

Simple clinical interventions improve patient safety

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Maternal and newborn outcomes were greatly improved when doctors implemented a series of simple clinical interventions at Yale-New Haven Hospital's obstetrical unit. Yale School of Medicine researchers report their results in the May issue of the *American Journal of Obstetrics & Gynecology*.

Starting in 2004, the researchers sought to determine if improving communication between medical staff and standardizing procedures would reduce the number of adverse outcomes. First author Christian Pettker, M.D., senior author Edmund Funai, M.D., and their colleagues attacked the problem from many different angles. They designed and implemented clinical patient safety interventions that included communication training for hospital staff, standardizing interpretation of fetal monitoring, and creating a novel staff role—the patient safety nurse.

In tracking and analyzing 14 markers for adverse outcomes, the team found that the rate of adverse events decreased by about 60 percent over 2.5 years, while the staff's own perception of the overall safety climate increased by 30 percent, according to a survey given by a third party.

"We used these basic principles to make obstetrical care a great deal safer and they can also be applied to other areas of care as well," said Pettker, senior research scientist in the Department of Obstetrics, Gynecology & Reproductive Sciences at Yale School of Medicine.

Funai, associate professor in the medical school's Department of Obstetrics, Gynecology & Reproductive Sciences and section chief, maternal-fetal medicine at Yale-New Haven Hospital said, "Interventions of this sort involve fundamental culture change, requiring enormous effort and persistence, but the benefits to our patients are priceless."

"We found that implementing various safety techniques could reduce unanticipated adverse outcomes in an obstetrical unit," said Pettker. "After taking these steps to improve safety, both patients and staff report that the care is more seamless and better organized."

Pettker said the next steps in the research are to implement more safety measures, particularly in the operating room, and standardizing practices with checklists to improve efficiency in the unit.

More information: *American Journal of Obstetrics & Gynecology* 492 (May 2009), [www.ajog.org/article/S0002-9378\(09\)00092-1/fulltext](http://www.ajog.org/article/S0002-9378(09)00092-1/fulltext)

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