

Managing quality, risk and cost in health and social care



Aikesh Shrestha

Health dysfunctions and quagmire faced by the people, demands health professionals to stay on the cutting edge of their field and battle rigorously to mitigate the tribulation encountered by the patients. The prelude and the implementation of new technology, regarding the diagnosis and treatment of health abnormalities have certainly assuaged a spate of serious health hazards and aftermaths it embodies. Despite of such exceptional accomplishment in healthcare science, health professionals has not been able to downturn the rate of detrimental incidents prevalent in the hospitals or any healthcare organisation. The condition is even aggravated by the accusation of suffers and bereaved family member that the deliberate act of medical staffs has led in the increment in detrimental episode and high mortality rate. Though lack of experience and supervision of healthcare professionals, may contribute to increment in adversities, it is totally absurd to allege healthcare profession, as there is existence of plethora of lurking complication like medication errors, negligence, shortage of manpower, physical condition of patients, long stay of patients in hospital and cross-infection within healthcare system that might have generated horrendous incidents. Thus, this essay will stress about those covert factor that might have led to sudden gush of untoward issues faced by the patients and healthcare institution.

Health services and patients care are the kernel objectives of health system. The health workers like general practitioner, nurses, and other allied profession deploy all their expertise and knowledge to alleviate the misery and hardship of the patients. But all the arduous efforts and skills to amend <https://assignbuster.com/managing-quality-risk-and-cost-in-health-and-social-care/>

the health dysfunction go in vain when patient's health condition deteriorates and further expires. In Australia, around 0.5 million people per year with ill health visit hospitals for treatment, though 50% of these health disorders are curable, health worker has to face 4% of casualties and around 11% of disabilities (Paull 2014). Myriads of ground breaking research have been carried out to address the reason behind the prevalence of adverse event in health system. In a research, Hargreaves, J. concluded that due to adverse event there were about 3,000 casualties per year in Australia (Walton, Merry, & Runciman. 2007). In 2007, Walton, Merry, & Runciman, (2007) stated that the issues like (18%) default in operation, (16%) nosocomial infection, (11%) physical status of patient and (14%) inaccurate interpretation of diseases were the major factors inducing adverse events in hospitals, followed by other minor issues, such as, equipment default, late admissions, needless procedure and other health disorders. The nature of the medical disorders whether urgent surgery is mandatory or not, also contributes to variation in the occurrence of surgical or operational errors. For instant, in emergency cases like heart failure, severe brain stroke and in other lethal cases, prompt action must be taken. In that circumstance, the risk factor for committing unintentional blunder increases. These errors basically occur due to 'surgical complication' (Bo et. al), limited time frame, wrong approach of the operation, unavailability of equipments and absence of adroit manpower. (Truskett & Watters 2013). In 1903, to clarify that the surgical default occur in hospital are purely accidental, Codman differentiated three types of surgical faults, namely "commission", "omission" and "ignition" and further concluded that rate of adverse events were generally occurs due to commission and omission defaults as both <https://assignbuster.com/managing-quality-risk-and-cost-in-health-and-social-care/>

defaults were unintentional rather than ignition; intentional error (Truskett & Watters 2013).

Another most prevalent error that has induced severe event in healthcare organisation is “ medication error”(Bruce 2009). The issues regarding inappropriate use of drug has created problems in most of the health organisation around the world. According to Bruce, in land of kangaroo, about 28% of health related negative circumstances have been associated with an inappropriate use of medication and further enlightened that half of these errors are mostly executed by general practitioner and the rest by nurses and pharmacist. Medication flaws encompass errors like blunder during prescription of medicine, dispensing defaults, inappropriate administration of drug, monitoring and clerical glitch (Sewal et al. 2014). In a research experimented by Hickner et. al (2013), stated that the primary medication fault that aid to adverse events is irrelevant prescription (70%) of drug, followed by administration mishaps (10%), poor documentation (10%), improper dispensing (7%) and lack of apt screening (3%). The error related to prescription is frequently linked with the general practitioners as clinicians generally issues drugs in response to the nature of health dysfunction. This sort of prescription default might be encountered in cases like; lack of experience (junior medical staff), lack of information about the drug and drugs’ composition, side effects associated with the drug, inaccurate diagnosis, and wrong interpretation of laboratory findings (Simon et. al 2010). Likewise, errors such as, improper administration of medication and monitoring are generally committed by the nurses (Härkänen 2013). Factors like expiry date of drug, lack of proper administration of drug dose, wrong

selection of drugs, “ wrong route” (Runciman, Merry & Walton 2007), complex drug labelling, negligence and lack of knowledge about the aftermath of drug (Sewal et al. 2014), risk the welfare of patients in the hospital. In addition lack of proper coordination between the nurses, poor handover, communication and documentation fortify the unfortunate episode in healthcare. Thus, it has become mandatory to understand the burden of wrong medication and consequences and reduce the misadventure in healthcare system.

On the other hand, negligence of the health care workers as well as healthcare authority has also smoulder the existence of deteriorating condition of the patients. In healthcare system, the entire profession has to be conscious and alert about the facilities and care delivered to the patients. Even a minute negligence may create maelstrom and cause harm to the patient health status. Negligence usually occur in situation like patient identification, monitoring of intravenous line, medication, oxygen supply for critical patients, ECG reading and record keeping. The cardinal reason for the increment in the detrimental issues in the healthcare system is due to negligence in documentation. For instant, Runciman, Merry & Walton (2007) clarified that, in Australia, due to negligence in patient identification, around one half of the patients undergo wrong surgical approach, which is not acceptable for the wellbeing of the patient as well as the healthcare organisation. Documentation, where electronic or hand script, is the most essential tool for the identification of the patient; understand history and condition of the patient and undergo proper treatment associated with the health dysfunction. Substandard detailing and inadequate information about

the patient health status certainly leads to wrong approach and misinterpretation of the diagnosis of health disorder. Another aspect related with negligence of healthcare workers is nosocomial infection (Wolkewitz et. al 2013). Poor handling and care of patients, improper and unhygienic instrumentation leads to the origin of hospital born infections (generally septic, wound infection and urinary tract infection) within the patients, and in addition these infections not only bring adversity and complication in health of patient but also aid to long stay of patients in hospital. On the flip side, these “ bed blockers” (Borghini et. al. 2013) block space for the new admissions that need to get treated urgently, but unavailability of bed aid to adversity in hospitals.

Physical status of the people and age group also play a major role in the unexpected incidents and death in the hospitals. In impaired condition like heart related disorders, hypertension, severe brain stroke, trauma, poor hygiene and lifestyle, there is high probability of inimical ambience in healthcare (Khamis, Abdulmohsen & Nofal 2011). In case of age group, the chances of casualties due to adversities increases with age of the patients as aged people are physically and mentally susceptible to myriads of chronic diseases, despite of the prompt treatment. It is asserted by Australian medical records that rate of mortality is 10 times more in aged people above 65 than younger generation (Runciman, Merry & Walton 2007). In Australia, according to Australian Bureau of Statistics, the ageing population has mushroomed in last decades so the chances occurrence of these adverse events certainly creates mayhem in the healthcare system.

Centralisation of the healthcare system has also induced adverse incidents in rural and remote area of the world (Runciman, Merry & Walton 2007). In Australia, majority of people reside in metropolitan cities, where healthcare facilities are easy to access, but in rural area due to lack of proper infrastructure, in adequate equipments, short supply of healthcare workers, limited health facilities worsen the situation.(Struber 2004; Higgine et. al 2011). In case of special medical attention rural and remote dwellers of Australia has to travel in urban area but due to geographical structure, dreadful road and dismal transportation hinder to get immediate treatment and further leading to major upset in the increment of mortality rate. So, this kind of issue needs to be solved immediately by both the healthcare workers and the health authority as statically the management team also responsible for the existence of these adversities in healthcare system. It has been statically stated that 85% of problems in the healthcare organisation is due to lack of proper involvement and supervision of management and only around 15% of problems is associated with the direct involvement of the healthcare workers (Paull 2104). Management team should survey the cause of these events and if necessary must amend the situation from getting worst circumstances.

Adverse event certainly is an inevitable truth prevalent in the healthcare system. Healthcare organisation is generally established with an intention to provide quality services and facilities to the public. Though there has been a marvellous breakthrough and achievement in health science, healthcare system has failed miserably, to reduce the rate of detrimental event and casualties. Issues like medication errors, poor documentation, negligence,

short supply of healthcare workers, physical and natural of illness and long stay of patients have fuelled the rate of adversity in health system. Lack of knowledge about these lurking flaws, suffers keep on blaming health profession for the adverse event occurred during their stay in hospital. Thus to minimise this chaos in health institution it is necessary to understand the factors associated with the adverse event and recuperate the condition for the robust relationship between the health workers and patients.

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