PATIENT SAFETY IN PRIMARY CARE EDMONTON, NOVEMBER, 2011

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PRIMARY CARE

"As part of the broader primary health care framework, Primary care is a service at the entrance to the health care system. It addresses diagnosis, ongoing treatment and the management of health conditions as well as health promotion, disease and injury prevention.

Primary Care is responsible to coordinate the care of patients and to integrate their care with the rest of the health system by enabling access to other health care providers and services."

Kingston-Riecher's et al (2010)

PATIENT SAFETY

The reduction of the risk of unnecessary harm associated with healthcare to an acceptable minimum.

World Health Organization, 2010)

UNIQUE FEATURES OF PRIMARY CARE

1. **The opportunity to develop long term, open and significant relationships with patients**

- Ability to see patients more often
- Knowledge of family issues/health concerns
- Knowledge of patient's response to illness
- Ability to detect changes over times
- Trust/ disclosure

Kingston-Riecher's et al (2010)

UNIQUE FEATURES OF PRIMARY CARE

2. The physical and virtual infrastructure

➤ Physical space, equipment and resources

➤ Funding models

➤ Governance

➤ Care model (health centre, FHT, alternative funding models, fee for service)

➤ Care locations: Emergency rooms, long term care, hospitalists

Kingston-Riecher's et al (2010)

UNIQUE FEATURES OF PRIMARY CARE

3. Caring for patients without a clearly defined diagnoses

- Multiple problems
- Patient communication
- Early stage of disease

Kingston-Riecher's et al (2010)

UNIQUE FEATURES OF PRIMARY CARE

4. The need to assimilate information from many providers and sources

- Specialists
- Other health care providers
- Family members

- Electronic Medical Records (EMR) & Electronic Health Records (EHR)
- Paper documents
- Hospital systems

Kingston-Riecher's et al (2010)

TWO MAJOR THEMES

- ➤ Missed or delayed diagnosis
- ➤ Medication management

Kingston-Riecher's et al (2010)

MEDICATIONS

➢ **Medication samples (quality/expired medications, instruction, documentation)**

➢ **Issues with drug coverage**

➢ **Drug interaction program quality**

➢ **Lack of communication between provid**

➢ **Maintenance of medication lists**

➢ **OTC medications/ holistic remedies**

MEDICATIONS (con't)

- ➢ **Allergy documentation**
- ➢ **Public education (taking family member's medication, non-prescribed meds)**
- ➢ **Hand writing**
- ➢ **Instructions**

COMMUNICATION

- ➢ **Receptionist triage**
- ➢ **Lack of translation services**
- ➢ **Illegible reports (ER, clinic services)**
- ➢ **Follow-up for "no shows"**
- ➢ **Documentation: Use of acronyms, late documentation**
- ➢ **Confidentiality**
- ➢ **Patient understanding/ ability to carry out instructions.**
- ➢ **Time!**

INFECTION CONTROL

- ➢ **Sterilization and cleaning**
- ➢ **Single use items**
- ➢ **Toys/magazines in waiting areas**
- ➢ **Post - procedure infection rates**
- ➢ **Isolation protocols**

EMERGENCY PROCEDURES

➢ **Emergency equipment (O2, anaphylaxis kits, emergency drugs)**

➢ **CPR training**

➢ **Staff safety**

CARE

- ➢ **Vaccine storage and immunization practices**
- ➢ **Equipment- calibration, safety (weight restrictions on exam tables, wheelchairs)**
- ➢ **Sample labelling**
- ➢ **Tracking test results (cervical screening, biopsy results, diagnostic test booking)**

COMPETENCY

- ➢ **Continuing education**
- ➢ **Competency**
- ➢ **Scope of practice**
- ➢ **Medical directives**
- ➢ **Unlicensed care providers**

PATIENT SAFETY

➢ **Appropriate lighting**

➢ **Accessibility**

➢ **Equipment**

➢ **Access to sharps containers**

PROVIDER SAFETY

➢ **Capless needle systems**

➢ **Needle stick protocol**

➢ **Access to protective equipment (masks, gowns, gloves)**

➢ **Spill management**

➢ **WHIMIS training**

SYSTEM

- ➢ **Health care home vs walk-in clinics**
- ➢ **Chart security (paper, EMR, faxing, long term storage)**
- ➢ **Privacy issues (public health, other providers)**
- ➢ **HR issues: criminal checks, training, confidentiality**
- ➢ **Funding models**
- ➢ **Policy**

TEAMS

- ➢ **Building on strengths**
- ➢ **2 or more people involved in care**
- ➢ **Increased capacity**
- ➢ **Improved access**
- ➢ **Cost effective**

TEAMS

- Clear role descriptions
- Optimize Scope of Practice
- Highly integrated team
- Communication strategy (team meetings, consistency, standards)
- Focus on team education/ competency development
- Development of systems to support guidelines based care
- Build support at the family practice level (closer to home care)
- Focus on patient safety, quality and quality improvement

ELECTRONIC MEDICAL RECORDS

- ➢ **Recall systems**
- ➢ **Prompts and reminders**
- ➢ **Accurate, time stamped information**
- ➢ **Medication lists**
- ➢ **Timely access to labs/DI's**
- ➢ **Easy access to history**
- ➢ **Automatic cross check for interactions/allergies**
- ➢ **Searchability**

ELECTRONIC MEDICAL RECORDS

- ➢ **Data entry (fields, consistent language/approach, Using ICD codes)**
- ➢ **Provider education**
- ➢ **Use of templates/stamps**
- ➢ **Standardized requisitions**
- ➢ **Flowsheets**
- ➢ **Canadian Primary Care Sentinel Surveillance Network (CPCSSN)**

MORE SOLUTIONS....

➢ **Access to central processing**

➢ **Optimize funding models to support teams, access and quality**

➢ **Electronic Heath Records**

➢ **Patient empowerment (health record ownership)**

➢ **Integrated systems (pharmacy, public health, hospital)**

➢ **Public education**

➢ **Quality and performance report cards**

AND MORE SOLUTIONS....

- ➢ **Funded access to essential education**
- ➢ **Role descriptions**
- ➢ **Accreditation process/ quality assurance (culture of quality)**
- ➢ **Error reporting systems**
- ➢ **Tracking system for tests (recalls)**
- ➢ **Development of registries**
- ➢ **More Research**

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