

Roles of family doctor in improving patient's safety in primary care

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Abstract:

In this paper, we describe results of two modified online Delphi approaches to achieve consensus on the most effective strategies to improve patient safety. We conducted a search through electronic databases; PubMed, and EMBASE, for studies published in English language thought instant to 2017. Studies discussing the Roles of family doctor in improving patient's safety in primary care. As part of the wider primary healthcare structure, primary care is a solution at the entrance to the healthcare system. It addresses medical diagnosis, continuous treatment and the management of health problems, as well as health promo and illness and injury avoidance. The importance of this relationship lies in the fact that patient care and safety are contingent on the primary care provider allowing patients to 'inform their story' to ensure that the provider understands all the elements of their circumstance and relates that to their ongoing care. This means that providers need to have the ability to give patients time to do this (a challenge, as informants recognized that clinics are very busy areas), along with take the time to recognize fully exactly what it is their patients are telling them. Primary care is accountable for coordinating the care of patients and integrating their care with the rest of the health system by allowing access to other healthcare providers and services.

Introduction:

Patient safety is a fundamental requirement in health care delivery [1], [2]. To enhance patient safety methodically, we have to identify the reasons for patient safety occurrences, create remedies, and measure their effect. Improving patient safety is certainly the following logical step after analysis of safety troubles, thinking that risks can be decreased in a minimum of some clinical or organizational domains. In primary care, improvement strategies may be guided by an evaluation of determined cases or they might target particular risky domains, such as medicine safety or prompt medical diagnosis of serious conditions [3], [4]. Patient safety programs need to take care of details attributes of medical care, consisting of the high annual varieties of patients and contacts, the total reduced risk of injury, and the wide variety of conditions and treatments [4]. In this paper, we will give a broad overview with sensible assistance on the best ways to boost patient safety in the primary care setting. The difficulty for specialists is to improve patient safety, staying clear of unnecessary treatments and therapies associated with defensive medicine or too much bureaucratic and administrative procedures.

In this paper, we describe results of two modified online Delphi approaches to achieve consensus on the most effective strategies to improve patient safety.

Methodology:

We conducted a search through electronic databases; PubMed, and EMBASE, for studies published in English language thought instant to 2017. Studies discussing the Roles of family doctor in improving patient's safety in primary care were included whether were reviews or control studies, references of included studies were scanned for more relevant articles.

Discussion:

- **Primary care**

Primary care is a term that describes health care that is the first point of contact with the health and wellness system for many people seeking care. The providers of primary care serve patients of all ages, from children to seniors. Among other things, they diagnose disease; treat acute and anecdotal diseases; screen maternities; supply mental health care and psychosocial solutions; communicate with house care services; promote health and condition prevention via regular exams, screening for disease and nutrition counselling; manage chronic conditions; make recommendations to professionals; and give end-of-life care (Health Canada [5]). Primary care is supplied by a variety of healthcare professionals, including doctors (general or family practitioners), nurses, nurse practitioners, pharmacists, diet professionals, physiotherapists, social workers and others.

Primary care is an area of enhancing interest to governments, regional health authorities and other choice manufacturers that are attempting to enhance the Canadian health system by creating a company structure of initial access solutions. Research study has revealed the advantages of a strong primary care system in boosting health results for patients, in addition to in minimizing the overall cost of the medical care system (Starfield et al. [6] and Delaune and Everett [7]). Compared to specialty care, the stipulation of health care is revealed, worldwide and within countries, to cause a more even distribution of health throughout populaces (Starfield et al. [8]). The last 10 years have seen the growth in Canada of various primary care designs that take a patient-centred strategy to the provision of primary care services by groups of health specialists. While there is a growing body of knowledge about methods to improve the high quality of care offered within these versions, there has been little focus given to patient security in primary care.

The scope of primary care can be overwhelming, and this has significant effects in examining the problems of patient safety. In undertaking this review of patient safety in primary care, it was the suggestions of the advising group looking after the advancement of this paper to focus on primary care rather than the much larger and much more challenging scope of primary health care. A number of definitions were reviewed, including those from the essential work of the well-known primary-care researcher Dr. Barbara Starfield, and from the Canadian Health Services Research Foundation, The College of Family Physicians of Canada and Accreditation Canada..

- **Patient safety in primary care**

Patient safety is a fundamental concept of healthcare, in addition to gain access to, timeliness, efficacy, efficiency, appropriateness and acceptability (WHO World Alliance for Patient Safety [9]).As an emerging focus, patient safety is an area of query that stresses the recognition of risk and the discovery, analysis, reporting, prevention and reduction of unnecessary injury or possible harm connected with the distribution of health care.

Among the initial papers on patient safety concentrated on the primary care setup. Ely et al. [10] checked out the causes of self-disclosed errors by family doctor. The origins of the mistakes consisted of being hurried, being distracted, ending the analysis procedure prematurely, being misguided by normal examination outcomes and absence of expertise. Despite these considerable and, possibly, controversial searchings for, patient safety did not attract much research study focus till the publication of the critical job by Kohn et al., [11] which handled patient safety in U.S. medical facilities. A few years later on, the launch of the pivotal Canadian Adverse Events Study [8] drew attention to patient safety problems in acute care in this country. Research study has just lately returned some attention to patient security in primary care. Nonetheless, patient security research, especially in primary care, is still in its infancy.

- **Unique issues and challenges**

Primary care delivery is rather different from the delivery of medical care in other setups. Health care service providers see essentially the whole spectrum of conditions and illness [12]. Patients appear with a wide array of complaints and symptoms, which could or may not point to a particular medical diagnosis. The workload is frequently awesome and just minimal time is readily available for each patient. The organizational structures differ from a solo method doctor to a huge group of primary care suppliers arranged right into a primary care team, or might cover a geographic location within a primary care network. The management and info support systems are different from those in lots of various other healthcare setups [13].

The key sources likewise determined the adhering to four functions that they really felt are unique to patient security in primary care:

Building relationships: The primary care setup that allows providers to develop long-term, open, and considerable relationships with patients.

Infrastructure for care: Both the physical infrastructure, such as clinical setups, and the virtual infrastructure of networks that sustain the stipulation of care among physicians and numerous other specialists are to a certain degree unique in primary care.

Understanding the diagnosis: Patients are often seen and treated in primary care setups when their diagnosis is not yet clear.

Integrating information transferred between numerous service providers: Primary care providers are needed to incorporate info from a variety of sources and suppliers.

The risks that patients could encounter in health care might differ considerably from those experienced in medical facility care and may likewise differ in between different settings

within medical care. Threat accounts could vary relying on such factors as the human and technical resources available, the socioeconomic structure and condition view in catchment area, the healthcare distribution atmosphere and patient expectations, along with the kind of health services given [14].

Risks might schedule even more to the organization and management of health care than to events triggered by private patients or companies. It is emphasized here that the identification of dangers is planned to determine aspects of healthcare service shipment and organization that might contribute to patient safety occurrences, so that steps can be required to reduce or eliminate these possible dangers in the future [15]. A properly designed health care system acknowledges that "to err is human" and, hence, must include systems to identify risks prior to they have an influence on patient outcomes.

Patients in primary care are progressively encouraged to take a much more energetic function in the management of their wellness. Many versions of chronic illness management encourage suppliers to include patients in the energetic management of their conditions. Consequently, the engagement of patients appropriately could be an important component of security in medical care. Patients might not join their recommended therapies because of miscommunication, reduced health and wellness literacy, the financial price and/or spiritual or way of life aspects. For a number of reasons, consisting of, as instances, economic costs to the patient and insufficient interaction, patients might not abide by their recommended treatment or adhere to pre-diagnostic diet plan limitations, bring about vague examination results. Both system showcases and patient conformity in its broad sense ought to be thought about when analyzing patient security in the medical care context [16].

These and other facets of primary care are essential in determining its one-of-a-kind patient

safety issues. Specifically, a systems check out, as is taken in this record, is most likely to be effective in recognizing both dangers and methods to reduce the risks instead of a strategy that concentrates on private companies or patients.

- **Ways to improve patients safety**

Numerous methods can be made use of to improve patient safety and security and decrease mistakes and adverse effects. One approach is standardization, such as using order collections, protocols, and tips. Some medical professionals believe that standardization compromises their ability to believe. Rather, it is a way of reducing errors without yielding creativity or scientific acumen. Other approaches include developing risk-free systems and having sensible execution of innovation. As examples of the last, Baylor has clever intravenous pumps that detect medication errors, as well as barcoding to make sure the 5 rights of medication management (right patient, ideal course, ideal dose, correct time, appropriate drug).

Two other methods to enhance patient security are team effort and interaction. Traditionally, doctors have been weak in these locations. Such techniques need to be resolved, nevertheless, due to the fact that they connect to the 4 locations of disappointment or chance we have identified in our patient safety and security culture: 1) hand-offs and transitions, 2) teamwork throughout clinical devices, 3) development of a nonpunitive ambience, and 4) staffing problems.

Teamwork: Baylor has begun teaching team source management. When nurses and various other clinical staff go to the training, they frequently claim it was valuable however after that ask: "Where are the doctors? These efforts are not going to function if we don't engage the doctors."

Teamwork training has been revealed to bring about more effective teams, which in turn bring about happier personnel with higher retention rates and less turnover. This enhances the safety culture and ultimately brings about less accidents and injuries to patients [18].

It has been approximated that over the next couple of years, the USA will face a lack of up to a million nurses. The top 3 predictors of nursing turnover connect to these declarations: "Doctors and nurses function as a team," "I can speak out if I disagree with medical professionals," and "Disagreements on this unit are resolved with what is right for the patient." In contrast, one intensive care unit at Baylor University Medical Center had poor results for synergy and interaction in its staff member study (Table 1).

Table 1. A sample of employee survey results showing the need for better teamwork

Survey question	Response
Doctors, nurses, and other clinical staff work together as a highly coordinated team	38%
Training that helps increase multidisciplinary teamwork is provided to caregivers	36%
I feel respected by the doctors I commonly work with	43%
I let doctors know when I feel their decisions may put a patient at increased risk	48%

Communication: Inning accordance with data from the Joint Commission, breakdown of communication is an underlying cause in about 65% of guard occasions [19].Hence, renovation of communication is a crucial approach in patient safety. From a patient perspective, communication failing can do greater than hinder safety: it could postpone medical diagnosis, produce complication pertaining to the strategy of care, and enhance the cost of care via repeated examinations. Absence of reliable interaction creates frustration with patients and families and raises their anxiousness when they

are currently distressed. It tends to erode rely on the caregivers along with the organization and thereby reduces patient satisfaction.

Some "routine" and "rescue" communication approaches have been identified. Amongst the regular approaches are "time-outs" prior to surgery or prior to various other surgical interventions, such as insertion of a main line or aspiration of abscesses; prohibited abbreviations; read-backs of verbal orders and critical results; medicine reconciliation; and a situational briefing version (SBAR, discussed below). Rescue communications include "stop the line", hierarchy, rapid feedback teams, and disclosure. The initial key in efficient interaction is for all parties to be knowledgeable of and in agreement concerning the corresponding interaction assumptions and duties [17].

Healthcare professionals should understand how to insist themselves-- even if that means speaking up to quit an activity. Such a circumstance needs psychologic safety, that is, an atmosphere of respect. It additionally requires effective management: a flattened pecking order, with sharing of the treatment strategy and inspiration of all team members to participate in the conversation and to share questions or concerns. In the hospital, we often see groups of individuals walking down the corridor with each other, making multidisciplinary rounds. The team might resemble a group, however teamwork is not always in play: the doctors are leading and talking amongst themselves, but the nurses, dietitians, physiotherapists, and respiratory therapists are standing around and not communicating with the various other individuals. We have to engage all members of the group to develop a team ambience.

“Stop the line.” The stop the line initiative is being implemented at Baylor University Medical Center and across the country. The idea is that all those involved in a patient's care have the responsibility and authority to immediately intervene if they believe a patient's safety is at risk. The physician and the rest of the care team will immediately stop and respond to such a request by reassessing the patient's safety.

Although mistakes are inevitable, they are potentially reversible. Defects are mistakes that were not fixed soon enough and become permanent. It has been found that if you fix mistakes soon enough, your work will have zero defects[20]. Mistakes are least harmful and easiest to fix the closer you get to the time and place they arise.

The basic strategy for stopping the line is to inspect, stop, and fix at the source. Every employee is an inspector. Every employee is empowered and can stop the line. The key phrase that we are spreading is "I need some clarity." If you ever hear someone say, "I need some clarity," then the right thing to do is to halt what you are doing and reevaluate. When you can't fix it on the spot, then you stop the procedure.

Conclusion:

As part of the wider primary healthcare structure, primary care is a solution at the entrance to the healthcare system. It addresses medical diagnosis, continuous treatment and the management of health problems, as well as health promo and illness and injury avoidance. The importance of this relationship lies in the fact that patient care and safety are contingent on the primary care provider allowing patients to 'inform their story' to ensure that the provider understands all the elements of their circumstance and relates that to their ongoing care. This means that providers need to have the ability to give patients time to do this (a challenge, as informants recognized that clinics are very busy areas), along with take the time to recognize fully exactly what it is their patients are telling them. Primary care is accountable for coordinating the care of patients and integrating their care with the rest of the health system by allowing access to other healthcare providers and services.

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