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Time to change our perspective on safety

A journal with the mission of reporting on the most important themes and topics of the healthcare system and its managing structures must also focus on both patient and staff safety. We must not forget to discuss and reflect upon these topics, especially in times of economic crisis and financial insecurity. Therefore we would like to introduce our readers to new innovative measurements and methods to take care of their clients and colleagues and also reduce errors and high costs.

The simple fact is that mistakes can happen in any situation and areas of human interaction. Another fact is that in most cases, smaller mistakes are often ignored or overlooked, or no greater significance is given to them before a disaster has happened. One of the most well-known reports in the healthcare sector is the American Institute of Medicine To the Err is Human report in 1999: Building a Safer Health System. No report since has garnered more attention. A Harvard Medical Practice Study found that each year, 44,000 to 98,000 Americans die because of medical mistakes. The number of deaths was so high that they were able to compare it with a daily jumbo jet crash. Until this report, almost nothing had been done in the area of patient safety. After time, some measurements, strategies and later risk management was established. Also the WHO has defined its own risk factors, the High Five Recommendations. Based on my experiences in healthcare I would recommend each hospital to implement a risk management strategy. You should work with the international standards of the WHO in connection with national standards and individual measurements for each hospital.

In addition to patient safety, the safety of hospital staff must also be a priority. Workplace safety is better guaranteed with adopted, legitimated and defined rules and handlings. Nevertheless, accidents happen; needle stick injuries can result in infections (HIV, hepatitis B/C) and a trip, fall or slip can result in a fracture. Defined rules and allowances are given to the employee but most of these accidents happen because of human carelessness or negligence.

Every hospital manager knows about the existing rules and protocols for patient and staff safety but maybe it is time to change our perception on it. For greater safety perhaps we should focus on unique interdisciplinary collaboration between doctors, nurses, pharmacologists and the administration. Also the traditional, rigid hierarchies must be abandoned, without forgetting the importance of good management. Nevertheless, an established and well managed risk management should be in place in excellently managed hospitals. These are some important steps towards good managed safety for patients and staff.

For the future it is advisable to think about how we are able to cope with the changing patient population. As everybody knows the demographic development shows a huge rise in old people. So the health sector will be much more concerned or engaged with older and sicker people than today. In conjunction to the age-related diseases the diversity of cancer and autoimmune diseases are increasing. For these challenges we have to be prepared.

This issue of (E) Hospital also includes a Slovakian country focus. Slovakia has a contributory insurance system, all residents are compulsorily insured by one of the five public health insurances. Those are controlled by a governing body. Another interesting singularity is that patients are bound to their primary care physicians for six months (general practitioners, pediatricians, gynaecologists and dentists).

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