Agency for Accreditation of Health Care Institutions in Serbia (AZUS)

PATIENT SAFETY STRATEGY

Introduction

Accreditation is a process of assessment of the quality of work of a healthcare institution.[1] Quality of work, in turn, directly determines the quality of health care which is delivered by the healthcare institution. At the very heart of quality health care is patient safety. Quality care is, and must be, safe care. Conversely, unsafe care cannot be quality care. Thus, if Accreditation purports to monitor quality, then, of necessity, it must have: 1) a direct and publicly expressed concern with patient safety, and 2) a clearly defined method of addressing patient safety within its scope of activities. Patient safety may be defined as the reduction and mitigation of unsafe acts within the health care system, as well as through use of best practices shown to lead to optimal patient outcomes.[2] This paper suggests an initial approach for patient safety for the Agency for Accreditation of Health Care Institutions in Serbia (hereafter, AZUS).

Background

There are several key documents which direct attention to the issue of patient safety in the Serbian healthcare system and which set the stage for its development within the work of AZUS:

The Law on Health Care (2005): Provides the framework for health care in Serbia. The *Law* sets out six principles for health care and one of these is the principle of continuous improvement of the quality of health care (Article 23). This principle stresses not only the need to seek favourable outcomes in health care but also the need to reduce the risks of unwanted consequences. Activities related to patient safety seek to minimize or eliminate the risk of unwanted consequences and thus improve quality. There is further suggestion, in Article 203, that measures and activities be implemented which would increase the chance of favourable outcomes and "diminish the risk of onset of undesired consequences." Finally, the *Law* establishes Accreditation within the Serbian healthcare system and creates AZUS which is charged to assess the quality of work of health care facilities using optimal standards (Article 213). Optimal standards, which include those related to patient safety, focus on achieving favourable outcomes and diminishing risk.

The Strategy for Permanent Improvement of Quality in Health Care Protection and Safety of Patients (Gazette 65/2008): Provides the strategy for quality improvement and patient safety in the Serbian healthcare system. Part of the vision of the strategy is "achieving safe and secure health care protection which is developed by joint efforts of all key actors in (the) health care system in the interest of (the) user." As a key actor in the system, AZUS is specifically noted as having an obligation to play its part in promoting and monitoring patient safety in the health care facilities which it accredits (Section 9.1). The strategy also provides a definition of patient safety: "identification,

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[1] Bylaw on Accreditation of Health Care Institutions, Article 2, Official Gazette 112/2009
[2] The Canadian Patient Safety Dictionary, October 2003.

analysis and correction of risky events, with an aim to make health care protection safer and that patients' health risk should be reduced to a minimum." Finally, the strategy identifies safety as one of six principles for health protection quality. It notes that when a health care system is created patient safety "is primary and potential danger of causing harm to a patient during diagnostic or therapeutic procedure is reduced to the lowest degree." This principle notes as well that patient safety must be linked to provider safety in order to have a safe health care system.

The Bylaw on Accreditation of Health Care Institutions (Gazette 112/2009): Defines in Article 1 the "manner, procedure and conditions for the accreditation of healthcare institutions," The Bylaw repeats from the *Healthcare Law* that AZUS is charged to assess the quality of work of health care facilities using optimal standards (Article 2). Optimal standards, are further elaborated to include those related to patient safety, focus on achieving favourable outcomes and diminishing risk. Thus, the AZUS standards are obligated to address patient safety. As well, the process of accreditation used by AZUS also has a focus on patient safety. The compliance of healthcare facilities with standards is measured using a rating scale of five grades (Article 15). The summation of all ratings received determines which of three possible levels of accreditation (one, three or seven years) will be awarded to a facility (Article 18). All three levels of accreditation require that specifically identified standards and criteria related to patient safety have compliance ratings of four or five (indicating that they are given greater weight in the decision of the level of accreditation). When recommendations for improvement are made for standards and criteria related to patient safety, the expectation is that these will be addressed by the facility in its subsequent quality improvement plan. Progress to address the recommendations will be monitored by AZUS.

World Alliance for Patient Safety: Launched by the World Health Organization in October 2004 to coordinate international action related to patient safety. The Alliance was created in response to growing international research which indicated that approximately ". . .10% of people who receive health care in industrialized countries will suffer because of preventable harm and adverse events"[3] Research in progress at the time of the Alliance's launch suggested that the percentage was even higher and this has proven to be the case. The Alliance accepted the current thinking of the day, which remains valid today, that ". . .safety of patients places the prime responsibility for adverse events on deficiencies in system design, organization and operation rather than on individual practitioners or products." In coordinating international action, the Alliance has provided direction for areas of healthcare delivery where significant patient safety issues have been demonstrated to exist (for example: *Nine Patient Safety Solutions*, May 2009; *High 5s Initiative,* December 2006; *Surgical Safety Checklist,* updated 2009). Recommendations from the Alliance are well-supported by international research and are accompanied by highly valued education materials which are easily accessible through the WHO website: www.who.int/patientsafety/information_centre/documents.

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[3] Bulletin of the World Health Organization, Volume 82, number 12, Geneva, December 2004.

Contribution of AZUS to Patient Safety

It is extremely important, given the limited resources of AZUS and all its other start-up challenges, that the Agency establishes immediately a select number of patient safety areas for concentration. By concentrating efforts there is likely to be a better chance of seeing real change and improvement in patient safety in a short period of time within accredited facilities in Serbia. It is also necessary to develop a strategy for the implementation of each of these selected areas over a specified period of time so that the impact of the AZUS strategy can ultimately be evaluated. Additional areas of patient safety can be added by AZUS over time depending on progress with initial areas and on resources available.

AZUS Strategy:
1. Establish five key patient safety goals
2. Select specific activities to be implemented to achieve these goals
3. Determine a timeframe for the implementation of these activities (for AZUS and healthcare facilities)
4. Prepare educational materials to describe specific activities and expectations for implementation
5. Educate the health care system, especially those facilities participating in accreditation, regarding the AZUS requirements for patient safety
6. Monitor the implementation of patient safety requirements
7. Report on the progress and results of the implementation of patient safety requirements

AZUS Patient Safety Goals (Initial)

The patient safety goals that have been selected are based on internationally recommended goals which are well-supported by research. The five goals below have an impact throughout the health care facility and require concerted and coordinated effort to implement:
1. Safe surgical procedures
2. Minimal facility-caused infection
3. Safe medication practices
4. Care and treatment to the right patient
5. Safe care by elimination/minimization of adverse events

AZUS Required Activities Related to Patient Safety Goals (Initial)
1. Safe surgical procedures:
   <u>Required Activity:</u> Facility to implement WHO Surgical Safety Checklist

   <u>Discussion:</u> Wrong site procedures (including wrong side, wrong organ, wrong site, wrong implant, and wrong person) occur infrequently but often have major consequences for the patient. They are preventable when good communication and proper information exist. The WHO Surgical Safety Checklist provides an

easy means to ensure that communication exists and that necessary information about the patient is known to the surgical team. It focuses on three crucial periods in the operating theatre: before induction of anaesthesia, before skin incision, and before the patient leaves the operating room. The Checklist has been widely implemented around the world and is able to be modified to meet local requirements. Some exploration of the Checklist for implementation in Serbia has already begun but widespread implementation in health care facilities must now be addressed.

2. Minimal facility-caused infection
   Required Activity: Facility to implement hand hygiene strategy

   Discussion: The minimalization of facility-caused infection requires multimodal and multidisciplinary strategies. However, there is substantial evidence that hand antisepsis contributes greatly to reducing facility acquired infections and thus it should be central to ensuring patient safety. Hand hygiene guidelines and policies have been well described by the WHO World Patient Safety Alliance and are easily accessible by internet (previously referenced website). While there has been some activity in Serbian health care facilities to implement hand hygiene strategies, implementation has not been fully achieved. Thus, considerable impact in accredited facilities could be made if AZUS: 1) suggests of a hand hygiene strategy and provides education regarding how it can be implemented, 2) requires the implementation of the strategy, and 3) follows-up to ensure that the strategy has been put in place and is working.

3. Safe medication practices
   More than one activity is being considered in this area:
   Required Activity: Facilities to remove concentrated electrolytes from patient care units (to prevent confusion with other similarly packaged solutions; to prevent poor preparation or administration of intravenous solutions)
   Required Activity: Facilities to implement a narcotic safety program
   Required Activity: Facilities to provide a training program for the use of infusion pumps

   Discussion: Medication practices constitute a major problem area related to patient safety and medication-related errors have multiples causes and consequences (from minor to major). The three activities suggested above deal with medication areas with potentially major consequences. Thus, these have been suggested for first consideration. Concentrated electrolytes have been the cause of death when they have been confused with other similar solutions kept in patient care units or when their preparation in intravenous solutions by unit staff has been incorrectly done. The inappropriate storage and dispensing of narcotics has creates patient safety issues. The use of infusion pumps by untrained staff, or the use of multiple types of infusion pumps by the same staff can lead to improper, ineffective or dangerous drug dispensing to the patient.

4. Care and treatment to the right patient
   Required Activity: Facilities to implement a patient identification system

   Discussion: Failure to correctly identify patients results in medication errors, transfusion errors, testing errors, and wrong person procedures. The most frequent form of patient identification is the wrist band which is worn by the patient. However, wrist bands are often found to be missing or information on the wrist band is found to be incorrect. In addition, problems often occur when staff fail to appropriately match patients with procedures, tests and medications. As well, wrist bands often do not include a system of coding for easy recognition of special patient conditions or needs. All of these issues can be addressed, thus minimizing some patient safety problems, in a well designed patient identification system.

5. Safe care by elimination/minimization of adverse events
   Required Activity: Facilities to implement a system to address adverse events

   Discussion: An adverse event is an unintended injury or complication which results in disability, death or prolonged hospital stay and is caused by health-care management.[4] Some of the more commonly identified adverse events may include: patient injury, required unplanned surgery, facility-acquired infections, inpatient admission due to problems arising from outpatient/primary care surgery or treatment, readmission caused by incomplete care, blood transfusion problems, adverse drug reactions, cardiac arrest, respiratory arrest, falls, and wrongful death situations. Serious and infrequently occurring adverse events are often referred to as sentinel events. A system to address adverse events would cover the following: documenting and reporting of adverse events, analysis of adverse events to determine improvement activities which would prevent the event from occurring again, implementing improvements, and sharing results of improvements.

Conclusion

There is no question that AZUS has a significant role to play in patient safety within the Serbian healthcare system. What is important is that AZUS have a carefully targeted and defined strategy for patient safety and proceed quickly with its implementation. It will also be important for there to be flexibility in the strategy to permit adjustments over time to meet the needs and priorities of the system. AZUS's strategy must also be compatible with the strategies and activities of other key players who have been identified as having roles in patient safety.

24/01/2010

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[4] Canadian Institute of Health Information (CIHI), 2002.