

Patient involvement interventions to improve patient safety in rural practice

Access to health care services, access to appropriate information, socio-economic determinants of health and geographical distribution are amongst factors to be taken into account when designing patient involvement interventions for primary care providers in rural areas.

The aim of patient involvement models is to enable the provider to use interventions that meet the individual patient and family needs, promote attitudes and behaviors that can support and encourage the patients in their journey in the health care system.

The patient/family and provider relationship in rural areas is often closer than in urban areas however this is not always a positive factor for patient safety purposes.

We recommend health care professionals working in rural areas:

1. Integrate patient involvement with regard to patient safety in their practice, with specific attention to the patient's perspective, healthcare professional-patient relations.
2. As the patient's first and often unique contact with the health care system, rural primary care team members have the duty to promote patient involvement and take the initiative to ask, encourage, invite and welcome patients to be involved, both at a group and individual level.
3. Explore the patient's and companion's needs, concerns and expectations
4. Take into account what are the available resources when setting up case-management plan.
5. Use a checklist as part of the consultation process with patients. The below checklist is recommended to be used in:
 - first consultation for any new complain/symptom/illness
 - change in the management plan of any chronic condition
 - situations where during consultation seems that the patient or companion are unaware or misunderstood advice, information

Question	Check (v)
1. Is there an agreement between the patient and me concerning the purpose of the contact ?	
2. Is the patient sufficiently informed about his/her condition?	
3. Have any problems concerning communication issues , including the option for involving a relative, a companion or a caregiver been addressed?	
4. Have the patient's options and choices for management of the condition been sufficiently described?	
5. Has the patient expressed specific concerns , and have they been adequately addressed?	
6. Has the patient been informed about next step and appointments (time, date, location, name of professional)?	
7. Does the patient have an updated list of medicines ?	
8. Has the patient been informed of precautions and actions to take if the condition develops in an unanticipated direction?	

6. Encourage patients to give feedback on safety incidents, near misses and safety concerns and tell them how to do it .Practices to provide contact details-phone /email address, message book in the waiting room,feedback form to enable patients to reflect their opinion and reassure patients about confidentiality. Incoming information to be discussed within the team and actions to follow according to rural patient safety tool

7. Establish easy, accessible ,appropriate ways of communicating with patients to help them solve their questions or concerns about treatment, care or safety issues as soon as possible excluding any fear for possible consequences.

8. Initiate establishment of patient groups involving local community leaders and organize meetings with these groups at the practice.