

Healthcare Safety in the Context of Primary Healthcare in Morocco

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ABSTRACT

Each year, many people suffer medical errors or lose their lives due to unsafe and poor-quality care. Most of these occurrences could be prevented. To date, most research on health security has focused mainly on health services' security in hospitals and has paid little attention to the context of primary healthcare, which represents the main means of achieving sustainable universal health coverage. This study falls within this perspective. Descriptive exploratory study, based on documentary analysis of health security studies in the context of primary healthcare, questionnaires and interviews, conducted with 300 professionals from primary healthcare establishments, following proportional stratified sampling. The main results revealed that, generally, the culture of safety in primary healthcare is poorly developed or even absent. More than 53% of respondents consider that the security level of primary healthcare is low. In addition, over 65% are unaware of errors that occur in their primary healthcare establishments. 40% declare the absence of a process for collecting and reporting medical errors or adverse effects related to healthcare. More than 60% of respondents consider that factors related to working conditions, daily tasks and organizational factors have a strong influence on healthcare safety. It is essential to improve healthcare safety and quality, which is an issue of global importance, and to act on several factors to reduce the incidence of adverse effects of care.

Keywords: primary health care, safety, health services, quality.

INTRODUCTION

Patient safety is a growing challenge for healthcare systems around the world to reduce the burden of harm caused to individuals. It is of paramount importance for all healthcare services offered in the various healthcare facilities. In this respect, the need to pay attention to quality of care safety was first expressed by the World Health Assembly in 2002, which urged Member States to pay the utmost attention to the issue of patient safety [1]. In addition, the sixty-second World Health Assembly adopted the resolution on Global Action on Patient Safety in 2019, with the aim of making safety a priority for all healthcare systems.

Nevertheless, despite the efforts of healthcare systems around the world, safety measures implemented in high-income countries have had limited effect and have not been adapted to be implemented correctly in low middle-income countries. Healthcare safety incidents can result in death, disability and suffering for the victims of these errors and their families, who bear the high financial costs associated with safety problems. For example, according to data available from the World Health Organization (WHO), every year many people suffer from medical error or lose their lives as a result of unsafe, poor-quality care. According to recent estimates, the social cost of harm caused to individuals can be put at between \$1,000 and \$2,000 billion a year [1].

Most of these events are preventable. Harms from adverse events are among 10 most common causes of death and disability. These risks are associated with many medical practices and healthcare risks. In this sense, we find that medication errors are one of the leading causes of preventable injury and harm in healthcare systems. The annual cost of medication administration errors is estimated at \$42 billion. Added to this figure are lost

wages, productivity and healthcare costs [2].

Furthermore, according to data from several countries, the prevalence of healthcare-associated infections is around 7.6% in high-income countries and 10% in low- and middle-income countries [3]. Added to this are diagnostic errors, unsafe surgical care, unsafe injections, radiological errors and other harmful practices. Every year, 134 million adverse events due to unsafe care occur in hospitals in low- and middle-income countries, contributing to 2.6 million deaths [1]. 60 % of death in low and middle income countries are caused by unsafe and low quality care [4].

In primary care, safety tends to be associated with the hospital environment. Yet at-risk care and services are a problem that affects the entire healthcare system. In many countries, healthcare systems are still faced with major problems of public dissatisfaction with the quality of healthcare services provided in primary care settings. Dangerousness and poor quality of care are among the main reasons why patients often opt directly for health services at another level of care [5]. Half of the global burden of patient harm originates in primary and ambulatory care. This is responsible for over 6% of hospital days and more than seven million admissions in Organization for Economic Cooperation and Development countries. Furthermore, the estimates have shown that up to 80% of harm in primary care is avoidable. To date, most research on healthcare safety has focused on the safety of healthcare services in hospitals, with little attention paid to the primary healthcare setting, which represents the main means of achieving sustainable universal health coverage [5, 6, 7].

In Morocco, there is a lack of knowledge and information to understand the problem and its contributing factors at the Primary Health Care Facilities (PHCFs) level. The subject of patient and health service safety in the context of primary healthcare has not been explored to the same extent as in the hospital setting, and is still rare in the literature. There is also a lack of strategies and policies for patient safety in primary care. It is in this perspective that this article is written, as it is essential to ensure safety in the context of primary healthcare, which is the population's first point of contact with the healthcare system, in order to gain the trust of patients and contribute to achieving the goals of sustainable development and universal health coverage. The importance of developing studies related to this field is also emphasized, in order to help reduce existing knowledge gaps and raise awareness among healthcare professionals of the challenges of health service and patient safety in the context of primary healthcare.

METHODS

This descriptive-analytical exploratory study took place in Morocco. It aimed to describe the current organization of primary health care and its organizational and process shortcomings. In its content, it revealed the problem of patient and health service safety and its causes.

The first stage of the survey was carried out by means of a questionnaire sent out to primary health care providers (PHCPs) under the authority of the Ministry of Health and Social Protection. This stage involved data collection from 300 primary healthcare professionals, identified through proportional stratified sampling. Documentary analysis, questionnaires with professionals and interviews with Ministry of Health and Social Protection officials at provincial, regional and central levels enabled us to describe the current state of affairs with regard to service safety in PHC services, and to highlight the most appropriate recommendations to be implemented to offer safe, person-centred health services. Questionnaire items covered health service organization, organizational resources, health service delivery, management and governance, coordination and collaboration, and constraints at the PHC level. Questionnaire data were entered and processed using CS Pro®7.1 software.

In addition, 18 people were interviewed, including 2 managers at central level, 15 managers at decentralized level and an expert in public health and health organization management at an international organization in Rabat. A Qualitative analysis was carried out on the data gathered from these individual interviews, which were transcribed in their entirety. It was initially conducted through vertical analysis, then cross-sectional analysis, followed by coding and thematic categorization.

A summary of the contributions of this study enabled us to outline the current state of primary health care (PHC) safety in Morocco, followed by a discussion of the aggregated quantitative and qualitative results, in the light of the latest international publications and guidelines on health services safety, enabling us to establish the related diagnosis and issue a few recommendations adapted to the national context.

RESULTS

The main results showed that the culture of safety in primary care is generally poorly developed, if not absent. Focusing on the level of safety perceived by healthcare professionals, over 53% of respondents considered the level of safety to be low, compared with 38% who considered it to be acceptable, and only 9% of participants who considered it good.

Furthermore, and focusing on patient safety as an important dimension in the quality of person-centered healthcare services, the study showed that there is no process for collecting and reporting medical errors or adverse events related to care at the PHCT level. This finding was confirmed by 40% of respondents, as shown in the figure below. Over 65% are not informed about errors that occur in their PHC.

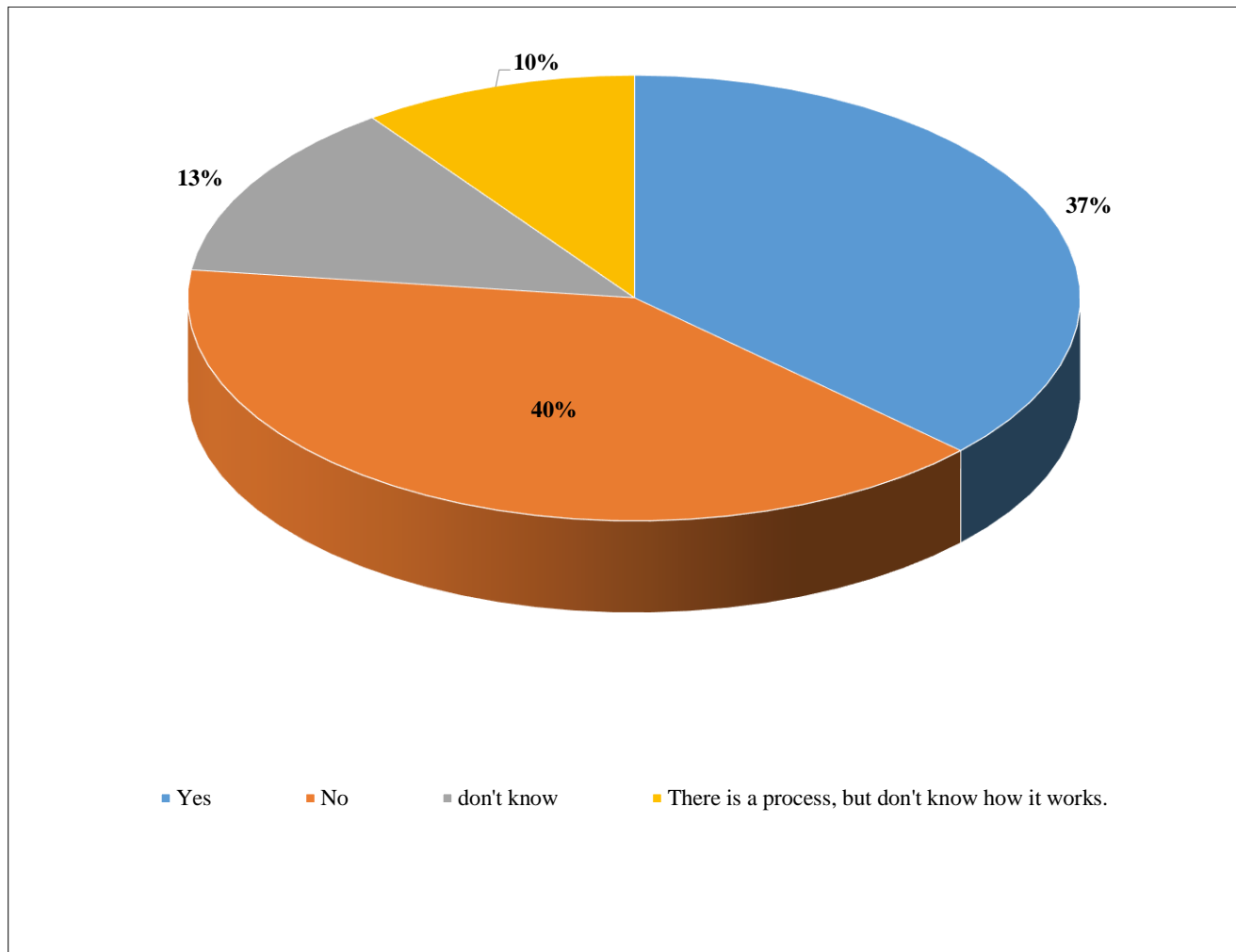


Figure 1: Availability of a process for reporting errors and adverse reactions.

As for the quality of health services offered, the study revealed that 50% of respondents said that there was no one in charge of improving the quality of services at their PHC.

On the other hand, 41% of respondents stated that a rational and secure system for managing healthcare waste, in line with Ministry of Health and Social Protection procedures, is rarely set up and functional at the PHCFs level, if at all. On the other hand, with regard to the reporting of adverse events, 83% of participants stated that

they had not reported any events in the last 12 months.

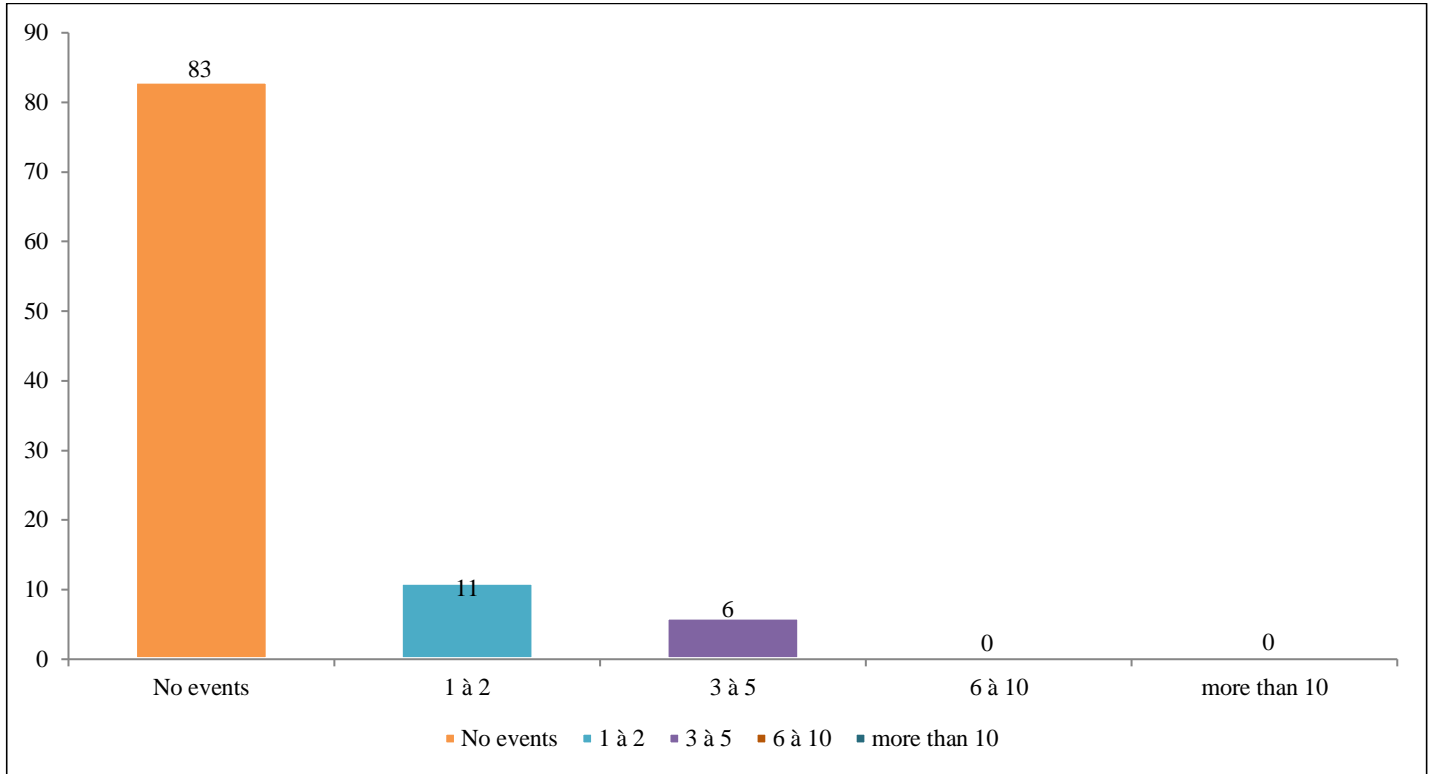


Figure 2: Adverse event reporting in the last 12 months

In this respect, over 60% of respondents consider that factors related to working conditions, daily tasks and organizational factors have a strong influence on the safety of health services.

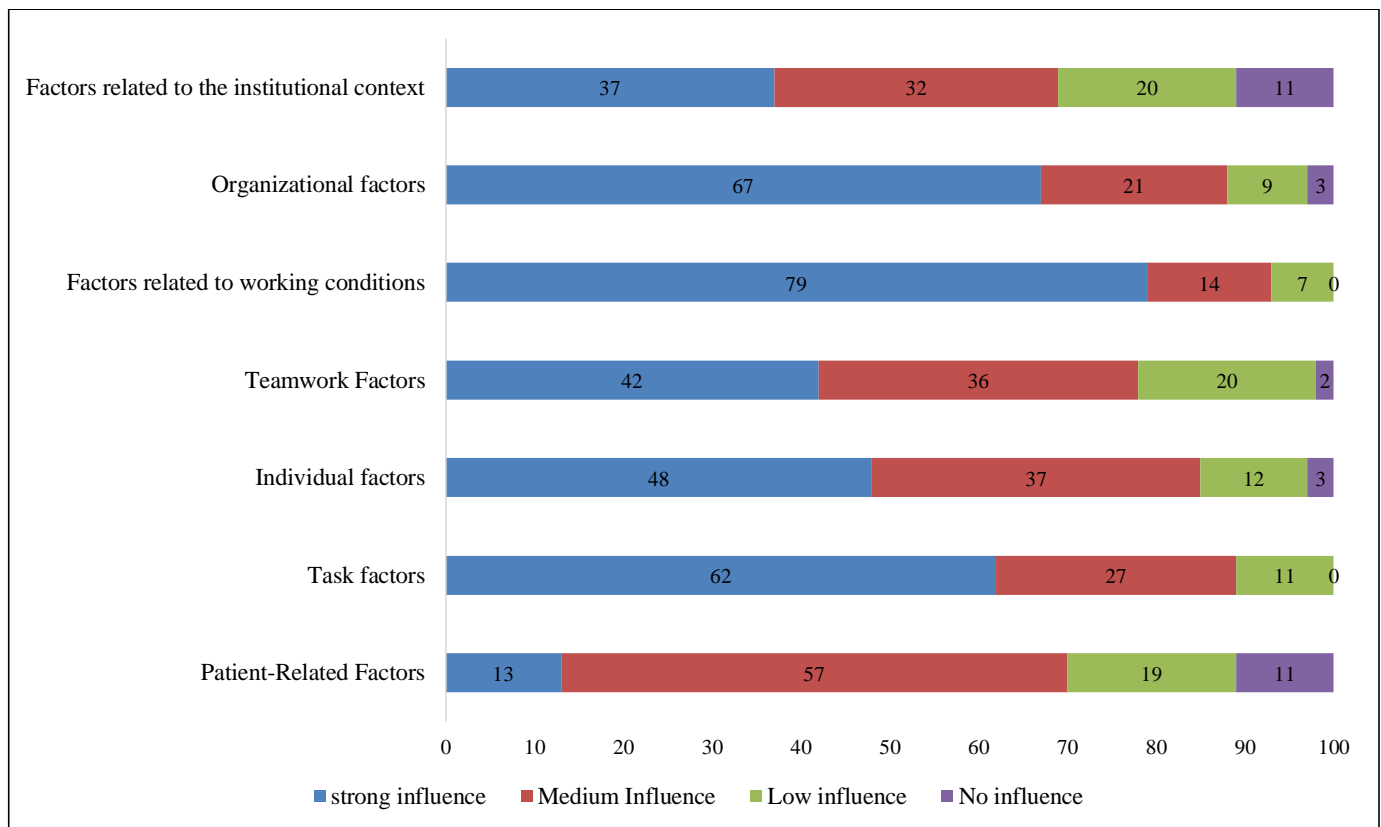


Figure 3: Degree of influence of factors on health service safety at PHCFs level

DISCUSSION

Concerns about the safety of patients and healthcare services are present in healthcare systems around the world. According to the WHO, there are few studies related to the safety of healthcare services in the context of primary care. There is a misperception that people using primary care are less exposed to unsafe practices. To this end, the debate surrounding the safety of healthcare and healthcare services has evolved in recent years, and has taken its place in scientific research [1]. This is justified by the fact that every stage in the care process may involve an inherent risk. The nature and extent of risks vary according to the context in which healthcare services are delivered and available, the infrastructure and resources within the healthcare facility, and from one facility to another. The challenge for all healthcare systems and facilities providing healthcare services is to maintain an optimal level of quality in order to prevent avoidable harm [1]. In this respect, the main findings of our study show that the safety culture in primary care is generally underdeveloped, if not absent, in PHC. Over 65% of participants stated that they were not informed of errors occurring in their PHC, and 40% reported that there was no process for reporting medical errors or adverse events in their PHC. In addition, 67% of the professionals questioned stated that they do not discuss the means to be put in place to ensure that errors do not recur. In this sense, several authors assert that establishing a safety culture is an important element in improving people's care and safety. This requires a strong commitment at all levels of the healthcare system, and involves political commitment, advocacy, awareness raising, and adaptation to the local context [1, 5, and 8].

Furthermore, 50% of respondents claimed that there was no one in charge of improving the quality of health care and services. On the other hand, 48% stated that they participate, but irregularly, in quality improvement initiatives at their health facilities. Conversely, 33% do not participate in quality improvement initiatives at the level of their healthcare facilities. These findings have already been observed in other international studies on the safety of healthcare services. These studies have asserted that quality primary healthcare services must be produced by sufficient system inputs that interact with the individual through a variety of well-organized quality care processes leading to satisfactory health outcomes [9, 10].

It also follows from our study that the major challenge for PHC is the limitation of human and financial resources, which has a direct impact on the quality of the services offered. Analysis of the information obtained from questionnaires and interviews showed that the resources of primary health care facilities are limited. Thus, the results of this study revealed that the main difficulties encountered stem from the modest means available to PHCFs to ensure proper care for people, in terms of both material and human resources. In this respect, 71% of respondents said that the human resources available to their PHCFs were inadequate. Several authors state that workload, staff shortages and lack of motivation are the main obstacles to quality, person-centred health services. In addition, other studies point out that insufficient resources often lead healthcare professionals to compromise the quality of healthcare services. The results of our interviews and questionnaires are in line with other studies carried out internationally, which have demonstrated a positive association between the adequacy of resources, which are strongly linked and mutually influence each other, and the quality of primary healthcare services offered [11]. In this sense, other authors insist on the need for sufficient equipment, supplies, medicines and material resources to produce safe, quality healthcare services. These authors affirmed the proven links between better health outcomes and well-organized, person-centred, quality primary healthcare. With this in mind, they emphasized the need for primary healthcare services to be delivered by well-trained, competent, motivated and committed healthcare professionals, and the obligation to ensure stimulating, health-promoting work environments in which healthcare professionals are provided with the resources they need to do their jobs [12, 13, and 14].

With this in mind, the majority of respondents insisted on the implementation of a clear, operational strategy to improve service quality and reduce the occurrence of adverse events and errors. Our findings are supported by several writings and studies that have highlighted the influence of human resources, administrative processes, teamwork, communication related to patient information management, provider-patient communication and communication within the primary care system and with other stakeholders on the quality of care provided to individuals [9, 10, 11 and 12]. In addition, these studies have emphasized the importance of collective efforts

by multiple stakeholders, from decision-makers to healthcare professionals, to develop and implement strategies for improving patient safety and healthcare services. These strategies need to be deployed across the continuum of care, aiming to build the capacity of primary care facilities and promote patient safety research in different working environments, particularly in the context of primary care [15, 16, and 17].

CONCLUSION

The safety of health services and patients is a key factor in achieving the goals of sustainable development and general health. To this end, it is essential to improve the safety and quality of health care and to act on multiple factors to reduce adverse health outcomes. Given this, a systematic approach that addresses the most common causes of harm and approaches to prevent it is essential for the development and implementation of coordinated strategies and plans for patient safety in primary care.

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Statement of absence of conflict of interest

The authors declare that there are no known conflicts of interest associated with this publication.

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