

Shouldering the burden of adverse event

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As primary care givers and clinical leaders, surgeons will not infrequently find themselves taking an active part in adverse event reporting. The professional responsibilities involved with managing adverse outcomes can be onerous, particularly understanding societal change and patients' expectations, in increasingly litigious societies. The administrative burden and responsibility associated with this need to be recognised. Issues relating to surgeons' well-being and burnout remain a cause for concern: supporting surgeons following adverse events has been increasingly recognised as a responsibility of all within the surgical community. The concept of the 'second victim' has been advanced to acknowledge the effects of adverse outcomes on surgeons' well-being. This is not to denigrate the undoubted harm caused to the 'first victim', or patient. Increasingly, however, comprehensive risk management systems will need not only to be patient-centric but also to acknowledge and support resilience of those working within our health services. In health care, quality improvement is defined as the continuous and combined efforts of people to make changes that will lead to better patient outcomes, enhanced healthcare system performance and better learning and professional development. Improvements come about through the intentional actions of staff equipped with the skills and data needed to bring about changes in patient care, either directly or indirectly. Such changes require substantial and sustained commitments of time and resources. The field of improvement science provides frameworks and methodologies that help when designing or redesigning healthcare processes and systems, especially when the aim is to ensure more efficient, safe, timely, effective, patient-centred and equitable care. The concept of value is an important adjunct to healthcare improvement. Value takes into account the total cost of health care as compared with the outcomes delivered to patients and helps to place emphasis on health, well-being and preventative care as opposed to exclusively focusing on treatment of illness. There are large numbers of improvement activities that range from redesigning how teams deliver care in the multiple small clinical groupings (microsystems) that make up health-care organisations to more large-scale reconfigurations of specialist services such as stroke care and cancer care. Other areas of healthcare improvement focus on areas as diverse as the redesign of training, budgeting processes and information systems. Common to all healthcare improvement is the necessity for doctors and other healthcare staff to reflect on and improve the way they work and to build a culture that both understands and values continuous improvement.

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