

# Quality

[Health & Medicine](#), [Nursing](#)



Quality Research Quality research The CNE Continuing Nurse Education offers an in-depth discussion on the safety of the patients through the delivery of excellent health care. In the medical profession, the patient's safety is the core of the service delivery likened to Maslow's hierarchy of needs that include physiological, safety, and biological needs. There is a little achievement if the clients do not feel safe with the kinds of services offered. Since health care is a sophisticated system, it is vital to ensure an ongoing and focused patient safety via a continued undertaking of quality research. The CNE article uses reliable data through showing consultations with the IOM report of 2000 and the studies of James in 2013. For instance, by referring to the studies such as that of James, it is clear that the research conducted is of high quality, reliable, and valid. The assumption is that the study involves the identification of preventable adverse events that are readily applicable in the hospital contexts. For example, some of the preventable adverse events encompass the errors of omission, errors of context, errors of commission, errors of communication, and those of context.

The experimental design used in this article entails several measures concerning the patient safety and culture. Besides, the experiment includes varied elements of the patient safety culture that undergo developments. The design in this context gains confidence by using numerous tools to ascertain the safety of the patients. Some of the tools involved include the safety attitude questionnaires, safety cultural surveys, and the safety cultural improvement tool. There is tailoring of the instruments to various individuals to gain a broader perspective of the issue in question.

Contextually, the tools targeted the hospital staff, the patients, and the medical personnel. Thus, it is a good design for the analysis of the safety of patients in the health care setup.

Ulrich & Kear (2014) have managed to use accurate data and statistics from recognized studies and reports. For instance, the IOM report indicates the numbers of people injured and those that died due to preventable adverse events. In spite of the accurate use of this data, the research fails to carry out a critical statistical analysis to ascertain and give feedback to the individuals that participated in the surveys and questionnaires.

In summary, the article provides an account of what safety has entailed in the US after the patient safety took the center stage of the health care system. It reflects on the IOM report that captured the headlines of the nation concerning the safety of the patients. Through this reflection, the article offers a deeper insight into what has been happening in the patient safety and safety culture. It also captures the history of the movement of patient safety and describes the conceptions of patient culture and patient safety as fundamentals of health care service delivery.

In this context, there is an ease of the access of the evidence gathered by Ulrich & Kear. The study clearly identifies the sources from which it obtains the evidence and relates it to the current status of the patient safety and culture. The evidence used in the article gives a clear indication of what the state was some years back as compared to the apparent situation of patient safety.

The features of quality measurement are diverse encompassing the importance of the measurement that entail its relevance to the stakeholders,

the potentials of improvement, and the health importance. Additionally, it involves the applicability in measuring the aspect of the equitable distribution of the health care services. The second dimension is that the measure should be of scientific soundness that is, it should have measurable properties. In this case, the assurance should be reliable, valid, comprehensive, and exhibit allowances for patients. Moreover, the measure needs to be feasible having enough data and explicit specifications of the denominator and the numerator. Finally, it must contain scientific soundness in the clinical logic perspective, this incorporates the strength of the evidence and its explicitness (AHRQ, 2015).

Several questions arise regarding this article, they include the reasons of the Quality Assurance (QA) measurement and the benefits of the QA. Further, the people who have the mandate to carry out the QA and when is it necessary.

## References

Agency for Healthcare Research and Quality (AHRQ). (2015). Desirable Attributes of a Quality Measure. U. S Department of Health & Human Services. Web. May 21, 2015. Retrieved from [http://www. qualitymeasures.ahrq. gov/tutorial/attributes. aspx](http://www.qualitymeasures.ahrq.gov/tutorial/attributes.aspx)

Ulrich, B., & Kear, T. (2014). “ Patient Safety and Patient Safety Culture: Foundations of Excellent Health Care Delivery.” *Nephrology Nursing Journal*, 41(5), 447-457.