Patient safety is a fundamental principle of health care. Patient safety emphasize the reduction of risk of unnecessary harm associated with healthcare to an acceptable minimum. Every point in the process of care-giving contains a certain degree of inherent un-safety. Patients are harmed during health care, either resulting in permanent injury, increased length of stay in health care facilities, or even death.

Clear policies, organizational leadership capacity, data to drive safety improvements, skilled health care professionals and effective involvement of patients in their care, are all needed to ensure sustainable and significant improvements in the safety of health care.

Safer primary care

Primary care services are at the heart of health care in many countries. They provide an entry point into the health system and directly impact on people’s well-being and their use of other health care resources. Unsafe or ineffective primary care may increase morbidity and preventable mortality, and may lead to the unnecessary use of scarce hospital and specialist resources. Thus, improving safety in primary care is essential when striving to achieve universal health coverage and the sustainability of health care. Safer primary care is fundamental to the Sustainable Development Goals, particularly to those related to ensuring healthy lives and promoting well-being for all at every age.

Patient engagement

Patient engagement is as an integral part of health care and a critical component of safe people-centered services. Patient engagement promote mutual accountability and understanding between the patients and health care providers. Primary care is often the first point of contact of patients with the health care system. Therefore, primary care offers a good starting point for further engaging patients throughout the system. Informed patients are more likely to feel confident to report both positive and negative experiences and have increased concordance with mutually agreed care management plans. This not only improves health outcomes, but also advances learning and improvement, while reducing adverse events.

Education and training

Primary care is guided by eight core principles: access or first-contact care; comprehensiveness; continuity of care; coordination; prevention; family orientation; community orientation; and person-centeredness. Ensuring that the core characteristics of primary care are included in the education process of all health care workers will help to build a health care culture where safety and quality are valued because they are central to patient well-being. Efforts to improve safety must include educating the workforce. The composition of the primary care workforce varies substantially by setting. However, regardless of the structure of the primary care workforce, pre-service and in-service education en-
hances the safety and quality of care by ensuring that individu-
als are well prepared to perform their required duties, thereby
reducing errors due to gaps in knowledge or skills.

Human factors

Human factors consider three domains of system design:
physical, cognitive and organizational. The physical domain
focuses on how the human body and physical activity interacts
with work design, for example, the layout of computer desks.
The cognitive domain focuses on how mental processes inter-
act with other elements of systems. This includes memory,
information processing and decision making. The organiza-
tional domain focuses on how individuals and teams interact
with tools and technologies.

Administrative errors

A patient safety incident is an event or circumstance that could
have resulted, or did result, in unnecessary harm to a patient.
Such incidents arise from either unintended or intended acts.
Errors may thus be defined as a failure to carry out a planned
action as intended or the application of an incorrect plan. Er-
rors may manifest by doing the wrong thing (errors of commis-
sion) or by failing to do the right thing (errors of omission) at
either the planning or execution phase . This includes a broad
range of errors, including those associated with records, tests
and transitions of care.

Diagnostic errors

Errors in hospitals have been found to be significant, but it is
also important to be aware of diagnostic errors in primary care.
Diagnostic errors are relatively common in primary care and
most people will likely experience a diagnostic error in their
lifetime .

Medication errors

Many studies have described medication error rates in hospital
settings, but data for primary care is relatively scarce . How-
ever, given the sheer number of prescriptions issued in primary
care, there is still the potential to cause considerable harm in
absolute terms. Undesirable outcomes include adverse drug
reactions, drug-drug interactions, lack of efficacy, suboptimal
patient adherence and poor quality of life and patient experi-
ence. In turn, these may have significant health and economic
consequences, including the increased use of health services,
preventable medication-related hospital admissions and
death .

Multi-morbidity

People often live with many health conditions. Ageing popula-
tions and the increase in long-term conditions mean that the
number of people with multiple health conditions is set to rise.

This “multi-morbidity” or the coexistence of two or more chronic
conditions in the same individual has a specific impact on
safety issues in primary care. Patients with multi-morbidity are
at higher risk of safety issues for many reasons: poly-
pharmacy, which may lead to poor medication adherence and
adverse drug events, complex management regimens, more
frequent and complex interactions with health care services
leading to greater susceptibility to failures of care delivery and
coordination, more vulnerability to safety issues due to poor
health, advanced age, cognitive impairment, limited health
literacy and co-morbidity of depression or anxiety.

Transitions of care

Transitions of care are an integral part of a patient’s journey
throughout a health care system. This can involve a number of
interfaces between primary, community and hospital care. The
constant in these transitions is the patient, and their families
and care givers. Thus, it is imperative that the patient’s role
and responsibilities are considered central to any strategies
that support safe and effective transitions of care.

Electronic tools, or e-Health

Electronic tools, or e-Health can have an important impact on
safety in primary care. Well-designed and implemented, the
use of information and communication technologies in health
service delivery can link health care workers with one another
and with patients and families in order to provide high-quality
care that is safer, more reliable, more efficient, equitable and
sustainable .

Experts from around the world identified that key vulnerabilities
for patient safety in every health system include communica-
tion and teamwork, ordering and interpretation of diagnostic
tests, data management, transitions between levels of care,
and completeness of patient records .

Every day many people are treated safely and successfully
within the primary care system. Advances in technology and
knowledge have made this possible, but they have also cre-
ated an immensely complicated healthcare system. In this en-
vironment patient safety is of the highest importance and tak-
ing this concept forward might seem daunting.

Source:http://www.who.int/patientsafety/topics/primary-care/en/

Compiled by;
Dr. Shilanthiseneviratne
Epidemiology Unit/
Ministry of Health/ Colombo.
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<th>Division</th>
<th>Dysentery</th>
<th>Typhus</th>
<th>Leptospirosis</th>
<th>Cholera</th>
<th>Meningitis</th>
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Table 1: Selected notifiable diseases reported by Medical Officers of Health 24th – 30th June 2017 (26th Week)
### Table 2: Vaccine-Preventable Diseases & AFP

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<tr>
<th>Disease</th>
<th>No. of Cases by Province</th>
<th>Number of cases during current week in 2017</th>
<th>Number of cases during same week in 2016</th>
<th>Total number of cases to date in 2017</th>
<th>Total number of cases to date in 2016</th>
<th>Difference between the number of cases to date in 2017 &amp; 2016</th>
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#### Key to Table 1 & 2


Data Sources:


#### Dengue Prevention and Control Health Messages

**Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them**

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Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to cepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication

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