

Patient Safety and UPCM

It's been more than a decade since my deanship, but I still clearly remember what I said during my first College Council in 2012: "Patient safety will be the College's main research agenda...with the purpose of establishing high-level expertise and state-of-the-art facilities to develop competencies of medical and paramedical health professionals towards safer patient care and better health outcomes, thus making health care safer for Filipinos."

We have seen over the past three decades a tremendous shift toward viewing patient safety as a global health policy. This stemmed from the realization that we in the medical community do not know where we are in the area of patient safety. In terms of medical errors, for example, we needed to segregate systemic issues from one-off incidents. Consequently, there had been no cohesive and integrated approach to patient safety.

The situation triggered efforts to address patient safety in the Philippines and other parts of the world. Global discussions eventually culminated in the creation of the World Alliance for Patient Safety during the 55th World Assembly of the World Health Organization (WHO) in 2002.

In our home front, the University of the Philippines College of Medicine (UPCM), we have completed and published faculty-initiated translational research focusing on the four evidence-based areas of patient safety that the WHO deems deserving of priority: medication errors, falls and fall-related injuries, hospital infection control, and disability weight determination for vehicular crash injuries. We have also embarked on the safety of some of our herbal medicines. To sum up the age-old mentality of "see one, do one," the clinical simulation lab is now in full swing.

Patient safety is a very complex process. As James Reason explains, there are the person and the system approaches. "...the recognition that errors are inevitable in complex systems and that improvement requires transparency and collaborative problem solving" is mandatory.¹ In UPCM, to achieve this mandate, I, together with Dr. Lynn Panganiban of Pharmacology, have recruited faculty from different colleges to serve as our core movers in training and implementing programs. This is headed by Dr. Diana T. Lachica of the Department of Medicine with interprofessional faculty: Department of Medicine (Deonne Thaddeus Gauiran); Department of Anesthesiology (Karl Matthew Sy Su); Department of Pharmacology and Toxicology (Ma. Concepcion Sison); College of Nursing (Jennifer Paguio, Aldin Gaspar, Josephine Carias, John Joseph Posadas and Aprille Banayat); College of Pharmacy (Frances Lois Ngo, Charles Mandy Aryan, Yolanda Robles); Charissa Rosamond Calacday; and Christine Ching Benosa.

They have successfully conducted training modules and conventions with defined goals, a transparent system of priorities and action points to be implemented. Still, there are still a significant amount of unmet needs: a dedicated staff whose only task is patient safety, financial sustainability, and collaborative effort with institutions outside of the University of the Philippines.²

Behind all these is a need for "a strong unwavering leadership that sets the tone, prioritizing the tools, and creating an environment of open communication and action..."³ This I asked of our core group and the UPCM administration.

To our faculty and colleagues already involved and still to be involved, imbibe "professional humility," for traditional emphasis on physician autonomy and perfection can make it difficult.⁴ We have spent long hours and even longer years to promote patient safety; the day will come when we can proudly claim to have a Center for Healthcare Quality and Patient Safety.

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