

Improving health care quality and patient safety in an acute care setting

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Improving Health Care Quality IMPROVING HEALTH CARE QUALITY Nurses in acute care are positioned uniquely to decrease preventable and unpreventable occurrences of adverse effects that may affect patients' outcomes. Such examples of adverse events that are preventable include procedure-related errors, equipment errors, and treatment errors including medication. Non-preventable adverse effects can include sepsis following an acute and unpredictable injury. Patient safety emphasizes reduction of adverse effects that are preventable that arise from medical errors (Healy, 2009). Adverse events, which are preventable, traditionally dealt with through focus on mistakes from individuals, are now accepted to result, not from human error alone, but also from failure of systems. For this reason, it is important to maintain safety and quality of healthcare in acute settings. Preventable adverse effects, in particular, are believed to be because of systemic and latent failures in care-delivery systems. The key to ensuring safety and quality in acute healthcare settings is using defense mechanisms, which can identify and interrupt situations that could be dangerous (Healy, 2009). One example of this in an acute clinical setting is the systematic surveillance of patients by nurses that may serve, as a defense mechanism to stop dangerous situations, as well as strategies for error recovery. There are several key challenges that face quality and patient safety in acute settings. Systemic factors like underuse of technology in existence, failure to include family and patient in making decisions, poor collaboration from healthcare members, inadequate resources, and poor staffing is one of them. Another challenge has to do, with human factors like the skills and education of nurses, to implement quality and safety strategies (Healy, 2009). Novice

nurses, especially, are overwhelmed by time and task constraints, which prevent them from integrating the “big picture” that effective improvement of quality and patient safety in acute care settings requires. Resources like data access and time are vital in the performance of comprehensive assessments. Healthcare workers who are interrupted, distracted, or responsible for functions that are not related to nursing will not have enough time to devote to this improvement. Collaboration, which is essential to this improvement, especially with patients and their families, has influence on acute patients’ outcomes (Healy, 2009). Policies or unit structures that are not conducive to this collaboration impede the process, as well as adversely affecting the outcomes of the patient.

Various strategies can be used to improve quality and patient safety in acute settings. For one, the setting could optimize the practice of surveillance. The facility would have to educate its staff on effective processes of surveillance and evaluation of effective surveillance impact on patients’ outcomes, for instance, prevention of medical errors and adverse events (Healy, 2009). Insight into surveillance and its effectiveness requires research into processes, which may be used, by nurses, in systematically carrying out evaluation and analysis of patient data on their environment. An assessment of the current activities, which are currently underway in management of risk and improvement of quality, should also be carried out to evaluate how effective they are in addressing the overlap between patient safety and quality. This should be followed by the establishment of a structure that ensures that activities involved in patient care are addressed via a coordinative manner that involves the improvement of patient safety,

management of risk, as well as improvement of quality (Healy, 2009). This should be done in order to show the stakeholders the important role that quality and patient safety improvement will hold in the functions of the acute setting.

References

Healy, Judith. (2011). Improving health care safety and quality : reluctant regulators. Surrey : Ashgate.