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PATIENT SAFETY MANUAL/POLICY

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PATIENT SAFETY MANUAL

INTRODUCTION

Healthcare is largely driven by human resources, errors are expected to happen; the aim shouldbe to minimize them, wherever possible. The foundation of a safe healthcare system rests on a skilled and self-motivated workforce, well-designed job responsibilities; clear instructions and defined targets, guidance on performance outcomes; right equipment, and so on. All processesmust be patient-centric with a commitment to safety and understanding root cause of errors. Safety in healthcare means a patient is free from errors arising out of his clinical, laboratory, and other service domains. Treatment is guided by investigation reports; hence, laboratory results must be made fool-proof. Clinical microbiology is a science of infectious diseases in its entirety. It starts with prevention and control of infections in the hospital, diagnosis of infections, treatment guided by antimicrobial susceptibility, antimicrobial stewardship, and quality assurance. When the laboratory and clinical aspects collaborate, diagnosis becomes easier, treatment gets more objective and evidence-based. With minimal errors in diagnosis, targeted treatment and better interdisciplinary collaboration, patients start to benefit.

PATIENT SAFETY

Patient safety is the process of reduction, avoidance, and prevention of adverse outcomes or injuries during a healthcare process. It has emerged as a separate discipline in the wake of complex healthcare systems that aim at risk prevention and reduction. It incorporates principles of continuous quality improvement and safety by learning from errors and adverse events.

FACTORS EFFECTING PATIENT SAFETY

Factors in patient safety programs can be facilitators or barriers. The facilitating factors, include recruiting adequate human resources, medical equipment and facilities, quality assurance, improving employees' attitude, training, and communication with

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patients/relatives. Barriers include professional hierarchy, error reporting, feedback, a collaboration between multi- professional teams, communication with colleagues, and proper handover of patient data.

CONCERNS IN PATIENT SAFETY

— The World Health Organization (WHO) has enlisted some factors as main concerns in patient safety. These include medication errors, diagnostic errors, healthcare-associated infections, unsafe surgical care and procedures, unsafe injections practices, unsafe transfusion practices, radiation errors, sepsis, and venous thromboembolism (blood clots). A third of these are concerned with microbiology services and infection control. A few more elements relevant topatient safety include fall/injuries, communication errors, patient identification errors.

ADVERSE EVENTS AND PATIENT SAFETY

Adverse events due to unsafe care is one of the 10 leading causes of death and disability in the world. To evaluate interventions for reducing medical errors and adverse events, effective methods for detecting such events are required. Adverse event is defined as an injury caused by medical management rather than the underlying condition of the patient and a medical erroras the failure of a planned action to be completed as intended or use of a wrong plan to achievean aim. A preventable adverse event is an adverse event that results from an error. Medical errors occur much more frequently occur than adverse events and medical events outnumber adverse drug events by 100-1.

Medical Errors in Healthcare

Medical errors are preventable adverse events. They can be errors of omission (due to actionsnot taken) or errors of commission (wrong action taken). Common medical errors

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include adverse drug events, burns, equipment failure, failure to provide prophylactic treatment, falls, improper transfusions, misdiagnosis, delay in diagnosis, or failure to utilize the appropriate test as well as a failure to act on the laboratory result, mistaken patient identities, pressure ulcers and deep vein thrombosis, preventable suicides, restraint- related death, surgical injuries, under/overtreatment or errors in administering treatment (wrong dose or wrong site of administration), wrong-site surgery.

Patient Safety Goals to Reduce Medical Errors

- Identification of patient safety dangers and risks.
- Correct patient identification by confirming the identity in at least two ways.
- Improve communication.
- Prevention of HIFs by following hand hygiene, antibiotics for postoperative infections,catheter changes, and invasive device-related precautions.
- Preventing mistakes in surgery by double-checking.
- Using device alarms on medical equipment and ensuring their use.
- Medication safety-double-checking labelling and correctly passing on patient medicines to the next provider.
- Labelling all medications, even those in a syringe.
- Extra care with patients on anticoagulants and chemotherapeutic agents.
- Prevention of nosocomial infections by hand washing before and after visiting eachpatient.

Unsafe Injection Practices

Unnecessary use of injections and unsafe injection practices are rampant and a frequent cause of errors. Unsafe injection practices are harmful practices that place the patient, healthcare workers, or the environment at risk of infection. The healthcare burden of unsafe injections in India can be estimated by an attributable fraction of 12%, 38%, and 46% for HIV, hepatitis C,and hepatitis B, respectively.

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Healthcare-Associated

Infections

Nosocomial infections pose a serious burden for hospitals, patients and the entire society. They are inherently associated with patient stay in a hospital or other facility providing medical services 24 hour a day. Hospitalized patients who often have a reduced immune resistance, undergo various types of treatments and consequently are more susceptible to infection than healthy individuals. The common HAIs are urinary tract infections (UTIs), bloodstream infections (BSIs), surgical site infections (SSIs), and pneumonia. Device-associated infections continue to be the biggest burden. Diagnosis and treatment of HAIs require the support of a clinical microbiology laboratory. With regular and prompt diagnoses, HAIs can be successfully treated and prevented.

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Role of Clinical Microbiology in Patient Safety

Clinical microbiology deals with microorganisms in health and disease, pathogenesis, treatment, and follow-up until clinical and/or complete recovery. A hospital microbiology laboratory has two main functions: diagnosis of infections and HAI prevention and control. Effective clinical microbiology services support appropriate diagnosis and management of infectious diseases, promote antimicrobial stewardship, infection control, provide surveillance data, and aid in outbreak investigation. In many district hospitals, there may not be any bacterial culture facility. Therefore, the treatment of infectious diseases relies solely on empiric antimicrobials, burdening healthcare with further antimicrobial resistance (AMR).

Diagnostic steps in microbiology implies appropriate use of laboratory resources in patient management, impact clinical outcomes, and limit AMR.

Diagnostic errors

The most common diagnostic errors include ordering inappropriate tests, wrong interpretation, failure to follow-up, and refer. Delay in treatment after diagnosis results in increased costs and prolonged treatment. Diagnostic errors may be committed by clinicians, radiologists, pathologists, or microbiologists. Diagnostic errors can be classified as cognitive, system errors, and no-fault errors. Cognitive errors result in misdiagnosis due to faulty data collection or interpretation, or incomplete knowledge. "System errors" result from an imperfect healthcare system leading to a delayed or missed diagnosis. "No fault errors" occur during the diagnosis of new or rare diseases.

PATIENT SAFETY GOALS

1. Identify patients correctly
2. Improve effective communication
3. Improve safety of high-alert medication
4. Ensure safe surgery
5. Reduce the risk of healthcare-associated infections
6. Reduce the risk of patient harm resulting from falls.

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COMMITMENT TO PATIENT SAFETY- IN DENTAL WORLD

Transmission of infectious agents among patients and dental health care personnel in dental setting is rare. However, need to focus on the basic infection prevention procedures included unsafe injection practices, failure to heat sterilize dental handpieces between patients and failure to monitor autoclaves.

Patient safety achievement in dentistry is followed by:

- Administrative measures
- Education and training
- Dental healthcare personnel safety
- Standard safety measures
- Respiratory hygiene/Cough etiquette
- Sharps safety
- Sterilization and disinfection