Surgery-Anesthesia2013

OMICS Group Conferences
Accelerating Scientific Discovery

2nd International Conference on
Surgery and Anesthesia

September 16-18, 2013 Las Vegas, USA

Patient safety: whose responsibility is it anyway?

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Abstract

Reducing or eliminating harm to patients is the real key to patient safety. In November 1999, the IOM published a report, To Err is Human: Building a Safer Health System, and estimated medical errors cost the economy from $17 to $29 billion each year, and approximately 44,000 to 98,000 deaths each year. While the landmark study investigated events that caused harm to patients, it did not address system failures. The Agency for Healthcare Research and Quality (AHRQ) has shown that medical errors result most frequently from systems errors. "High reliability" organizations, such as aviation, engineering, information technology, and nuclear power, employ the fault-tolerance principle to target and eliminate system vulnerabilities. The safety records of such organizations far surpass and perpetuate a culture of safety. The perioperative environment is very complex and encompasses multiple teams of care providers and transitions of care. Communication breakdowns and poor teamwork in this environment can lead to harmful medical errors, less efficient operating rooms, longer hospital stays and increased costs. To ensure patient safety, it is imperative for the members of the perioperative team to understand the importance of human factors (ergonomics), employing check lists, inter professional communication, and the fault-tolerance principle. The safety of *all* patients is of paramount concern for *all* team members.

Biography

Dr. Gwendolynn D. Randall has been an anesthesia provider for over 20 years. She received her PhD from Barry University and is currently enrolled in postdoctoral fellowship, in simulation, at Belmont University. Her areas of interests lie in Inter professional Communication and Team Steps. She serves as a journal reviewer for a scientific publication, has been involved in numerous research studies, and recently completed a book chapter for a pharmacology text book