The global problem of adverse patient safety incidents in health care

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Abstract
John Tingle discusses work carried out by the World Health Organization in patient safety and a report from the European Commission

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It is easy to think of adverse patient safety incidents as being a particularly UK-based NHS problem. It is not, despite our media’s frequent reporting of such incidents. Adverse patient safety incidents occur across the world and their prevalence is an urgent global problem.

Patient safety: a worldwide problem
World Health Organization (WHO) (2009) states that every year, tens of millions of patients worldwide suffer disabling injuries or death owing to unsafe medical care. Nearly one in ten of those patients is harmed while receiving health care in well-funded and technologically-advanced hospital settings. WHO also notes there is very little evidence surrounding the burden of unsafe care in the developing world, where risk of patient harm could be even greater because of limited infrastructure, technology and resources. Unsafe health care maintains significant economic and personal, human costs.

‘The economic burden of unsafe care is also compelling. Studies show that additional medical expenses due to unsafe care resulting in prolonged hospitalization, loss of income, disability and litigation cost some countries many billions of dollars a year. Unsafe injections alone are estimated to cost the world $335 million USD in direct medical costs.’

The World Alliance for Patient Safety, launched by WHO in 2004, develops useful tools and considerable research. WHO patient safety publications and resources are an excellent, ready source of reference material for all those concerned with the quality and safety of health care. A recent example of WHO’s work in patient safety was unveiled on World Health Day 2011 and focused on antimicrobial resistance. The objectives of the campaign include helping to bring the voices of patients suffering from the consequences of resistant pathogens to the forefront, with the clear aim of raising awareness about this serious problem and the will for such harm to be avoided worldwide (WHO, 2011). The book Combating antimicrobial resistance: experiences from the field is set to be published by WHO later in the year. It builds and expands on points highlighted in the World Health Day 2011 policy package to tackle the growing problem of antimicrobial resistance. It provides examples and an analysis of the need for successful interventions to reduce antimicrobial resistance across WHO Member States.

Patient safety and the EU
A survey (European Union (EU), 2010), requested by the Directorate-General for Health and Consumers of the European Commission, focused on how citizens of EU states perceive patient safety issues. Among the issues considered are the likelihood of harm through hospital or non-hospital care, awareness of organizations responsible for patient safety, and awareness of redress and perceptions regarding health quality. The sample size was about 1000 people in each country surveyed and all interviews were carried out face to face in people’s homes and in the appropriate national language.

Perceptions of patient safety
Half the survey respondents indicated they felt there was a risk they could be harmed by hospital care in their country. Though only 9% felt it was very likely, 41% felt it was fairly likely. The survey states: ‘This result is very striking given that healthcare should be benefiting patients, not harming them.’

When asked about the likelihood of being harmed by non-hospital care in their country, 8% responded it was very likely and 38% felt it was fairly likely. However, the data relating to harm through hospital care is much more detailed and perceptions in this category varied greatly across the EU. Responses from Greece (83%), Cyprus (81%), and Latvia (75%) reflected much higher percentages of people who felt at risk of being harmed in comparison to respondents in Austria (19%), Finland (27%), and Germany (31%). A similar pattern emerged in perceptions of the likelihood of being harmed by non-hospital care.

Claimed incidence of adverse events
Just over a quarter of survey respondents (26%) said they or their family members had experienced an adverse event when receiving health care. On a national level, more than four out of ten respondents in Sweden, Denmark, Latvia and the Netherlands said they or a member of their family, had experienced an adverse event. By contrast, more than
eight out of ten respondents in Austria, Greece, Bulgaria and Portugal said they had not experienced an adverse event.

Incidence of reporting adverse events
Among the respondents who claim to have experienced an adverse healthcare event, the survey states that seven out of ten did not report it, while only 28% did. Where the event was reported, this tended to be to the hospital management (44%) or the relevant doctor, nurse or pharmacist (41%). Only 15% of respondents who reported their experience of adverse events, consulted with a lawyer. Less than 10% reported the event to an authority with direct oversight of health matters, such as the ministry of health, a regional or local authority, or a national agency on patient safety.

Patient safety organization awareness
Almost one third of survey respondents (29%) stated they did not know which organizations are mainly responsible for patient safety in their country.

Written consent for surgical procedures
More than a third of respondents reported that they, or a member of their family, had undergone surgery in the last 3 years (37%). Of the people with experience of surgery, around two-thirds said their written consent was always obtained (67%). Close to a fifth (17%) said written consent was never obtained and 7% said it was sometimes obtained. The remainder (just under a tenth of respondents) were unsure whether or not written consent was obtained.

The proportion of patients who were asked for their written consent varies widely across countries. As many as 90% of respondents in Germany reported that written consent was almost always obtained and by contrast, as many as 44% in both Finland and the Netherlands reported written permission was never obtained.

Information sources
Respondents to the survey were asked where they heard or found out about adverse events in health care. Seventy three per cent identified television as one of their main information sources, followed by newspapers and magazines (44%), and friends or family (31%). Around a fifth of respondents cited the internet, radio or personal experience as sources of information. Only around a tenth of respondents selected hospital or official statistics.

Awareness of forms of redress
The survey states that in their own country, more than half the respondents felt they would be entitled to an investigation into the case (53%). Half also felt they would be entitled to financial compensation (51%). More than four out of ten (41%) felt they would be entitled to receive an explanation of the causes of harm in their own country and 33% stated the same with regards to harm in another member state. The proportion of respondents that felt uncertain about what sources of redress might be available in other member states was considerable. Almost a fifth (18%) of respondents could not give an answer to this and the figure was much higher for several individual countries including Bulgaria (29%), the United Kingdom (29%), France and Estonia (both at 27%) and Romania (26%).

Seeking help if harmed by health care
Nearly one in two respondents (48%) said they would expect to be able to seek help from a lawyer if harm occurred in their own country, followed by hospital management (37%) or the ministry of health (36%). The national agency on patient safety was selected by 29% of people, followed by a consumer protection body (21%). The individuals or institutions selected least frequently were the regional or local authorities (14%), doctors, nurses or pharmacists (12%) and lastly, a close relative or acquaintance working in the healthcare system (6%). The countries where people were most likely to see a lawyer as a source of help included Germany (75%), Austria (65%), and the Netherlands (60%).

Perceptions of healthcare quality
Across the EU, 13% of respondents rated the quality of their national health care as very good and 57% said it was fairly good. Although, an average of 70% perceived it to be good, significant differences emerge among countries: 97% of respondents from Belgium considered healthcare quality in their country to be good, followed by 95% in Austria and 91% in Finland. Only 25% of respondents in Greece and Romania stated the same.

Comparison among member states
Respondents were divided almost equally between perceiving their country’s health care to be better (33%), the same (30%), or worse (26%) than that offered in other member states. The remaining 11% of respondents could not form an opinion.

Conclusion
WHO patient safety activity is performing a very useful worldwide function in helping to make health care safer. Their tools and products are an excellent patient safety resource for all countries and it is good to see the organization as a patient safety champion in this area. The EC survey is also useful for policy makers in patient safety and health quality.

That half the survey respondents felt at risk of harm through hospital care in their countries and a quarter reported they or their family members experienced an adverse event when receiving health care, is most concerning, as it the knowledge that these events go largely unreported.

The road to developing an ingrained patient safety culture in health care looks increasingly rocky and difficult to navigate. It is, however, fundamentally important that robust and stringent efforts are made to continue the journey. The safety of patients should not be negotiable and every citizen of every country should be able to enjoy safe healthcare treatment.