Like every coin has two sides, the Indian healthcare delivery system has both strengths and weaknesses in terms of safety of patients. Among many fastest growing sectors, health care is prominent in the country. Modern, state-of-the-art hospitals with the highly skilled professionals are available. The health professionals of India have high reputation and are in demand all over the world. They have multi linguistic skills which help them to communicate well with patients. The cost of treatment is comparatively low and cost effective. Unlike developed countries, the waiting time for seeking health care services is less in India. The cost of health insurance is comparatively low. People in India are becoming health conscious and are keen to have quality health care. The health infrastructure has expanded substantially in the past few years. Yet, the health indicators are unfavourable in the country. India has about 20 percent of all maternal and the highest under five mortality in the world. Every year about 1.9 million babies die before they see their first birthday. Every hour one newborn baby dies in the country (UNICEF, 2008). The delivery of health care is challenged by a wide range of safety problems. Though the health care sector is growing rapidly, the health care practices in hospitals are poorly organised thus in turn affect the safety of patients. The traditional medical oath – first do no harm – is rarely violated intentionally by health professionals, but the fact remains that the patients are harmed everyday across the country in the course of receiving health care.

**Patient Safety**

In India more than 15,000 hospitals are providing tertiary, secondary and primary level care to 1.2 billion plus population. Out of total 70-80 percent of tertiary care is provided by private and/or public-private partnerships. Secondary healthcare is a lopsided mix of both, private and public. Government health systems cater mostly to primary care. Though the percentage is less, the number of beds at the tertiary public sector is almost four times more than the private sector. Overcrowding, poor standard of hygiene, limited facilities are the common features of Government hospitals. They are the victims of an economy which spends less than 2 percent of its gross domestic product (GDP) on health (Gawande, 2003). An inadequate resource especially in the government setting creates a negative impact on the performance of health care system. Comparing with private sector, the workload of government health professionals is much higher. They are the unfair target of criticism during healthcare crises.

Due to these reasons today about two-third of people in cities have started seeking the private sector for their health needs. This may also be due to more personal and patient-friendly environment of private sectors at the time of treatment (Healthcare, 2001-02). Medical tourism has been a spur for these private institutions to strive for high standards (Gross, 2006). With limitations in public health care spending, private sector has a major role to enhance the healthcare infrastructure in India. These largely unregulated private sectors are one of the biggest hurdles for government regulation. As accreditation is not mandatory in India, only few hospitals have been accredited. It is an obstacle for improving the overall efficiency and management of health services (Gawande, 2003). Along with private hospitals private teaching colleges have also mushroomed in the past two decades. Though the country is producing substantial number of health care professionals every year from these institutions, the standard of skill imparted during training is grossly inadequate (Nagappa et al, 2008).

The standards of training are also uneven. This has negative effect on the quality of patient care. In spite of large production, there is an acute shortage of health care professionals due to migration outside and within the country for better prospects and financial benefits (Buchan et al, WHO 2003). They are also not equally available in the country. Due to shortage, the existing manpower is burdened with over work pressure and long duty hours (Raha et al, 2009). So far no action has been taken at higher level to solve this problem by filling the vacant posts or providing facilities for professionals to retain them in the system. This has caused low morale, dissat-
isfaction and demotivation among them which in turn has diluted the quality of patient care. Besides, the relationship between care providers is highly hierarchical in the Indian hospitals. As a result there is always only one way communication and poor teamwork among care providers. So the doubts on patient care remain unclarified and often lead to safety problems. When mistakes occur, the health professionals hesitate to admit it for fear of blame and punishment. Thus the incidences go unnoticed and the weakness in the system remains uncorrected (Nagappa et al, 2008). The relationship between care provider and consumer is less trusting and the communication gap between them is increasing because of more complex health care. India still requires a system for reporting errors and lapses of discipline when an adverse event occurs (Vincent, 2003). Lack of policy is another constraint for providing safe care. Besides these, the current marketing strategies applied by the companies of pharmaceutical and medical equipments have influenced the prescribing practice of doctors. This has caused great confusion among consumers about the status of medicine and medical equipments in treating diseases.

**Errors in Health Care**

The health professionals are expected to practice and provide care in a responsible and safe manner. However human error is inevitable at times due to complex health care delivery systems such as acute hospital care. One reason for the occurrence of adverse events and medical errors is that absence of evidence-based information on what works to prevent them (Fact Sheet, 2005). The factors such as increased volume of work, complex interventions and technology, cost constraints, work force pressures and under skilled staff contribute significantly to the human error (Volpp & Grande, 2003). The other reasons of medical errors are basically due to wrong or missed and delayed diagnosis, sophisticated technology which demands for array of investigations, introduction of thousands of new drugs by pharmaceutical companies and specialisation which has led to experts in a wide range of body systems, diseases, settings, procedures, and therapies. The chances of errors are more when severely ill patients are treated with complex intervention in intensive care units. Medication errors occur during transcribing, adjusting correct dose and diluting concentrated drugs for intravenous injection. Unsafe injection practice such as reuse of syringes and needles, poor quality of medical equipment and substandard drugs pose severe threat to patient safety. By and large errors occur because of bad systems and not bad people (Pronovost et al, 2005). In addition absence of policy or guidelines, no proper monitoring, no proper recording of vital signs, no realisation on the severity of sickness, lack of staff, lack of equipments etc. are the reasons for things going wrong.

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**Improve Patient Safety**

Quality care and patient safety are the priority areas in the Indian healthcare system. Quality cannot be achieved without patient safety (Brennan et al, 1991). To promote patient safety incidents, the system and the people in the system need to be proactive and try to define the weak points in the system and take appropriate steps.

**Confirmation of Patient’s Identity**

In today’s hectic health care environment, it is especially important to confirm a patient’s identity prior to conducting any procedure. Correct identity is crucial before performing any investigations such as X-ray, blood collection, blood transfusion, laboratory investigation, and surgery. It is imperative that a wrist band is worn by the patient stating his name and hospital number (Chassim & Becher, 2002). Identity on the basis of bed number or name is essential in case file is insufficient.

**Hand Washing**

Hospital-acquired infections pose a significant threat to the safety of patients. Evidences show that most of the hospital-acquired pathogens are transmitted from patient to patient via the hands of health care providers. Hand washing is the single most effective way to prevent the spread of infection (NPSA, 2003). Sensitisation of health care professionals, patient and family on importance of hand hygiene is essential to prevent infection and promote patient safety. In service education on importance of hand hygiene and infection control need to be imparted.

**Safe Medication Administration**

To ensure safe medication administration, it is essential to follow 6 ‘R’s such as Right patient, Right medication, Right dose, Right route, Right time and Right documentation before administering medication (NPSA, 2007). Other important points to prevent medication errors and improve safety are ensuring better lighting and less clutter in work areas where medications are prepared, keeping distractions and noise levels to a minimum, standardising
medication labels and packaging, marking medications that can have a dangerous effect as ‘high alert’ (National Quality Forum, 2003) and ensuring that the patients are given identification bracelets showing their names and allergies.

Safe mobility to prevent falls

To ensure safe mobility of patients, it is essential to assess patient’s fall risk upon admission. Patient should be placed on a bed that enables him to exit towards his stronger side whenever possible. Before assisting him with transfer and mobility his coordination and balance need to be assessed. All moveable equipments need to be locked before transferring patients. Patient care articles should be placed within reach. Unsafe physical environment such as poor lighting, wet floors, spills, clutter, electrical cords, and unnecessary equipment should be avoided. Implementing bowel and bladder programmes will help to decrease urgency and incontinence, the common cause of falls in elderly patients.

Improving communication

To avoid error, effective communication skill between health care professionals is essential. The information communicated to patients, family and / or health care providers should be clear and easily understood and complete. All pertinent information must be said with less detail. Too much of details can confuse the receiver instead of helping him to understand. Timeliness of giving the information is important especially when communicating with patient care-related issues. Any delays in patient-related communication will often lead to patient being compromised (Witherington et al, 2008). It is important to make sure that the information communicated is acknowledged and verified by the receiver in order for the exchange of information to be effective.

In addition, availability of policy or guidelines, evidence-based information, care pathways, patient information leaflet for common procedures, anonymous and confidential clinical incident reporting, regular communication on patient safety initiatives, establishing patient safety culture, proper monitoring, proper recording of vital signs, realisation on the severity of sickness, adequate skilled manpower, adequate resources etc. are essential for improving patient safety in the health care setting.

Conclusion

Though the health professionals do not make mistakes intentionally, most mistakes occur due to system failure and not due to mistakes by health professionals on their own. It is important to identify the factors responsible for medical errors in the system and take measures to prevent them in future. It is equally important to learn from the mistakes made and to make sure that the patients are safe in the hands of health care professionals.

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