



Vrije
Universiteit
Brussel

Rol van de eerste lijn in het streven naar patiëntveiligheid in geïntegreerde chronische zorg

**Trefdag Patiëntveiligheid
5 mei 2015, Vlaams Parlement**

Prof. Dr. Liesbeth Borgermans.

**Academisch Centrum voor Huisartsgeneeskunde &
Chronische Zorg**

Vrije Universiteit Brussel

15 minuten: 3 vragen

- ① Waar staan we?
- ② Wat is prioritair?
- ③ Rol eerste lijn?

① Waar staan we?



Safer Primary Care A Global Challenge

World Health Organization



SUMMARY OF JOURNAL MEETING
The Safer Primary Care Expert Working Group



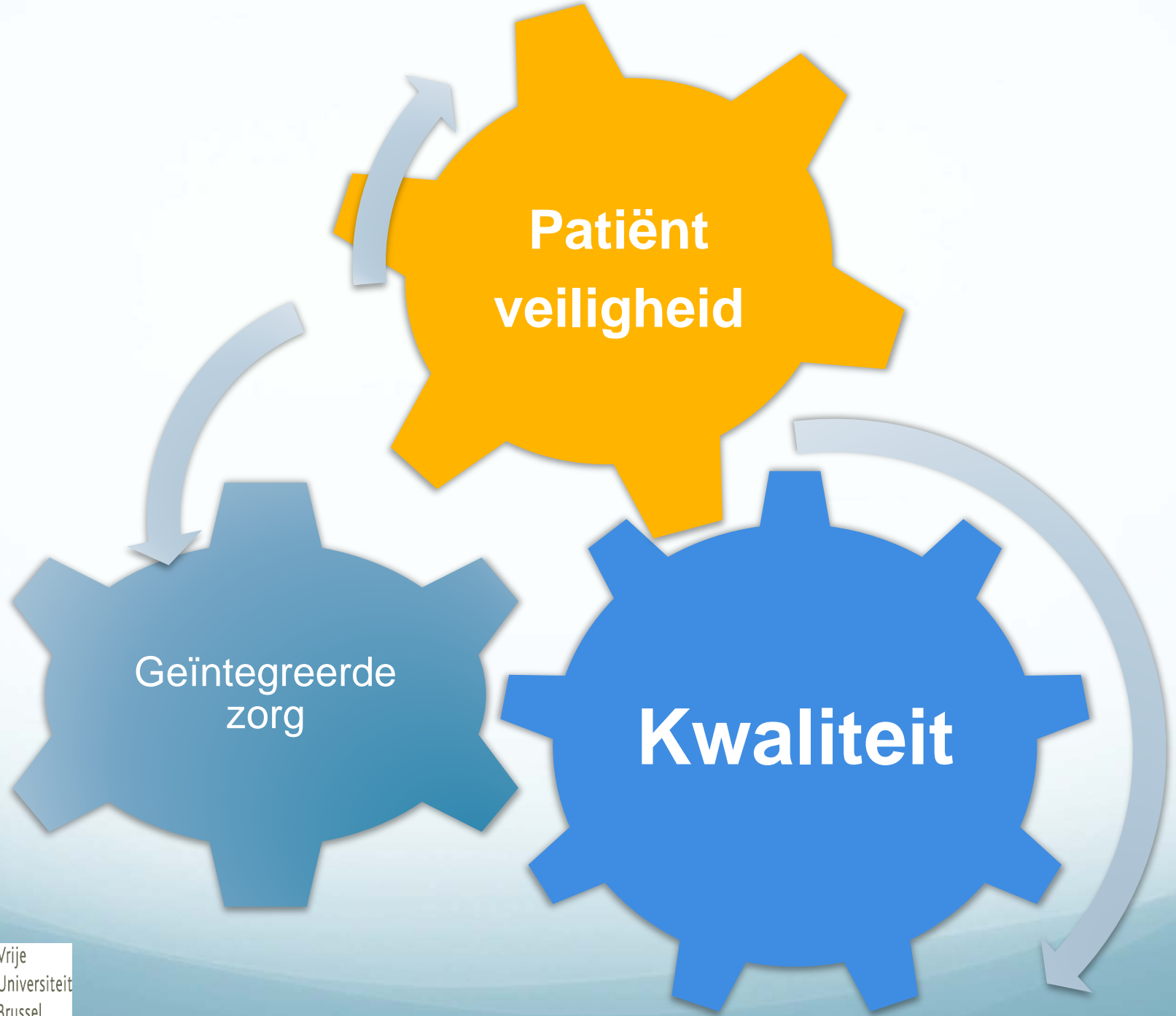
http://www.who.int/patientsafety/safer_primary_care/

“Patient safety is the reduction of risk of unnecessary harm associated with health care to an acceptable minimum”.

Cresswell et al. Global research priorities to better understand the burden of iatrogenic harm in primary care: an international Delphi exercise. Plos Med 2013 Nov; 10 (11).



- Lack of standardized information on the **frequency, burden of harm and preventability of patient safety incidents** in primary care.
- The definitions of errors and the typologies of harm vary widely as well across studies: **lack of a widely accepted taxonomy specific to primary care.**



Preventable Adverse Events

- **Errors of commission** = doing something wrong
- **Errors of omission** = failing to do the right thing
- **Errors of communication**
- **Errors of context** = not taking into account constraints in a patient's life

“Eight adverse events per 10,000 consultations”

Tsang et al. Adverse events recorded in English primary care: observational study using the General Practice Research Database. Br J Gen Pract 2013 Aug;63(613).

Maar ook....'second victim'

- Feelings of 'Guilt' (59%)
- Anxiety (50%)
- Re-living the event (42%)
- Tiredness (39%)
- Insomnia (38%)
- Persistent feelings of insecurity (33%)

Mira et al. The aftermath of adverse events in Spanish primary care and hospital health professionals. BMC Health Serv Research 2015, Apr 9;15:151.

② Wat is prioritair?

Ziekenhuiszorg

Thuiszorg

Zelfzorg

NU

STRAKS

Ziekenhuiszorg

Thuiszorg

Zelfzorg

RESEARCH ARTICLE

Open Access

Patient safety skills in primary care: a national survey of GP educators

Maria Ahmed^{1*}, Sonal Arora², John McKay³, Susannah Long⁴, Charles Vincent⁵, Moya Kelly³, Nick Sevdalis⁶ and Paul Bowie^{3,7}

Abstract

Background: Clinicians have a vital role in promoting patient safety that goes beyond their technical competence. The qualities and attributes of the safe hospital doctor have been explored but similar work within primary care is lacking. Exploring the skills and attributes of a safe GP may help to inform the development of training programmes to promote patient safety within primary care.

This study aimed to determine the views of General Practice Educational Supervisors (GPES) regarding the qualities and attributes of a safe General Practitioner (GP) and the perceived trainability of these safety skills and to compare selected results with those generated by a previous study of hospital doctors.

Methods: This was a two-stage study comprising content validation of a safety skills questionnaire (originally developed for hospital doctors) (Stage 1) and a prospective survey of all GPES in Scotland (n = 691) (Stage 2).

Results: Stage 1: The content-validated questionnaire comprised 66 safety skills/attributes across 17 broad categories with an overall content validation index of 0.92.

Stage 2: 348 (50%) GPES completed the survey. GPES felt the skills/attributes most important to being a safe GP were honesty (93%), technical clinical skills (89%) and conscientiousness (89%). That deemed least important/relevant to being a safe GP was leadership (36%). This contrasts sharply with the views of hospital doctors in the previous study. GPES felt the most trainable safety skills/attributes were technical skills (93%), situation awareness (75%) and anticipation/preparedness (71%). The least trainable were honesty (35%), humility (33%) and patient awareness/empathy (30%). Additional safety skills identified as relevant to primary care included patient advocacy, negotiation skills, accountability/ownership and clinical intuition (listening to that worrying little inner voice).

Conclusions: GPES believe a broad range of skills and attributes contribute to being a safe GP. Important but subtle differences exist between what primary care and secondary care doctors perceive as core safety attributes. Educationalists, GPs and patient safety experts should collaborate to develop and implement training in these skills to ensure that current and future GPs possess the necessary competencies to engage and lead in safety improvement efforts.

Keywords: General practice, Patient safety, Medical education, Skills

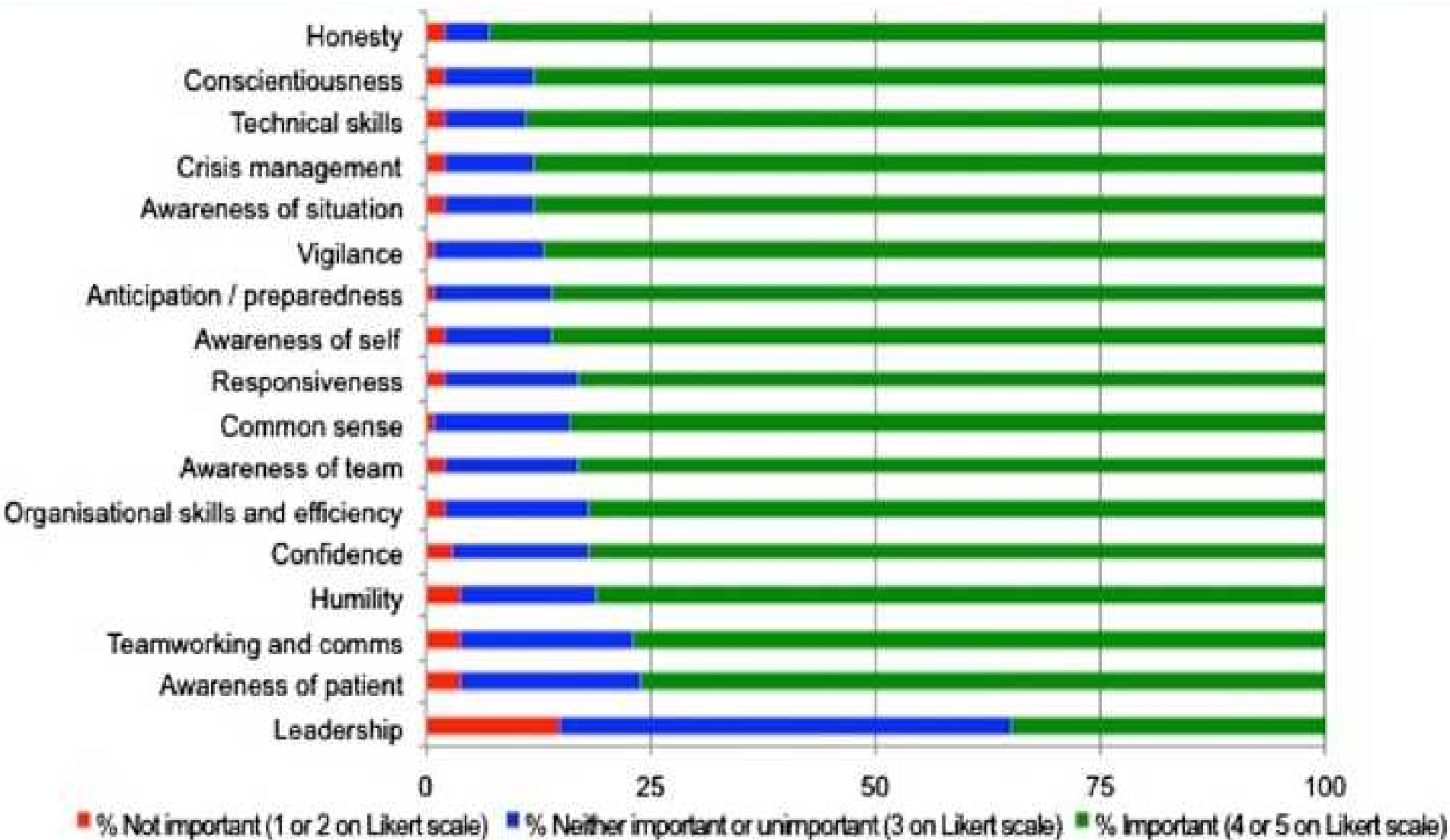
Background

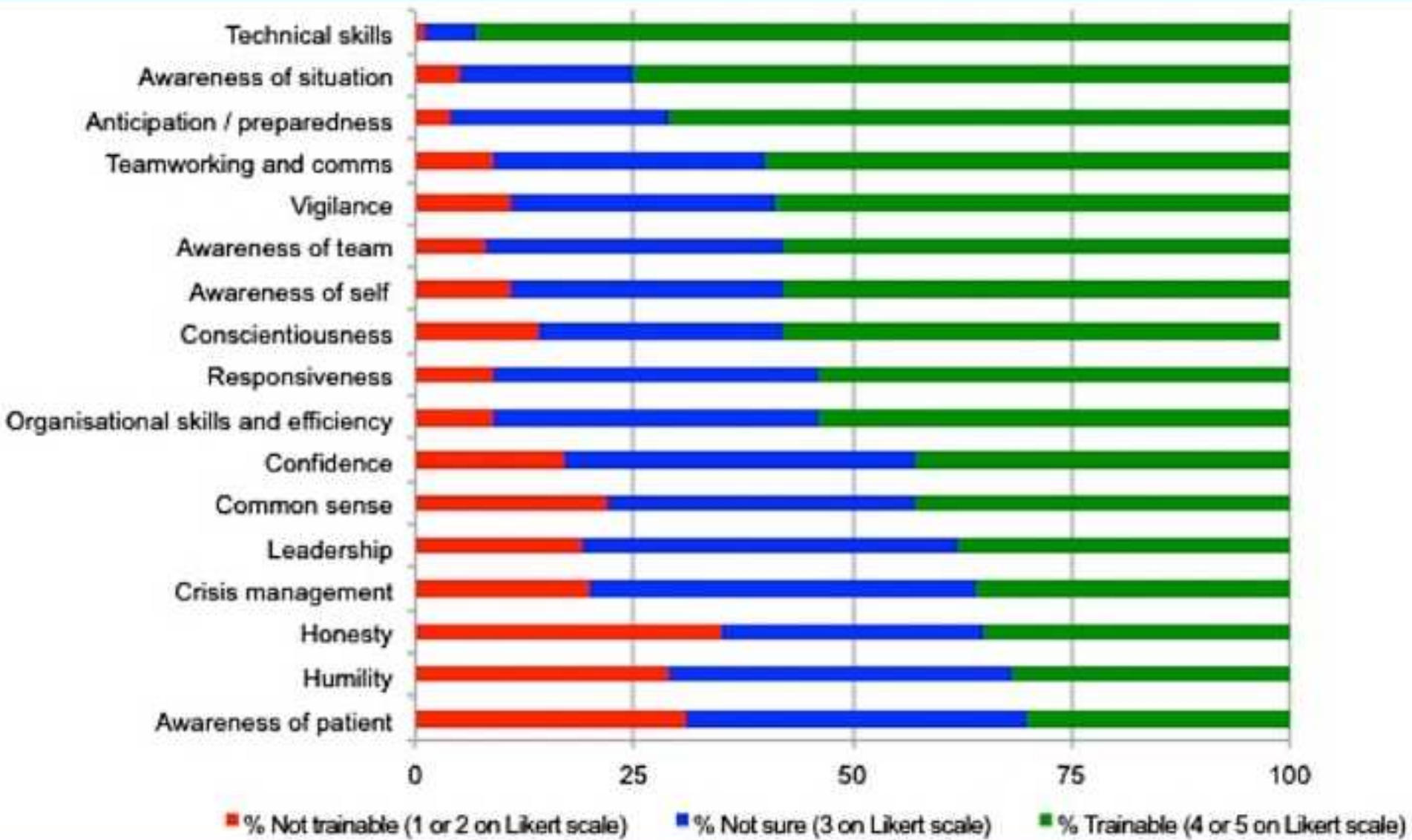
Historically, patient safety improvement efforts have focussed on the secondary care (hospital) setting. This was driven in part due to a historical focus of early research [1] as well as policy-makers/implementers (e.g. the former National Patient Safety Agency in the UK) on hospital-

delivered care. The in-hospital focus was also due to high-profile failings in healthcare within this sector, exemplified most recently by the case of Mid-Staffordshire NHS Trust in the UK [2,3]. However, in countries with strong primary health care systems such as the UK, Canada and the Netherlands, the majority of patient consultations occur within the primary care (community) setting [4]. In the UK, for example, over 300 million consultations take place annually in primary care [5]. Recent evidence suggests that between 1-2% of such consultations may involve an

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③ Rol eerste lijn?

Incidentmeldsysteem

- Clear objectives
- Clarity about who should report
- Clarity about what gets reported
- Mechanisms for receiving reports and managing the data
- Expertise for analysis
- Capacity to respond to reports
- A method for classifying and making sense of reported events
- The capacity to disseminate findings
- Technical infrastructure and data security

Praktijkniveau



Meso-niveau



Macro-niveau



Macro-Level Process Mapping & Diagnostics Tool



Dank u voor uw
aandacht!