EDITORIAL

Let's speak for Patient Safety in India

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As if the fire episode in a major hospital in 2011 in Kolkata was not enough, another fire episode was recorded in West Bengal tertiary hospital end August. Recently, a colleague undertaking infection control audit was led into an operating theatre with blood stained slippers and only face mask, when the surgery was on. The onset of hepatitis B and hepatitis C epidemics due to reuse of syringes and needles hit the regional headlines in Haryana and Srinagar in 2012 and 2015 respectively.

Worldwide, adverse events occur in around 10% of hospital patients. Individual studies have reported adverse events from 4–17% of hospital admissions and 5–21% of these adverse events result in death. In low- and middle-income countries, adverse events may develop from unsafe care in as many as 18.4% of patients, with 30% of those events leading to the patient's death. Medical literature often reports the incidence of health care acquired infections which the patient may not have when s/he walks in the hospital. The evidence also suggests that half of these can be prevented easily just by investing a minor fraction of the budgets while planning the healthcare. In India, almost all states are facing this challenge irrespective how robust the health care delivery system has developed.

The Hippocratic Oath carries a reference that I will do no harm, if not able to help my patients. In today's context, this may be expanded to include the health systems as such rather than the individual treating physicians. Patient safety is a fundamental element of health care and can be defined as freedom for a patient from unnecessary harm or potential harm associated with health care.

The Health system is plagued with many challenges in India but simultaneously policymakers are ambitious in launching National Health Assurance Mission soon. This is aimed at Universal Health Coverage for the entire population of India. In last eight months, there have been three high level discussions on Patient Safety at the national stage. The World Health Organization Regional Office for South East Asia have also released a patient safety policy framework for the South East Asian countries including India. Inadequate resources is a well-known threat to patient safety, though a number of interventions have been developed to improve safety in low-resource settings. The National Health Mission has focused to augment the health care service delivery both at primary and secondary level but state tertiary level institutes are left the mercy of

local governments. Today, health care in many tertiary hospitals is poorer than that in secondary care simply because of non-allocation of all types of resources in proportion to the workload that they receive. Organizations like ESI, Defence and Railways are also largely left out of the MoHFW initiatives and innovations, as they have their own health care delivery system. We cannot ignore the common perception among stakeholders of fear factor and thus they look at every medical professional with a suspicion.

Many countries in the developed world have "Speak Up for Patient Safety" campaigns. We also propose that the MoHFW take up a Patient safety week. This is already being followed in many health care institutes in India, and just needs an integral and central push. India is upgrading Patient safety concepts, thoughts and issues in different geographical pockets which are primarily focused at capacity development, clinical audits and research on relevant issues. A primary research in south India suggests that health care service providers believe that resource constraints, systems issues, and medical culture are at least as big a challenge as lack of proper protocols in their journey of enhancing patient safety.

The National Accreditation Board of Hospitals and Health care providers (NABH) and its different programs, MoHFW's National Quality Assurance Mission (NQAS), Joint Commission International (JCI) etc. have instilled a sense of confidence among patients and service providers alike that a set of minimum standards would be maintained in an accredited hospital. The accredited hospitals undertake clinical audits and apply quality assurance processes by design and thus avoid numerous medical errors well in time. However, the culture of safety as observed in airline industry is still to be infused universally among all stakeholders in health care both in public and private sector. The common myth that accreditation is meant only for the private sector to boost their revenues and that medium and small scale hospitals does not have any relevance, needs to be addressed at all levels. Health Care Insurance industry has also played a catalytic role at least in major cities across India to indirectly force their clients to improve and standardize the quality of service.

Evidence shows that harm to patients is almost always a result not of failures of an individual health care provider alone, but the result of a chain of failures in a health care organization's operations as a whole. Thus, like many other issues, the challenge of patient safety also needs to be addressed through multi-dimensional approach. India has robust mechanisms to roll out blood bank safety, organ transplantation safety and basic maternal and newborn health services across, but need a booster shot for safe injections, safe phlebotomy, safe surgery, and safe disposal of bio medical waste all across the length and breadth. We propose the following measures for all stakeholders to take up patient safety issues on fast track.

1. Consider a national Patient Safety week, it should be relevant all public and private sector health sector institutes and standalone clinics.
2. The MoHFW should continue their efforts to adopt the WHO regional strategy which include nationwide patient safety assessments and capacity development besides behavioral change initiatives.
3. Bureaucrats and directors of health and medical education at state and district level should spend just about 15-20 minutes every week on the issue. A dip stick at various health institutes would give them a flavor and they could use their administrative skills to fix the gaps at local level to enhance patient safety.
4. Professional and Industry bodies should also come with innovative thoughts and supplement government efforts while providing patient care.

Let us all Speak up for Patient Safety in India.

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