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## ***17 – Threats to Patient Safety in Primary Care: A Review of the Research into the Frequency and Nature of Errors in Primary Care***

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This WONCA Conference presentation was based on a literature review that had been sponsored in 2001 by the Department of Health in the UK. Several databases were systematically reviewed, the key findings of which showed that medical error occurred between five and 80 times per 100,000 consultations, and these errors were mainly related to the processes involved in diagnosis and treatment (1). Prescribing and prescription errors were identified to occur in up to 11% of all prescriptions, and these were mainly related to errors in dose.

An important aspect of this review was to highlight firstly, the wide variety of definitions of the various threats to patient safety that were used to identify the frequency and nature of these threats and secondly, the different methods used to identify threats to patient safety. These findings are of great importance if a comprehensive understanding of the frequency and possible causes of threats to patient safety is to be obtained. This understanding is essential for making appropriate interventions, including policies and protocols, to reduce threats to patient safety, with the ultimate aim of improving patient care.

The main approaches to identifying threats to patient safety are incident reporting, systematic identification (such as by observing clinical practice), and medico-legal and patient complaint databases and qualitative interviews. All of these approaches reveal different aspects since some of the events may, or may not, have caused actual harm and the identification may only be through mandatory reporting, with greater emphasis on the less common but more serious events. Overall, the variety in the reported frequency and type of threat to patient safety depends on the different perspectives obtained from family physicians, primary health care workers and patients. A recent study has confirmed these findings, noting that patient surveys identified the highest number of events and pharmacist reports for the lowest number (2). Many of these events reported by patients are likely to have caused minimal harm but can be regarded as an indicator of potential causes of more serious threats to patient safety.

The causes of threats to patient safety are usually a combination of inter-dependent factors (3). A study in primary care found that about half of the threats to patient safety were due to “situational” factors and that these events were often linked to serious potential consequences. The most frequent contributing factor was the organisation of work in primary care, including the excessive demands of working in a complex clinical environment, as well as the fragmentation of healthcare across the variety of different health care providers in primary care (4).

Dealing with complexity is typical of the work of primary care and it is not surprising that this factor is a major contributory cause of threats to patient safety. A recent study in the UK found that there was a risk of eight adverse events per 10 000 consultations, and that the highest risk were in patients aged 65–84 years, in patients who frequently consulted, patients who had five or more emergency admissions and in those patients who had the most diseases recorded (5). It is also interesting to note the findings of a review of international malpractice claims (6). The most common reason for a claim was associated with failure to, or delay, in diagnosis, especially missed or delayed diagnoses included cancer and myocardial infarction in adults and meningitis in children. Medication error was the second most common reason for a claim.

Threats to patient safety continue to be a priority for all healthcare systems, including primary care. The increasing recognition over the last 20 years that these threats are associated, and probably to some extent inevitable, when working in a complex clinical environment should turn attention of all stakeholders to the important “situational” factors. The approach should be to minimise the impact of these factors on the process of healthcare, such as ensuring doctors recognise when they feel under stress, developing clinical decision-support systems and empowering patients to speak out during the process of their care.

### Take Home Messages

- Estimates of the frequency and nature of threats to patient safety in primary care vary widely due to differences in definition and method of identification, with patient surveys identifying the highest number of threats to patient safety
- The most common causes of threats to patient safety in primary care are related to making a diagnosis and using medication.
- Recent research highlights the importance of factors associated with the complexity of providing primary care, such as elderly patients with co-morbidities and early diagnosis of serious diseases, to threats to patient safety in primary care.
- The importance of “situational” factors, such as work-load stress and fragmentation of care across different healthcare providers, is increasingly recognised as contributing to threats to patient safety in primary care.
- Reducing threats to patient safety in primary care requires an awareness of the different inter-related factors that occur with the complexity of the provision of primary care and requires a variety of appropriate interventions, including empowering patients to speak out during the process of their care.

### Original Abstract

<http://www.woncaeurope.org/content/53-threats-patient-safety-primary-care-review-research-frequency-and-nature-errors-primary>

### References

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