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Case Study

Implementation of International Patient Safety Goals in Mental Health

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Abstract

Everyday a large number of patients are treated and cared for without incident by medical practitioners worldwide. However, incidents such as medication adverse events, misdiagnosis and slips and falls do occur during the course of medical care, placing patients at risk for injury and harm. Since the Institute of Medicine published its seminal report To Err is Human: Building a Safer Health System (Kohn, Corrigan and Donaldson, 1999) [1,2] underscoring the magnitude to which medical errors contribute to mortality and morbidity within the United States health care system, health organizations globally have been galvanized to develop and establish best practices in patient safety, giving rise to the development and instigation of incident reporting systems, and policies and procedures among service providers. To help in this a list of patient safety goals was developed to promote specific improvements in patient safety and highlight problematic areas in health care and describe evidence- and expert-based consensus solutions to these problems (JCIA - 4th Edition, 2011) [3].

Although many of the same patient safety risk factors that exist in medical settings apply to mental health settings, there are unique patient safety issues that arise in the mental health context that are either more common among individuals with mental illness or are atypical of those arising in acute medical care.

Keywords: *International Patient; Safety Goals; Mental Health*

Introduction

Unfortunately, most of the general methods that are used to achieve The international patient safety goals [4] in the general health setting are not applicable or needs modification to be implemented in the mental health sector.

Goal 1 (Improve the accuracy of patient identification)

Wrong-patient errors occur in virtually all aspects of diagnosis and treatment. Patients may be sedated, disoriented, or not fully alert; may change beds, rooms, or locations within the organization; may have sensory disabilities; or may be subject to other situations that may lead to errors in identification (JCIA - 4th Edition, 2011) [3].

The general method used across the health sector is the use of patient identification band with the identifiers labeled on it and on the patient medical file and the patient is asked about the identifiers and they are cross checked.

The use of identification wrest bands is not applicable in the mental health sector, as wristbands may adversely affect patient privacy and dignity, they can be easily be removed and may jeopardize safety if the wrong label is attached as the patient may be unable to respond to identity confirmation cross chick and it may also form a source of harm for the patients where they might miss use it as a method of inflecting self-harm or to gain access to the medications of others. Due to these downfalls this method is considered ineffective and unaccepted by today patient safety standards.

A more suitable solution would be the use of photographic identification (Taking the patient picture on admission) or the use of finger prints identification system in mental health facilities.

Goal 2 (Improve the effectiveness of communication among caregivers)

That is simply done by reporting critical results of tests and diagnostic procedures on a timely basis. The most error-prone communications are patient care orders given verbally and those given over the telephone, when permitted. Another error-prone communication is the reporting back of critical test results (JCIA - 4th Edition, 2011) [3].

In mental health one of the mostly common errors is the failure to report behavioral changes that occur on patients. Because mental illnesses are complicated and have many similarities in manifestation such error could have dramatics effect on patients and might even lead to misdiagnoses. Training the staff on detailed observation and reporting changes on patients is of the highest important.

Goal 3 (Improve the safety of using medications)

Generally high-alert medications are those medications involved in a high percentage of errors and/or sentinel events, medications that carry a higher risk for adverse outcomes, as well as look-alike, sound-alike medications. Lists of high-alert medications are available from organizations such as the World Health Organization or the Institute for Safe Medication Practices (JCIA - 4th Edition, 2011) [3]. In general practice one of the most common frequently cited medication safety issue is the unintentional administration of concentrated electrolytes and the most effective means to reduce or eliminate these occurrences is to develop a process for managing high-alert medications that includes removing the concentrated electrolytes from the patient care unit to the pharmacy (JCIA - 4th Edition, 2011) [3].

Mental health has an additional concern where the type of illness plays a very high role in rising the difficulty and importance of achieving this goal where patients may be suicidal or suffer from substance abuse so the safety measures taken during prescribing and dispensing medication must be extremely high.

Goal 4 (Ensure correct-site, correct-procedure, correct-patient surgery)

This goal is usually by using a checklist, including a -Time-out" just before starting a surgical procedure, to ensure the correct patient, procedure, and body part along with marking the precise site where the surgery will be performed and involving the patient in doing all this.

We must keep in mind that in many cases it is hard to relay on mental patients for conformation of information so checking patients and procedure details and confirming it by the physician and the charge nurse is a must.

Goal 5 (Reduce the risk of health care - Associated infections)

Infection prevention and control are challenging in most health care settings, and rising rates of health care-associated infections are a major concern for patients and health care practitioners.

In general health settings the mostly addressed topic I hand hygiene and the implementation internationally acceptable hand hygiene protocols by the staff.

We also need to understand that many patients that suffers from mental illness have low hygiene level and suffer from negligent and many others that suffer from substance abuse have low immunity levels so surveillance and highly strict precautions for patient hygiene is in order.

Goal 6 (Reduce the risk of patient harm resulting from fall)

General health settings cover this goal by evaluating the patients' risk for falls and providing warning signs of wet and slippery floors.

The nature of mental illness and medications used plays a big part in making this goal challenging where some patients may not understand warning signs and others may become confused or have night terrors so additionally the bed height should be controlled, warning signs should be made from non-harmful materials, patients should be reassessed for fall with any medication change, nurses should make chick rounds on all patients every 15 minutes and patients should be cleared from any area when there is maintenance or cleaning in it.

Conclusion

There is a great need to achieve the international patient safety goals in mental health but there is also a need to look carefully on the general methods of achieving those goals and modifying them to be compatible with the nature of patients in mental health.

Bibliography

1. Patient safety in mental health by Tracey A Brickell, D.Psych. Patient Safety in Mental Health Research Project Lead British Columbia Mental Health and Addiction Services.
2. Patient Identification Guideline. Department of Health & Ageing. Government of South Australia.
3. Joint Commission Regulatory Training Program on National Patient Safety Goals.
4. International Patient Safety Goals By: Mr. Mouad M. Hourani. Prince Sultan Military Medical City (PSMMC) Continuous Quality Improvement & Patient Safety Coordinator.

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