Editorial

Improvements scale-up and rapid response systems in the hospitals

It is very challenging to scale up the improvements. However, improvements vary as some require exact emulation and some need adapting. Moreover, the context also influences on adaption. Øvretveit et al. [1] studied about scaling-up improvements more quickly and effectively. This study provided potential lessons for successful scale-up of improvement changes such as context, pre-asses internal context, establish and invest in ‘3S’ scale-up system and applied and partnership research. Authors encouraged more and better investigations into scale-up approaches and to give an overview of some of the issues and possible ways forward based upon experiences at Kaiser Permanente, in Swedish county health systems, and in international health. Since healthcare has an underdeveloped capacity for changing practice and organization while at the same time ensuring efficient and quality daily care. This study conveys an important message about the functions performed by a scale up infrastructure for improvement and its necessary role for accountability, protecting the time and deploying the investment needed to create the future healthcare that is needed. It also encourages more actionable research into scale-up and shows the opportunities for researchers to advance implementation and improvement science and contribute to reducing suffering and costs in a more timely and effective way. To meet future challenges, authors suggested to have a step-change that how fast and effective we implement inconsideration with better ways of caring patients and supporting self-care.

Many patients suffer from harm or death due to unrecognized or poorly managed deterioration particularly in hospital wards. Therefore, the rapid response systems (RRS) has been developed to identify patients at risk for clinical deterioration within the hospital in order to deliver reliable, safe and quality care. Theoretically, there are significant advantages of RRS over the traditional referral model of care however, from last two decades the research still demonstrates mixed evidence on the effectiveness. Chua et al. [2] reviewed about the factors influencing the activation of the RRS for hospitalized patients. It is interesting to know from this review that the factors influencing RRS activation originated from a combination of socio-cultural, organizational and technical aspects. If any institutions are striving for improvements in their existing RRS or considering to adopt the RRS should take into account the complex interactions between people and the technologies elements, tasks, environment and organization in the healthcare settings.

References

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