

# White Paper on Patient Safety in Nepal

Learnings of International Patient Safety Conference (IPSC) at Kathmandu on 28<sup>th</sup> & 29<sup>th</sup> June 2019



On behalf of the steering committee by  
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# About Conference

As a social responsibility, Nepal Medicit in association with Government of Nepal and Group for technical assistance (GTA) along with technical support from World health organisation (WHO) has organised the two day International Patient safety conference on 28th & 29th of June 2019 at Heritage Garden, Sanepa, Lalitpur. The theme of the conference was “Developing Comprehensive Patient Safety Framework”. This conference was an eye-opener for the participants, they got to know about various invisible factors, which make medical professionals cause unintentional harm to their patients. The major objective of this conference was to impart the knowledge of patient safety to the healthcare professionals in the country and to come up with the recommendations for the development of the comprehensive patient safety framework for the country and to make hospitals in Nepal safer for the patients.

This conference was having an engaging and enlightening mix of oral presentation, poster presentation, keynote address and panel discussions. A rich and inspiring program, which benefitted all the delegates.

Leaders in healthcare quality and patient safety from WHO, United States (US), United Kingdom (UK), Germany, Middle East, India, Pakistan and Nepal put forward their thoughts and recommendations, which parallelly were discussed with the representatives from government of Nepal, Nepal medical council and Nepal medical association on how the recommendations can be adapted and implemented in Nepal. The delegates of the conference also put forward their concerns which were discussed thoroughly among the international and national panellists. In all the session of the conference, there were leaders in healthcare from Nepal who was focusing on the implementation challenges of the recommendations by the International panellists and discussing thoroughly for their concerns.

This white paper is a reflection of the discussions and recommendations during the conference.

## Conference steering committee

The following were the members of the steering committee for the conference, who worked restlessly to make this conference successful as all of them are passionate about initiating this patient safety movement in Nepal.

### **Conference chair –**

Dr Upendra Mahato, Chairman Nepal Medicit

### **Conference co-chair –**

Mr Sudhakar Jayaram, CEO, Nepal Medicit

### **Organising Secretary –**

Dr Amit Tomer, Head Clinical Governance, Nepal Medicit

### **Members**

1. Dr Linda Kaljee,

Senior investigator, Hanry Ford System, US

2. Mr Deepak Bajracharya,

President, Group for Technical Assistance, Nepal

3. Dr Madan Upadhyay,

Chief Medical Superintendent, Ministry of health and population, Nepal

4. Dr Arjun Sapkota,

Senior Health Administrator, Curative service division, department of health services, Nepal

# Abstract

Healthcare is getting complex day by day and at the same time, the risk is also increasing. Studies suggest that more people are dying in developed countries due to medical errors as compared to road accidents. The developed countries have taken serious steps to prevent the harm to the patients in the hospitals, but most of the medical professionals in the developing countries are still unaware about how they are causing unintentional harm to their patients.

With an objective of spreading the awareness on patient safety among healthcare professionals in Nepal and to develop a comprehensive patient safety framework for the country from the inputs of national and international panellists, Nepal Medciti in association with government of Nepal and GTA along with technical assistance from WHO has organised the two day international patient safety conference in Kathmandu.

The emphasis was given on identification of the simple solution with a big impact on patient safety. The recommendations and solutions were then challenged by national moderators of the session if they found it's not feasible in Nepal. one of the objectives of this conference was to come out with recommendations on enhancement of patient safety in Nepal, which are the part of this paper. The major snapshots are-

Lots of patients are getting harmed in Nepal due to the medical error. Overstressed medical staff, lack of resources, lack of awareness about patient safety has been identified as some of the factors responsible. The solution is to first act on low hanging fruits and then go further. A clearly defined patient safety plan need to be drafted by a multidisciplinary committee along with formulation of patient safety action force, in the initial phase, simple solutions with big impact should be implemented with regular review and monitoring, followed by another phase in which the drafting of patient safety standards and accreditation body will take place. Some of the very simple solutions which will not be requiring much of the financial resources are implantation of checklists, hand hygiene, proper medication management and legible documentation, promotion of safe, emphasis on proper patient identification and prevention of fall. The ministry of health and population need to take a lead role otherwise the patient safety program will never be successful.

# Problem Statement

## Introduction

Due to multiple diversification & parameters healthcare nowadays is more complex than sending a satellite in space. While aerospace has developed multiple processes to make it one of the safest industries but at the same time the healthcare industry lags substantially in terms of safety norms in the industry. More people are dying in hospitals as compared to road accidents. There are multiple factors which lead to harm to the patients. These include

**Organisational factors** – This includes the poor system & processes within the organisation like lack of resources and sufficient number of healthcare workforce, persistence of blame culture in the organisation, lack of regular training and development of the staff members, lack of involvement of the top leadership in the patient safety improvement projects, lack of learning from the past experiences & lack of regular monitoring mechanism in the organisation etc.

**Environmental Factors**- This includes the factors in the surrounding of the healthcare professionals which increase the probability of human error like poor lighting in the wards & other areas of the hospital, poor ventilation, noisy environment, lack of required instruments & equipment etc.

**Personal factors**- This includes the personal behaviour of the healthcare professionals which leads to patient harm. This includes activities such as not following the standard guidelines & protocols, poor hand hygiene practices, poor patient handovers etc.

**Communication gap** – This has been identified as a major culprit for compromised patient safety. In the root cause of the major disasters in healthcare, communication gap has been identified as the major culprit, hence the communication with patients and among healthcare professionals needs to be strengthened at all levels in the healthcare organization for a safer environment for patients.

## Ground Reality

Patient harm is the 14<sup>th</sup> leading cause of the global disease burden(1). As per the WHO, 1 in every 10 patients gets harm during their treatment in hospital (1). If we look at the worldwide figures on adverse events in hospital than two-third of them are taking place in low & middle-income countries (1). As per the facts & figures, it is safer to go for bungee jumping then visiting a hospital.

## Impact of unsafe Care

As per the Institute of Medicine (IOM) report, approximately 98000 medical error deaths occur annually (3) & WHO predicts that this number can be up to 20 times higher in developing & underdeveloped countries. Around one million patients are dying due to unsafe Surgery (2) and An per IOM data around 7000 people are dying in US due to medication errors per year (3). The hospital-acquired infections is another major concern for patient safety in hospitals, as per a research around 12- 14% patients get a new infection during the treatment in the hospital and the number can be more than 50% in developing countries (4), out of the total number of patients acquiring hospital-acquired infection around 15% dies of this new infection which they acquired in the hospital (5).

This unsafe Care not only Costing the precious lives of the patients but at the same time, this is Causing huge financial losses to the hospitals. As per WHO, around 15% of the total spending in health Care Waste out in dealing with the adverse events in the hospital(1).

# Patient Safety Challenges in Nepal

## Factors responsible

Due to a low-income Country & lack of resources, Nepal does have multiple challenges to deal with some of the factors responsible are as follows.

1. **The overstressed and overworked medical professionals** – with a very poor doctor-patient and nurse-patient ratio the medical staff have to see the number of patients which is can be up to 50 times higher as compared to the patient seen each day by a doctor in developed countries. This enormous work pressure makes them more prone to cause unintentional harm to the patients.
2. **Availability of resources** – The medical professionals in Nepal need to work with the limited resources available with them. There is lack of availability of modern medical equipment which can help them in quick and precise diagnosis, currently, most of the medical professionals need to rely on their past experiences for treating the patient and it has been proven globally that human factors have been the major cause of disasters. There is also a lack of proper infrastructure for the hospitals in the remote areas of the Country. The proper segregation of the biomedical waste is also a concern.
3. **The culture of hierarchy** – Unfortunately in healthcare there is strict hierarchy at each level, which can be related to the money one earns, length of education, the scope of practice, prestige and power. Multiple times even if a junior see a senior committing a mistake they don't raise an alarm due to the fear of problems in the future as the senior mostly take it as an offence if some junior interrupts them.
4. **Lack of skilled medical professionals** – There is a scarcity of skilled medical professionals in Nepal, even the graduates and certificate holders don't possess the required medical skills to do their work more reliably. Those who are skilled are so much overworked.



5. **Lack of awareness among healthcare professionals on patient harm during treatment** – NO medical staff wants to harm their patients intentionally it's only a matter of lack of vision due to which the healthcare professionals are causing these high number of errors. There is no formal education on patient safety in any medical profession curriculum.

6. **Lack of the leadership for the patient safety** – Currently the patient safety program is not on the priority list of the government and due to the lack of awareness the hospital management is not taking it seriously.

7. **Unreliable supply & Quality of drugs-** The quality of the medicine is one of the major concern for which the government need to take strict action.

8. **Lack of abiding by all the safety protocols by medical professionals & general public** – Due to low socioeconomic status the value of human life is low as there are other basic priorities which one need to fulfil and for fulfilling the basic priorities they tend to take the risk regularly.

9. **Lack of communication between the healthcare provider and receiver** – As the majority of the population is not much literate hence they hesitate to ask the questions from the doctors and even medical professional don't explain them much about the disease and the treatment hence this communication gap invites lots of adverse events.

# Recommendations

As the available resources are limited hence a systemic approach is very much required. The patient safety development program can be divided into the following steps.

## Phase-1

### Immediate action points

**Step-1** – Formation of a multidisciplinary committee for patient safety by the ministry of health & population. This committee can have members from ministry, WHO, private hospitals, Nepal medical association, Nepal medical council, and Nepal nursing council. This committee can finalize a patient safety action force (PSAF), comprising of experts in patient safety. This PSAF will be monitoring the progress of the project and also providing support to the hospitals where required and submit and present a detailed report to committee quarterly.

**Step-2** – Formulation of a patient safety plan – The patient safety plan in the first phase should focus upon the simple solutions with a big impact on patient safety some of the examples are as follows

- a. Setting up responsibility and accountability for patient safety by review of the organization structure.
- b. Introduction of safety checklist in high-risk areas like surgery.
- c. Surgical site marking.
- d. Promotion and monitoring of hand hygiene practise.
- e. Introduction of fall prevention tools and techniques
- f. Standardization of treatment protocols of top 20 diagnoses in the country
- g. Proper medication management
- h. Safe handling and insertion of invasive lines and safe injection practices.
- i. Enhancement of patient identification techniques during treatment.
- j. Implementation and monitoring proper handover techniques by medical staff during shift change.
- k. Proper and legible entries in the medical record by medical professionals.
- l. Lightning and ventilation improvement of the healthcare facility.
- m. Promoting incident reporting

**Step-3** – Identification of the 4 hospitals for the pilot study.

**Step-4** – Training of the trainers from the identified pilot hospitals.

**Step-5** – Collection of the initial data from the pilot hospitals.

**Step-6** – Implementation of the patient safety plan in identified pilot hospitals.

**Step-7** – Regular monitoring and review of the implemented actions as per the patient safety plan and support to the pilot hospital by patient safety action force. The patient safety action force will also identify the gaps in the process and try to close or escalate to higher authorities in a stipulated time frame as per the patient safety plan.

**Step-8**- Regular collection of the data and presentation to the committee on quarterly basis to identify the impact and gaps.

**Step -9** – Modification to the patient safety plan as per the identified gaps.

**Step -10** – Implementation of the patient safety plan Nationally following the step-4- step-9

**Step-11** -Yearly third-party audit of the hospitals on patient safety parameters and incentivisation of the best performing hospitals.

## Phase -2

This will be a more advanced phase which will involve the formation of an accreditation agency and drafting of the patient safety standards for the nation.

For any technical support Nepal Medciti is open to share the resources for the noble cause of enhancing patient safety in Nepal.

# References

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