.), missed follow-up for diagnostic tests, and interpretation of diagnostic tests by clinicians. Because we have limited time in the ambulatory setting, clinicians use system thinking, an intuitive approach based on experience [10].

### **Proposed Health and Wellness Centre Level Interventions**

With the stakeholders' collaborative effort and contributions, India has improved the facility-level patient safety initiatives, but still, there are miles to go. World Patient Safety Day 2023 is an opportunity to Recognize and Engage patients for patient safety". There is data that up to 80% of harm occurring to the patient is preventable, so finding out the small errors at the HWC level can significantly contribute to the global burden. After recognizing a problem, instead of thinking and quantifying it as small, it can be discussed with higher authorities and all the team members working at HWCs. Focussing on even a basic level of error will significantly contribute to making a safe and hygienic environment for patients and their caregivers. This approach may prove to be beneficial for both public as well as private basic-level healthcare facilities. The risks and the barriers related to patient safety are entirely different from the secondary and tertiary level healthcare providers, so focus on more research related to patient safety at the grassroots level needs to be addressed with the support of financial grants. There are common but important steps which each health facility at the grassroots level can take to build a hygienic environment. At a time, a doctor was responsible for making prescriptions for the disease, but now the situation has changed. As the theme of WPSD explains the importance of engaging patients, the patient must be explained properly about his disease condition to improve engagement and prevent diseases. HWCs are the first level of contact of the patient with a doctor, and one doctor is insufficient to explain all the available services. A proper display of IEC material related to an upgraded healthcare facility is required so patients can get a broader idea of the available services. Biomedical disposal, handwashing, and sanitizing methods should be properly displayed for patient safety. As per the constitution of India, Health is a subject matter of the state, so in addition to the steps taken in the form of different programs by the central government, some additional measures are required to address patient safety. The financial

budget allocated to HWCs should focus on improving patient safety and engagements parallel to improving services and infrastructures. The theme “Engaging patients for patient safety” and the slogan “Elevate the voice of patients should be interpreted in the spirit of addressing the voice of concerns about the safety of patients and compliance with the treatment.

## Conclusion

WPSD 2023 is an opportunity for all countries to join hands to strengthen patient safety in their settings through ongoing initiatives. Safe and hygienic health care could contribute to India’s National Health Policy (NHP) objective of Universal health coverage (UHC) as outlined in the National Health Policy (NHP) 2017, as well as to the Sustainable Development Goals (SDGs) through early access, improved compliance and improved patient knowledge and understanding.

## References

1. (2017) Subject: Comments invited on Draft Patient Safety Implementation Framework-reg.
2. Lahariya C, Agarwal L, De Graeve H, Bekedam H (2019) Patient safety & universal health coverage in India. *Indian J Med Res* 150(3): 211-213.
3. Walton M, Kerridge I (2014) Do not harm: is it time to rethink the Hippocratic Oath? *Med Educ* 48(1): 17-27.
4. World Health Organisation (2023) Patient safety.
5. Ministry of Health and Family Welfare Government of India (2020) National Guidelines for Infection Prevention and Control in Healthcare Facilities Infection Prevention and Control Programmes Workload, Staffing and Bed Occupancy.
6. (2021-22) Min of Health Eng AR. Enhanced Reader.
7. Lawati MH Al, Dennis S, Short SD, Abdulhadi NN (2018) Patient safety and safety culture in primary health care: a systematic review. *BMC Fam Pract* 19(1).
8. Van Weel C, Kidd MR (2018) Why strengthening primary health care is essential to achieving universal health coverage. *Canadian Medical Association Journal* 190(15): E463-E466.
9. Nishimura Y (2022) Primary Care, Burnout, and Patient Safety: Way to Eliminate Avoidable Harm. *Int J Environ Res Public Health* 19(16): 10112.
10. Panagiotti M, Khan K, Keers RN, Abuzour A, Phipps D, et al. (2019) Prevalence, severity, and nature of preventable patient harm across medical care settings: systematic review and meta-analysis. *The BMJ* 366: 4185.

