

Powerful Patient 2008 week 51

Host: Joyce Graff, WebTalkRadio.net

Safety and Improving Outcomes for Patients

Dr. Sean Clarke shares his perspective on what can be done to improve patient safety and clinical outcomes, – with advice not just for doctors, but also for patients on what they can do to improve their own health care and safety.



Sean Clarke, Ph.D.

1) About Our Guest

Sean P. Clarke, RN, PhD, CRNP, FAAN, began his career as a staff nurse in coronary care in Montreal, Canada and a faculty member in the undergraduate and graduate programs at the School of Nursing at the University of Ottawa in Canada. He brings his unique perspective as a nurse, a nurse practitioner, and a Ph.D. in the psychological and social aspects of cardiac disease.

Following the receipt of a doctoral degree in nursing from McGill University in Montreal in 1998, he completed three years of postgraduate clinical and research training at the University of Pennsylvania. He joined the standing faculty at the University of Pennsylvania School of Nursing in 2001 and, at that time, became the Associate Director of the internationally-recognized Center for Health Outcomes and Policy Research, which has won numerous awards for its studies.

Dr. Clarke was also a Senior Fellow of the Leonard Davis Institute of Health Economics and a Fellow of the Population Studies Center at Penn. In addition to serving on the Joint Commission on Accreditation of Healthcare Organizations' national Nursing Advisory Council, he was an adjunct faculty member at the Université de Montréal, the largest university school of nursing in the French-speaking world.

“As clinicians and the public are becoming more aware of quality and safety issues in health care, many trends are compelling policymakers worldwide to assess how hospitals are managed. As part of an international group of researchers, using survey methods and a variety of large databases, I’m studying aspects of hospitals that make them good (safe) or bad (unsafe, unhealthy) places for both patients and nurses in order to figure out what about them needs to be changed.”

He has recently begun a new position at the University of Toronto as a professor of cardiovascular research, focusing on improving patient outcomes.

2) Resources for Patient Safety

Dr. Clarke refers to a landmark study, “To Err is Human”, published by the Committee on Quality Healthcare in America of the National Academy of Sciences (1999).

The full text of this report is available at

<http://www.iom.edu/Object.File/Master/4/117/ToErr-8pager.pdf>

Dr. Clarke lists three primary things that can be done to improve patient safety:

1. Know what resources are available. See especially the Agency for Healthcare Research and Quality (AHRQ), <http://www.ahrq.gov>
2. Foster more and better teamwork among medical professionals, and include the patient and family members in the team.
3. Educate the patient and the family on what symptoms to watch for, and what action to take

In particular, we recommend the interview with Carolyn M. Clancy, M.D., entitled “Getting Involved for Better Health Care” <http://www.ahrq.gov/news/trinvolved.htm>

Narrator: Why must consumers be involved in their health care?

Dr. Clancy: Well, if you think of it this way, most of us wouldn't buy a car, a dishwasher, or a washing machine until we had looked into the safety features, how often it needed to be repaired, other features, how noisy it is, and so forth. And yet, most people walk right into health care settings, whether that's a doctor's office, hospital, or emergency room, and just assume that some guardian angel will take care of all of it for them. If you look at the facts, what we know is that up to 100,000 patients die every year in hospitals from medical mistakes. These are avoidable, and we have no reason to think that that number is decreasing yet. We also know that when patients go to a doctor's office, they get the right care only about half of the time.

Now, we know that quality is improving in recent years—there's a lot more report cards and so forth—but the only person who can really make sure that *you* get good health care is *you*. And when consumers ask questions, and when they understand what it is that they need to do to get the best possible care, the system actually begins to respond. So my agency, the Agency for Healthcare Research and Quality, which is a mouthful—shortened to AHRQ—actually actively encourages consumers to be involved in their health care. So, to that end, we've developed tools and information to help consumers be involved, to help them know what questions are good to ask, and to learn more about the ways they can stay healthy.

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