Patient Safety: Patients’ Perspective

PROF. A. K. GUPTA
MEDICAL SUPERINTENDENT CUM PROF & HEAD,
DEPT. OF HOSPITAL ADMINISTRATION,
PGIMER, CHANDIGARH, INDIA
“We, patients for patient safety, envision a different world in which healthcare errors are not harming people. We are partners in the effort to prevent all avoidable harm in healthcare. Risk and uncertainties are constant companions. So we come together in dialogue, participating in care with providers. We unite our strength as advocates for care without harm in the developing as well as the developed world”

London Declaration, 2006
“Developing and driving a CONSTRUCTIVE DIALOGUE with all partners concerned with patient safety.”
“That the fear of **BLAME AND PUNISHMENT** should not deter open and honest communication between patients and healthcare providers”

“**Two way communication** among patients and healthcare providers that **encourages questioning**.”
Patients and their attendants see things that busy health-care providers often do not.

Offer the richest resource of information related to medical errors as many of them have witnessed every detail of systems failures from the beginning till the end.

Patients have much more to offer than mere reminders to health-care providers, administrators and policymakers that we are victims of tragic medical errors.

The voice of patients and families who have suffered preventable medical injury is a powerful motivational force for health-care providers who wish, first, to do no harm.
Why “Patients for Patient Safety”

- When patients register concerns, they are often perceived as adversarial threats that lack evidence, rather than potential knowledge contributions.

- Patients and their families have genuine additional needs and wants when things actually go wrong.

- “Patients for Patient Safety” emphasizes the central role patients and consumers can play in efforts to improve the quality and safety of healthcare
“Patients for Patient Safety” in India

- Systems for reporting and dealing with healthcare harm with due respect to confidentiality, are not well established.

- Meaningful patient representation in patient safety matters is negligible.

- Channels for constructive dialogue between patients and healthcare providers are very few.

- So the patients resort to verbal or written representation, suggestions or complaint as the way of communication of healthcare harm and probably this is the only way of raising the patient voice for patient safety in India.
PATIENT SAFETY – PATIENT PERSPECTIVE: OBSERVATIONS AT PGIMER
This Analysis - Patients’ Perspective

• Selected representations pertaining to “patient safety threats/compromises” as perceived by patients and/or their families, received in the “Medical Superintendent Office” of a 1600 bed healthcare institute of India between 2005-2009.

• And selected cases filed in different consumer forums against different hospitals which were referred to us for prima facie evaluation as per the Hon’ble Supreme Court’s directives in Martin F. D’Souza V/s Mohd. Ishfaq Civil Appeal No. 3541 of 2002.

• These are the version of patients’/their families as alleged.

• Prima Facie of the facts of representations are not the subject matter of interpretation in this study.
The objectives were

- To know the patient’s perception about “patient safety.”
- When patients felt that patient safety had been compromised.
- Patients/families responses when they felt that the safety had either been compromised or threatened.
- Expectations.
- Feelings.
- Suggestions/Contributions in improvement.
Patient Safety Issues

AS PERCEIVED BY PATIENTS

- HUMAN FACTORS
- SYSTEM FACTORS
- EQUIPMENT/INFRASTRUCTURE FACTORS
Lack of Concerted Effort amongst Consultants during Patient Handover

• There is a lack of intensive effort on the part of the treating consultants in the patient handover process, when they proceed on leave.

• The consultants entrusted with the responsibility acknowledge that often they were not debriefed by their colleagues about the patient status but gathered information from residents and patient reports.

• It leaves a bad taste among the health care seekers when internal rivalry/ conflict come to the fore at the cost of patient care.
Lack of Effective Team Formation among different Specialties.

- Delays are observed in cross referrals of even critical patients in spite of repeated requests.
- The already stressed out attendants are literally pushed to the wall inquiring as to when will the cross consultation happen.
- The reasons for delay need to be addressed.
Ownership of the Patient

- Patients admitted under one specialty, are later on diagnosed to be of another specialty.
- The concerned specialty at times is not willing to transfer the patient under them.
- Delay in transferring the patient to the other specialty, results in delay in the admission process and eventually in patient care and treatment.
- The patient/family perceive that the delay can be catastrophic.
Communication Failure

- Patients / families allege that the possible risks/ complications/outcomes of surgery are not explained to them.
- Examples galore
  - Patient operated for congenital heart disease (DORV, VSD, PS) developed cerebral parenchymal hemorrhage and expired.
  - Similar case was seen in surgery done for ASD where the patient developed CVA, a known complication of cardiac surgery.
- The families feel that the operative and post operative complications are not discussed in detail with them, and this knowledge can influence their decision making.
Consent Issues

- Families/ patients have raised concerns about consent for procedures.
- Patients/ attendants are informed about a particular aspect of the procedure, overall picture is not cleared to them.
- JCI emphasizes that consent has to be taken from the patient only, explaining all the possibilities, unless the patient is not in a state to do so.
Wrong Diagnosis

- Patients being treated for a particular disease are later found to be suffering from another disease.
  - Patient being treated for Tuberculosis was diagnosed as a case of **carcinoma**.
  - Patient was misdiagnosed, treated for Tuberculosis, and Crohns disease, turned out to be **adenocarcinoma** of intestines.
- The patients express dismay at the delay in diagnosis, wrong treatment, pain, mental stress, expenditure incurred and compromise on a better outcome.
Patients have complained of incorrect documentation leading to rejection of their disability claims.

Complainants allege that the doctors examining them are insensitive to their handicaps and make errors in documentation.

They suffer harassment in getting rectification done and at times have to accept lower disability claims due to inaccurate information.
A case of Road Side Accident, plaster cast applied for fracture in the leg.
The wound of a crush injury patient was sutured and dressing done.
In both cases gangrene developed and amputation had to be done.
Diagnosis and follow up of the patients is not appropriately done in spite of repeated reminders to the doctors to reassess the patients.
The patient/ attendants feel that the doctors have been negligent, insensitive and demand compensation.
Post Operative Complications

- Patients /attendants have held surgeons responsible for post operative complications.
- The prolonged suffering, delay in recovery, loss of work hours and disruption of the family life has compelled them to seek redressal under consumer forum.
Complaints have been filed in consumer courts regarding failure of surgery.

Patients/attendants reported that they had to get the same procedure repeated within a short span of time as the symptoms were not relieved, resulting in prolonged suffering, trauma and unnecessary expenditure.
Patient Care goes beyond Diagnosis and Treatment

- It is a cause for concern when patients are given wrong dietary advise leading to aggravation of the disease symptoms and deterioration of health.
Patients complain about the rude, discourteous and insensitive behavior of the doctors, nurses and paramedical staff.

Violation of the basic rights of privacy, dignity and confidentiality of the patient.
FLAWED SYSTEM DESIGN
IN PATIENT SAFETY COMPROMISE
Non availability of Senior Doctors in indoor areas on OPD & O.T. days.

- At times the patient/attendants perceive non availability of Senior Residents on OPD and O.T. days compromises medical care in case of sick patients.

- Patients/attendants expect the senior doctor to be available immediately when an emergency arises.
Understaffed Emergencies

- Insufficient number of doctors and nurses posted in emergency at any point of time.

“The Emergency room was full of patients lying on stretchers all the way out. It was a very depressing scene with critical patients lying left and right. There were just one or may be two doctors available to attend to them all.”

- Patients/attendants perceive lack of timely intervention with respect to diagnosis / treatment in a dynamic place like the emergency as the difference between life and death.
Mixing of Blood Samples

- Mixing of blood samples leading to erroneous reports.
- Generation of wrong reports.
- Lab technicians must match the patient’s name with the issued card/ sticker, both at the time of taking the sample and generating the report to prevent such kind of errors which could even be life threatening.
Mismatched Blood Transfusion

- Incidents of mismatched blood transfusions have been reported.
- The patients suffers multi organ damage.
- Such incidents are traumatic for the families, they file complaints for redressal by the consumer forum so that such issues get highlighted and seek monetary compensation.
- Sufficient system checks to prevent such serious lapses from occurring must be in place.
The patients undergo unnecessary radiological exposure due to improper dispatch/collection of reports as a result of which repeat investigations are sought.

Over prescription of investigations/medication as a precaution against lawsuits compromises patient safety.
Reports of sale of spurious drugs have been received.

Patients consume medication which is less effective or delays recovery.

Patients end up with side affects, adverse affects, spend more, suffer longer, have loss of earnings, and mental stress.
Low potency drugs

- Staff allowed medical benefit from the institute have reported difference in the potency of drugs of different companies supplied by the pharmacy.
- Requests for the making the same brand available in chronic cases are not heeded.
- Prescription of foreign brand drugs is not entertained.
Entry of Unauthorized Persons in Wards/Impersonation and Thefts

- Unauthorized persons have been apprehended demanding money in lieu of getting the process/investigation expedited.

- Reporting of thefts from the ward.
INFRASTRUCTURE/EQUIPMENT FACTORS IN PATIENT SAFETY COMPROMISE
Non-availability of Ventilators

- Non availability of vital/essential equipment is a major concern and a common occurrence.
- Complaints regarding non availability of ventilators/ICU care resulting in patient deaths have been received.
- The demand/supply gap has to be surmounted to prevent compromise of patient safety.
The initiation of treatment gets delayed as Laboratory / radiological reports are not available timely, due to breakdown of the report generating system.

Back up/ spare gadgets have to be made available along with regular maintenance.
Engineering Goof Ups

• Leaking roofs, fungus infested walls, broken doors & windows, cracked toilet seats etc compromise patient safety.
• Incidents of electrocution due to faulty wiring, broken sockets, unsafe electronic equipment have been reported.
• Proper workmanship / regular maintenance schedules have to be made order of the day.
Visitors in ICU

- Too many visitors being allowed in the ICU will compromise patient safety by increasing the rate of hospital acquired infections.

- Nursing tasks being performed by patient attendants can jeopardize the whole purpose of professional care being provided and endanger patient safety.
• Sharing of beds by patients in emergency /wards may cause cross infections.
• Non practicing hand washing while handling patients is a potential HAI risk.
• Improper disposal of infectious waste is a threat to patient safety.
• Lack of proper cleaning of A.C conduits may spread infection.
CONCLUSION

- The primary contributions of patients and families had been to share stories of preventable (potential) injuries in health care.

- Contributions from their personal experiences.

- Patients and families who choose to raise patient safety issues were aware, concerned and hoped that they will make a tangible difference.
Patients have to be made partners in “Patient Safety Initiatives”
Way Ahead

- Patients perceptions with regard to Patient Safety have to be addressed.
- To involve the patients in making the hospitals safer places.
- To provide more opportunities of interaction between service providers, patients, families, administrators and policy makers.
- System should be designed which address grievances/doubts/suggestions.
- Awareness levels about patient safety to be enhanced by providing information about patient safety in the health organizations such that it reaches the common man.
“I am writing these details as a responsible citizen with the hope that efforts will be made to minimize such mishaps, thereby saving the patients of unnecessary torture and wastage of their time, energy and money.”

Yours truly

(A Patient)
Thank You!