Research Paper Management

Measuring the Effect of Non-Disclosure and Non-Reporting of Deviance in Patient Safety Standards

Dr Amit Kumar Pandey | Associate Professor Galgotia Institute of Management and Technology,Greater Noida

Dr Sanjay Saproo | Hamilton Medical AG Switzerland

ABSTRACT

Life is important to everyone irrespective to everything important or very important on this earth, especially irrespective of income or ability to get desired treatment. Apart from this sentiment notion patient safe treatment procedures and methods has become area of concern not only to hospitals, doctors but to the developers of technologies involved in medicine. From the point of view of ethics or morality life is of paramount importance, which is the basis of this health care business. If anything that disturb institution of proper patient safety standards and go unreported is serious and this mystery may cause havoc. This paper is trying to identify and measure effect of this unattended area which may bring considerable change especially in processes and technologies involved in medical procedures. This paper will try to suggest some non-invasive methods of disclosure and reporting to hospitals, doctors, paramedics and developers of technologies.

KEYWORDS | Electronic Recording, Reporting, Disclosure, Dereliction

Introduction

There are lots of issues persistent in health care domain, be it rising healthcare cost or dearth of medical practitioners, fundamentally dearth of medical practitioners and other healthcare personnel leading use of high level of technologies and automation and human interfaced/monitored automatic control. Today investigations and researches have given ample scope to analyze every aspect of healthcare in doing this data has proved utmost importance to find almost all kind of abnormalities.

The benefits of data accessibility become obvious as insights drawn from its rapid access make plain in our everyday lives. Gone are the days of paper memoranda, paper facsimile, and even standard telephone calling. Today we have Internet-based communication, Web logs, remote meeting capabilities, and email. The need to be present at a vast majority of business meetings is mitigated by technology—a benefit that impacts other aspects of life and society, to include the ability to reside just about anywhere, thereby minimizing the need to commute to and from specific locations in our workaday lives.

Increasing healthcare costs are a factor in motivating this need. In the United States, national healthcare expenditures are anticipated to grow from just shy of 16.5% to approximately 19.5% (as a percentage of US Gross Domestic Product) in the 10 years from 2007 to 2017. Clearly, providing greater automation and integration of healthcare data is consistent with the need to manage and mitigate these rising costs.

Electronic Medical Recording

Patient data retrieved from medical devices at the point of care are an important subset of healthcare data. Automating medical device data collection is a logical extension for allied health professionals in that it can be brought to bear to assist in clinical decision making and assist in clinical workflow. However, the need to collect data is also consistent with the general direction the healthcare industry is taking towards globalizing the use of electronic medical records (EMRs).

What is an EMR? The National Alliance for Health Information Technology developed definitions for various terms, chronicled in its report titled "Defining Key Health Information Technology Terms." Healthcare IT News reported the definitions on several of these, including the EMR. As quoted from this source, here is the definition of the Electronic Medical Record as offered by The National Alliance for Health Information Technology. "Electronic Health Record: An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one healthcare organization."

Regulatory/Legalities-

Regulations versus Law

A note of caution must be inserted here. The law (the document passed by Congress/Center) and the regulations (the documents written by the regulatory authorities to enforce the laws) are separate documents.

United States Legal Frame

Organizations regulating drug and device safety in the United States

The agency formally charged with overseeing the safety of drugs and devices in the United States is the FDA. It is headed by a commissioner who reports to the Secretary of the Department of Health and Human Services (DHHS) and has a tremendous range of responsibilities. Medical devices are overseen by the CDRH, headed by a director. Drugs are overseen primarily by the Center for Drug Evaluation and Research (CDER) (though some therapeutic or healthcare entities are considered as biologically derived and therefore regulated by the Center for Biologic Evaluation and Research, or CBER). There are also "combination products" (part drug, part device) which may be regulated by either or both CDER/CBER and CDRH, depending on the principal mode of action (PMOA) of the product.

Most of the regulatory interaction of a toxicologist involved in assessing the biocompatibility the appropriate part of the CDRH, though for combination products the two centers charged with drugs or biologicals may also. Within the CDRH there is a range of groups (called divisions) which focus on specific areas of use for devices (such as general and restorative devices; cardiovascular, respiratory, and neurological devices; ophthalmic devices; reproductive, abdominal, ear, nose, and throat, and radiological devices; and clinical laboratory devices).Within each of these there are engineers, chemists, pharmacologists/toxicologists, statisticians, and clinicians.

There is also at least one non- governmental body which must review and approve various aspects of devices, setting forth significant "guidance" for the evaluation of safety of devices.

In context to India, there are several regulations have been framed for the safety and precaution. In spite of that, not even in the country like India, continents like USA and Europe's population are being the sufferer of medical error. In India legal system has framed some article for the prevention of medical error.

1.Indian Medical Degrees Act, 1916
2.Indian Medical Council Act No. 102 of I956
3.Dentists Act, No. 16 of 1948
4.Indian Nursing Council Act. 48 of 1947
5.Vaccination Act 13 of 1880
6.Epidemic Diseases Act 3 of 1897
7.Lepers Act 3 of 1898
8.Indian Lunacy Act 4 of 1912
9.Indian red Cross Society Act 15 of 1920

Apart from that there are different types of errors which commonly not reported in medical legal system. The parameter of the medical error started with the medication error like prescriptions error, dispensing errors, potential errors and most prompt compliances error. Moreover most of the time clerical error becomes more fatal for the patients in medical system. In India, the lack of the experience amongst the retail chemist is very high and it enhances the chance of error at the time of medication. According to a report 70 % of the medical error is prescription based. Companies are even more confused at the time of labeling of the medicine. A small misinterpretation among the health care team can cause medication error. To understanding of the medical history of the patients are very important. Suppose patient is allergy prone and by the way history is unknown, in this case error could be reported.

Conclusion

Although every country are more attentive for the prevention of medical error , not even in India country like USA's Food and Drugs Administration has reported with number of cases on medical error. Developing countries are still lacking good health care due to the shortage of the medical care giver. Care giver and patients ratio is not as good as expected.

It has been observed that action and progress on patient safety has been slow. 400,000 patients death due to the medical error every year is a bad signal for health care industry. Increased vigilances and sharing of the information across the hierarchy can minimize the cases of medical error. There may be several circumstances for the medical error like anxiety, overburden of work, noncooperation and personal problem, even single non-reporting of error may proliferate the cases. To overcome from the error patient must have the opportunity to purchase insurance coverage before entering in hospital. Disclosure of the error in medical profession should be a practice which required careful planning, preparation and coordination by providers and hospital administrators. Less preparation while any medical procedure raise complexity, and badly executed disclosure only frustrates practitioners, ruins the reputation of the hospitals and this fraternity.