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A comprehensive framework for quality and patient safety in the field of a Greek Emergency Department

INTRODUCTION

The Emergency Department (ED) is a high-risk environment for errors and errors are inevitable for individuals working in such a complex and high-pressure environment. There are many interrelated factors that can lead to patient harm, and usually more than one factors are involved in each individual patient safety incident.

ED staff are called upon to care for many patients of different ages, with a wide variety of presenting symptoms, while giving immediate priority to the care of the critically ill. For many patients, diagnosis and treatment can be complex and time-consuming processes.

The ED environment requires quick thinking, a solid knowledge base and the mastery of a wide range of procedural skills.

METHOD/IMPLEMENTATION

Initially, a literature review was conducted to identify effective practices.

Many studies have been conducted on patient safety in EDs and the factors that cause incidents and ways to improve them.

By implementing everything that researchers and institutional bodies recommend, we developed our own patient safety framework.

RESULTS

Safety factors in EDs, according to the relevant literature, can be categorized into those related to patients, providers or the environment/system. Through extensive research, both human and systemic factors have been identified as critical to patient safety.

- Understanding human factors helps to mitigate risks.
- Environmental factors focus on creating a workplace design
- Systemic factors include the lack of policies, procedures and protocols, non-compliance with them, non-systematic recording and evaluation of errors, poor communication, ambiguity, confusion, and, of course, the need to rush due to the excessive number of patients.

However, every weak point is actually an opportunity for intervention and improvement.

Through the systematic recording and monitoring of the data required in standardized forms, it became possible to directly evaluate the results of clearly defined procedures. This capability led to the continuous adjustment and redesign of procedures, with the constant criterion being the more effective operation of the ED and the higher quality of the health services provided.

CONCLUSION

For the development of a safety culture in the ED, a fundamental prerequisite from the beginning is a strong leadership support for patient safety initiatives, with visible commitment from the medical and nursing administration of the department and clear policies.

Implementation requires providing continuous education, encouraging open communication between members of the healthcare team, a multidisciplinary approach, strategy and utilization of administrative tools (regulations, etc.), feedback, and a commitment to continuous improvement.

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