

Patient Safety and Its Components

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Patient safety is an important branch of knowledge, which has emerged within the past two decades¹. However, the definition and structure of the field remain nebulous despite its wide acceptance and legitimacy. Therefore, it is crucial to define and present the structure of patient safety in order to create a shared image of the concept.

Patient safety could be defined as the elimination of damages in patients, as well as a state of no possible harms to patients. In this regard, 'patients' and 'harm' are defined based on the cultural constructs in different regions and epochs. With the progress of communities, individuals might be included and excluded from the proposed definitions of 'patients' and 'harms' as these concepts constantly evolve throughout time.

Patients

The term 'patient' is a product of medicalization, traditionalism, and elitism. In the Oxford Dictionary, the word 'patient' (as a noun) is defined as an individual receiving or registered to receive medical treatment². As such, patients must be ill to receive treatment from conventional roles (medical doctors and nurses) in conventional settings (hospitals and clinics). Medical doctors and nurses who interact with patients must have adequate medical knowledge and training and be qualified for the treatment of patients. Hospitals and clinics are long-established institutions for care provision. Currently, the conventional roles or settings must be present in order to create patients. Although not educated in medicine, environmental care personnel regularly interact with patients in hospitals, and nurses play a key role in the provision of care for patients even with minimal tasks, such as making house calls.

The term 'patients' has become more complex with the emergence of new treatment methods in parallel with the Western medicine, such as chiropractic and other forms of alternative medicine. Despite acknowledging the role of chiropractors in the treatment of patients, we are not sure whether herbalists also interact with 'patients' or 'clients' in the provision of care. Although psychiatrists provide treatment for 'patients', the term 'clients' is preferred to mention the individuals receiving psychiatric care services. Additionally, as a novel healthcare profession, home health aide does not involve interactions with 'patients', but rather with 'clients' despite common practices such as the use of medications and provision of care.

In brief, the boundaries associated with defining the concept of 'patients' are the remnants from the past, which have been deeply entrenched in the society. As such, we are willing to expand and limit the term in proportion to scientific progresses and prejudices.

Harms

Similar to the concept of 'patients', the term 'harms' is also a cultural construct. Early medical and surgical treatments are considered harmful based on the current standards, while the definition of 'harms' continues to evolve as well. Currently, 'harms' in healthcare are defined as adverse outcomes such as death, injuries, and infections. Moreover, with the further acceptance of mental health services, we have expanded our understanding of 'harms' to encompass mental conditions as well.

Despite the mentioned definitions, patients are easily asked to undergo surgeries that involve incisions, pain, and possible injuries, which may adversely affect their physical and mental health. In the coming 20-30 years, surgeries will be regarded as hazardous, harmful procedures for the health of patients. On the other hand, depriving patients of seeking treatment alternatives due to the lack of medical insurance, monetary resources, and appropriate citizenships might be rendered harmless by the state or healthcare providers. Also, the significant financial burden and medical costs are still considered as potential 'harm' to patients by the society. In general, the definition of 'harms' is relatively subjective and is based on the feedback received from the society.

The Components of Patient Safety

Patient safety is often assessed based on five outcomes of error, adverse events, infections, injuries, and mortality. These outcomes are the final measures used in patient safety to articulate the harms faced by patients. However, these outcomes are passive means of achieving patient safety. As such, it is crucial to wed these outcomes within the proximal and distal causes that affect patient safety.

The merging of outcomes and causes leads to the development of the components of patient safety, which include the state policy, diagnosis, medications, surgical operations, infections, and injuries. This classification has been decided since the mentioned components demand a wide range of expertise, knowledge, and skills in order to achieve patient safety.

The components of patient safety are depicted in Figure 1 and arranged in a hierarchical fashion based on their visibility. Accordingly, the injuries affecting patient safety are more visible compared to components such as state policy.

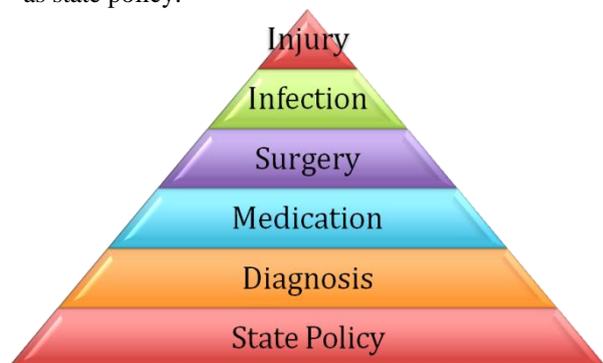


Figure1: Components of Patient Safety

The component of state policy, which encompasses healthcare policies, medical insurance, medical education, and residency training, could directly influence patient safety. For instance, a patient who waits for months before seeking treatment due to the lack of insurance might be harmed by the state policy.

Additionally, the state policies associated with poverty, poor housing, and racism could adversely affect patient safety. For instance, patients living in underprivileged areas may continue to suffer from asthma due to poor housing conditions. Therefore, this patient safety component demands the policy-making expertise of patient safety scholars, as well as adequate knowledge in various other fields, such as sociology and social sciences.

Diagnosis is another component of patient safety, which involves the required skills and knowledge to diagnose diseases. Inaccurate disease diagnosis could lead to short-term and long-term harms in patients.

Therefore, this component demands an excellent knowledge of medical practices and the most recent scientific discoveries, as well as the understanding of the communications between patients and the healthcare professionals who are responsible for disease diagnosis.

Medication is the third component of patient safety, and an example of failure in this component is the prescription of false medications or administration of

low/high drug doses for patients. As such, this component requires the expertise of pharmacists, physicians, and the other professionals involved in the processes of prescribing and selling medications.

Surgery is the fourth component of patient safety.

Surgery is associated with significant harms and complications in the patients, such as laceration and hemorrhage. Therefore, this component demands expertise in surgical sciences, engineering, and biology.

Infection is the next component of patient safety, which is a common complication of surgical operations.

Infections may also occur due to antibiotic resistance in patients. Patients experiencing infections in hospitals or other clinical settings could be properly examined by microbiologists, pharmacists, and medical professionals.

Injuries are the final component of patient safety, which involve self-inflicted injuries by patients in hospitals or other clinical settings. The current physical environment and design of medical equipment might contribute to patient injuries, and therefore, this component demands expertise in engineering, design, and general injury and safety sciences.

It is notable that the mentioned components of patient safety do not have rigid boundaries, and several other components could present simultaneously. The placement of each patient safety scenario in its respective component or multiple components depends on the meticulous examination of the associated causes and outcomes. For instance, the case of a patient who falls and is injured due to having a busy nurse who could not answer the call bell could be categorized under the component of injuries or even state policy if the high nurse-patient ratio was due to the shortage of nursing staff.

Establishing the components of patient safety allows the effective assessment of patient safety in medical divisions. Furthermore, it provides the necessary structures to achieve the optimal state of patient safety.

These components enable us to view all the aspects influencing the image of patient safety and recognize the interconnections of various components, as well as their effects on each other. As a result, they help us pursue the required expertise and skills to address each component indecently, ushering an active movement toward constant reflection about the definitions, consequences, and solutions of patient safety.

Keywords:

Components; Definition; Patient safety

References

1- Donaldson MS, Corrigan JM, Kohn LT, editors. *To err is human: building a safer health system*. National Academies Press; 2000 Apr 1.

2- Oxford Dictionaries [Internet]. Oxford Dictionaries. 2018 (Accessed on 9 January, 2018 at <https://en.oxforddictionaries.com/definition/patient>).