Is Patient Safety Something You Think About in Your Practice?

In 2001, the **Institute of Medicine** (IOM) published *Crossing the Quality Chasm: A New Health System for the 21st Century*, which outlined fundamental changes that must be made in order to improve healthcare in the United States. Here is a quote from the book:

> *"The U.S. health care delivery system does not provide consistent, high-quality medical care to all people. Americans should be able to count on receiving care that meets their needs and is based on the best scientific knowledge—yet there is strong evidence that this frequently is not the case. Health care harms patients too frequently and routinely fails to deliver its potential benefits. Indeed, between the health care that we now have and the health care that we could have lies not just a gap, but a chasm."*

Although the concepts in the books have been widely implemented in the inpatient setting (**100,000 Lives Campaign** and now **5 Million Lives Campaign**), not as much has been done in the outpatient setting, predominantly because inpatient safety has been (rightfully) highlighted by needless deaths and injury (**The Josie King Story**, **The Dennis Quaid Story.**) These same concepts must be applied in the outpatient setting to achieve improved patient care and patient satisfaction. Ultimately, patients will **demand** to know what medical practices are doing to provide safe, effective, patient-centered, timely, efficient and equitable care. This is a great book to read (you can read it online) and think about in preparation for the changes coming with healthcare reform,

“Payment for Performance” (P4P) and electronic medical records promulgation.

Aim #1: Care should be **SAFE:** Patients should not be harmed by the care that is intended to help them. Current estimates from the **Agency for Healthcare Research and Quality** place medical errors as the eighth leading cause of death in this country. About 7,000 ”” people per year are estimated to die from medication errors alone ”” about 16 percent more deaths than the number attributable to work-related injuries.

Aim #2: Care should be **EFFECTIVE:** providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit. Estimates are that about half of all physicians rely on clinical experience rather than evidence to make decisions. But should they? Experts say that physicians in most practices do not see enough patients with the same conditions over long enough time to draw scientifically valid conclusions about their treatment.

Aim #3: Care should be **PATIENT-CENTERED**, respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions. One study of physician-patient interactions showed that physicians listen to patients’ concerns for an average of 18 seconds before interrupting. Medical schools are beginning to place greater emphasis on the development of good patient-interaction skills.

Aim #4: Care should be **TIMELY:** reducing waits and sometimes harmful delays for both those who receive care and those who give care. Many hospital Emergency Departments (EDs) are symptomatic of a system that cannot reliably give timely care. One recent survey revealed the average wait at “crowded” EDs was one hour. One third of U.S. EDs report they must periodically divert ambulances to other facilities.

Aim #5: Care should be **EFFICIENT:** avoiding waste, including waste of equipment, supplies, ideas and energy. Some experts estimate that most physicians are productive only 50% of their time, in part because the system works against them. Working smarter, not harder, can reduce non-clinical work and increase "face time" with patients.

Aim #6: Care should be **EQUITABLE:** care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status. There is a growing number of studies showing disparities in care and treatment for some population groups. The implications can be dramatic: for example, the life expectancy of a black child is seven years shorter than that of a white child in Baltimore, Maryland, USA.

You can download a PowerPoint program from the Institute for Healthcare Improvement (IHI) that cover the concepts in the book for free **here**. Registration is required, but it is free and gives you access to lots of tools and resources.

You can also read the book for free online by clicking on the "READ" icon below. No registration is required.

What books, websites, blogs, organizations or people would you add to the list of resources to prepare us for the changes of the future?