Abridged version of the document:

Artikel Ilmiah

The Role for Leaders of Health Care Organizations in Patient Safety

Penelitian Ilmiah

Pembangunan Melalui Metode MPS Bar-for Size ECO

Disertasi Hasil Forecasting Terpilih dengan Maximum-Minimum Stock Level (Simulasi)

Perencanaan dan Pengendalian Perputaran di RG Siti Khadijah

Hubungan Sumber Taraf Lokasi dengan Budaya Organisasi (Sebuah Analisis di Kabupaten dan Kota Kendari)

Analisis Efektivitas Upaya Penanganan Penderita Kusta Berurusan Alik dan Pasif Mengurangi Metode Cost Effectiveness Analysis (Studi Kasus di Pasosemas DangkeP Kabupaten Sumenep)

Strategi dan Rencana Bauran Pemasaran Berdasarkan Kebutuhan dan Harapan Masyarakat terhadap Pelayanan Pelayan di Kabupaten Sumenep

Upaya Pemasaran untuk Meningkatkan Pemanfataan Rawat Inap di Bagian Kebidanan dan Kandungan RSD Dr. H. Moh. Aburahman Sumenep Berdasarkan Analisis Perilaku Konsumen

Upaya Pencapaian Target BTA Positif pada Suspek TBC di Kabupaten Tengah Selatan, Provinsi NTT (Analisis Determinan Kinerja Petugas Laboratorium Pasosemas)

Critical Appraisal

Increase Patient Safety by Creating a Quieter Hospital Environment
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The Role for Leaders of Health Care Organizations in Patient Safety

Peran Pemimpin Organisasi Kesehatan untuk Keselamatan Pasien

1. John R. Clarke --> University of Philadelphia
2. Jeffrey C. Lerner --> President ECRI Institute
3. William Marella --> Pennsylvania Patient Safety Reporting System

Abstract

We review what leaders of health care systems, including chief executive officers and board members, need to know to have patient safety literacy and do to make their systems safe. High reliability organizations produce reliable results that are not dependent on providers being perfect. Their characteristics include the commitment of leadership to safety as a system responsibility, with a culture of safety that decreases variability with standardized care and does not condone at-risk behavior. A business case can be made for investing resources into systems that produce good outcomes reliably. Leaders must see patient safety problems as problems with their system, not with their employees. Leaders need to give providers information to make and monitor system progress. All medical errors, including near misses, and processes associated with all adverse events may provide information for system improvement. Improving systems should produce better long-term results than educating workers to be more careful. (Am J Med Qual 2007;22:311-318).

Keyword: adverse, event; at-risk, behavior; benchmark; clinical, pathway; culture, of, safety; disclosure, of, medical, error; error, reporting; failure, mode, and, effect, analysis; health, care, leadership; high, reliability, organization; medical, error; near, miss; patient, safety; proactive, hazard,

Daftar Pustaka:


