



Patient Safety: Paradigm shift of modern healthcare delivery and research

Complex, modern, high-tech, multidisciplinary, multi-professional healthcare service delivery system has revolutionized the present healthcare system. It has resulted in increased life expectancy and quality of life. However, reduction of unintentional but serious harm to the patient and delivering ambulatory healthcare at their doorstep is still the challenge in such a complex, fast-moving, and pressurized work environment. [1] Adverse events, adverse drug reactions, and erroneous clinical decision-making may happen. Thus, implementation of patient safety and its research is, now, recognized as one of the important components of safe and quality care. [2]

A lack of qualified healthcare professionals and the extra burden of healthcare on them may be one of the causes of unsafe patient care. [3] The patient overload distracts professionals and impairs their ability to proper communication. The present-day patient-centered research should include the capacity of healthcare institutions, their organizational structure, and interprofessional communication. Additionally, evaluation of burnout, healthcare provider fatigue, and exhaustion of the healthcare staff is yet another aspect that should be contextually explored in relation to patient safety in each organization. [4] Therefore, accreditation of the institutions for adequacy of healthcare delivery and medical schools for their quality training is paramount to reduce the unsafe culture of committing negligence and misdiagnosis thereby decreasing additional burden of morbidity and mortality.

The accessibility of safe and quality medication to the patient can ensure the safety of the patient. Not only, the minimization of adverse drug reactions, drug-drug interactions, and drug-food interactions may reduce hospitalization and the additional burden of therapy but also the monitoring of medical devices for their proper functioning and accurate results will decrease the chances of unsafe practices.


Even wrong site surgery or wrong identification of patients may jeopardize patient safety during surgical procedures. Furthermore, improper anesthetic practices and lack of their monitoring will

increase the chances of harm to the patients. Their stepwise corrections through research-led input will result in the safety of patients in the operation theatre and other critical areas such as intensive care units. The safe use of syringes after sterilization, vigilant blood transfusion, and good clinical practices of safe drug administration can decrease the adverse incidents. Another category of patients vulnerable to have adverse incidents is infants during their perinatal period, pregnant females in the antenatal and postnatal period, and the elderly age group. Hospital-related infections and surgical site infections can be reduced by continuous research quality data evaluation.

The World Health Organization is leading the drive to assist universities and medical schools in building the competencies to strengthen patient safety education to deliver patient-centered clinical care. [5] They have come up with a “Patient Safety Curriculum Guide: Multi-professional Edition”. It contains the principles and approaches that have multi-professional perspectives into building the patient safety training module and safe patient delivery services in the hospitals.

There is a need of recognizing and incorporating patient safety in the training curriculum of healthcare students. The WHO has delineated eleven topics that should be part of a modern medical training curriculum. The delivery of curriculum should incorporate the definition of patient safety, the application of human factors in patient safety, and understanding the complexity of patient care with respect to the healthcare delivery systems and their impact. There should be more stress on inter-professional teamwork, collaboration, and learning to prevent harm to the patients. So that they can understand the management aspects of clinical risk with quality improvement methods. They have a role in infection prevention and control. However, increase in the prevalence of non-communicable diseases puts a burden on the healthcare system to provide quality care. Therefore, there is a need for engagement with patients and associated cares. It is imperative for healthcare staff to provide

Article Summary: Submitted: 10-February-2022 **Revised:** 26-February-2022 **Accepted:** 12-March-2022 **Published:** 31-March-2022

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	<p>DOI 10.55349/ijmsnr.2022.2112</p>	<p>How to cite this article: Imran M. Patient Safety: Paradigm shift of modern healthcare delivery and research. Int J Med Sci and Nurs Res 2022;2(1):1–2.</p>

patient safety in invasive procedures and improve medication safety.

This is aimed at preparing a patient safety curriculum, capacity building for healthcare students to develop a safe practice environment, orient the institution for the topics of patient safety, and achieve international collaboration on patient safety education. This will shift the paradigm for patient-centered care and research in the future. The implementation of the structural framework to ensure patient safety is an all-inclusive effort encompassing quality and efficient healthcare from primary to tertiary healthcare levels, establishing a robust system of reporting of adverse events, and a sensitive healthcare workforce who are competent for mitigating the unsafe incidents. This can be achieved by two-pronged approach such as optimum training and translation of these competencies into the improved health care. The transference of safe practices by administration and regulatory agencies for surgeries, childbirth, injections, drug administration, medical device, and blood transfusion will benefit the patient. Thus, newer dimensions of research studies for quantification of burden of therapy due to unsafe practices, hospital acquired infections, and implementation of patient safety protocols throughout the healthcare system can be prioritized.

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Dr. Mohammed Imran, 

MBBS, MD, DNB, PGDPRA, MNAMS.,

Associate Professor,
Medical Pharmacology,
College of Medicine and Health Sciences,
Sohar, National University of Science and
Technology, Sultanate of Oman.

Email ID: imran@nu.edu.om