

CONCLUSIONS

Primary care patient safety research is at an early stage of development, with research efforts concentrating on describing the safety environment rather than intervening to improve it. As recently as five years ago, primary health care providers were more or less exempt from considerations about patient safety and they were excluded from the seminal patient safety reports from the US⁹ and the UK.¹⁰ Since that time there has been a growing recognition of the increasingly urgent need to reduce patient safety threats in primary care settings.

The methods of primary care patient safety research are well recognized and replicable so it is likely that they will become more widely used, refined, and ultimately deliver more useful knowledge than is currently available. The methods tend to be mainly pragmatic, dominated by studies using reporting systems that have been set up specifically for research purposes. These studies have not yet resulted in national

patient safety strategies appropriate for primary care. However, they provide a form of anticipatory testing and show that primary health care providers are generally receptive to the idea of identifying and rectifying risks to patient safety. An integrated information and incident management system is probably ideal for managing threats to patient safety in both primary and other health care settings.⁹² To develop the study, measurement, and improvement of patient safety in primary care settings, there is a pressing need to address the rigor with which research is designed in order to make their results generalizable. Researchers need to consider methods that will address the internal validity of the measures produced by their research, as well as maintaining the current concern for external validity.

Only a small amount of research has investigated patient safety in primary care from the perspective of patients. To date patients' views have been heard only through small-scale

qualitative studies or in the analysis of complaints and risk management systems. An early challenge to address is how to incorporate patients' perspectives on patient safety using valid methods that are devoid of medico-legal threats to clinicians. The sustainable methods of reporting that have identified threats to patient safety from providers' perspectives have been far less successful in eliciting patients' experiences of patient safety threats. There is a need to develop methods that allow patients more voice in researching the patient safety agenda in primary care (and other) settings. Involving patients in this type of research is likely to result in measures of patient safety that are different from the current metrics, all of which are focused on the provider perspective.

Measures of primary care patient safety are still under development and there are no agreed outcome measures of "safer" care. Identifying and measuring harms related to primary care patient safety incidents is a research gap. Some harms such

as death may be applicable across health care settings but others, such as wrong side surgery, are not relevant to primary care research.

Barriers to healthcare access, extended waiting times and emotional disaffection, generally not considered serious harms in hospital-based research, may turn out to be important outcomes of patient safety incidents in primary care because of their long-term consequences in terms of reducing trust in the health system, consequent low use of preventive care and resultant higher need for emergency and acute care. The debate currently is whether these outcomes relate to quality or safety. More research is needed.

Relatively few countries appear to be engaged in primary care patient safety research. This review shows the dominantly western nature of the published scientific literature.

Attempts to increase the efforts at an international level should ideally consider ways to engage a broader range of communities and health care settings, including developing

countries and different cultural groups.

Much useful work has been done but the study of patient safety in primary care is still in its infancy.

Acknowledgements

The authors wish to thank Dr David Bates of the Division of General Internal Medicine, Brigham and Women's Hospital and External Research Lead of the WHO World Alliance for Patient Safety for his contribution and leadership. The members of the Methods & Measurement working group of the WHO World Alliance for Patient Safety are: Ross Baker, William B Runciman, Carlos Aibar, Susan Dovey, Rhona Flin, Richard Lilford, Philippe Michel, Santawat Asavaroengchai, Claudia Travassos, and William Weeks.