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PATIENT SATISFACTION WITH HEALTH SERVICES AT THE EMERGENCY CENTER OF THE UNIVERSITY CLINIC IN PRISHTINA

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ABSTRACT

Purpose: Safety is a fundamental principle in patient care as well as a key component of quality management of health services. Improving patient safety requires constant energy, including all individuals who have direct or indirect contact with the patient. This means enhancing the approach towards the patient, modifying the workplace, improving the performance of the staff and redesigning systems with the aim of reducing patient risk.

This approach involves almost all disciplines and actors, therefore, a complex approach in identifying the gaps, new policy making and policy implementation strategies by the health service providers and the relevant institutions were investigated for this study.

Research method: In this prospective study, two questionnaires were compiled: one was designed to address patients seeking health services at the Emergency Center in Prishtina, whereas the second questionnaire was designed for the Emergency Center staff in order to identify the relationship between employees, management staff and error reporting problems. A nurse and a resident doctor in the Emergency Center who worked in shifts were engaged for this purpose in order to survey patients in different parts of the day for 24 hours.

Results: The results of this study show that most of the patients who come to the Emergency Center are transported either by family members or by a bystander. These patients can suffer many unintentional injuries from inadequate and unprofessional transportation. Moreover, multiple visits coming directly from the accident site or from home indicate that there are problems with the referral system from Primary Health Care (PHC) levels. In addition, numerous injuries to the head region indicate a need for treatment by a dentist who is specialized in head and neck medicine.

Conclusions: There is a need to reorganize the working hours for the employees of the Emergency Center. Increasing the capacity of the primary health care level would reduce the burden of the Emergency Center from the interventions, which can be easily addressed at lower levels. Ongoing professional training as well as trainings focused on stress management, time pressure control, and the relationship between health care providers would significantly improve the level of patient safety in the Emergency Center.

Keywords: patient safety, public health, emergency care, health management

INTRODUCTION

The role of the Emergency Center in the provision of health services

On April 22, 2010, the Prime Minister of the Republic of Kosovo issued a decision (no. ref. 685/10), ordering the Deputy Minister of the Ministry of Internal Affairs to establish the Integrated Emergency Management System. This system provides a consistent nationwide framework to enable the government of Kosovo at both levels, NGOs and the private sector to work together to prevent, protect, respond to, recover from, and reduce the effects of work incidents at the emergency center regardless of the cause, size, location or complexity.

The Emergency Center deals with the treatment of life-threatening emergencies such as injuries, poisonings, severe allergic reactions, strokes, and patients whose lives are in danger and need urgent medical attention overall. Given the dynamic development of life, emergencies such as work injuries, traffic accidents, heart attacks, homicides, bruising, cold and hot weapon wounds, falling from the high floors of buildings, electric shock injuries, drowning, head, spine, abdomen and limb injuries, multiple fractures, injuries from physical, chemical or biological means may often occur. The Emergency Center must apply the basic principles of providing emergency medical assistance and consider it as a human and legal obligation to all those whose lives are at risk. (1) The activity of the Emergency Center is performed by the services within the University Clinical Center of Kosovo (UCCK) which deals with triage, monitoring, examination, observation as well as laboratory and radiological diagnosis.

Patient Safety in the Emergency Center

The fact that the Emergency Center is not only the meeting point for all medical profiles which interact in a multidimensional framework, but also the place where patients of all ages seek emergency medical care, raises the level of challenge for this research. This research aims to sensitize and positively influence the increase the perception and sensitivity of relevant institutional levels, thus contributing to the raising of important issues regarding patient safety. Patient safety is a fundamental principle of health care. Every point in the health care delivery process contains a certain degree of different uncertainties.

Adverse side events can result from problems in products, practice, procedures or systems. Improvements in patient safety require a complex system-wide effort, which includes a wide range of actions in improving performance, environmental safety, risk management. This includes infection control, the safe use of drugs, equipment safety, safe clinical practices and a safe care environment [2]. With the patient in the center of attention, we have entered a new era of approach to the treatment of various diseases. This new concept represents a health care system that is in line with the wishes, needs and preferences of the patients [3].

The main goal of patient safety is to avoid and minimize the risk and injuries patients may experience during the procedures of providing health services in all steps of this service, always aiming to help patients and not harm them. If patients perceive that doctors or nurses are not interested in them, or do not have good communication skills or sufficient sensitivity, they begin to suspect that the medical staff does not use their full competence in the patient management process.

The main problems to be addressed

Violations of patients' rights regarding safety can occur in any health institution, starting from the doctor’s clinic, hospitals, and surgical centers to facilities for prolonged treatment of chronic patients, pathological laboratories and other similar institutions. This also includes the emergency centers where rapid and immediate interventions are often required. As a result, not only is there insufficient time left for the staff to perform double check-ups and proper hand hygiene, but also the risk of random physical fatigue increases due to continuous time pressure and haste. Errors in the administration of medication can also easily occur. In addition, the issue of misinterpreting the doctor’s handwriting in a prescription, errors in calculations and their interpretation in the pharmacy, administration problems due to inappropriate doses, and errors in the way of drug administration due to the similarity of the names of drugs or their packages which cause an even greater confusion, especially in departments like the emergency center. Another source for problems regarding patient safety, which often can result in different accidents,

may also be the health staff themselves who are always in a rush, usually because of the lack of adequate rest time or sleep, due to the prolonged shifts as well as continuous work overload in the Emergency Center.

From the patient safety point of view, the time from admission to the moment of the beginning of the intervention is both crucial and critical. This mainly depends on the appropriate distribution of the health personnel in the Emergency Center, while also considering their work shifts. Moreover, if the health staff is overloaded, which happens very often, the demand and need for the engagement of additional health workers for the implementation of all necessary tasks and professional commitments may arise as an urgent request for the Emergency Center in Prishtina.

Purpose of research

This paper investigates the portion and degree of risk of the patients treated by the health care staff in the Emergency Center in Prishtina. Furthermore, this study aims to identify the general culture of health service providers in relation to patient safety issues, raise the level of awareness of the health personnel in the Emergency Center in Prishtina as well as discover the "weak points" of the Emergency Center of Prishtina and other emergency centers overall. This will enable recording, reporting and calculating eventual medical errors and adverse events in the healthcare centers. The results aim to contribute to a better understanding of patient safety issues and facilitate the establishment of an approach focused on the patient, who should always be the center of attention of the health care providers; identification of the activities that can potentially cause unwanted and unintentional harm to the patient's health; improvement of the relations between health personnel which should always be in the common interest of the patient; reduction of nosocomial infection and prevention of possible and various falls caused by carelessness and negligence. Moreover, our recommendations, which are developed based on the results and output of our study, in accordance with the goals and standards of International Patient Safety, aim to facilitate the Emergency Center in Prishtina to achieve the required and targeted goals in conformity with the International Patient Safety standards.

A thorough approach regarding patient safety issues will enhance the performance of self-health care providers as well as improve the overall safety in settings where patient health services are offered. Furthermore, such good practices, which will be tested in the Emergency Center Prishtina, can also be implemented in the other emergency centers at the regional level, throughout the whole territory of Kosovo and beyond. In addition, our recommendations aim to reduce the rate of medical errors and establish a system of reporting these errors, thus providing the opportunity of learning from previous mistakes. Establishing a fair error reporting system would increase the quality of the patient safety and reduce the frequency of recurrence of the same and repeated medical errors and failures.

METHODOLOGY

The Emergency Center at the University Clinical Center of Kosovo in Prishtina was selected for our research. This project was designed to assess the views of the staff on issues related to patient safety, errors during health services and the error report procedures. For this purpose, two questionnaires were compiled: one for assessing the opinion of the staff of the Emergency Center and the other for recording the opinions of those who sought health services in this center. The staff questionnaire had 35questions, while the second questionnaire had 33 questions, which focused more on identifying the frequency of interventions by the staff, the type of interventions, staff hygiene and the facilities of the Emergency Center.

Prior to the commencement of the research, a written request was addressed to the Director of UCCK Prishtinaspecifying the research objectives, duration, and research methods. Each of the respondents signed a written consent and was clearly informed about the purpose of the research and how to complete the questionnaire in advance. The study was conducted using prospective methods. Based on the results, appropriate recommendations, together with proposals for possible solutions to the problems identified in the field of patient safety were developed in accordance with the International Patient Safety Standards.

RESULTS

The results show that 28% of the staff in the Emergency Center in Prishtina are convinced that if they report their mistakes during the administration of therapy, it can be used against them. Together with the 54% who partially agree with this opinion, a high percentage of suspicion in the use of errors against individuals who have unintentionally erred in the Emergency Center was found. Only 3% of respondents are convinced that their mistakes in providing health services will not be used against them while 6% believe that their mistakes will not be used in any way against them, which gives them the freedom to report their mistakes in order to prevent similar mistakes in the treatment of other

	Completely agree	Partially agree	I do not know	I do not agree	I do not agree at all	Total
The staff believes that their mistakes can be used against them	9 28%	17 54%	3 9%	2 6%	1 3%	**32 100%**
Mistakes lead to positive change here	5 17%	10 33%	3 10%	8 27%	4 13%	**30 100%**
At the Emergency Center major errors can occur only accidentally	14 45%	11 34%	3 9%	2 6%	2 6%	**32 100%**
When an event is reported, there is a feeling that the person will be punished rather than the problem being addressed	9 28%	10 31%	4 13%	8 25%	1 3%	**32 100%**
Once we make changes to improve patient safety, we evaluate their effectiveness	12 38%	9 28%	7 22%	2 6%	2 6%	**32 100%**
We have patient safety issues in our unit	10 31%	11 35%	2 6%	7 22%	2 6%	**32 100%**
Patient safety is not sacrificed if we engage in more work	13 41%	12 38%	3 9%	2 6%	2 6%	**32 100%**
Staff worry that mistakes they make may be kept recorded in their staff documents	9 28%	12 38%	7 22%	2 6%	2 6%	**32 100%**
Our procedures and systems are good at error prevention	6 19%	10 30%	5 16%	7 22%	4 13%	**32 100%**

Table 1. *Opinion about the work area in the Emergency Center*

The employees of the Emergency Center in Prishtina do not think that they can learn from mistakes at work. 13% of the staff members are convinced that no lessons can be learned from mistakes at work, while 27% of them do not think that mistakes can lead to positive changes in their workplace. 10% of them do not have any opinion on this issue, while 33% believe that positive changes can be made based on mistakes made while working at the Emergency Center in Prishtina. Only 17% are convinced of such a thing. Mistakes are a part of being human.

Adverse events (AE) occur frequently in our medical system and at least one in ten patients are affected. An AE is a harmful and negative outcome that happens when a patient has been provided with medical care [4]. Accidents at work can happen to anyone and at any time. In certain environments, specific types of accidents may be more common than in some oth-

er environments. Accidents will always happen from time to time; however, it is the duty of the team leader to minimize the risks of health care providers by always focusing on patient safety.

The results of the study show a high level of self-confidence of the healthcare providers in the Emergency Center, where most of them are convinced that big mistakes in this center can only happen by chance. Only 6% of them do not agree at that big mistakes can only happen by accident. The other 6% disagree with this approach, while the vast majority of 45% are convinced that major mistakes in the Emergency Center can only happen by chance. Another non-insignificant part, 34%, partially agrees with this phenomenon. 9% do not state at all how big mistakes can appear in this institution during the delivery of the health services. Medicine has often been viewed as the individual work of a single physician with a patient, and whenever something went wrong, an attempt to determine the culprit and often to punish them occurred as an automatic reaction in such situations. The motto "Shame and Blame" usually leads to hiding errors rather than reporting them.

Despite greater awareness of patient safety issues by the World Health Organization (WHO), errors in the operating room and the widespread implementation of surgical time out errors, especially wrong site surgeries continue. Most of these errors are due to lapses in communication where decision makers fail to consult or confirm operative findings and parental concerns or the planned procedure are ignored or not followed through [5]. Recent efforts have focused on changing this approach and encouraging health care providers to report problems rather than hide them. Out of the total number of respondents, 28% are convinced that the person will be punished instead of treating the problem after reporting any error during the treatment of patients in the Emergency Center. 31% partially agree with such an approach of the team leaders in the Emergency Center, 13% do not express their opinion on this question, while 25% do not agree with such a thing. Only 3% are convinced that in reporting any problem, no punishment will follow and only the problem will be treated in order to prevent the occurrence of the same problem later. A culture of fear and intimidation requires reform of the medical approach at the earliest levels of medical education. There is a need to develop and maintain a patient safety culture based on trust, report, and respect between healthcare disciplines. There must also be a core competency for all health care providers regarding teamwork. One of the pillars of health sector reforms has been the improvement of the efficiency in the provision of health services. There are many different types of assessment tools, and they can be used in a wide variety of ways.

Feedback is defined as a monitoring and evaluation process in which information and knowledge gained is disseminated and used to assess overall progress towards results [6]. According to the results of our research at the Emergency Center, many healthcare providers fully agree that once there are changes implemented in order to improve patient safety, the clinic also evaluates their effectiveness. 28% partially agree with this, while 22% have no idea whether the effectiveness of the implemented changes is assessed. Only 6% are of the opinion that after the implementation of the changes in the Emergency Center no action is taken to assess the effectiveness of these changes. The same number is convinced of such a thing.

Errors such as misinterpretation of the doctor's handwriting in a prescription, errors in reading prescriptions at pharmacies, errors in dosage administration, incorrect time frames, similar and confusing labeling and packaging of medicines are errors accumulated in the category of medicine and the cause thousands of deaths a year. For this reason, patient safety is one of the most urgent challenges of the healthcare system of a country. A 1999 report from the Institute of Medicine estimates that more than 44,000 to 98,000 people die in U.S. hospitals each year as a result of patient safety errors [7].

At the Emergency Center in Prishtina, 31% are convinced that there are problems with patient safety in their work unit. A group of 35% partially agrees with this opinion, 6% did not have any opinion, whereas 22% do not think that there are problems related to patient safety in their respective units. Only 6% do not agree at all with the opinion that in their work unit there are problems that may be related to patient safety in the Emergency Center. It has been proven that medical technicians can identify the relationship between the institution where they work and patient safety. As the demand for medical technicians increases, so does their perception of patient safety. Given that fatigue and work overload are the two most commonly identified

issues, it follows that nurses' perceptions may be one of the most valuable factors in identifying some systematic circumstances that could lead to medical errors.

45% of the staff in the Emergency Clinic in Prishtina are convinced that despite the great workload of the staff, patient safety is not limited at all. 38% of the participants partially agree with this opinion whereas 9% did not answer at all. 6% believe that patient safety is sacrificed when increasing the workload in their work unit, yet another 6% are convinced that patient safety is sacrificed when increasing workload.

Errors in health services should be reported at the time of their identification, regardless of whether these errors have reached the patient or not. In any case, each staff member should have the freedom to report the error without the fear that this error will be recorded in their personnel documents. This will prevent subsequent occurrences of the same error and will reduce the possibility of the same error happening again in the future. The appearance of any error prompts an investigation which aims at the improvement of the system of processes needed to reduce the possibility of the occurrence of such an event in the future. At the Emergency Center in Prishtina, most people think that the mistakes they make will be kept recorded in their personnel documents and will be used against them in one way or another. Only 6% of the participants think that they can freely report their mistakes or those of their colleagues without any doubt that these mistakes will be kept recorded in the personal documents of the staff, while 6% are convinced that the reported mistakes will be stored in the administration of personnel.

Most people believe that medical errors only include medication, dosing errors, prescribing the wrong medicine or wrong limb surgeries. However, the spectrum of possible errors is much wider and includes many possible errors. These errors can be grouped into several categories such as medication errors - when patients receive the wrong medication; surgical errors - when patients are operated upon incorrectly or on the wrong side; diagnostic errors and/or device errors; infections such as nosocomial and postoperative infections and errors during blood transfusion - when the blood group or Rh factor is wrong.

Of all healthcare employees, 19% are convinced that the systems and procedures that are applicable in their workplace are good enough at preventing various mistakes that could hurt the patient. 30% think the same, while 6% of employees have not declared anything regarding the systems and procedures in the Emergency Center. A relatively large proportion, 22%, do not think that procedures and systems are in place in order not to injure the patient, whereas 13% of the respondents do not agree at all with the opinion that systems and procedures are good for preventing errors in their unit.

"Continuous care of a good nurse can be just as important as a complex operation of a surgeon" [8].

The increase in workload occurs either due to the reduction of the number of employees or due to the immediate appearance of many individuals who seek urgent health care (floods, earthquakes, major traffic accidents, etc.). In such cases, the immediate increase in workload is a burden confronted by the staff.

In principle, traffic accidents and natural disasters cannot be predicted, however, minimizing the number of health workers is always associated with budget justifications and cost reductions for the health services. The nature of work in the Emergency Clinic is very different from the work in the other clinics of the University Clinical Center of Kosovo (UCCK). Here, maximum concentration and speed are required to determine the diagnosis and to perform various interventions for 24 hours. After all, the nature of health care necessitates constant change, making the job even more challenging. All of these factors can lead towards eventual errors by the healthcare providers, be it is diagnostic, dose administration, or therapy.

The link between poor working conditions and worker stress is well known. Working under stress and overload are also associated with poor performance, behavior, and implementation. In healthcare settings these conditions threaten the quality of Patient Care and Patient Safety. (9) When things go wrong in healthcare, it's easy to 'name, blame, and shame.' However, it takes bravery and vulnerability for a team to share their experiences in making changes in order to improve patient safety when an error has occurred [10].

Errors must be identified and discussed in order to prevent their reoccurrence. These are errors that have been detected before reaching the patient or already reached the patient and have

not caused harm to the patient, but also those which have harmed them in one way or another. We must improve the defense systems during diagnosis or administration of therapy. There are some actions that can increase the risk of medical errors such as patient admission, delivery, telephone orders, or laboratory transfers and results. The failure of the physician or surgeon to maintain accurate and adequate records regarding the health services provided to their patients is unprofessional. Wrong side surgery (e.g., left knee surgery instead of right knee) is rare (no cases were reported in our study). However, even a single case would be enough cause for concern. Luckily, this phenomenon is 100% preventable.

All errors should be made public to staff members in order to prevent the repetition of such errors. In addition, one must notify the supervisor and physician about medical malpractice. A key mean of reporting and tracking medical malpractice is through incident reports. In the past, reports of incidents were perceived as a way of blaming or punishing those who made those mistakes. Currently, the philosophy of incident reporting is to track the incidents and identify system problems. Healthcare professionals and patients should be encouraged to complete incident reports. Furthermore, many errors are not reported at all mainly due to factors such as lack of awareness that a mistake occurred, unfamiliarity with the medication administration error reporting process and fear of personal and legal ramifications [11].

Health care providers in the Emergency Center in Prishtina believe that while providing health care, they should discuss different ways to prevent the mistakes from repeating. 25% of respondents are convinced of the benefit of discussions about methods for the prevention of repeated mistakes, while 40% partially agree. A group of 13% did not answer this question at all, and 13% of respondents do not think that they should discuss ways to prevent mistakes from recurring, even though this could prevent the repetition of these mistakes in their unit. Only 9% are convinced that they will discuss ways to prevent mistakes from recurring in the Emergency Center.

The healthcare providers in the Emergency Center work in different ways and schedules. At least 10% of respondents work non-stop for less than 6 hours a day; 3% work 6-8 hours non-stop, whereas a group of 3% work 8-10 hours a day and 58% of them work non-stop at the Emergency Center. The group that raises concerns is the one of 26%, whose working hours last 12-24 hours during the day without interruption.

The concern of the professionals and the public over patient safety has increased since the beginning of the new millennium, with the appearance of adverse healthcare events and medical errors. Creating a culture of hospital safety is the responsibility of all employees, and in order to be successful, such a culture must be promoted by the management. While the perceptions of all the staff is important, any major discrepancies between the staff on the front line and the management/administrative staff is a particular concern. In order to understand where to focus the efforts in order to build a culture regarding patient safety, the hospital management and administrators need to be aware of the thoughts and beliefs of the front line staff regarding the culture of patient safety at their facility [12].

220 patients who sought help from the Emergency Center were included in this paper. Only 30% of the total number live in Prishtina, of which 115 individuals (52%) were male and 105 (48%) were female.

The safety of the patients with serious illnesses and injuries from any possible injury through continuous monitoring and immediate intervention is the primary responsibility of health care providers in the Emergency Center unit. The Intensive Care Unit (ICU) is considered the safest place with the highest level of monitoring of critically ill patients. However, what happens when the patient leaves the ICU for diagnostic or therapeutic procedures? The transportation of patients to the Intensive Care Unit for analysis is a necessary part of the procedures, nevertheless, there is a considerable risk for the patients who leave the ICU [13].

From the total number of respondents, 153 (71%) were transferred from the health institutions for interventions in the Emergency Center. Only cases of traffic accidents were transported by the health professionals, whereas the others arrived at the Emergency Center by their own means. 63 individuals (29%) arrived at the Emergency Center with their own means of transport, without any prior referral or care from the health care providers, thus exposing themselves to the extremely high possibility of additional injuries during non-professional transport (Fig.1).

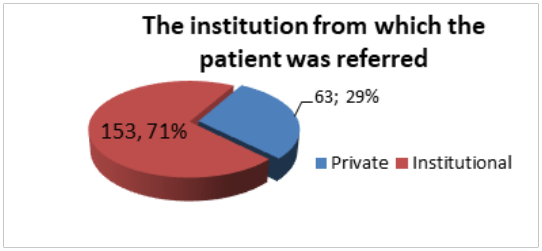


Fig.1. *The institution from which the patient was referred*

From the total number of those who sought health services in the Emergency Center, 103 (47%) were only 1 meter away from the neighboring bed where professional health care was provided to the other patient, 64 (20%) were 2 meters away, while only 53 individuals (24%) were 3 to a few meters away from the adjoining bed where health services were provided. It would be desirable if there was a plan for the usability of the beds in case of work overload in order to prevent nosocomial infections. The purpose of the "Clean Care is Safe Care" (14) motto is to ensure that infection control, which is universally recognized as a solid and essential basis for patient safety, supports the reduction of infections associated with patient care and its consequences (Fig. 2).

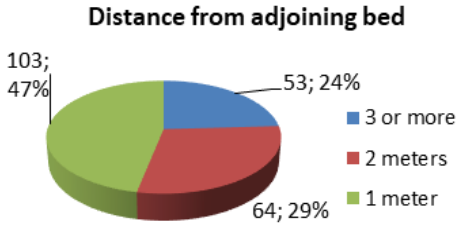


Fig. 2. *Distance from adjoining bed*

Patient satisfaction surveys are valuable tools for health care providers to facilitate the identification of existing problems and development of new methods to improve performance. Ultimately, this results in better care and happier patients. By gaining accurate and measurable data, patient satisfaction surveys can help the assessment of the quality of care and service from the patients' perspective [15].

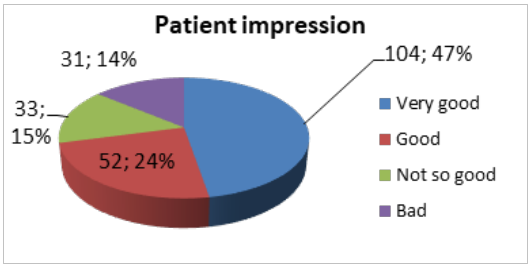


Fig. 3. *Patient impression*

Of the total number of respondents, 104 (47%) were very satisfied with the services of the Emergency Center staff, 52 patients or their family members who make up the group of 24% were, on average, satisfied, 33 patients (15%) were not satisfied with the health service providers at the Emergency Center. The greatest concern was the fact that 31 respondents (14%) were disappointed with the services in this Emergency Center (Fig. 3).

DISCUSSION

Patient Safety in the Emergency Center is a helpful, useful and necessary indicator that provides information on patients' opinions regarding the fulfillment of their needs and expectations by the health institution in relation to the professionalism of health service providers. Patient safety research enables health care professionals to monitor performance and implement quality improvement measures, two important elements needed to provide good-quality health care.

The degree of risk of the patients who were treated by the health staff of the Emergency Center in Prishtina is a summary and combination of all patient experiences in this emergency center. In recent years there has been a need to measure and manage the experience of patients in health institutions, focusing on whether patients are in the health care center or not. Patient satisfaction is an important factor of staff satisfaction and vice versa. This paper included 220 different patients who requested health services at the Emergency Center, as well as 32 health service providers who were distributed through various shifts during 24 hours. If we analyze the percentage of cases interviewed in the Emergency Center by gender, it is noticed that 52% were male, while 48% were female, in which case we conclude that the percentage of patients who sought health services

approximately corresponds with the percentage of population in Kosovo.

The fact that Kosovo is a developing country has a great impact in the quality of patient safety which is highly influenced by the economic condition of the population, health insurance, culture, level of education, and many other factors.

CONCLUSION

• There is a lack of freedom to communicate mistakes while administering therapy.

• There is a low frequency of error reporting.

• There is a need to raise the awareness of the management and staff regarding patient safety.

• A non-punitive system for reporting errors should be encouraged and supported.

• Institutional education and continuous professional development should be continued.

• There are inadequate working hours for workers.

• There is poor team performance.

RECOMMENDATIONS

• Encourage patient safety education for all health care providers including administrative, managerial and other staff members.

• Promote a non-punitive system for the reported errors which could have harmed the patient or injured the patient.

• Produce, disseminate and discuss various information on international patient safety indicators and standards.

• Cooperate with organizations, colleges and universities involved in the education of health workers for the introduction of patient safety in the teaching curricula in their institutions.

• There should be a permanent engagement of the emergency dentist for the treatment of head region injuries.

• Health care providers should be encouraged for their active role in patient safety.

• Management of existing resources (personnel, equipment or supplies) in order to increase the performance of all actors of the Emergency Center.

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Conflict of interest

The authors have no potential conflict of interest to disclose.

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Резиме

ЗАДОВОЛСТВО НА ПАЦИЕНТИТЕ ОД ЗДРАВСТВЕНИТЕ УСЛУГИ ВО УРГЕНТНИОТ ЦЕНТАР НА УНИВЕРЗИТЕТСКАТА КЛИНИКА ВО ПРИШТИНА

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Цел: Безбедноста е основен принцип во грижата за пациентите, како и клучна компонента за квалитетно управување со здравствените услуги. Подобрувањето на безбедноста на пациентот бара постојана енергија, вклучувајќи ги сите поединци што имаат директен или индиректен контакт со пациентот. Ова значи подобрување на пристапот кон пациентот, модифицирање на работното место, подобрување на перформансите на персоналот и редизајнирање на системите со цел да се намали ризикот од пациентите.

Овој пристап ги вклучува речиси сите дисциплини и актери, па затоа се истражува комплексен пристап во идентификувањето на празнините, креирање нови политики и стратегии за спроведување на политиките од страна на давателите на здравствените услуги и на релевантните институции.

Метод на истражување: Во оваа проспективна студија беа составени два прашалника: едниот беше дизајниран да се однесува на пациенти што бараат здравствени услуги во Ургентниот центар во Приштина, додека вториот прашалник беше дизајниран за персоналот на Ургентниот центар, со цел да се идентификуваат односите меѓу вработените и раководниот персонал и проблемите во пријавувањето на грешките. За таа цел беа ангажирани медицинска сестра и лекар-резидент во Ургентниот центар, кои работеа во смени за да ги испитаат пациентите во различни делови од денот во текот на 24 часа.

Резултати: Резултатите од оваа студија покажуваат дека повеќето од пациентите што доаѓаат во Ургентниот центар се транспортирани или од членови на семејството или од случаен минувач. Овие пациенти може да претрпат многу ненамерни повреди од несоодветен и непрофесионален транспорт. Понатаму, повеќекратните посети што доаѓаат директно од местото на несреќата или од дома, укажуваат дека има проблеми со системот за упатување од нивоата на примарната здравствена заштита (ПЗЗ). Дополнително, бројните повреди во пределот на главата укажуваат на потреба од лекување од стоматолог што е специјализиран за главата и за вратот.

Заклучоци: Потребно е реорганизирање на работното време за вработените во Ургентниот центар. Зголемувањето на капацитетот на примарното ниво на здравствена заштита би го намалило оптоварувањето на Ургентниот центар од интервенции што лесно можат да се решат на пониските нивоа. Тековната професионална обука, како и обуките фокусирани на управување со стресот, контролата на временскиот притисок и односот меѓу давателите на здравствените услуги, значително би го подобриле нивото на безбедност на пациентите во Ургентниот центар.

Клучни зборови: безбедност на пациентите, јавно здравје, итна помош, здравствен менаџмент