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A SOCIO-CULTURAL PERSPECTIVE ON PATIENT SAFETY

EDITED BY
**EMMA ROWLEY
AND JUSTIN WARING**

A Socio Cultural Perspective On Patient Safety

Lorri Zipperer



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A Socio-cultural Perspective on Patient Safety Justin Waring, 2017-03-29

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Still Not Safe Robert Wears, Kathleen Sutcliffe, 2019-11-01 The term patient safety rose to popularity in the late nineties as the medical community in particular physicians working in nonmedical and administrative capacities sought to raise awareness of the tens of thousands of deaths in the US attributed to medical errors each year But what was causing these medical errors And what made these accidents to rise to epidemic levels seemingly overnight Still Not Safe is the story of the rise of the patient safety movement and how an epidemic of medical errors was derived from a reality that didn't support such a characterization Physician Robert Wears and organizational theorist Kathleen Sutcliffe trace the origins of patient safety to the emergence of market trends that challenged the place of doctors in the larger medical ecosystem the rise in medical litigation and physicians aversion to risk institutional changes in the organization and control of healthcare and a bureaucratic movement to rationalize medical practice to make a hospital run like a factory If these social factors challenged the place of practitioners then the patient safety movement provided a means for readjustment In spite of relatively constant rates of medical errors in the preceding decades the epidemic was announced in 1999 with the publication of the Institute of Medicine report To Err Is Human the reforms that followed came to be dominated by the very professions it set out to reform Weaving together narratives from medicine psychology philosophy and human performance Still Not Safe offers a counterpoint to the presiding doctor centric narrative of contemporary American medicine It is certain to raise difficult important questions around the state of our healthcare system and provide an opening note for other challenging conversations

Patient Safety Culture Patrick Waterson, 2018-10-09 How safe are hospitals Why do some hospitals have higher rates of accident and errors involving patients How can we accurately measure and assess staff attitudes towards safety How can hospitals and other healthcare environments improve their safety culture and minimize harm to patients These and other questions have been the focus of research within the area of Patient Safety Culture PSC in the last decade More and more hospitals and healthcare managers are trying to understand the nature of the culture within their organisations and implement strategies for improving patient safety The main purpose of this book is to provide researchers healthcare managers and human factors practitioners with details of the latest developments within the theory and application of PSC within healthcare It brings together contributions from the most prominent researchers and practitioners in the field of PSC and covers the background to work on safety culture e.g. measuring safety culture in industries such as aviation and the nuclear industry the dominant theories and concepts within PSC examples of PSC tools methods of assessment and their application and details of the most prominent challenges for the future in the area Patient Safety

Culture Theory Methods and Application is essential reading for all of the professional groups involved in patient safety and healthcare quality improvement filling an important gap in the current market *Organizing Patient Safety* Kirstine Zinck Pedersen,2017-10-30 This book examines the organizational consequences of the recent international preoccupation with managing patient safety in the clinic Built on presuppositions about failsafe system design risk elimination and human fallibility the patient safety programme introduces new problems and safety threats in clinical practice by devaluing practical forms of reasoning and the trained safety dispositions of clinicians Developing a pragmatic and more situated stance on patient safety Pedersen offers an alternative vocabulary that refocuses attention towards the importance of conduct habits and experience based learning in delivering safe care This innovative book will be of great interest to scholars and practitioners of organization and risk studies health science and technology studies and the wider social and medical sciences **The Sociology of Healthcare Safety and Quality** Davina Allen,Jeffrey Braithwaite,Jane Sandall,Justin Waring,2016-10-17 The Sociology of Healthcare Safety and Quality presents a series of research informed readings on the sociological contributions of technologies practices experiences and organizational quality and safety across a range of healthcare contexts Represents the first collection of peer reviewed research articles showcasing ways that sociology can contribute to the ongoing policy concern of healthcare safety and quality Features original contributions from leading experts in healthcare related fields from three continents Reveals the state of the art in sociological analyses of contemporary healthcare safety and quality along with future directions in the field Offers sociological insights from the perspectives of managers clinicians and patients Patient Safety Lorri Zipperer,2016-05-13 Patient Safety Perspectives on Evidence Information and Knowledge Transfer provides background on the patient safety movement systems safety human error and other key philosophies that support change and innovation in the reduction of medical error The book draws from multidisciplinary areas within the acute care environment to share models that support the proactive changes necessary to provide safe care delivery The publication discusses how the tenets of safety described in the beginning of the book can be actively applied in the field to make evidence information and knowledge EIK sharing processes reliable effective and safe This is a wide ranging and important book that is designed to raise awareness of the latent risks for patient safety that are present in the EIK identification acquisition and distribution processes structures and systems of many healthcare institutions across the world The expert contributors offer systemic evidence based improvement processes assessment concepts and innovative activities to identify these risks to minimize their potential to adversely impact care These ideas are presented to create opportunities for the field to design and use strategies that enable meaningful implementation and management of EIK Their thoughts will enable healthcare staff to see EIK as a tangible element contributing toward sustainable patient safety improvements *E-Health and Telemedicine: Concepts, Methodologies, Tools, and Applications* Management Association, Information Resources,2015-09-23 Advances in medical technology increase both the efficacy and

efficiency of medical practice and mobile technologies enable modern doctors and nurses to treat patients remotely from anywhere in the world This technology raises issues of quality of care and medical ethics which must be addressed E Health and Telemedicine Concepts Methodologies Tools and Applications explores recent advances in mobile medicine and how this technology impacts modern medical care Three volumes of comprehensive coverage on crucial topics in wireless technologies for enhanced medical care make this multi volume publication a critical reference source for doctors nurse practitioners hospital administrators and researchers and academics in all areas of the medical field This seminal publication features comprehensive chapters on all aspects of e health and telemedicine including implementation strategies use cases in cardiology infectious diseases and cytology among others care of individuals with autism spectrum disorders and medical image analysis

Managing Improvement in Healthcare Aoife M. McDermott, Martin Kitchener, Mark Exworthy, 2017-10-10 Reflecting the challenges and opportunities of achieving improvement in healthcare systems the contributions of this innovative new text lend depth and nuance to an increasing area of academic debate Encompassing context processes and agency Managing Improvements in Healthcare addresses the task of attaining embedding and sustaining improvement in the industry The book begins by offering insight into the different valued aspects of quality providing specific examples of national and organizational interventions in pursuit of improvement The second part focuses on strategies for embedding good practice and ensuring the spread of high quality through knowledge mobilization and the final part draws attention to the different groups of change agents involved in delivering co creating and benefitting from quality improvement This inventive text will be insightful to those researchers interested in healthcare and organization looking to transform theory into policy and practice

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