Together We Shine - Media, patient safety and nurses

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The role of media in promoting patient safety around the world has been well established. It is fast becoming one of the most effective ways to monitor patient safety and provide real time commentary. Movement toward these media networks is evident as the health care industry recognises the importance and benefits of spread using media. The news media have been an important force in prompting patient safety improvement efforts around the world. It was the news media's history of skepticism about the medical profession that ultimately changed the attitude of health care industry towards patient safety. However, allowing media to be a part of the patient safety initiative has also proven to be effective in not only reducing errors, but also empowering patients and families as partners of health care. The media is influential at the level of individual patient, his/her family and society at large. The media can promote patient safety in the following ways: Disturb, stir up, encourage debate; Set agendas - "Tell people what to think about"; Legitimise - "If the newspapers are talking about safety, it must be important"; Reporting cases to the world - the world is interested; Reporting data; Explaining error: Why does it happen? What can be done? and Generating political commitment for improvement. What we need currently is a cultural and a political change in the health care industry towards consciousness of patient safety issues. The willingness on part of the health care industry to accept the errors and remedy them will emerge only through a cultural shift. Nurses have always been advocates of patient safety. Changes in attitudes and culture will not occur if efforts are not united. A joint effort of the nurses with the media will ensure that appropriate attention is given to patient safety issues. The formulation of a joint committee with members from the local media at every hospital will be the first step in this endeavour.

Patient Safety Goals

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Patient safety has become a serious global issue in recent years. This was the result of many reports and studies initiated for patient safety. In 1999, a report by the Institute of Medicine estimated that as many as 44,000 to 98,000 people die in U.S. hospitals each year as the result of lapses in patient safety measures. One study found that there is one chance in 1,000,000 of travellers being harmed in aircraft; in comparison there is a one in 300 chance of a patient being harmed during health care. Another study showed that at any given time 1.4 million people worldwide suffer from infections acquired in hospitals. Another study estimated that in developed countries as many as one in 10 patients is harmed while receiving hospital care; this could be caused by a whole range of errors or adverse events as stated by World Health Organization (WHO) in 2010. Therefore, countries have increasingly recognised the importance of improving patient safety. In 2002, WHO Member States agreed upon a World Health Assembly resolution on patient safety. The Joint Commission International (established in 2002 to help accredit health organisations) set The National Patient Safety Goals (NPSGs) which address specific areas of concern in regards to patient safety. NPSGs underwent an extensive review process in 2009 resulting in revised 2010 NPSGs. To highlight the importance of this global movement, we use informative and eye-catching posters throughout our hospital to communicate and reinforce the awareness and importance of PSGs to health care workers. PSG Posters are based on the 2008 National Patient Safety Goals of the WHO and The Joint Commission.

Medication Market in Patient Safety

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Patient safety and medical error have become major issue socially and legally worldwide. Technology can play a role in preventing the possibly fatal consequences of such errors. The electronic medication administration record (eMAR) bar code is an important way to improve medication safety. eMAR is a combination of technologies that ensures that the correct medication is administered in the correct dose at the correct time to the correct patient. When nurses use this combination of technologies, medication orders appear electronically in a patient's chart after pharmacist approval. Alerts are sent to nurses electronically if a patient's medication is overdue. Before administering medication, nurses are required to scan the bar codes on the patient's wristband and then on the medication. If the two do not match the approved medication order, or it is not time for the patient's next dose, the system issues a warning. Moreover, several studies have shown that the eMAR system reduces the rate of error not only in medication administration, but even in the order transcription, and as well as reducing potential adverse drug events. Furthermore, it plays a role in educating the nurses, doctors and pharmacists. For instance, bar code scanning requires the nurse to check heart rate prior to administration of diagoxin. In conclusion, bar codes can be beneficial only if health care providers use them properly so training is vital to assure the success of eMAR.

Parental Knowledge and Compliance with Neutropenia Care Guidelines in Children Admitted with Leukaemia at SQUH, Oman

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Leukaemia, cancer of the blood forming tissues, is the most common form of childhood cancer (American Cancer Society, 2007). Acute leukaemia is the most common malignancy in children in Oman. It accounts for over one-third of all childhood cancers, 75% of them being acute lymphoblastic leukaemia (ALL). The paediatric hemato-oncology unit at Sultan Qaboos University Hospital (SQUH) is the National Referral Centre for childhood leukaemia in Oman. Despite advancements in the management of childhood leukaemia, the complexity and challenge of caring for children continues. Chemotherapy is the mainstream treatment for child hood leukaemia. Aggressive chemotherapy protocols result in neutropenia in approximately half of all patients receiving chemotherapy (Ozer et al.,

2000). Thus, neutropenia continues to be a significant and potentially life-threatening side effect of treatment. In a paediatric setting, the families of children are actively involved in the management and care of leukaemia. Hence, it is necessary to ensure that they provide a safe therapeutic environment for children in the neutropenia stage in the hospital and at home. The study examined parental knowledge and compliance with neutropenia care guidelines in children admitted with leukaemia at SQUH. The objectives of the study include assessing the knowledge and compliance of parents regarding neutropenia in children admitted with leukaemia; identifying the information needs of parents of children with neutropenia; exploring the factors affecting compliance in the home care of children with neutropenia, and to examine compliance of parents with neutropenia care guidelines and selected factors.

Patient Safety - A shared responsibility for ensuring quality care

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Patient safety is one of the nation's most pressing health care challenges. Statistical reports suggest that 1 in 10 patients globally are adversely affected by health care errors. Worldwide 1.4 million people suffer from hospital acquired infection (World Health Organization, 2009). Patient safety is defined by the Institute of Medicine as "the prevention of harm to patients". The current emphasis is on the health care system focussing on preventing error, learning from the errors that have taken place in other health care set ups else, and building a culture of safety that involves health care professionals, organisations and patients. Patient safety, as a vital component of quality nursing care, requires that safe care is delivered in an appropriate, timely, efficient, equally to all individuals seeking health care. This paper highlights the role of health team members in providing safe care by ensuring the necessary communication, leadership, and mutual support with constant situation monitoring. It is the responsibility of the health care team to give their best performance, to increase their level of knowledge and to have a positive attitude towards safer health care. Teamwork and shared responsibility will ensure better health care, minimise errors and thus promote better health care outcomes

Role of the Media in Patient Empowerment

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The mass media have become an integral part of our daily life; we spend most of our time in front of the TV, on the Internet or reading newspapers. Mass media have long been an attractive method for implementing and discharging institutional responsibility for the promotion of good health practices as well as the prevention of various social and health problems. The huge amounts of information available has affected peoples' attitudes to health related issues including outcomes. An issue of great importance for public health today is how to develop programmes that change behaviour in order to improve the health of our population. Over time people's knowledge about health related issues has increased in terms of their ability to make their own decisions regarding their health management. It is no longer just the word of the health care provider that ensures better health outcomes for the patient; the responsibility is now shared by the health care provider and the patient. Mass media indeed could be used effectively in providing the proper information so that clients can cooperate with the health care provider to improve their life style and health outcomes; however, this study shows that mass media can also transfer poor information to people. It also illustrates how mass media contributes to people's knowledge of their rights to participate in their health care plan; how people interact and deal with the media; whether they believe in the information broadcasted by the media, and whether they apply that information in their life.

Nurses' Role in Patient Empowerment and Autonomy for Safe Care: SPEAK UP

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The words "empowerment and autonomy" have been broadly defined as an enabling process through which individuals or communities take control of their lives and their environment. In this millennium, patients are no longer just the receivers but also the partners of care. As such, patients have the right and power to change the way the health care system functions. In order to do this, they need to be empowered with the necessary information. Nursing places patient empowerment and autonomy as a central remit of nurses; however, achieving genuine patient empowerment is not easy and requires individuals and organisations to alter their beliefs, values and behaviours. The word empowerment builds upon the Latin root potis, from which we derive both the words power and freedom. Patient empowerment or autonomy in the health care context means to promote autonomous self-regulation so that the individual's potential for health and wellness is maximised. Empowerment requires an individual to have the autonomy to take care of him or herself and make choices about care from among the options identified by the doctor. Patient empowerment begins with information and education and includes seeking out information about one's own illness or condition, and actively participating in treatment decisions. Autonomy means that patients actively participate in their treatment and are empowered to be assertive and communicate their concerns. This paper describes how a nurse-led campaign, 'SPEAK UP" can empower patients for safe care through education and autonomy. *S*peak up if you have questions or concerns; *P*ay attention to the care you are receiving; *E*ducate yourself about your condition; *A*sk a trusted friend to be your advocate; *K*now your medications (what and why); *U*se a health provider that measures safety; *P*articipate in all decisions about your care.