

Committing to patient safety

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Patient safety is a discipline which has evolved along with increasing sophistication in healthcare services. It is defined as “the prevention of harm to patients”.¹ Such harm is further defined as the accidental or preventable injury that can emerge as a result of the provision of healthcare itself. Patient safety aims not to simply minimize risks of unsafe events, but additionally, to actively eradicate the harm that occurs to patients every year due to unsafe healthcare practices.¹

The impact of adverse events is such that four out of every ten patients globally are estimated to be harmed in primary or ambulatory care.² The WHO suggests that around 130 million unsafe events that occur every year are possibly one of the ten leading causes of mortality. Both lamentable and appreciable is the fact that about 80% of these incidents of injury are preventable. The problem is worse in lower-middle income countries (LMICs) such as Pakistan. These countries bear the brunt of poor quality healthcare.

The issues of patient safety range from patient misidentification, diagnostic to medication errors, mismanaged transfusions to unsafe surgeries.³ In Dermatology many untoward events e.g. wrong biopsy site selection, local

atrophy after triamcinolone injections, hazards of smoke by-product of electro surgery and lasers are some of the additional problems in everyday practice.⁴ Multidrug-resistant organisms (MDROs) pose a significant challenge for personnel and medical facilities.⁵ Overcrowding of the facilities is yet another factor giving rise to potential unsafe events.⁶ Poor team work, lack of standard procedures, active administration, communication and patient involvement in their own healthcare underpin the urgent need and necessity of patient safety.

The first step in establishing a response is to identify all hazards by closely following and scrutinizing the patient care process in outpatient and in-patient setting.⁷ Hospital infrastructure modifications and shift durations, especially those of medical residents, can have a considerable impact on the occurrence of adverse events. Patient centered strategies for ensuring safety are likely to be even more effective. Studies have shown that patients being engaged and becoming allies of healthcare professionals in their own healthcare can significantly reduce the risk of unsafe events. These include straightforward and punctual appointment scheduling and family and caregiver engagement. Hospitals must reaffirm that their sanitation and general patient atmosphere meets suitable standards.⁸

A foundational idea in this discipline is that of continuous improvement predicated on learning from errors and unsafe events. In a sophisticated

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and stressful hospital environment, errors are inevitable. However, a robust system paired with a culture of safety as a priority are easy remedies. The system must be a cycle of prevention, followed by reflection on and analysis of errors which is then used to create protocols to be included in a culture of safety that involves hospital staff, partnered patient safety organizations, and patients. Moreover, health professionals must not make the mistake of treating patient satisfaction and patient safety as isolated and separate responsibilities. Doctors must take ownership and responsibility not just for treatment but the safety of all that goes into, and revolves around, treatment.⁹

Patient safety is inseparable from patient satisfaction. Often there are visible results of the former reflected in the latter as better patient outcomes. Safe practices reduce duration of hospital admission, probability of re admission and mortality. All of these additionally have a financial benefit for the hospital and the health care provision system.

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