Measurement Lessons and Opportunities from Low- and Middle-Income Countries

Moving Measurement into Action: Designing Global Principles for Measuring Patient Safety | Pre-Seminar Briefing Document on Measurement in Low and Middle-Income Countries

Prepared by:
Institute for Healthcare Improvement

BACKGROUND AND CURRENT LANDSCAPE
The World Health Organization (WHO) places the burden of unsafe health care among the top 10 causes of death and disability worldwide. Recent evidence suggests that much of this burden falls on developing and emerging countries, with 134 million annual adverse events due to unsafe care contributing to 2.6 million deaths each year in these countries alone. Evidence also suggests that most of these patient harms are avoidable, which raises a question: How can low- and middle-income countries better understand and effectively reduce the burden of unsafe care?

Measurement is essential to improvement. In a recent session, the WHO Executive Board recognized patient safety measurement as a critical element of promoting resilient health systems; improving transparent incident reporting, data analysis, and learning systems; and making true progress toward the prevention of patient harm. Despite the clear need for metrics in all settings, the creation, implementation, and evaluation of existing patient safety metrics has frequently focused on developed countries. These measures have had varying levels of impact, even in the developed settings for which they were intended, and most have not been adapted for successful application in low- and middle-income countries (LMICs). While there is a growing body of research and knowledge about the impact of low-quality, unsafe care in LMICs, focus on measurement has been limited. Many countries lack the capacity to collect data on and assess relevant patient safety measures. Systematic measurement of patient safety in these settings is minimal.

EXISTING CHALLENGES
One of the main complications faced by LMICs is the reality that most existing recommendations for measuring patient safety rely on features of health care systems in high-income countries that are unlikely to exist in emerging and developing countries. These settings may lack key components essential for implementing robust data collection operations, including administrative and reporting databases, established patient records, and infrastructure to support research.

Stakeholders in all settings face challenges to effectively implementing known best practices for measuring patient safety. Organizational cultures that do not promote interprofessional teamwork and communication, safe reporting, or a clear leadership commitment to patient safety risk inhibiting transparent and effective measurement. On top of these common barriers, LMICs face additional challenges to effectively measuring patient safety:

- Health systems in LMICs are usually fragmented and include a variety of public and private sector facilities and providers.
- LMICs often face a shortage of financial resources, including resources available to support health information systems and technologies.
- Many developing countries lack formal training, education, and certification processes for providers.
Patients and providers face serious concerns about the creation of gaps in access to care with the closing of facilities providing unsafe or substandard care. The political systems within which facilities and providers operate may be unstable and require consideration of varying power dynamics, financial incentives, and priorities among local and regional leaders.

OPPORTUNITIES, NEXT STEPS, AND UNANSWERED QUESTIONS

The lack of availability of data as well as tools for data collection in LMICs makes the task of measuring patient safety a difficult one. Some experts have suggested that, considering limited resources, LMICs focus initially on structure and process-oriented metrics.\(^v\) The implementation of fundamental best practices, like safe needle practices and utilization of unique patient identifiers, may facilitate measurement, monitoring, and improvement of patient safety. These fundamental practices may temporarily serve as proxy measures for the safety of care and contribute to the necessary task of building more robust documentation systems and processes that will serve as a foundation for future patient safety measurement.

Developing universal guidelines for the effective measurement of patient safety is an important first step toward improving the safety of patient care around the globe. In low- and middle-income countries, improvements in patient safety promise to contribute to the achievement of the WHO Sustainable Development Goal tied to ensuring healthy lives, the Millennium Development Goals focused on health, and care equity across regions and settings.

Literature on patient safety measurement points to the clear need for patient safety metrics that are appropriate and relevant for all settings, including those that are resource-constrained. These metrics must be meaningful, practical, and evidence-based. They must incorporate the perspective of patients and caregivers and engage patients in understanding and expecting the key processes and relationships that promote safe care.

To positively impact the advancement of patient safety measurement in LMICs, seminar participants may wish to consider the following:

- What guiding principles for patient safety measurement would be most impactful in emerging and developing countries?
- How can stakeholders select the most appropriate and practical patient safety measures for their needs, context, and setting?
- How do we identify the most important measurement priorities for LMICs, and how might this differ across countries?
- How can we accelerate urgency and affordable resource availability for measurement in LMICs?

REFERENCES


