

Doctor's Digest PODCAST Best Practices: Patient Safety "How to Improve Patient Safety in your Practice"

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Why has it been so difficult to create a healthcare system that can prevent medical harm? As a recent report from the Consumers Union stated, "There have been countless task forces, conferences, editorials, and even episodes of Oprah focused on patient safety. But action . . . has been sluggish, leaving us without reliable means to track our progress or hold the local healthcare systems accountable for ending preventable patient harm."

Improvements in patient safety and quality of care in the ambulatory setting are finally moving out from under the shadow of initiatives that have focused on inpatient care. Historically, safety efforts focused on hospitals more than on outpatient care because the magnitude of errors is lower in the outpatient sector, and mistakes there don't lead as often to patient deaths. But what about the individual doctor in a private practice? Until fairly recently, it was considered sufficient for doctors to have the knowledge and skills required for their particular area of expertise. But that is rapidly changing. Today, according to Dr. Allan Frankel, a patient safety advisor on the faculty of the Institute for Healthcare Improvement, doctors need not only a basic understanding of safety improvement methods and processes, but also an ability to lead the way to change, given the complexities of modern healthcare.

Certainly there are many opportunities for safety improvement in the outpatient setting, according to Dr. Bruce Bagley, medical director for quality improvement for the American Academy of Family Physicians. Here are four steps that he recommends for you to improve safety in your own office:

First, train your staff to practice injection safety. Dr. Bagley cautions, "Don't just give a shot, walk out the door, then have the patients faint and bump their heads." Instead, patients should lie down or at least be observed for a short time following their injections.

Second, make sure that your elderly patients get an "eyeball assessment" by your nurse to determine how agile they are and whether they are going to need help to change into a gown and lift themselves onto your examining table.

Third, meet with your staff to discuss safety systems that you will be using. If you make certain that all members of the team are doing the same things in the same way, you'll be more likely to hold accountable those who fail to follow the procedures. "If you don't have that discussion," Dr. Bagley says, "you don't have any agreed-upon game plan, and nobody holds anybody to anything."

Last, check your office's emergency preparedness. What is your plan if a patient has a cardiac arrest in your waiting room? Is a defibrillator available? Does someone check the crash carts regularly to make sure the medications are there and are up to date.

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