

2011

Quality of Healthcare - Clinical Errors

Pavlakis, Andreas

<http://hdl.handle.net/11728/6773>

Downloaded from HEPHAESTUS Repository, Neapolis University institutional repository

E D I T O R I A L

Quality of Healthcare - Clinical Errors

Andreas Pavlakis, RMN, PhD

Lecturer, Faculty of Economics and Management, Health Care Management, Open University of Cyprus, Nicosia Cyprus

Corresponding author:

Andreas Pavlakis, Lecturer, Open University of Cyprus

Faculty of Economics and Management, Health Care Management, POBox 24801, 1304 Nicosia, Cyprus

Tel: +357 99314033, Email: a.pavlakis@ouc.ac.cy

Abstract

Lately, clinical mistakes grew in numbers and this trend is evident in the findings of recently-released surveys. Furthermore, it is obvious that clinical errors, in addition to financial costs, affect negatively the quality of health care but, most of all, they affect patients, health professionals and their respective families.

Key- words: clinical error, quality health care, people's opinion, patients' safety

Introduction

The first and foremost reason of the hospitals' existence is to provide constant, unobstructed and qualitative care to patients (Pavlakis 1992). Patients, too, seek for adequate access to health care services as well as quality health care that reach and surpass their expected levels of satisfaction and responsiveness (Kyriopoulos et al 2003).

The World Health Organization has established early on that quality in health care must include diagnostic and therapeutic procedures and practices so as to ensure the best result possible (WHO 1993), while the United Kingdom's Ministry of Health, simplifying the concept of quality in health care, determined that it should be "the right things for the right people at the right time (Department of Health 1998).

According to the above, the occurrence of clinical errors injures severely the provided health care and, in so doing, its quality. Apart from the statistical insignificance that clinical errors may have when compared to the total of health care services, it should not be overlooked that for the particular patients and their families any clinical error is experienced as one hundred per cent.

The lack of quality in health care services in recent years is showcased in relevant literature where the care provided is portrayed as asymmetrical to the wealth of scientific knowledge, unsafe and insufficient to the patients' needs (Institute of Medicine 2001; Institute of Medicine 2001b; Murray 2000).

Patients' safety

In light of the above, the European Commission investigated - for the first time at a European level - health care systems and public confidence in health care services through the Special Eurobarometer on clinical errors.

The term "clinical error" is an emotionally charged term for both patients and health professionals. However, we should always bear in mind that mistakes are human (Institute of Medicine 2001b) and will always occur throughout the professional life of health care professionals.

It is obvious that clinical errors appear within the structure and organization of healthcare services provided in a country. Some of these are the result of negligence; some cause some kind of damage, while most happen without causing any damage to the patients.

Consequently, patient safety ranks high in the priorities of the European Union given that the findings of recent surveys show a growing number of countries in which clinical errors are appearing systematically.

For example, almost 50% of all Europeans fear they could be harmed by healthcare and over 25% of those surveyed claimed that they or a member of their family had experienced harm in a healthcare setting (European Commission 2011). Furthermore, the European Centre for Disease Prevention and Control (ECDC) estimates that nosocomial infections occur in 5% of all hospitalized individuals and ECDC also estimates that, every year, 37 000 deaths are caused by the above mentioned infections.

People's opinion

The Special Eurobarometer (2006) revealed that EU citizens worry, know and experience such a problem. Specifically, almost 4 out of 5 Europeans (78%) perceived errors as a serious problem in their country and they were informed via mass media for clinical errors and 40% of them are very or fairly worried about being exposed in a serious clinical error. Almost, one quarter of them experienced clinical error of a family member and one out of ten experienced severe errors in drug administration.

Furthermore, Europeans entrust the health professionals but they do not trust the health systems regarding the quality of the health care, and almost half of them believe it is likely to confront clinical errors and suffer because of such errors. Finally, more than on third of Europeans have often read or heard about clinical errors, and more than half of them believe that clinical errors are unavoidable.

Remarks

The above findings both in terms of information and personal experience of medical error are quite high considering that such phenomena are not often widely publicized.

Clinical errors inevitably lead to additional financial costs burdening health care systems, both by compensating patients and prolonging hospitalization.

At the same time, it causes social disruption in the sense of loss or reduction of public confidence towards the health systems. It is not pedantic but it is a fact that clinical errors have destroyed lives and careers.

Unquestionably, measures must be adopted and implemented to eliminate or at least minimize this phenomenon that affects patients, relatives, doctors, health systems, the human dignity and the family peace of the patients, their doctors and many others.

However, the relevant measures must be compatible with the culture of each country in order to be effective. In this field there is no shortage of legislation or regulations, or general principles to ensure quality health care. Their implementation just needs to be respected and applied. If this is achieved, the costs for the rehabilitation of victims of clinical negligence, which are not insignificant, can be used for prevention programs and therefore improve the quality of life.

Last but not least, let us not forget that for the family experiencing clinical malpractice with irreversible effects, the loss rate is 100% (one hundred percent), even if in the grand scheme of things that particular case is one in a million.

References

- Department of Health (1998), A first class service, quality in the NHS, London The Stationary Office
- European Commission, Press material http://ec.europa.eu/health/patient_safety/docs/md_201004_16.pdf (access 10/05/2011)
- Institute of Medicine (2001), To err is human. . Washington, National Academy Press
- Institute of Medicine (2001), Crossing the quality chasm. A new health System for the 21st century. Washington, National Academy Press
- Kyriopoulos J., Lionis Ch., Souliotis K., Tsakos G. (2003) *Quality in Health Service*. Themelio, Athens (in Greek).
- Murray CGL, Frenk J. (2000), A framework for assessing the performance of health care systems. Bull. World Health Organ, 78: 717-730
- Pavlakakis A. (1992) Nursing Care and Nurses' legal responsibility, Nursing Chronicle, Vol. 1 (2) 24-26 (in Greek).
- Special Eurobarometer (2006) 241/Wave 64.1& 64.3 – TNS Opinion & Social, publication January, <http://ec.europa>
- WHO (1993) Continuous quality improvement: A proposal national policy, WHO Regional Office for Europe, Copenhagen