

# POLICY OPTIONS

## Patients' and consumers' perceptions of and involvement in safety and quality in Australian general practice

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### Policy context

Over the last decade there has been an increasing awareness of patient safety and quality as an important issue for health care providers, organisations, policy advisors and the public. Patients and carers have an important role to play when preventing errors and reducing harm. They have firsthand experience of their care, and are often able to provide detailed information about the processes, systems and structures that have led to the occurrence of an adverse event. Furthermore, patients' views and understanding of safety and quality are valuable as they can identify issues that contribute to creating safe environments that staff or others may not recognise.

Although there are many well-recognised benefits for involving patients to improve the safety of their care, there are still some unresolved contentions regarding the effectiveness of interventions, the roles and responsibilities for both patients and health professionals, and the kind of healthcare culture and organisational governance required for patient involvement in safety to occur successfully.

Most of the research and efforts in this area has engaged secondary care settings, with little being conducted in primary care. This is particularly true in Australia, where there is a current evidence gap concerning patients' views of safety in primary care, and how patients can be involved to reduce harm in this setting.

It is important to obtain a thorough and in depth understanding of Australian patients' and carers' perceptions of safety as this will be the starting point for designing and implementing effective and appropriate interventions that can help to reduce harm in the primary care setting.

The benefits for policy advisors and primary care organisations having access to patient views of safety and reported sources of potential harm in are numerous. It would allow organisations to proactively identify areas of strength and weakness of the practice, promote future learning, and intervene to prevent errors from occurring. This kind of innovative approach is required to actively engage patients in developing safe primary care environments.

Given these significant evidence gaps the aims of this study were to provide the first detailed description of patients' and carers' views of safety in general practice and their views of the factors contributing to safety in general practice.

## Policy options

### > Recommendation 1

It is essential for patients and carers to be involved in the prevention of harm in Australian primary care settings. We recommend that primary care organisations be receptive to patient feedback on the safety of the service they provide. Many practices already undertake routine data collection from patients (e.g. satisfaction surveys, patient focus groups etc.) and would have established systems for doing so, accordingly supplementing this with patient feedback on safety would be beneficial to generate a holistic understanding of the practice and be practical to implement.

### > Recommendation 2

We recommend that incorporating the patients' perspective of organisational and environmental factors that contribute to safety incidents would be the most feasible and appropriate approach in primary care. This is in contrast to patients directly reporting on safety incidents as only those who have experienced harm are able to adequately comment on safety and patients in general are able to comment on a range of features in the primary care organisation that influence safety.

### > Recommendation 3

The above recommendation could be achieved through the use of either qualitative and/or quantitative data collection techniques undertaken by primary care staff. The questions posed to patients would need to be reflective of things practice staff could take action on and be measurable to change. Further research on the best way to capture patients' views of factors contributing to safety for practice use is advocated.

### > Recommendation 4

We recommend that primary care organisations adopt an action planning approach to implementing safety improvements based on patient feedback. The nature of this process is amenable to an already familiar and established quality improvement methodology in Australian primary care – the Australian Primary Care Collaboratives program. The Plan Do Study Act (PDSA) cycle which is the prominent and successful feature of the Collaboratives methodology could easily be applied to safety, as it has been for other waves such as access, diabetes care and coronary heart disease.

## Key findings

The findings from Phase 1 have found that patients and carers generally had an assumed sense of safety in general practice. Only those patients who had experienced some level of harm were able to adequately comment on safety issues in general practice. Furthermore, most of this harm had occurred in a secondary care so risk perception in setting was heightened compared with primary care.

This believed sense of safety was mediated by two factors prominent to the general practice context – trusting relationships and continuity of care. These two factors masked patients risk perception of potential safety issues. Trust is undoubtedly an important factor in creating and sustaining doctor-patient relationships and has been used to as a model to improve patient involvement in safety, but the effectiveness of these interventions have shown mixed results. Patients who rely on a default position of trust when they believe they do not have sufficient knowledge or skills, or are not in a position to adequately comment on safety, is problematic for two reasons. Firstly, because patient awareness of and involvement in safety has been shown to improve clinical effectiveness, health outcomes and satisfaction with care. Secondly, because primary care is often the first access point in the healthcare system, and is also characterised by high volume of repeat interactions; which consequently increases safety risks for patients.

While the findings from Phase 1 found that patients and carers did have an assumed sense of safety, Phase 2 findings revealed that patients can identify a range of organisational and environmental factors that contribute to safety in primary care. These include:

- > Communication (Doctor-patient)
- > Patient agency
- > Access
- > Primary – Secondary interface
- > Continuity of care
- > Task performance (skill, competence)
- > Prescribing
- > Referrals
- > Time in the consultation
- > Expenses
- > Availability
- > Primary care system and structure
- > Coordination of care
- > GP culture
- > Decision making
- > Information flow
- > Teamwork
- > Practice layout
- > Waiting
- > Communication (other primary care staff)

The domains identified by patients in Phase 2 are similar to what has previously been reported in the literature; however these studies have focused on these themes from a quality lens. This study has considered these themes from a safety perspective and the implications these factors have on contributing to creating harm.

This is the first study of its kind in Australia and has provided important evidence to the knowledge paradigm on patient safety and how it can be improved. The findings provide the contextual information required to further consider how to best incorporate the patient voice in practice.

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