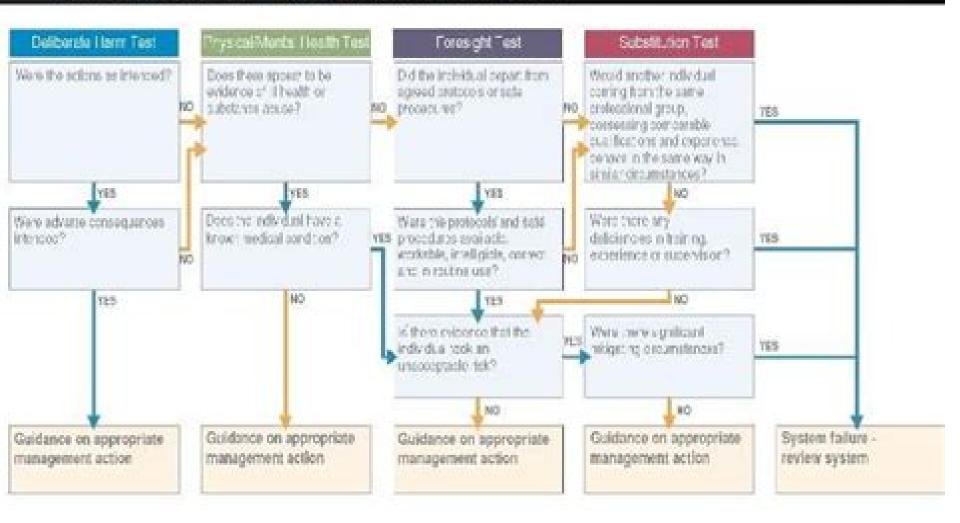
Incident Decision Tree



Incident Decision Tree

Christa Altenstetter

Incident Decision Tree:

The Incident Decision Tree ,2005 The National Patient Safety Agency has developed the Incident Decision Tree to help National Health Service NHS managers in the United Kingdom determine a fair and consistent course of action toward staff involved in patient safety incidents Research shows that systems failures are the root cause of the majority of safety incidents Despite this when an adverse incident occurs the most common response is to suspend the clinician s involved pending investigation in the belief that this serves the interests of patient safety The Incident Decision Tree supports the aim of creating an open culture where employees feel able to report patient safety incidents without undue fear of the consequences The tool comprises an algorithm with accompanying guidelines and poses a series of structured questions to help managers decide whether suspension is essential or whether alternatives might be feasible The approach does not seek to diminish health care professionals individual accountability but encourages key decisionmakers to consider systems and organizational issues in the management of error Initial findings show the Incident Decision Tree to be robust and adaptable for use in a range of health care environments and across all professional groups It is hoped that applying the tool throughout the NHS will encourage open reporting of actual and prevented patient safety incidents and promote a uniformly fair and consistent approach toward the staff involved Incident decision tree National Patient Safety Agency,2004

Patient Safety and Managing Risk in Nursing Melanie Fisher, Margaret Scott, 2013-11-14 Patient safety is a predominant feature of quality healthcare and something that every patient has the right to expect As a nurse you must consider the safety of the patient as paramount in every aspect of your role and it is now an increasingly important topic in pre registration nursing programmes This book aims to provide you with a greater understanding of how to manage patient safety and risk in your practice The book focuses on the essentials that you need to know and therefore provides a clear pathway through what can sometimes seem an overwhelmingly complex mass of rules procedures and possible options Key features A practical introduction to patient safety and risk management written specifically for nurses and nursing students Case studies and scenarios help you to apply patient safety and risk management principles to actual practice Each chapter is mapped to the relevant NMC standards and Essential Skills Clusters so that you can see how you are meeting the professional requirements Activities throughout help you to think critically and reflect on practice Patient Safety Russell Kelsey, 2023-08-28 The second edition of this well received book the first to provide detailed guidance on how to conduct incident investigations in primary care has been thoroughly revised and updated throughout to reflect the current nomenclature for different aspects of the investigatory process in the UK and the latest format for incident reporting Key features Explains how to recognise a serious clinical incident how to conduct a root cause analysis RCA investigation and how and when duty of candour applies Covers the technical aspects of serious incident recognition and report writing Includes a wealth of practical advice and top tips including how to manage the common pitfalls in writing reports Offers practical advice as well as some new and

innovative tools to help make the RCA process easier to follow Explores the all important human factors in clinical incidents in detail with multiple examples and worked through cases studies as well as in depth sample reports and analysis At a time of increasing regulatory scrutiny and medico legal risk in which failure to manage appropriately can have serious consequences both for service organisations and for individuals involved this concise and convenient book continues to provide a master class for anyone performing RCA and aiming to demonstrate learning and service improvement in response to serious clinical incidents It is essential reading for any clinical or governance leads in primary care including GP practices out of hours urgent care centres prison health and NHS 111 It also offers valuable insights to any clinician who is in training or working at the coal face who wishes to understand how serious clinical incidents are investigated and managed in Veterinary Anesthesia John W. Ludders, Matthew McMillan, 2016-11-09 Errors in Veterinary Anesthesia is the first book to offer a candid examination of what can go wrong when anesthetizing veterinary patients and to discuss how we can learn from mistakes Discusses the origins of errors and how to learn from mistakes Covers common mistakes in veterinary anesthesia Provides strategies for avoiding errors in anesthetizing small and large animal patients Offers tips and tricks to implement in clinical practice Presents actual case studies discussing errors in veterinary anesthesia Christa Altenstetter. 2011-12-31 Medical devices are the bread and butter from which health care and clinical research are derived Such devices are used for patient care genetic testing clinical trials and experimental clinical investigations Without medical devices there is no clinical research or patient care Without life adjusting devices there are no medical procedures or surgery Without life saving and life maintaining devices there is no improvement in well being and quality of life Without innovative medical devices and experimentation there can be no medical progress or patient safety Medical devices and medical technology are used to create or support many different products and medical surgical procedures This volume on the regulation of medical devices in the European Union with a focus on France tackles a topic of interdisciplinary interest and significance for policymakers in countries around the globe The EU regulatory regime is one of three global regional regimes and medical products manufactured in EU countries are sold worldwide As countries confront an aging population on a global scale with associated increases in chronic diseases physical handicaps and multi morbidity there will inevitably be an increase in the demand for health services and concomitantly the use of medical devices in medical and surgical procedures This will be the case regardless of whether services are delivered in hospitals doctors offices or at home The associated risks of a particular device will be the same whatever the country of origin for the device or where the need occurs Revolutionary medical advances increase diagnostic capabilities but they increase the potential of harm and risks to patients Medical technologies and devices are used ethically most of the time yet they have the potential for unethical use when scientific medicine is elevated over human life and death Assumptions that are taken for granted can be dangerous to a patient's health That is why our understanding of appropriate and effective regulation of medical devices is significant to all

people on all continents Advances in Patient Safety Kerm Henriksen, 2005 v 1 Research findings v 2 Concepts and methodology v 3 Implementation issues v 4 Programs tools and products **Towards Prescribing Practice** John McKinnon, 2007-04-04 The variety and number of non medical practitioners identified for prescribing activity is growing rapidly Across the country universities have validated prescribing programmes designed for generic health care practice with a distance learning component Towards Prescribing Practice offers readers a comprehensive guide to the principles and practice of prescribing The subject matter relates to the government content standards for study programmes and takes its cue from recent research in prescribing and patient care in practice This book embraces the perennial core principles of prescribing practice management and leadership Content is organised to facilitate progressive learning with space allocated in each chapter to practice application through discussion and exercises The early inclusion of a section on patient centred planning and concordance enables the reader to assimilate new knowledge within an individualised care approach The final three chapters are written from different clinical perspectives mental health palliative care and emergency care providing assistance to specific areas of prescribing practice Medicines, Ethics and Practice 39 Royal Pharmaceutical Society of Great Britain, 2015-07-18 The Royal Pharmaceutical Society's established professional guide for pharmacists Prevention is Better than Cure Ian Leistikow, 2017-02-17 Adverse events occur in healthcare with worrying and surprising frequency and of these a substantial portion are preventable This highly readable book translated and update from the original Dutch edition presents 15 model case studies which have been carefully designed to explore common themes in medical errors and offer learnings from those events that will guide practice to prevent similar tragedies unfolding in future Using 15 years of experience working in patient safety the author makes concrete recommendations around assessment attitude and performance and provides a concise and accessible methodology for working safely **Human Factors in Healthcare** Debbie Rosenorn-Lanng, 2014-02-06 The majority of errors litigation and complaints in the health service are due to human factors yet the term is still not widely understood and is sometimes used interchangeably to refer to team training or communication skills Although including these the subject of human factors goes far beyond this to look at systems environmental influences and interactions with equipment in addition to self awareness and human interaction All of these aspects are captured in Human Factors in Healthcare and are built into a new framework the SHEEP model which breaks down into five key areas Systems Human Interaction Environment Equipment and Personal providing a structured way to focus on adopting safety positive behaviours Written in a clear and engaging way the book is ideal for clinicians and non clinicians alike Through the use of relevant real world healthcare examples and exercises the book encourages interaction and thinking as well as illustrating how mistakes can be avoided The book also sets out ways on how to improve the experience of patients and staff across healthcare in particular focusing on how to improve patient safety In light of regular news reports about patient care Human Factors in Healthcare presents a timely and proactive approach to these issues and

is essential reading for doctors nurses managers and everyone working in the healthcare profession Best Practice in Labour and Delivery. Patient Safety and Healthcare Improvement at a Glance Sukhmeet Panesar, Andrew Carson-Stevens, Sarah Salvilla, Aziz Sheikh, 2014-06-16 Patient Safety and Healthcare Improvement at a Glance is a timely and thorough overview of healthcare quality writtenspecifically for students and junior doctors and healthcare professionals It bridges the gap between the practical and thetheoretical to ensure the safety and wellbeing of patients Featuring essential step by step guides to interpreting andmanaging risk quality improvement within clinical specialties and practice development this highly visual textbook offers the bestpreparation for the increased emphasis on patient safety and guality driven focus in today s healthcare environment Healthcare Improvement and Safety at a Glance Maps out and follows the World Health Organization Patient Safety curriculum Draws upon the quality improvement work of the Institute for Healthcare Improvement This practical guide covering a vital topic of increasing importance in healthcare provides the first genuine introduction to patient safety and quality improvement grounded in clinical practice *Professional Accountability in* Social Care and Health Roger Kline, Michael Preston-Shoot, 2012-04-24 This practical research driven book provides professionals with the knowledge and skills to maintain their duty of care in respect of those with whom they work

Patient Safety Charles Vincent, 2011-07-20 When you are ready to implement measures to improve patient safety this is the book to consult Charles Vincent one of the world's pioneers in patient safety discusses each and every aspect clearly and compellingly He reviews the evidence of risks and harms to patients and he provides practical guidance on implementing safer practices in health care The second edition puts greater emphasis on this practical side Examples of team based initiatives show how patient safety can be improved by changing practices both cultural and technological throughout whole organisations Not only does this benefit patients it also impacts positively on health care delivery with consequent savings in the economy Patient Safety has been praised as a gateway to understanding the subject This second edition is more than that it is a revelation of the pervading influence of health care errors and a quide to how these can be overcome The beauty of this book is that it describes the complexity of patient safety in a simple coherent way and captures the breadth of issues that encompass this fascinating field The author provides numerous ways in which the reader can take this subject further with links to the international world of patient safety and evidence based research One of the most difficult aspects of patient safety is that of implementation of safer practices and sustained change Charles Vincent through this book provides all who read it clear examples to help with these challenges From a review in Hospital Medicine by Dr Suzette Woodward Director of Patient Safety Access Essentials of Patient Safety Free Online Introduction www wiley com go vincent patientsafety Legal Aspects of Health and Safety Bridgit Dimond, 2016-06-27 Presented in a clear and concise format that essentials makes for easy reference and understanding this revised and updated edition covers issues that are becoming increasingly important to health professionals managers and educators including proposed changes to the law since Lord Young s 2010

report Common Sense Common Safety Topics include cross infection and the spread of MRSA greater regulation of health and safety standards stress and bullying and the laws relating to notifiable diseases such as HIV AIDS Illustrated with case studies throughout this book is designed to provide a clear introduction to the laws relating to health and safety case law and statute law so that the health professional has a sound understanding of the law **Human Factors and Patient Safety** Ibrahim Imam, 2024-08-05 This book fulfils the need of doctors medical students and all healthcare personnel for information that addresses fundamental patient safety concepts that are not usually covered in conventional medical curricula There are three valuable features Firstly the content encompasses the main areas of human factors and patient safety in short and easily accessible language supplemented by anecdotes from safety critical industries such as aviation and nuclear power Secondly each chapter highlights the problems of human error and provides solutions that help to reduce the risks to patients Finally the coverage highlights the important role the public should play in protecting their own safety when in contact with healthcare systems Fundamentals of Clinical Risk Management in Obstetrics Dr. Gopa Chowdhury, Adity Bhushan, 2019-05-31 Risk management is recently gaining importance all over the world in medical fraternity particularly in maternal and fetal medicine to prevent recurrence and to reduce the adverse outcome of pregnancy as well as the cost of treatment hospital stay and legal issues. The present book gives a glimpse on patient safety planning and formulation of risk management by using well comprehensive tools reporting of outcomes guidelines from national colleges about the helping organizations This book is of great importance for all health personnel gives an overview of the possibilities of risk in day to day life from the perspective of a patient as well as care provider and discusses the importance of educational and supportive environment of working with a team mentality rather a blaming culture in Healthcare: A Guide to Getting it Right Bill Runciman, Alan Merry, Merrilyn Walton, 2017-05-15 As more and more people survive into old age the burden of caring for them becomes greater and greater Although it is now possible to alleviate many of the afflictions that beset mankind no society can afford to pay for all the healthcare that is now available or technically possible People working in healthcare increasingly have to do more with less Rationing takes many forms mostly covert and the less privileged in most societies end up struggling to get their proper share of the available healthcare resources All too often those in the front line have to deal with the consequences of this rationing by default healthcare professionals find themselves rushed off their feet simply doing the basic tasks and completing all the paperwork placing frail sick people in ever lengthening queues sometimes asking them to wait for hours in the middle of the night under uncomfortable and even unsafe conditions and worst of all working under conditions they would rather avoid in which the safety margin for those they are caring for has been greatly diminished We are all aware that under these conditions the chance of making a mistake which can seriously harm or even lead to the death of a patient is greatly increased But what can be done about this How can you be sure that you are doing the right thing when faced with having to practise an uncertain science on vulnerable patients in a complex system under ever changing conditions At what point could you cross the invisible line from reasonable to irresponsible or unethical behaviour by tolerating conditions or tacitly accepting practices which may be regarded as unacceptable even though you may have little immediate control over them This book is a guide to getting it right for healthcare professionals It is about doing the right thing in the right way at the right time for the right people These are the dimensions of quality in healthcare and although some are in conflict equitable access and efficiency for example adherence to ethical practice and professional behaviour will help lead healthcare practitioners through the minefield of responsibilities and priorities Real life situations are integral to the book with over 500 clinical examples referred to within the text

Building Safer Healthcare Systems Peter Spurgeon, Mark-Alexander Sujan, Stephen Cross, Hugh Flanagan, 2019-08-21 This book offers a new practical approach to healthcare reform Departing from the priorities applied in traditional approaches it instead assesses both theoretically and practically the successful lessons learned in other safety critical industries and applies them to healthcare settings The authors focus on the importance of human factors and performance measures to establish proactive systematic methods for healthcare system design This approach helps to identify potential hazards before accidents occur enhancing patient safety In addition the book details the new approach on the basis of real world applications in the NHS and insights from NHS staff Case studies and results are presented demonstrating the significant improvements that can be achieved in risk reduction and safety culture Lastly the book outlines what steps healthcare organisations need to take in order to successfully adopt this new approach The approach and experiential learning is brought together through the development of a new holistic patient safety education syllabus

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