Movement approach to assuring and improving patient safety and quality of care

BACKGROUND DOCUMENT

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EXECUTIVE SUMMARY

This background document aims to provide a rationale to the Council of Delegates to support the adoption of the resolution on addressing patient safety and quality of care.

The International Red Cross and Red Crescent Movement (the Movement) provides health-care services worldwide, and ensuring and improving the quality and safety of clinical health responses must be an essential aspect of this work. However, the lack of agreed approaches to this issue[1] means that, today, each component of the Movement has a different approach to defining and managing the quality of health care, which poses a significant challenge.

The resolution calls for strengthened commitment to meeting the growing challenge of providing access to safe and effective care of optimal quality and affordable medicines for people affected or made vulnerable by armed conflicts, natural disasters and other emergencies such as pandemics.

Furthermore, the resolution calls for a joint Movement policy on this issue, which will provide clarity on current gaps and harmonize existing Movement approaches and tools for addressing patient safety and quality of care for the people we serve through our health activities.

The resolution seeks to strengthen coherence and collaboration within the Movement, contributing to and aligning with the World Health Organization (WHO) Global Patient Safety Action Plan 2021–2023 to respond to the vision of "a world in which no one is harmed in health care, and every patient receives safe and respectful care, every time, everywhere".[2]

1) INTRODUCTION

The "do no harm" concept is borrowed from medical practice and traces its origins to the Hippocratic Oath.

Within the Movement, all our operations and actions are driven by this central principle. In his Commentary on the Fundamental Principles of the Red Cross, Jean Pictet stated that "a principle is simply a rule, based upon judgement and experience, which is adopted by a community to guide its conduct".[3] Because of this historical context, the International Committee of the Red Cross (ICRC) protection policy[4] emphasizes the imperative to ensure that its action does not adversely impact or create new risks for individuals or populations.

Similarly, Strategy 2030 of the International Federation of Red Cross and Red Crescent Societies (IFRC) sets the focus for the coming decade on making sure that all people have safe and equitable access to health. Furthermore, Transformation 3 articulates a commitment to building cultures and organizations "that enhance the safety, well-being and growth of our staff and volunteers and the trust of the wider community".

What does this really mean? How do we apply the "do no harm" concept within the Movement? How do we ensure that the quality of care we provide to the people we serve is not harming them? The "do no harm" imperative is fleshed out in the first protection principle of the Humanitarian Charter

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[1] WHO, Global Patient Safety Action Plan 2021–2030; National Academies of Sciences, Engineering, and Medicine, *Crossing the Global Quality Chasm: Improving Health Care Worldwide*, The National Academies Press, Washington, DC, 2018 (https://doi.org/10.17226/25152).

[2] https://www.who.int/teams/integrated-health-services/patient-safety/policy/global-patient-safety-action-plan

[3] https://international-review.icrc.org/sites/default/files/S0020860400019872a.pdf

[4] ICRC, "ICRC Protection Policy", *International Review of the Red Cross*, Vol. 90, No. 871, September 2008, p. 753 (https://international-review.icrc.org/sites/default/files/irrc-871-icrc-protection-policy.pdf).

and Minimum Standards in Humanitarian Response, which emphasizes the need to "avoid exposing people to further harm as a result of your actions".

We know that, unfortunately, every year across the world approximately 421 million hospitalizations occur, and during these hospitalizations, 42.7 million patients are harmed.[5]

This harm results in millions of individual tragedies every year in which patients suffer unnecessary pain, are left disabled or die. Many more have their care delayed or diverted by minor errors and problems, which not only harm the patient but are a vast and ongoing drain on scarce health-care resources.

Some scientific research studies have shown that an average of one in ten patients suffer an adverse event while receiving hospital care in high-income countries.[6] The estimate for low- and middle-income countries suggests that up to one in four patients are harmed, with 134 million adverse events occurring annually due to unsafe care in hospitals and contributing to around 2.6 million deaths. Overall, 60% of deaths in low- and middle-income countries from conditions amenable to health care are due to unsafe and poor-quality care.[7]

The COVID-19 pandemic has spotlighted the critical nature of ensuring safe, quality health care for the most vulnerable. Patient safety remains a critical global public health issue and has a widely accepted role in enabling health systems to achieve universal health coverage (UHC). However, there is a growing concern that the quality of health systems in humanitarian crises and the care they provide have not received enough commitment and attention. Taking into account that humanitarian crises are increasingly protracted, longer-term and more coordinated and sustainable approaches will be required to ensure sustainable quality of care and patient safety.

2) BACKGROUND

The purpose of this background report is to provide key contextual information to the Council of Delegates to support the adoption of the resolution on addressing patient safety and quality of care.

The Movement is engaged in providing health-care services across the world. Ensuring and improving clinical health service quality and safety is an essential aspect of this work. One of the targets of the Sustainable Development Goal (SDG) for health is to "achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all". As a result, the world is uniting around UHC as a joint health goal whereby every person receives the quality health services they need without suffering financial hardship.[8]

There is a need to highlight the growing challenge of ensuring patient safety and quality of care, recognizing that unsafe health care causes a significant level of avoidable patient harm and human suffering and leads to an increase in the cost of care and a loss of trust in the health services delivered by the Movement. Ultimately, this puts the reputation of the components of the Movement at risk.

Agencies concerned with health across the globe (including the World Bank) are also endorsing UHC as the best strategy to attain the overall health SDG since achieving UHC allows countries to make the most of their most vital asset: people.

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[5] A.K. Jha, I. Larizgoitia, C. Audera-Lopez, N. Prasopa-Plaizier, H. Waters and D.W. Bates, "The global burden of unsafe medical care: analytic modelling of observational studies", *BMJ Quality and Safety*, Vol. 22, Issue 10, October 2013, pp. 809–815.

[6] L. Slawomirski, A. Auraaen and N. Klazinga, "The economics of patient safety: Strengthening a value-based approach to reducing patient harm at national level, *OECD Health Working Papers*, No. 96, OECD Publishing, Paris, 2017 (https://doi.org/10.1787/5a9858cd-en, accessed 25 March 2021).

[7] National Academies of Sciences, Engineering, and Medicine, *Crossing the Global Quality Chasm: Improving Health Care Worldwide*, The National Academies Press, Washington, DC, 2018.

[8] WHO, Global Patient Safety Action Plan 2021–2030.

A healthy population is fundamental to the success of a nation; without good health, children are unable to go to school and adults cannot work. The concept of UHC is now considered to go beyond the three basic dimensions of population, services and costs, with an increasing focus being placed on ensuring a level of quality that helps to improve the health of each individual.[9] The value of UHC to populations and governments depends on the quality of the health-care services provided. It is, therefore, necessary to ensure the consistent delivery of services that are safe and do not cause harm to patients.

3) ANALYSIS

Up to now, very few humanitarian organizations have taken a comprehensive approach to improving patient safety and quality of clinical care, struggling with the significant constraints that humanitarian settings present, from damaged health systems and infrastructure to shortages of qualified health personnel and limited access to medical supplies. Such circumstances make it extremely challenging to deliver quality health care as they trigger and amplify unsafe practices and errors, resulting in severe patient harm, disability and death. Improving health-care quality is therefore a complex issue and a major challenge, particularly in the humanitarian aid setting.

In 2016, a WHO Global Consultation on Setting Priorities for Global Patient Safety provided a baseline, recognizing that the scale of avoidable harm in health-care systems worldwide was unacceptable, with few signs of improvement. As a result, WHO engaged in several initiatives involving States and other partners to address this need.

In 2019 and 2020, the IFRC and the ICRC consulted health practitioners and National Societies, identifying critical points that need strengthening in the safety and quality agenda. The results confirm a perceived need to address the gap between the intended standards of clinical care and the actual quality and management delivered on the ground. Therefore, a common approach and systems that support staff in delivering safe, quality care are needed to ensure we are not harming the people we serve.

As the Red Cross and Red Crescent is delivering more and more services, there is a need to streamline practices and address clinical care quality with a Movement-wide approach that aims to achieve common objectives, placing patients and communities at the centre of care.

In 2020, the ICRC joined the IFRC in formulating the Framework for Patient Safety and Quality of Care. This framework – to be submitted to the IFRC 2022 General Assembly for adoption by the membership – aims to support the reliable delivery of the best quality care and institutionalize a culture of learning and continuous improvement within the emergency health-care setting, increasing accountability and safety for patients, families and staff.

The key to improving safety and reducing risk is good system design, which can only be achieved through a thorough understanding of the existing situation. Therefore, a consultation and a co-design process were conducted to gain a deeper understanding of:
- the current system and where quality issues currently arise, and
- the challenges faced by staff while working both in the field and at headquarters.

4) RESOURCE IMPLICATIONS

To undertake the critical work required to address variations in clinical health-care safety and quality, the Movement sees a need for increased investment in this area.

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[9] P. Barker, "Making universal health coverage whole: Adding quality as the fourth dimension", Institute for Healthcare Improvement, 2016.

The consistent achievement of the best possible safe, quality clinical care requires resources to support the Movement-wide design and delivery of robust mechanisms that ensure the oversight and delivery of quality care to every patient in health-care facility settings and the creation of a safe and just culture for all staff.

However, while this resolution aims to increase critical investment in the quality and safety of clinical care, it does not impose any financial commitments on States or the components of the Movement.

5) IMPLEMENTATION AND MONITORING

The proposed resolution concludes with operative paragraphs that highlight steps to be taken by the components of the Movement in accordance with their respective mandates and institutional focuses. Such steps include data collection and analysis, strengthening knowledge, skills and capacities and sharing experiences and good practices across the Movement. In addition, support is required to strengthen the capacity of relevant national institutions and coordination and cooperation with all relevant stakeholders to create greater commitment.

Conclusion and recommendations

In light of the needs articulated above, it is recommended that the Council of Delegates:

I.   adopts the resolution "Movement Approach to Ensuring Patient Safety and Quality of Care";

II.   calls on the components of the Movement to engage and allocate the necessary resources and support to address this critical humanitarian need, with a view to strengthening the Movement's collective capacity to share a common understanding of what "quality of care and patient safety" means;

III. requests the implementation and regular monitoring, reporting and analysis of the different quality indicators (to be reported on at the next Council of Delegates);

IV.   requests the ICRC and the IFRC to engage in formulating a Movement-wide policy on patient safety and quality of humanitarian health care, for adoption at the 2023 Council of Delegates, to harmonize and standardize the Movement's approach to addressing patient safety and quality of care.