Patient Safety
A definition for patient safety has emerged from the health care quality movement that is equally abstract, with various approaches to the more concrete essential components. Patient safety was defined by the IOM as “the prevention of harm to patients.” Emphasis is placed on the system of care delivery that (1) prevents errors; (2) learns from the errors that do occur; and (3) is built on a culture of safety that involves health care professionals, organizations, and patients. The glossary at the AHRQ Patient Safety Network Web site expands upon the definition of prevention of harm: “freedom from accidental or preventable injuries produced by medical care.”

CHAPTER 3
Integrating safety and quality

Defining patient safety Patient safety can, at its simplest, be defined as: The avoidance, prevention and amelioration of adverse

The relationship between safety and quality Avedis Donabedian, the great theorist of healthcare quality, made the now classic distinction between the structure, process and outcome of healthcare, which was fundamental to understanding that quality depended on the

The relationship between safety and quality of care has been variously expressed, presenting safety as a dimension of quality or, in contrast, on a broad continuum. Many people are content to describe the relationship between safety and quality as a continuum, with safety issues simply being the ‘hard edge’ of more general quality concerns. However, this does little more than sidestep the issue, and tends to suggest that safety and quality concerns are necessarily complementary.
### Six Domains of Health Care Quality

A handful of analytic frameworks for quality assessment have guided measure development initiatives in the public and private sectors. One of the most influential is the framework put forth by the Institute of Medicine (IOM), which includes the following six aims for the health care system.[1]

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Effective**: Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely**: Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient**: Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable**: Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

### How Can We Define “Quality” in Health Care?

Donald Berwick, MD, MPP, Former President and CEO, Institute for Healthcare Improvement

List the six dimensions of health care quality listed in a 2001 Institute of Medicine report Crossing the Quality Chas

Institute of Medicine

Institute for Healthcare Improvement
**Take-away**: Patient safety projects differ from other types of quality improvement work only in the aims and types of outcomes they pursue. All quality work focuses on the system issues that contribute to the problem under investigation. Similar methods and tools are used across all quality improvement initiatives.

**QUALITY AND SAFETY**

While both are essential, the difference between patient safety and quality has been debated for some time. Safety has to do with a lack of harm, while quality means efficient, effective, purposeful care that gets the job done at the right time for the right cost. Quality nursing care also means meeting and exceeding the expectations of the client. Safety focuses on avoiding bad events while quality focuses on doing things well (Hospital Safety Score, 2015).

The Institute of Medicine describes six domains (safe, effective, efficient, timely, equitable, and patient centered) that constitute overall, quality health care. These six attributes were identified in the 2001 publication, Crossing the Quality Chasm: A New Health System for the 21st. Century (IOM, 2001), a follow-up to To Err is Human: Building a Safer Health System (Kohn, Corrigan, & Donaldson, 2000). The latter document reported that, at the time, medical errors were estimated to cause 44,000 to 98,000 deaths annually and result in $17 to $29 billion dollars in excess medical expenses. Despite myriad international, national, and private endeavors to improve patient safety over the past 15 years, recent estimates indicate that 2 to 4 million serious adverse events still occur in the United States each year, with approximately 400,000 resulting in premature deaths (James, 2013).
| Patient safety can be seen as a kind of knowledge management, continually learning, educating and motivating. Patient safety programmes (whether research or managerial) have to be highly connected to the organisations they seek to influence and require a deep understanding, not only of scientific matters, but of the policy environment in which they work. | BMJ Quality &Safety
https://qualitysafety.bmj.com/content/11/2/113 |
| The concepts of safety and quality in healthcare have an interesting, and somewhat complex and controversial, relationship. Professor Richard Lilford, Director of the Patient Safety Research Programme at the University of Birmingham, UK, views safety and quality as being at the opposite ends of a causality and immediacy continuum. That is, events for which the causality of the outcome is certain and the outcome occurs shortly after the event (i.e., death immediately following an intrathecal administration of vincristine) are typically perceived as being safety | https://crh.arizona.edu/blog/quality-versus-safety-rural-health |
| Patient safety is not enough: targeting quality improvements to optimize the health of the population | Steven H Woolf 1
Affiliations expand
PMID: 14706970 DOI: 10.7326/0003-4819-140-1-200401060-00009
Abstract
Ensuring patient safety is essential for better health care, but preoccupation with niches of medicine, such as patient safety, can inadvertently compromise outcomes if it distracts from other problems that pose a greater threat to health. The greatest benefit for the population comes from a | https://pubmed.ncbi.nlm.nih.gov/14706970/ |