The Case For A Focus on Patient Safety In Advancing Care in the Kurdistan Region

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Development and Reform of Health Care System in Kurdistan Region-Iraq

Erbil, Kurdistan Region, Iraq
February 2011

Kurdistan Leadership Recognizes The Important Role Healthcare Plays in Improving the Region

When Improving Health, The Underlying Value Comes From A Quality System

- **For healthcare, the Institute of Medicine (IOM) identified six key domains of quality**
  - **Safe**
  - **Effective**
  - **Patient-centered**
  - **Timely**
  - **Efficient**
  - **Equitable**

Let's Briefly Explore The Domains Then Focus On Safety

Smart people already defined where we should be for quality

- **Effective**
  - **Evidence-based decision making guides the service use and selection**
- **Patient Centered**
  - **Services reflect patient preferences, needs, and values**
  - **Services, facilities, information, and resources designed with the primary focus on the patient, not the provider**
- **Timely**
  - **Services reach patients and providers when they are needed**
- **Efficient**
  - **Waste of resources (e.g., repeat testing, redundant services, ineffective use of technology) does not exist**
- **Equitable**
  - **All patients have equal access to appropriate and necessary laboratory services**
- **Safe**

Let's Focus On Safety Since We Have Just A Few Minutes Now

Avoiding injuries to patients from the care that is intended to help them.

The Last Decade Has Seen The Dawning Of The Patient Safety Era Internationally

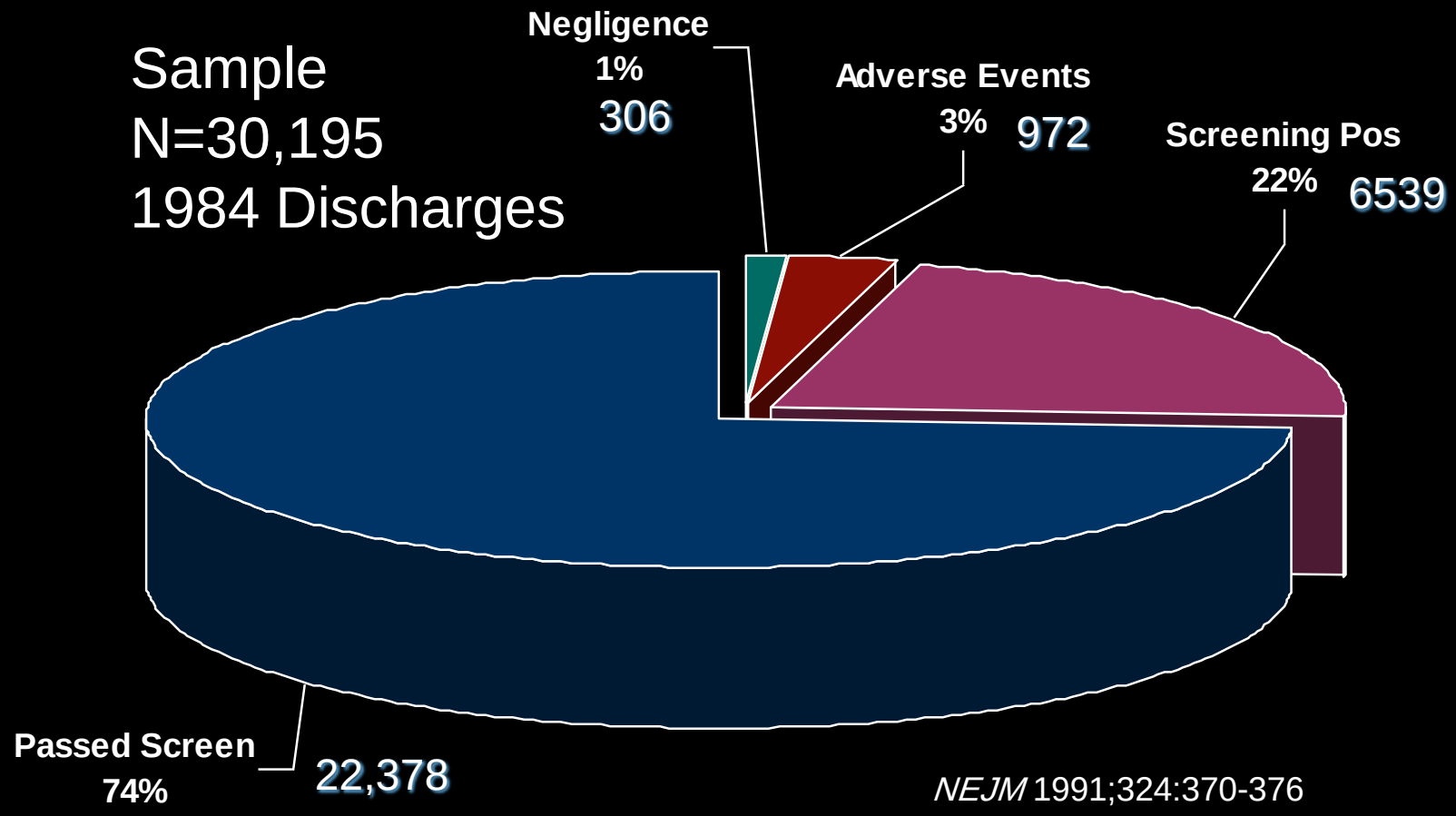
- **Two landmark reports from the Committee of the Quality of Health Care In America**
  - ***To Err Is Human: Building a Safer Health System*** **(Sept 1999)**
  - ***Crossing the Quality Chasm: A New Health System for the 21st Century*** **(Mar 2001)**

- **Suggested America's hospitals were quite dangerous**
- **Hospital risk of death from avoidable injury**
  - **2,917 per 1,000,000**
- **"If true, the healthcare system is a public health menace of epidemic proportions"**

  JAMA, July 25, 2001
- **The Challenge: Reduce errors by 50% over the next five years**

Data From Harvard Medical Practice Study

98,610 Adverse Events* In NY



NEJM 1991;324:370-376

*Including 13,451 deaths (51% preventable)

Ten Years Later, There Has Been Progress, But Not To The Degree the IOM Envisioned

- **Progress has come in the form of problem recognition and strategies to engage providers**

Hospital care fatal for some Medicare patients

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A study of "adverse events" in hospitals turned up "alarming" results, according to the Agency for Healthcare Research and Quality.

By Rita Rubin, USA TODAY

An estimated 15,000 Medicare patients die each month in part because of care they receive in the hospital, says a government study released today.

The study is the first of its kind aimed at understanding "adverse events" in hospitals — essentially, any medical care that causes harm to a patient, according to the Department of Health and Human Services' Office of Inspector General.

Patients in the study, a nationally representative sample that focused on 780 Medicare patients discharged from hospitals in October 2008, suffered such problems as bed sores, infections and excessive bleeding from blood-thinning drugs, the report found. The federal Agency for Healthcare Research and Quality called the results "alarming."

- **The mortality number is even bigger than originally estimated**

Patient Safety Is The Key Pillar Of Healthcare Quality

- **Quality Improvement (QI) and Patient Safety (PS) are Intertwined**
  - **QI Practice: a process of providing care that has an evidence base demonstrating that it improves outcomes of care**
  - **PS Practice: a process of providing care that has an evidence base demonstrating that it reduces the likelihood of harm due to the systems, processes or environments of care**
- **The IOM refocused the healthcare quality discussion on patient safety**
  - **This is really what matters to people**

And The Issue Is An International Priority As Important To People In Kurdistan

… break this cycle of inaction. The status quo is not acceptable… Despite the cost pressures, liability constraints, resistance to change and other insurmountable barriers, it is simply not acceptable for patients to be harmed by the same healthcare system that is supposed to offer healing and comfort…(IOM, 2000)

掛錯名牌開錯刀
嬰兒呱呱墜地亡 醫療疏失 豈止打錯針？

檔案光怪陸離 聽來令人咋舌 防此悲劇上演 有賴每一個環結

衛署將建立定期考評機制 暫不會中止和北城健保合約

醫療環境 擬列入醫院評鑑項目

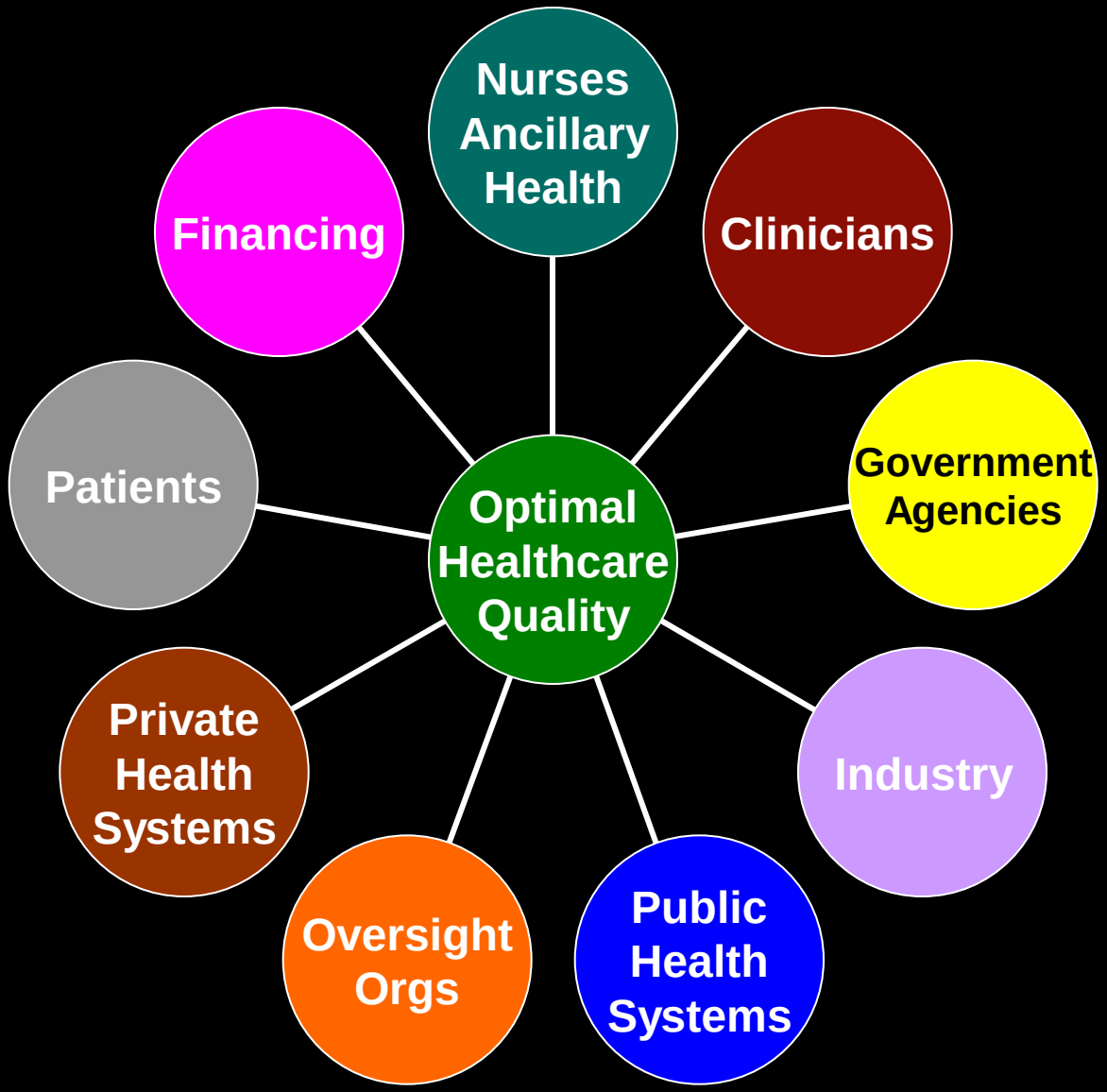
United Daily News
2 December 2002

Setting A Course For The Future of Healthcare in the Kurdistan Region

- **Begin with a vision for quality and safety**
  - **Maximize the healthcare system's contribution to optimal healthcare quality for the people of the Region**

- **Engage the entire community and decide priorities**

The Greatest Impact Comes When The Entire Team Works Together



The Team Should Really Decide The Priorities

Reduce healthcare acquired infections

Always assure patient identification

Focus on interdisciplinary communication

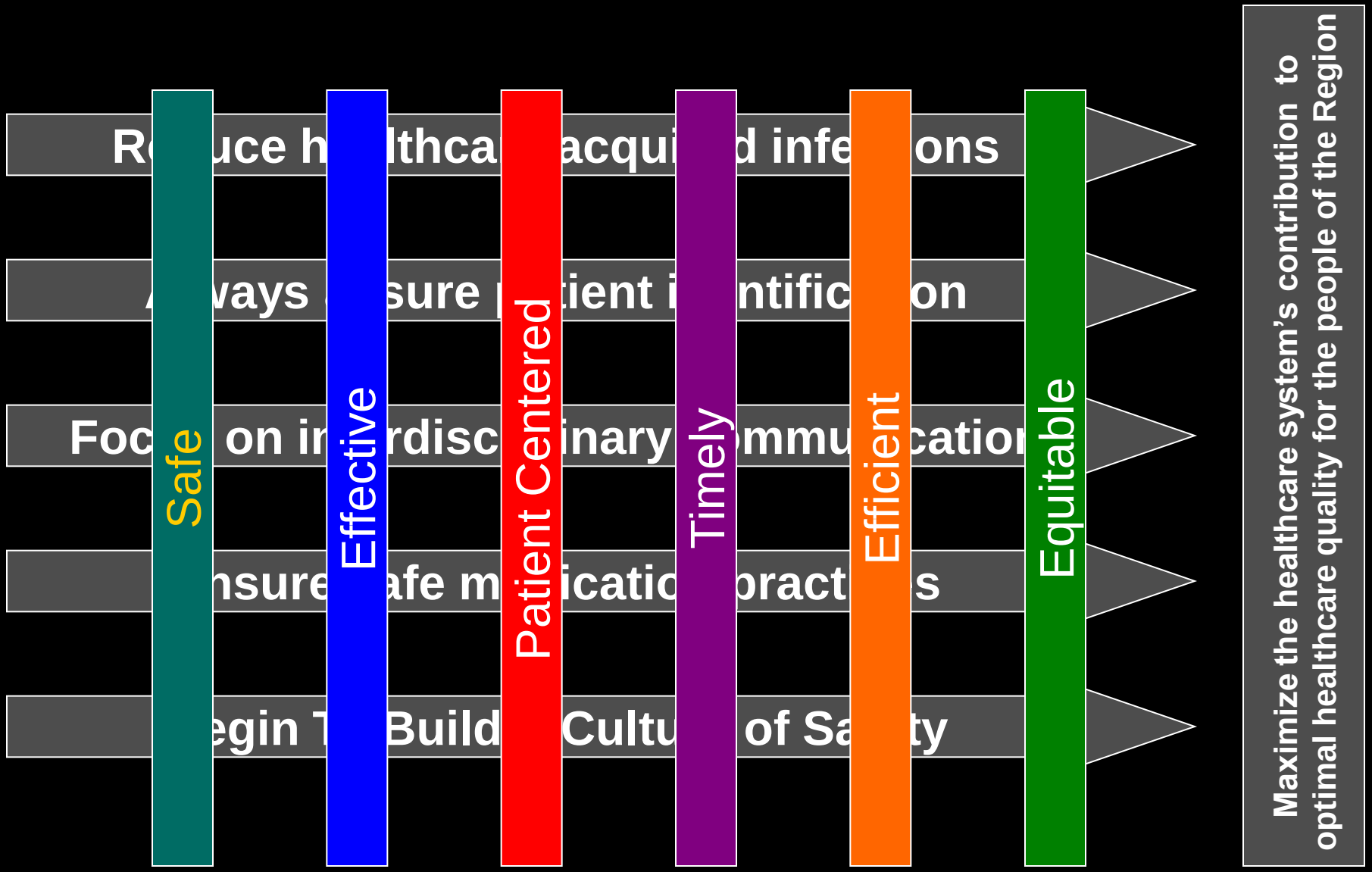
Ensure safe medication practices

Begin To Build A Culture of Safety

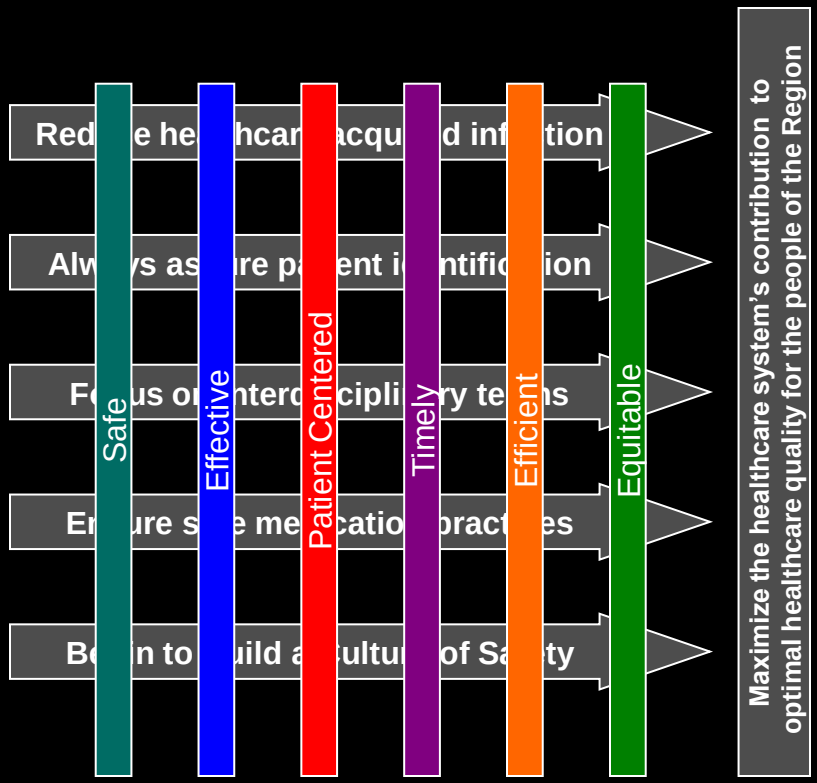
And Make Sure That They Help Reach The Vision

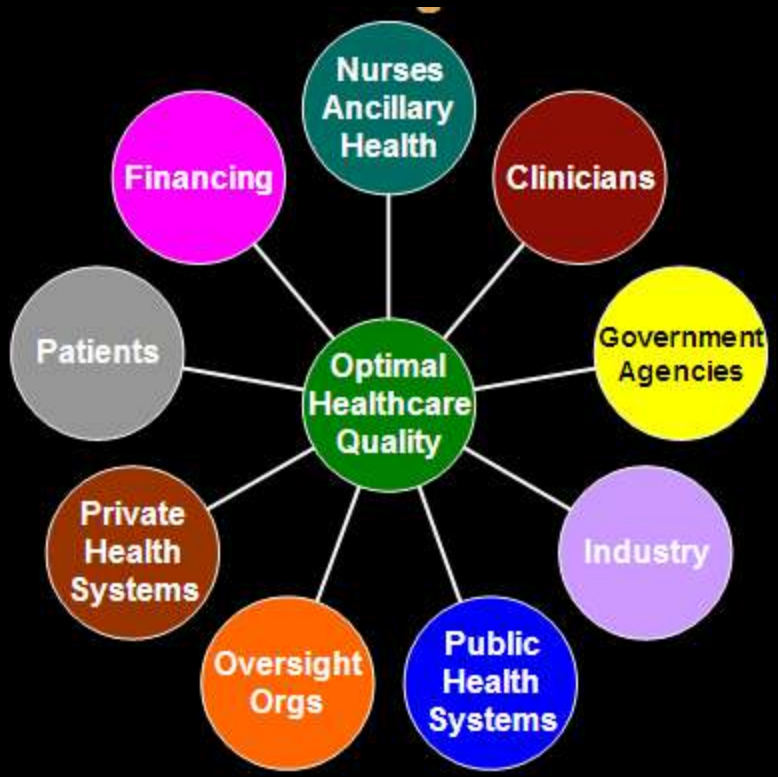
Maximize the healthcare system's contribution to optimal healthcare quality for the people of the Region

While Focusing On Key Quality Domains

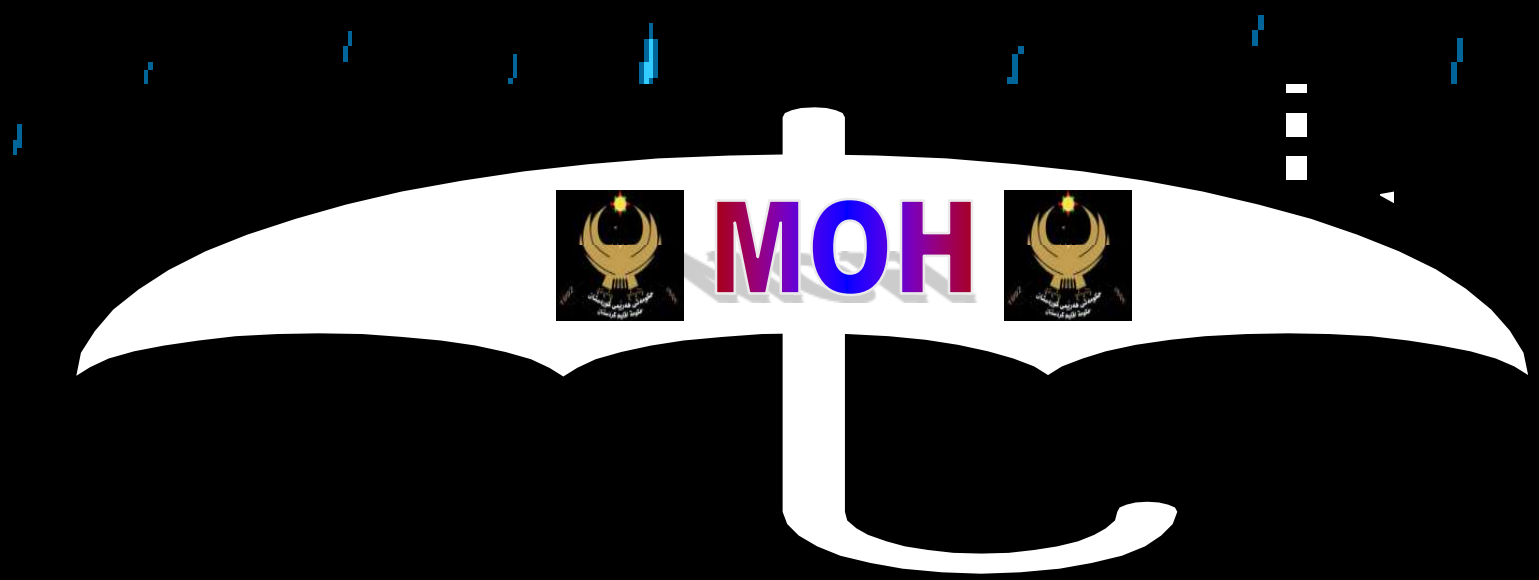


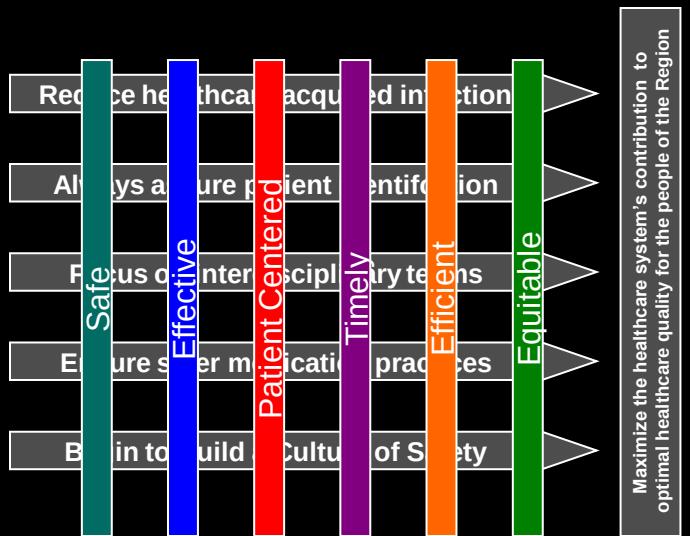
How To Engage All Stakeholders And Make It Happen?



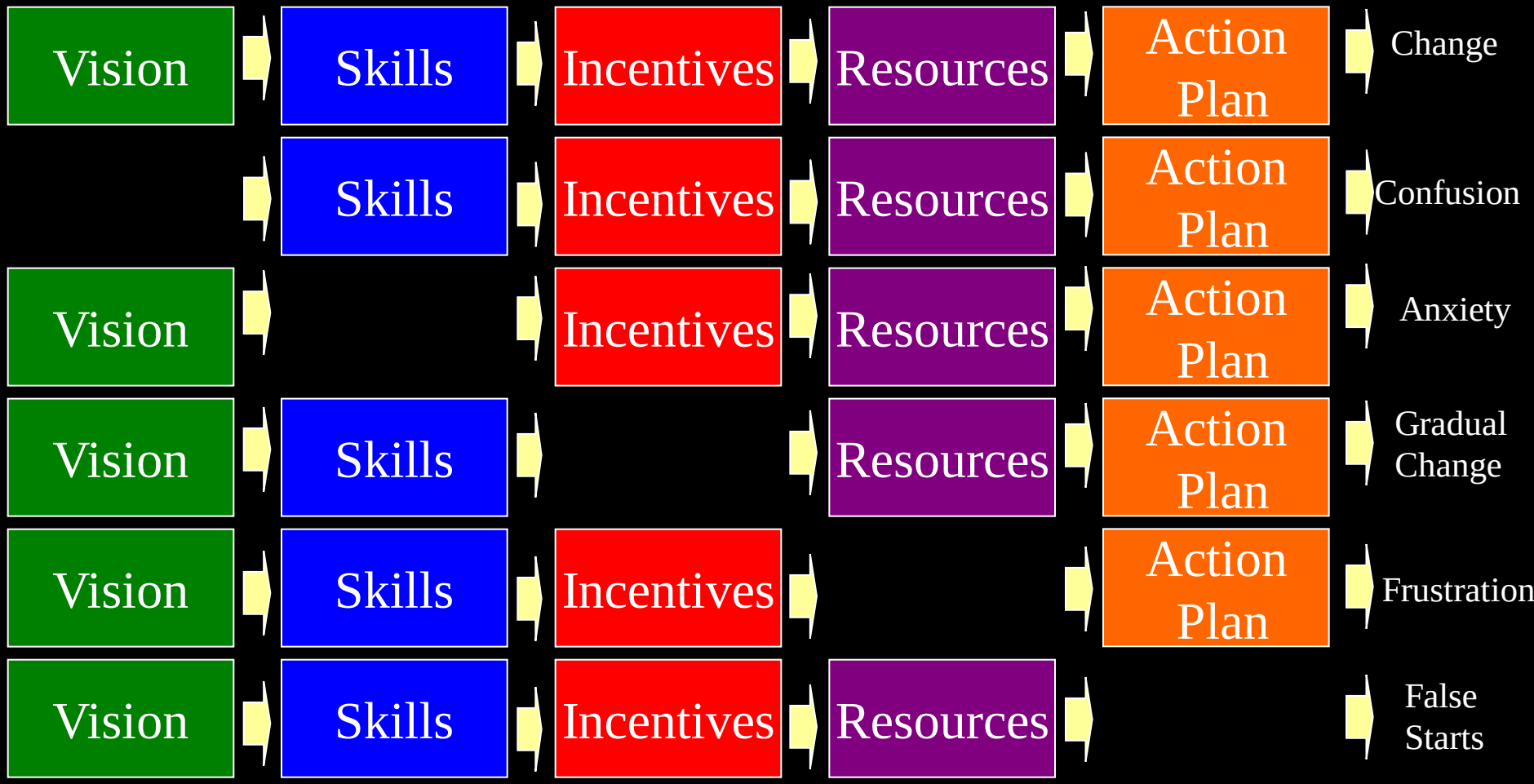


Leadership Is Needed To Facilitate and Engage Stakeholders

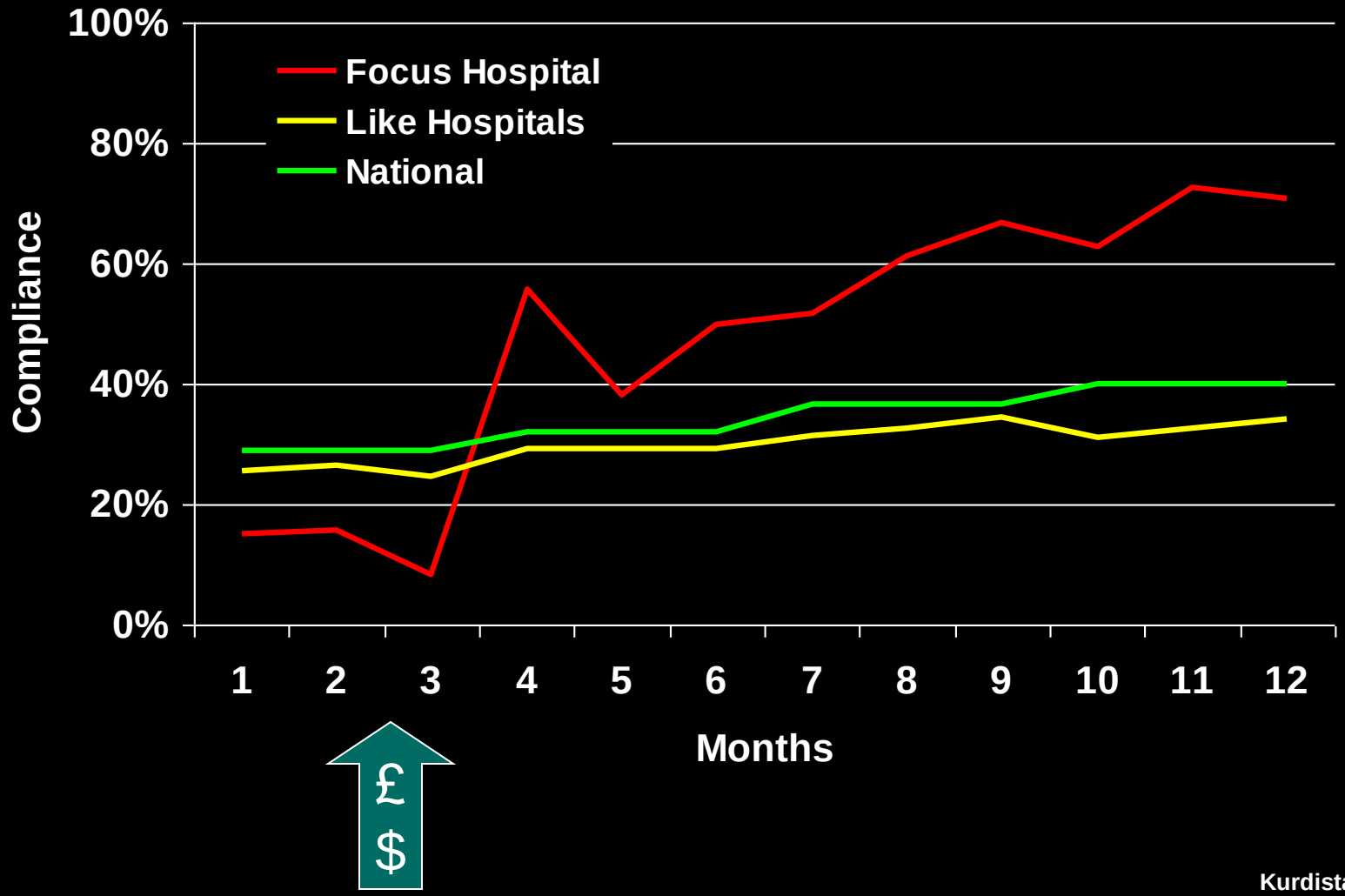




What Does It Take To Achieve The Goal?



Here's An Example of What Happened In One Of Our Hospitals When Incentives and Resources Were Added



Some Initial Next Steps

- Confirm the vision
  - Engage the entire team
- Determine the direction
  - It's got to be the first step
  - Assess where the Region is and identify the biggest gaps and opportunities
  - Identify data needs
  - Set priorities, identify biggest opportunities
  - Work together to fill those gaps
- Share the vision and strategy with all stakeholders