

Patient-safety incidents during COVID-19 health crisis in France: an exploratory sequential mixed-methods study in primary care

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CONTEXT

COVID-19 pandemic: global health crisis, unprecedented rapid reorganization of primary and secondary care
Lockdown announcement + successive governmental measures in France = multiple changes in the routine of patients (especially concerning their care)
Combining these constraints resulted in an expected increased risk of specific patient safety incidents (*Gandhi J Hosp Med. 2020*)

OBJECTIVES

- To collect and analyze patient safety incidents identified by French general practitioners (GPs) during the first wave of the COVID-19 health crisis
- To identify and understand the contributory factors that can be addressed to mitigate similar incidents during future waves or similar crises

METHODS

Design: an exploratory sequential mixed-methods study of GP-reported patient safety incidents

1- Patient safety incidents inclusion criteria

- Patient safety incident : "an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient" (*Sherman Int J Qual Health Care. 2009*)
- Inclusion criteria: patient safety incidents that occurred during the COVID-19 pandemic but were not related to COVID-19 infection and/or COVID-19-related care, occurring in primary care only

2- Data collection & coding

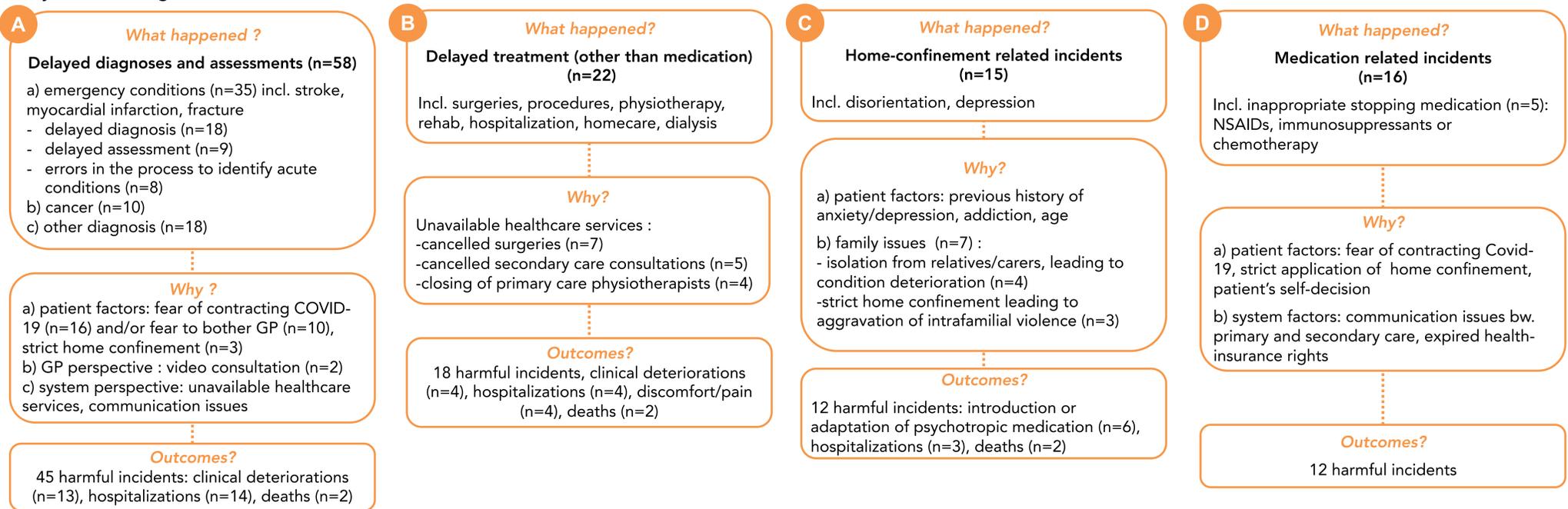
- National survey sent via email to the national *Collège National des Généralistes Enseignants* on April 2020, 28 (one reminder)
- Patient safety incident report form based on the UK Royal College of General Practitioners Reporting and Learning from Patient Safety Incidents guidance (2017)
- Double coding of incident reports by six trained coders: i) incident types (primary and contributing incidents), ii) contributing factors, iii) outcomes, iv) harm levels

3- Analysis

- Exploratory analysis using frequency distributions and cross-tabulations
- Sampling of frequent incidents, harmful incidents, unexpected insights: creation of new codes
- Recommendations for improvement: informed by contributing factors, iterative searches of the literature, and consultation with topic experts

RESULTS

132 reports of patient safety incidents, reported by 103 GPs, describing 247 incidents in total (132 primary incidents and 115 contributing incidents), 285 outcomes, 263 key contributing factors



DISCUSSION

Limitations

Underreporting + GPs reports only + limited quality of some reports = this study should be considered as *exploratory* only

Propositions for improvement efforts for primary care practitioners

Fear of contracting COVID-19 in general practice offices / fear of bothering GPs

- ➔ Improve direct communication with patients on practice organization: websites, appointment platforms, emailing, SMS, or close communication with local media
- ➔ Necessity to update preferred contacts of patients

Prevention of home confinement consequences

- Guidelines on how to prioritize and proactively contact vulnerable patients do exist (at risk of infection, with uncontrolled chronic disease, or experiencing social needs)
- ➔ Those criteria should be extended to patients with addiction
 - ➔ External assistance to assist GPs may be needed

Maintenance and follow-up of necessary care through coordination and communication in the cancellations of secondary care appointments, procedures and surgeries

- ➔ Systematically inform GPs of these cancellations through automatic emails
- ➔ Invite GPs to reprogram care deemed necessary
- ➔ Generalization of crisis hotlines and videoconferences

Maintenance of physiotherapist care

- ➔ Physiotherapists should help to maintain high priority care for vulnerable patients, in case of any new major crisis. Also, they should be provided with appropriate personal protective equipment
- ➔ Favored communication between physiotherapists and other healthcare professionals could help to detect patients who require rehabilitation before a degradation of their conditions

CONCLUSION

During the early phase of COVID-19 pandemic, some patient safety incidents occurred due to the lack of primary care preparedness to the unprecedented magnitude of health crisis.

There is an urgent need for a national primary care emergency response plan, that would include precise recommendations to help primary care practitioners organize effective communication with patients, screening of vulnerable patients, and efficient care coordination.