

Supervision of essential patient safety actions in medical units in a health institution

Supervisión de las acciones esenciales de seguridad del paciente en las unidades médicas en una institución de salud

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Abstract

Objective: To determine the importance of the supervision of the essential patient safety actions (AESP) in the different Medical Units of the different levels of care in Mexico City. **Method:** The concern for quality in health care, understood as the safety of patients, is a fundamental aspect that involves the authorities and operational personnel. Supervisions were carried out in the different medical units of Mexico City. **Results:** Positive correlations were observed between the implementation of the AESP and the number of damages, incidents, events and errors existing in the medical units. **Conclusions:** The supervision of the AESP program should be aimed at the prevention and management of risks in health care, recognizing the occurrence of adverse events as a reality resulting from a gradual work of a whole process of continuous improvement.

Keywords: Essential actions. Safety. Patient.

Resumen

Objetivo: Determinar la importancia de la supervisión de las acciones esenciales de seguridad del paciente (AESP) en las diferentes unidades médicas de los distintos niveles de atención en la Ciudad de México. **Método:** La preocupación por la calidad en la atención de salud, entendida como la seguridad de los pacientes, es un aspecto fundamental que involucra a las autoridades y al personal operativo. Se realizaron supervisiones en las diferentes unidades médicas de la Ciudad de México. **Resultados:** Se observaron correlaciones positivas entre la supervisión de las AESP y el número de daños, incidentes, eventos y errores existentes en las unidades médicas. **Conclusiones:** La supervisión del programa de AESP debe estar destinado a la prevención y gestión de los riesgos en la atención de salud, reconociendo la ocurrencia de eventos adversos como una realidad producto de un trabajo paulatino de todo un proceso de mejora continua.

Palabras clave: Acciones esenciales. Seguridad. Paciente.

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Introduction

It is a reality that a lack of safety in the health care process causes harm to patients, which in some cases has resulted in loss of life and in others has left very severe sequelae, generating personal, family, and work-related impacts, whose remediation represents a high cost¹.

Recent data show that patient safety lapses in the United States are the third leading cause of death in the country, claiming 220,000 lives each year. Economically, it is estimated that preventable adverse events cost between 17,000 and 29,000 million dollars annually².

In Mexico, it is estimated that 8% of hospitalized patients suffer some type of harm and 2% die, with the economically active population being the most affected, highlighting the economic gap and social repercussions that are often overlooked. There is a window of opportunity in that 62% of adverse events are preventable, and these should be the focus to provide safer medical care.

Various actions have been promoted internationally to address this problem, but progress has not been sufficient despite the campaigns, actions, goals, and other strategies implemented^{3,4}.

Patient safety during health care processes is a priority. According to estimates, in Mexico, 2% of hospitalized patients die, and 8% suffer harm due to adverse events related to patient safety⁵. However, it is estimated that 62% of these adverse events are preventable, presenting an opportunity to provide safer medical care.

The World Health Organization (WHO) estimates that worldwide, tens of millions of patients suffer disabling injuries or die each year due to unsafe medical practices or care⁶.

According to the U.S. National Institutes of Health, patient safety is defined as care free from accidental harm, ensuring the establishment of systems and operational processes that minimize the probability of error and maximize the likelihood of preventing it⁷.

In 2007, the WHO launched solutions for patient safety to help reduce the risk of unnecessary harm related to health care by reformulating patient care procedures to avoid human errors and make them safer. In developed countries, it is estimated that up to one in ten hospitalized patients suffer harm associated with the care received, and in developing countries, the figure is

likely much higher. The most important aspect of patient safety is to avoid harm during treatment and care^{8,9}.

The Joint Commission International (JCI) identifies, measures, and shares best practices related to patient quality and safety and establishes international objectives that help organizations address the most problematic areas related to patient safety¹⁰⁻¹².

In 2009, the National System of Certification of Medical Care Establishments (SiNaCEAM) of the General Health Council promoted the then International Patient Safety Goals, which remain a priority for the certification of health care establishments. The joint work with the General Directorate of Quality and Health Education (DGCES) and various health institutions generated the current eight essential actions for patient safety (AESP). Patient safety is a fundamental premise of care quality and has become a priority strategy of the National Health System.

To reduce the occurrence of avoidable harm in medical care, the "Patient Safety" strategy established by the WHO was published in the Official Gazette of the Federation on September 8, 2017, making its implementation mandatory for all members of the Health System.

The selection of actions results from years of implementation evaluation with excellent results in patient care, learning from error analysis, and measuring the perception of patient safety culture.

At the Institute of Security and Social Services for State Workers, we consider quality to be the essence of any action or activity, implicitly found in all areas of individual and societal development, such that health and effective access to insurance, benefits, and services are no exception. Despite all the knowledge, advancements, and efforts made by society, the deficiency in quality or quality assurance remains a constant challenge for society itself, especially in countries whose development levels have not reached desirable and sustainable standards that impact their health and social progress. Conversely, the absence of quality manifests in various ways: ineffective and inefficient services, limited access to health services, benefits, and services, increased costs, medical and administrative complaints, user and health care professional dissatisfaction, diminished credibility in service delivery by users, poor institutional image, and worst of all, human and financial losses.

The International Patient Safety Goals, currently known as Essential Actions for Patient Safety (AESP), are:

- Correct patient identification.
- Effective communication.

- Medication safety.
- Procedure safety.
- Reduction of the risk of health care-related infections.
- Reduction of the risk of patient harm due to falls.
- Recording and analysis of sentinel events, adverse events, and near misses.
- Patient safety culture.

Method

We conducted a descriptive, cross-sectional study to verify the application of the Essential Actions for Patient Safety (EAPS) in medical units in Mexico City, benefiting both the beneficiaries and the health care staff. The measurable elements for verifying the application of the EAPS were standardized:

- Correct patient identification.
- Effective communication.
- Safety of medication processes.
- Safety in procedures.
- Reduction of the risk of health care-related infections.
- Reduction of the risk of falls.
- Recording and analysis of adverse events.
- Measurement of patient safety culture.

As a strategy for the supervision of the EAPS, the Quality Sub-Directorate of the Normative Directorate of Supervision and Quality supervised the operational staff of the different units at the first, second, and third levels of care in the four delegations of Mexico City. The first safety round took place during January, concluding on December 31, 2021.

A standardized methodology was followed during the work processes and safety rounds conducted in the different medical units.

Results

As of December 31st, 2021, all medical units in Mexico City completed their reports, successfully raising awareness among their entire population.

Positive correlations were observed between the complexity of the medical unit and adherence to the EAPS. The degree of adherence is inversely proportional to the level of medical care and not necessarily due to the amount of available human resources.

The main factors associated with the lack of adherence were the absence of supervision and a lack of a safety culture.

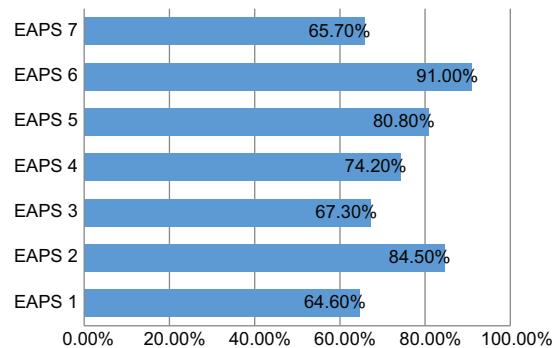


Figure 1. Adherence in family medicine clinics.

The main factors associated with lethality were the lack of access to health services, income vulnerability, and social deprivation.

The generated evidence should lead to decisions aimed at improving the quality of life for the population with social deficiencies and vulnerabilities, which needs protection against the consequences of the COVID-19 pandemic.

Regarding adherence in various family medicine clinics, Figure 1 shows the percentage achieved by each EAPS based on compliance with each measurable element, highlighting the reduction of the risk of falls (EAPS 6), followed by effective communication (EAPS 2), and the reduction of the risk of infections in health care with the hand hygiene program (EAPS 5), all above 80%; the rest of the actions are estimated to exceed 60%.

The percentage of compliance with measurable elements and the first safety round (Fig. 2) represented significant progress, as demonstrated by the advancement obtained after implementing the EAPS program, showing a notable increase of more than 50% in four actions (correct patient identification, effective communication, safe procedures, and reduction of the risk of falls) and 35% in the remaining three (safe medication, hand hygiene, and adverse event reporting), according to the elements that must be met for each action.

When analyzing the adherence percentage of specialty clinics and general hospitals (Fig. 3), it is observed that there is still a percentage below 60% in fall risk and safe medication, while the increase is seen at 80% in correct patient identification, effective communication, safe procedures, and reduction of the risk of health care-related infections. Adverse event reporting is at an intermediate level.

Regarding the progress made after implementing the EAPS with measurable elements (Fig. 4), there is

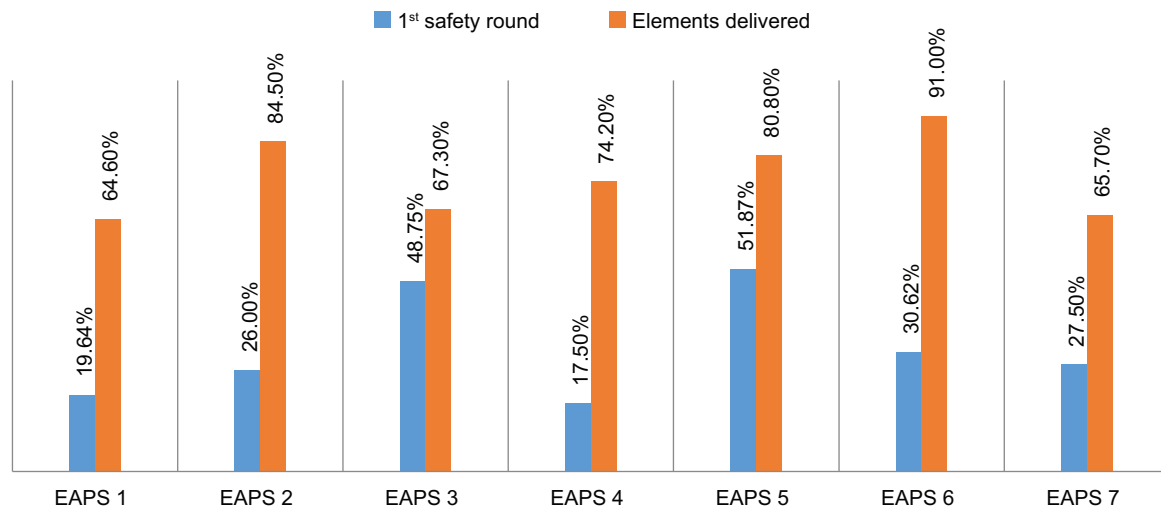


Figure 2. Percentage of compliance with measurable elements and the first safety round.

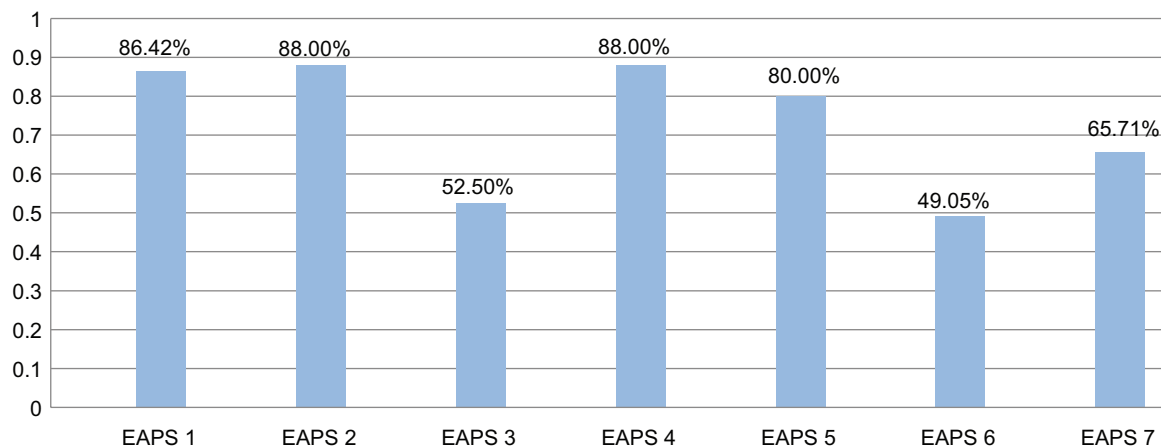


Figure 3. Percentage of adherence in specialty clinics and general hospitals.

a compliance percentage of measurable elements and the first safety round below 90%, with an increase of 8%, given that in the first safety round they were above 60% and 80%.

Discussion

The present research work was designed to frame that medical units and health care professionals require health policies based on patient quality and safety with continuous monitoring periods to assess the progress made and establish quality improvement measures. Additionally, it aims to foster the development of a culture of quality and safety to raise awareness of the need to create a safe and quality environment in all units.

We can say that the actions and objectives of implementing the EAPS are:

- Patient identification: Improve the accuracy of patient identification by standardizing this process in health care establishments, using at least two identifiers to prevent errors involving the wrong patient.
- Effective communication: Improve communication among health care professionals, patients, and family members to obtain accurate, timely, and complete information during the care process, thereby reducing errors related to verbal or telephone orders.
- Medication safety: Strengthen actions related to the storage, prescription, transcription, dispensing,

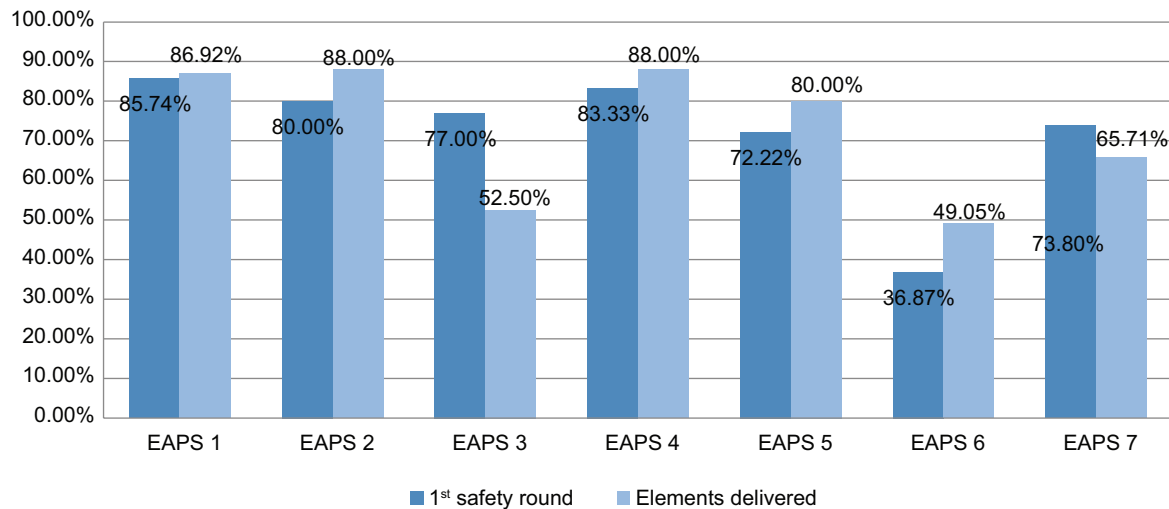


Figure 4. Percentage of compliance with measurable elements and the first safety round.

and administration of medications to prevent errors that could harm patients.

- Procedure safety: Reinforce internationally accepted safety practices and reduce adverse events to prevent sentinel events arising from surgical practice and high-risk procedures outside the operating room.
- Reduction of the risk of health care-related infections: Help reduce them by implementing a comprehensive hand hygiene program during the care process.
- Reduction of the risk of patient harm due to falls: Prevent patient harm associated with falls in health care facilities of the National Health System through the assessment and reduction of fall risks.
- Recording and analysis of sentinel events, adverse events, and near misses: Generate information on near misses, adverse events, and sentinel events through a recording tool that allows for analysis and decision-making to prevent their occurrence locally.
- Patient safety culture: Measure the patient safety culture in hospitals to support decision-making and establish actions for continuous improvement of the safety climate in hospitals of the National Health System.

Conclusions

It is necessary to develop and implement continuous and unwavering education and training programs to ensure that personnel are skilled and trained with

knowledge and education, updating all health care professionals on quality and safety health care processes under standards that allow the development of competencies, preventing adverse events in an environment of trust in the system and improved communication. It is evident that the institution commitments to quality are unavoidable, so the implementation of the EAPS must hold a significant place in our daily work.

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Conflicts of interest

None declared.

Ethical disclosures

Protection of human and animal subjects. The authors declare that the procedures followed were in accordance with the regulations of the relevant clinical research ethics committee and with those of the Code of Ethics of the World Medical Association (Declaration of Helsinki).

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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