

Global patient safety: Perspectives from low-and middle-income countries

#### **Organizational leadership**

# Bringing transformational changes in safety culture in hospital care in the Americas

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# Common challenges in hospitals in critical conditions LMIC

- 1. Poverty and inequity.
- 2. Segmented health systems.
- 3. Fragmented health services and care.
- 4. Hospital emergency room as point of access to the system with poor preventive and early diagnosis approaches for prevalent chronic diseases.
- 5. Repetitive disruption of services (health technologies).
- 6. Waste and corruption.
- 7. Absence or poor implementation of patient safety basics (HH, PCI, patient identification,...).
- 8. Lack of respect for intimacy, confidentiality and patients' rights.







# Universal access to health and universal health coverage:

All people and all communities should have access, without discrimination, to comprehensive, appropriate, timely, quality health services, while ensuring that using these services does not expose users to financial hardship.

PAHO/WHO CD53.R14 Strategy for universal access to health and universal health coverage – October 2014







#### Values:

- ✓ Right to health
- Equity
- Solidarity

# Four Simultaneous and Interdependent Strategic Lines

- Strategic line 1: Expanding equitable access to comprehensive quality health services for individuals and communities.
- Strategic line 2: Strengthening stewardship and governance.
- Strategic line 3: Increasing and improving finances, promoting equity and efficiency, and eliminating out-of-pocket expenditure.
- Strategic line 4: Strengthening intersectoral action to address the social determinants of health.





### Identifying Efficiencies within Health Systems

- According to the WHR 2010, between 30-40% of overall expenditure on health service is inefficient.
- Efficiencies in the organization of services and delivery of care:
  - Greater focus on quality and people-centered, comprehensive primary care.
  - Development of organized care networks, across the islands.
  - Evidence based medicine, promotion of generic medicines and investing in regulatory capacity.
  - Use of regional procurement mechanisms; the Strategic Fund.
  - Pricing and procuring of transparency in referencing; National Health Accounts.
  - Appropriate incentives for primary care personnel.
  - Integration of sub-systems, pooling of resources and risks.
  - Effective implementation of tax codes.





# Member States moving towards Universal Access to Health and Universal Health Coverage

- Plan of Actions for Universal Access to Health and Universal Health Coverage in nine countries since October 2014;
- Various actions to strengthen health systems:
  - Ecuador, Panama, and Honduras: integration of subsystems (SS and MH);
  - Belize, Bahamas: progress towards national health insurance mechanism;
  - El Salvador, Paraguay, Chile: strengthening primary care level, coordinated in INHSD;
  - Jamaica: elimination of payment at point of service;
  - Haiti: national dialogue on health financing;
  - **Brazil**: incorporation of >14,000 physicians in primary care centers to ensure access to health services in decentralized areas;
- Regional Consultations 2015: (i) high level forum on organization of health services (ii) system quality; and (iii) health financing.

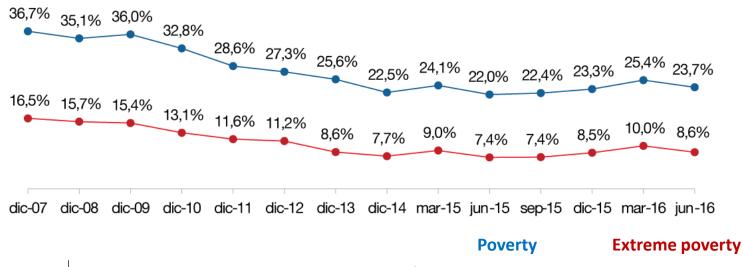




### One learning experience from Ecuador

Role of the public sector in Health Care and Education

- 2008 new Constitution
- 2009 "National Plan for Good Living"



Poverty = Personal monthly income lower than US \$84
Extreme poverty = Personal monthly income lower than US \$47







#### **CRISIS**

#### The beginnig of transformational change - Specialties Hospital Dr. Abel Gilbert Pontón



- Inaugurated 7th oct. 1973
- 260 bed speciality hospital
- Chronic state of disarray
- More than 1.400 workers







President of Ecuador 30th AUG 2011





















#### First year:

 Guarantee of provision of drugs and working equipment

Focus on: procurement, warehouse, IT, fighting corruption, transparency

"Tyding up points of care": providing dignity

#### Milestone 1











### 2nd & 3rd year:

#### Milestone 2

- Redefining the hospital portfolio
- Patient and community engagement











Carried out: july 2013 - november 2014.





#### 4th year:

#### Pathway to excellence

#### Sharing responsibility:

- Strategic challenges
- Clinical leadership
- Disease management











INTERNATIONAL ACCREDITATION

#### Milestone 3

International Accreditation:

24th December 2015.







# Transferability - Specialties Hospital Teodoro Maldonado Carbo

Diario Expreso, Guayaquil. 11th February 2015.



- Inaugurated 7th oct. 1970
- 428 bed speciality hospital
- More than 2.400 workers
- 145.620.034,09 US \$ 2015 budget



ACTUALIDAD ECONOMÍA OPINIÓN MUNDO DEPORTES GUAYAQUIL VIVIR PERIÓDICO DIGITAL -SECCIONES

#### Correa se choca con la realidad del hospital

El IESS no puede tapar "el desastre" de su centro Un recorrido presidencial constata las innumerables denuncias

11 FEB 2015 / 10:47



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Mudo. El presidente Rafael Correa no suele abandonar los discursos y, aun

**HOSPITAL WAREHOUSE** 







**WAITING ROOM** 





### Transferability

- 2.509 workers
- 525 beds specialties hospital









# Patient Safety Garden







# **Patient Safety**







### Strong Facilitators for Transformational change

- 1. Strong political support
- 1. Process management framework
- 2. Outsider professionals in executive position
- 3. Outsider technical support
- 4. Implementation of sound initiatives as triggers for cultural and behavioural change
- 5. Fostering healthcare networking of our vision through coordination with primary healthcare providers

- 7. Transparency
- 8. E-health











#### Thank you

"We are obliged to act, given the moral imperative to improve equity and promote health and development...."

Dr. Carissa Etienne Director of PAHO/WHO





