

# Patient Safety



Perspectives on Evidence,  
Information and Knowledge Transfer



EDITED BY

LORRI ZIPPERER

A Gower Book

# Patient Safety Perspectives On Evidence Information And Knowledge Transfer

**Robert Wachter**



## **Patient Safety Perspectives On Evidence Information And Knowledge Transfer:**

**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 [Patient Safety](#)

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Professor Erik Hollnagel, Professor Jeffrey Braithwaite, Professor Robert L Wears, 2015-03-28 Despite the common focus on deviations and failures in health systems it is an undeniable fact that clinical work goes right far more often than it goes wrong and that we only can make it better if we understand how this happens This second volume of *Resilient Health Care* continues the line of thinking of the first book It breaks new ground by analyzing everyday work situations in primary secondary and tertiary care to identify and describe the fundamental strategies that clinicians everywhere have developed

and use with a fluency that belies the demands to be resolved and the dilemmas to be balanced *Resilient Health Care, Volume 2* Robert L. Wears, Erik Hollnagel, 2017-03-02 Health systems everywhere are expected to meet increasing public and political demands for accessible high quality care Policy makers managers and clinicians use their best efforts to improve efficiency safety quality and economic viability One solution has been to mimic approaches that have been shown to work in other domains such as quality management lean production and high reliability In the enthusiasm for such solutions scant attention has been paid to the fact that health care as a multifaceted system differs significantly from most traditional industries Solutions based on linear thinking in engineered systems do not work well in complicated multi stakeholder non engineered systems of which health care is a leading example A prerequisite for improving health care and making it more resilient is that the nature of everyday clinical work be well understood Yet the focus of the majority of policy or management solutions as well as that of accreditation and regulation is work as it ought to be also known as work as imagined The aim of policy makers and managers whether the priority is safety quality or efficiency is therefore to make everyday clinical work or work as done comply with work as imagined This fails to recognise that this normative conception of work is often oversimplified incomplete and outdated There is therefore an urgent need to better understand everyday clinical work as it is done Despite the common focus on deviations and failures it is undeniable that clinical work goes right far more often than it goes wrong and that we only can make it better if we understand how this happens This second volume of Resilient Health Care continues the line of thinking of the first book but takes it further through a range of chapters from leading international thinkers on resilience and health care Where the first book provided the rationale and basic concepts of RHC the Resilience of Everyday Clinical Work b **Knowledge Translation** Constantin Bratianu, Alexeis Garcia-Perez, Francesca Dal Mas, Denise Bedford, 2024-03-14 Knowledge translation is a relatively new research topic originating in fields of health sciences and economic development It is of great interest to knowledge management researchers and practitioners

*Knowledge Management in Healthcare* Lorri Zipperer, 2016-04-22 Knowledge management goes beyond data and information capture in computerized health records and ordering systems it seeks to leverage the experiences of all who interact in healthcare to enhance care delivery teamwork and organizational learning Knowledge management if envisioned thoughtfully takes a systemic approach to implementation that includes the embodiment of a learning culture Knowledge is then used to support that culture and the knowledge workers within it to encourage them to share what they know thusly enabling their peers their organizations and ultimately their patients to benefit from their experience to proactively dismantle hierarchy and encourage sharing about what works and what doesn't to focus efforts on improvement Knowledge Management in Healthcare draws on relevant business clinical and health administration literature plus the analysis of discussions with a variety of clinical administrative leadership patient and information experts The result is a book that will inform thinking on knowledge access needs to mitigate potential failures design lasting improvements and support the

sharing of what is known to enable work towards attaining high reliability It can be used as a general tool for leaders and individuals wishing to devise and implement a knowledge sharing culture in their institution design innovative activities supporting transparency and communication to strengthen existing programs intended to enhance knowledge sharing behaviours and contribute to high quality safe care

**The Digital Doctor: Hope, Hype, and Harm at the Dawn of Medicine's Computer Age** Robert Wachter, 2015-04-10 The New York Times Science Bestseller from Robert Wachter  
 Modern Healthcare's 1 Most Influential Physician Executive in the US While modern medicine produces miracles it also delivers care that is too often unsafe unreliable unsatisfying and impossibly expensive For the past few decades technology has been touted as the cure for all of healthcare's ills But medicine stubbornly resisted computerization until now Over the past five years thanks largely to billions of dollars in federal incentives healthcare has finally gone digital Yet once clinicians started using computers to actually deliver care it dawned on them that something was deeply wrong Why were doctors no longer making eye contact with their patients How could one of America's leading hospitals give a teenager a 39 fold overdose of a common antibiotic despite a state of the art computerized prescribing system How could a recruiting ad for physicians tout the absence of an electronic medical record as a major selling point Logically enough we've pinned the problems on clunky software flawed implementations absurd regulations and bad karma It was all of those things but it was also something far more complicated And far more interesting Written with a rare combination of compelling stories and hard hitting analysis by one of the nation's most thoughtful physicians The Digital Doctor examines healthcare at the dawn of its computer age It tackles the hard questions from how technology is changing care at the bedside to whether government intervention has been useful or destructive And it does so with clarity insight humor and compassion Ultimately it is a hopeful story We need to recognize that computers in healthcare don't simply replace my doctor's scrawl with Helvetica 12 writes the author Dr Robert Wachter Instead they transform the work the people who do it and their relationships with each other and with patients Sure we should have thought of this sooner But it's not too late to get it right This riveting book offers the prescription for getting it right making it essential reading for everyone patient and provider alike who cares about our healthcare system

*Essentials of Nursing Informatics, 5th Edition* Virginia Saba, Kathleen McCormick, 2011-07-21 The classic text on how nurses can use technology to improve patient care and every aspect of their job performance education and career Written by leaders in nursing informatics this comprehensive up to date text explores the ever growing role technology plays in the field of nursing Offering theoretical background to help you understand how informatics serves many aspects of the profession Essential of Nursing Informatics also gives you practical help in unlocking computing's benefits both now and into the future Numerous case studies and examples add real world relevance to the material An internationally recognized contributor team provides information and insights not found in any other text on essential topics such as the application of computers to nursing administration education and research electronic medical records EMRs and

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hundreds of tables encapsulate important information Case studies demonstrate how to apply the concepts covered in the text directly to the hospitalized patient Principles and Practice of Hospital Medicine is divided into six parts Systems of Care Introduces key issues in Hospital Medicine patient safety quality improvement leadership and practice management professionalism and medical ethics medical legal issues and risk management teaching and development Medical Consultation and Co Management Reviews core tenets of medical consultation preoperative assessment and management of post operative medical problems Clinical Problem Solving in Hospital Medicine Introduces principles of evidence based medicine quality of evidence interpretation of diagnostic tests systemic reviews and meta analysis and knowledge translations to clinical practice Approach to the Patient at the Bedside Details the diagnosis testing and initial management of common complaints that may either precipitate admission or arise during hospitalization Hospitalist Skills Covers the interpretation of common low tech tests that are routinely accessible on admission how to optimize the use of radiology services and the standardization of the execution of procedures routinely performed by some hospitalists Clinical Conditions Reflects the expanding scope of Hospital Medicine by including sections of Emergency Medicine Critical Care Geriatrics Neurology Palliative Care Pregnancy Psychiatry and Addiction and Wartime Medicine Health Information Mervat Abdelhak,2007 Gives prospective health information management professionals the knowledge confidence and practical application experience to succeed in health informatics **Nursing Education Perspectives** ,2008 *BMJ* ,2005

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