Patient’s perspective on reporting medication errors

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I. Patient story

• In 2006, one of my relatives was admitted to the hospital for renal transplantation in one of the famous government hospitals in Yemen.

• On the second day of the surgery, the patient suffered from abdominal pain and was diagnosed later as an accidental intestinal perforation during the connection of the graft.

• The patient underwent for an urgent laparotomy surgery to repair the perforation & the tragedy started here!
Because the patient was low immune (immunosuppressive medications for the graft), she developed multiple adverse events including:

a) wound infection
b) puss collection near the graft
c) abdominal hernia (multiple surgeries)
d) anemia (chronic infection)
e) CMV (multiple blood transfusion)
f) acute depression (long stay in the ICU)
g) rectovaginal fistula (due using intensive doses of steroids) which conformed by MRI report
• The patient stayed in the hospital for 8 months (4 months were in ICUs) and the patient died after 3 years of renal transplantation surgery due to an aggressive and uncontrolled infection.
As the patient’s family, we were not informed by the hospital about any type of adverse events that our patient suffered including medication errors.

The patient or his family did not find any cooperation, there is no channel to report the complaints, or even a complaints box.
• Also, there is no committee or focal point person to handle and follow up these issues that happen every hour in different department.

• The costs of services was very high, and the patient did not find any financial support from the hospital.

• Other major issue is lack documentation of complains in the patient’s medical record.
II. Status of Health in Yemen

• Yemen has experienced many crises since 2011, which includes poverty, unemployment, corruption, and political instability.

• The political situation moved into a new complicated stage in March 2015 with the beginning of the civil war which has led to the country’s fragmentation into multiple semi-autonomous entities running basic services (Dureab et al., 2019).
• The already weak health system has been destroyed by five years of conflict and 80% of the population needs humanitarian assistance (Arishi, 2020).

• The conflict also deteriorated the country’s already fragile health system and lead to the collapse of more than half of the health facilities.

• Only 50% of health facilities are fully functional (WB report, 09-2021)
• The access to basic health services has been influenced by a variety of factors, including socioeconomic status, security, the functionality of the health-care system, which affects service availability, and the scarcity of qualified health care providers.

• Most of the qualified health system experts have fled the country and left the capacity of the two MOHs suboptimal.

• Health care providers have not received their salaries for the last 5 years.
• Despite current humanitarian efforts, out-of-pocket expenses have skyrocketed, overburdening Yemeni patients (before war, the OOP was 67%)

• Difficulties in the supply chain of medications and medical supplies, also the quality of those available medications remains questionable

• Above all, COVID-19 has exacerbated also the already strained health-care system.

• Created a huge burden on private sector, the safety and quality of care is totally compromised.
III. Challenges

1. Lack of involvement of patient/families in the medication management process.
2. Immature medication safety culture.
3. Lack of effective communication between health care professionals across the medication management process.
4. Lack of effective communication between health care professionals and patients.
5. Lack of use of technology (financial crisis).
6. Absence of use of medication safety protocols.
7. There is no clear system for detecting errors, or reporting either at national level or facility level
IV. Suggestions to improve medication safety

1. Support the role of patient/families in medication management process.
2. Activate the role of clinical pharmacist in medication management process.
3. Enhance effective communication between health care providers and between the patient in the entire medication management process.
4. Enhance the medication safety culture and learning from the mistakes.
5. Adopt and enforce using medication safety protocols (higher level MOH).
There are few activities that are currently in the plans for quality and patient safety in Yemen and mainly supported by Humanitarian partners (WHO and other NGOs)

• Adopt quality and patient safety assessment tool in the humanitarian context.
• Agreed on minimal Q & PS standards and indicators.
• Train the assessors from NGOs side and MOH, target selected hospitals and PHC facilities
• The aim is to come up with a plan for Q & PS improvement and seek UN agencies and donors to fund the process.

• Despite limited infrastructure, discouraged HCWs, and a lack of operational funding for HFs, patient rights were not enforced, but colleagues decided to start with something.