

## Quality of Care: One on One!

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Do you know that flying in an airplane 24 h a day, 7 days a week, 365 days a year for a few years is safer than being a patient in a hospital for a fraction of a day?

Our patients are at more risk of being exposed to harm in hospitals than bungee jumpers or mountain climbers,<sup>[1]</sup> and yet we do not seem to react appropriately to fix it. I am not talking about timid initiatives here and there; I am talking about a mass movement by health-care professionals to make our care safer to our patients. I am talking about a cultural shift in our mindset and expectations parallel to our exponentially growing knowledge in the biologic sciences.

Experts in quality improvement, evidence-based medicine, and other health science delivery disciplines are somewhat responsible for keeping these disciplines contained in ivory towers and not bringing them down to the trenches. To many physicians, quality improvement is either jargon, an additional burden, a stick in the hand of big brother, or a payer's excuse to make their life more challenging. Therefore, the biggest responsibility for an ailing health-care system falls on the shoulders of the health-care professionals who do not give this issue top priority in their career or in their day-to-day activities.

I had the privilege of getting more involved in looking at the science of health-care delivery more closely over the last couple of years. I realized the need to simplify the concepts in my mind for me to better understand, so I can explain it easily to my colleagues as Einstein once said, "If you cannot explain it in a simple way, you did not understand it well enough."

I have simple concepts that I formulated and would like to throw around to the readers, and I would be happy to hear my colleagues' point of views about these.

- The first and most important issue is for doctors to get out of denial and admit that health care is not as safe as we think or we wish. Health-care systems kill some people and harm others. Hence, the change is a MUST and it is URGENT. Physicians should be like pilots and refuse to take off with an unsafe plane
- Having accepted the first fact, doctors and other health-care professionals have two types of patients: sick individual human beings and a sick health-care system. Both need care and attention and both are our own responsibility. The emerging culture should emphasize the concept of the dual roles of health-care professions: patient care and improving the system to help us better care for our patients
- "If you cannot measure it, you cannot manage it," and "you cannot improve it." Numbers are necessary – indicators,

benchmarks, and trends are all useful for good reasons, not just monitoring an individual practitioner's performance but also guiding him or her to self-improvement. Feeling good about yourself and your patients' outcome is not good enough; you need the numbers to confirm your good feeling or to burst your bubble

- Quality is a rich area for research and career development. You can even do it without a biostatistician. How? You will be dealing with just two target numbers: zero and 100%. Bad stuff should be zero; good stuff should be 100%. Anything in between is not good enough. Actually, many times, you do not even need baseline data or benchmarks for comparison. If your complication rate is improving from 3% to 1%, the trend is good, but the outcome is not where you want to be. Do we accept a pilot's errors in landing in 1 out of each 100 landings? It should be ZERO error. Central line-associated bloodstream infection was held as an expected unavoidable complication for a long time until many Intensive Care Units across Michigan drove this complication to zero by implementing a quality improvement bundle.<sup>[2]</sup> Compliance with a checklist that prevents chemotherapy error or wrong-side surgery should be 100%; 99% is usually a good number, but not when you are the devastated 1%
- Quality improvement and patient safety are hard-core sciences with tools and measures that are easy to learn and use by individuals who are able to learn and manage the complex field of medicine when the will and intention are there
- Adopting patient safety is required by our noble profession, societal expectations, payer demands, and most importantly, our patients' trust in us. It is coming one way or another to our field and it is always better to embrace this good idea and to grow with it, rather than having it imposed on us and struggle with it.

Embracing patient safety is even more pressing in the oncology field as we are dealing with common diseases that are life-threatening and using treatments that carry significant risk. Unfortunately, healthcare is trailing behind other industries such as automotive and aviation, and within health care, oncology is trailing behind other disciplines such as critical care and infectious diseases.

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Finally, as physicians, we have to create a system in which we feel that we, our family members, and our loved ones, are being cared for safely in that system; similar to the feeling of the pilot being at same risk of his passenger. After all, one way or another, we will be the users of the system we create.

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